

# AEA Early ACCESS Procedures Manual

## Section 1: Overview

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### Introduction

Procedures described in this manual meet requirements for implementation of the *Individuals with Disabilities Act, Part C – Early Intervention Program for Infants and Toddlers with Disabilities* (IDEA-2004) and are based on the *Iowa Administrative Rules for Early ACCESS*.

In addition, the *Iowa Administrative Rules for Early ACCESS* are consistently referenced to anchor required procedures.

These procedures apply to infants/toddlers birth to three years. For toddlers who are initially referred at two years nine months (2 years 9 months) or older, refer to the Part B child find procedures.

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### Format of manual

The Early ACCESS Procedures Manual was developed based on a process called Information Mapping. This format was selected since the presentation is a systematic, research-based approach to providing clear, efficient, and easily accessible information.

- Information Mapping breaks down the wall of words (paragraphs) into smaller content units called Maps.
  - Maps are made up of Blocks that hold definitions, directions, charts and other pieces of technical information.
  - Blocks are separated by horizontal black lines with clear content labels provided in the block of the left margin.
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### Chapter topics

This chapter contains the following topics:

<b>Topic Section</b>	<b>Page(s)</b>
1: Overview of Early ACCESS	<b>1 - 1 to 23</b>
2: Identification of children eligible for Early ACCESS	<b>2 - 1 to 43</b>
3: Service coordination	<b>3 - 1 to 5</b>
4: Early Childhood Outcomes (ECO)	<b>4 - 1 to 5</b>
5: IFSP development	<b>5 - 1 to 40</b>
6: Transition from Early ACCESS	<b>6 - 1 to 32</b>
7: Procedural safeguards	<b>7 - 1 to 19</b>
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9: Interagency collaboration	<b>9 - 1 to 5</b>

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### Background information

Iowa has provided early childhood special education services to children birth to five years of age since 1975. Iowa is one of five states with a “birth mandate” law. Birth mandate means a free and appropriate public education (FAPE) is provided to children from birth to age 21. States with birth mandates may not charge parents for early intervention and/or special education services [LINK to Document](#).

Federal legislation was first proposed to support nationwide early intervention services for infants and toddlers in 1986, as an amendment to the Education of All Handicapped Act (P.L. 94-142). The *Part C – Early Intervention Program for Infants and Toddlers with Disabilities* was reauthorized in 1997 and again in 2004 under the Individuals with Disabilities Improvement in Education Act (IDEA 2004).

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### Early ACCESS definition

In Iowa, Part C services to infants and toddlers have been designated as Early ACCESS. Early ACCESS is a coordinated, comprehensive, multidisciplinary, interagency system of early intervention services in partnership with families and other community providers [281 – 120.4].

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### Infrastructure

The Lead Agency for Early ACCESS is the Department of Education which has administrative, program, and fiscal oversight, assuring that regulations and guidelines are followed [281 – 120.7(2)].

The infrastructure of the Early ACCESS system is supported by four state agencies; the Signatory Agencies work in collaboration as substantiated by an Interagency Memorandum of Agreement between the:

- Department of Education;
- Department of Public Health;
- Department of Human Services; and
- Child Health Specialty Clinics.

The Area Education Agencies were designated by the Department of Education as the Regional Grantees who have the fiscal and legal obligation of carrying out the system of Early ACCESS [281 – 120.8(1)].

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## Section 1: Overview, Continued

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### Regional Grantee agreement

The Area Education Agencies have agreed to and adopted the same policies aligned with state policies established by the Department of Education [LINK to Document](#) and procedures described in this chapter.

All children in the Early ACCESS system are to receive, at no cost to the family, the following:

- Screenings, evaluations and assessments;
- Service coordination;
- Individualized Family Service Plan (IFSP) development and reviews; and
- Needed early intervention services.

Appropriate early intervention services are provided year round to families with eligible infants and toddlers (birth to age three) who have a developmental delay or a high probability of experiencing developmental delays.

AEAs, as Regional Grantees, are responsible for assuring that early intervention services are available (from a variety of agencies) to all eligible infants and toddlers and their families.

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### Goal and outcomes

The overall goal of Early ACCESS is to provide early intervention resources, supports and services to eligible children and their families within a coordinated, integrated system [281 – 120.2].

Four outcomes of Early ACCESS include:

- enhance the development of eligible children;
  - reduce the educational costs to society by minimizing the need for special education and related services after such children reach school age;
  - maximize the potential of eligible children for independent living in society; and
  - enhance the capacity of families to meet the needs of their eligible children.
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## Section 1: Overview, Continued

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### Early ACCESS family centered practices

Family centered practices guide the design and implementation of Early ACCESS services for infants, toddlers, and families which is philosophically and procedurally different from Part B Special Education services. Services are emphasized to build the family’s capacity in various ways.

The following researched-based principles are the foundation of Early ACCESS family-centered practices [Link to Document](#).

Principle	Family Centered Practices
1	The overriding purpose of providing family-centered help is family empowerment, which in turn benefits the well being and development of the child.
2	Mutual trust, respect, honesty, and open communication characterize the family-provider relationship.
3	Families are active participants in all aspects of decision making. They are the ultimate decision-makers in the amount, type of assistance, and the support they seek to use.
4	The ongoing work between families and providers is about identifying family concerns (priorities, hopes, needs, goals, or wishes) and finding family strengths, services and supports that will provide necessary resources to meet those needs.
5	Efforts are made to build upon and use the families’ informal community support systems before relying solely on professional, formal services.
6	Providers across all disciplines collaborate with families to provide resources that best match what the family needs.
7	Support and resources need to be flexible, individualized and responsive to the changing needs of families.
8	Providers are cognizant and respectful of families’ culture, beliefs, and attitudes as they plan and carry out all interventions.

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## Section 1: Overview, Continued

### Early intervention services, requirements

Early Intervention services must meet seven requirements described in the table below. All services, except service coordination, must meet all seven requirements to be considered an Early Intervention service [281 – 120.12].

#	Requirement
1	Provided under public supervision by qualified personnel at no cost to families
2	Designed to meet the developmental needs of the eligible infant or toddler and the needs of the family related to enhancing the child’s development, as identified by the individualized family service plan team, in any 1 or more of the following areas: <ol style="list-style-type: none"> <li>a. Physical development, including vision and hearing;</li> <li>b. Cognitive development;</li> <li>c. Communication development;</li> <li>d. Social or emotional development; or</li> <li>e. Adaptive development</li> </ol>
3	Selected in collaboration with the parents
4	Meet Iowa Administrative Rules for Early ACCESS
5	Include the identified services (see next page), but do not include certain health services – see specific <i>Health services definition</i> [281 – 120.14(5)(b)]. <ul style="list-style-type: none"> <li>• Services that are surgical in nature</li> <li>• Services that are purely medical in nature, such as hospitalization or the prescribing of medicine</li> <li>• Devices to control or treat a medical condition or other condition</li> <li>• Medical-health related services such as immunizations and periodic well-child exams routinely recommended for all children</li> </ul>
6	To the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate. <p><i>Note.</i> More information about natural environments can be found at the end of this section.</p>
7	Provided in conformity with an Individualized Family Service Plan that meets Part C requirements/rules and are based on scientifically based research to the extent practicable.

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### Early ACCESS services provided

Early intervention services made available to eligible infants and toddlers include the following [281-120.14 (1-16)] [Link to Document](#).

- Service Coordination
- Screenings, initial evaluations and on-going assessments
- Assistive Technology devices and services
- Audiology services
- Interpreter or sign language
- Family training, counseling and home visits
- Health services necessary to enable the infant or toddler to benefit from other early intervention services
- Medical services only for diagnostic or evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Social Work services
- Speech-language services
- Special Instruction/developmental services
- Vision services
- Autism services
- Transportation (direct and related costs of transportation necessary to enable the child and family to receive early intervention services)

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## Section 1: Overview, Continued

### Intervention services definitions

The following charts describe each of the early intervention services that the Early ACCESS system makes available to eligible children:

- based upon the needs of the child and family;
- as recommended by the IFSP team; and
- with consent of the parent, begin the day of the IFSP is developed.

Each Early Intervention service is described in the chart by:

Left column	Right column
Definition from the Iowa Administrative Rules for Early ACCESS [281 – 120.14]	<p>“Translates” the service as a collection of resources that the family receives.</p> <p>The list of resources is meant to assist teams in matching needs prioritized by the family.</p>

**Note.** The IMS data code for each service is also provided: e.g. (NR-nursing).

### Assistive technology service definition (AT)

Rule Definition	Resources Families’ Receive with the Service
<p><i>Assistive technology device</i> means any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children eligible for Early ACCESS.</p> <p><i>Assistive technology service</i> means a service that directly assists an eligible child or the child’s parent in the selection, acquisition, or use of an assistive technology device for the child. Assistive technology services include:</p>	<p>Assistive technology services includes:</p> <ol style="list-style-type: none"> <li>1) Evaluation and information about the child’s development and physical abilities</li> <li>2) Determination of need for a particular AT device or equipment</li> <li>3) Evaluation of the child’s living environment and information on adapting the environment to fit child’s AT needs</li> <li>4) Someone to design, fit, customize, adapt, maintain or repair an AT device</li> </ol>

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## Section 1: Overview, Continued

**Assistive technology service definition (AT)**  
(continued)

Rule Definition	Resources Families' Receive with the Service
<p><i>a.</i> The evaluation of the needs of an eligible child including a functional evaluation of the child in the child's customary environment;</p> <p><i>b.</i> Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices by an eligible child;</p> <p><i>c.</i> Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;</p> <p><i>d.</i> Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;</p> <p><i>e.</i> Training or technical assistance for an eligible child or, if appropriate, for the child's family; and</p> <p><i>f.</i> Training or technical assistance for professionals, including individuals providing early intervention services, or other individuals who provide services to or are otherwise substantially involved in the major life functions of an eligible child.</p>	<p>5) AT device, purchased or leased, to meet child's need</p> <p>6) Training for the child in how to use the device</p> <p>7) Training for the parents in how to use the device</p> <p>8) Coordinating other services provider's activities or therapies with the use of the device</p> <p>9) Evaluation of the effectiveness of the device in helping child/family accomplish goals</p>

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## Section 1: Overview, Continued

**Audiology  
service  
definition (AU)**

<b>Rule Definition</b>	<b>Resources Families' Receive With the Service</b>
<p><i>Audiology services include:</i></p> <ul style="list-style-type: none"> <li><i>a.</i> Identification of children with auditory impairment, using at-risk criteria and appropriate audiology screening techniques;</li> <li><i>b.</i> Determination of the range, nature and degree of hearing loss and communication functions by use of audiological evaluation procedures;</li> <li><i>c.</i> Referral for medical and other services necessary for the habilitation or rehabilitation of children with hearing loss;</li> <li><i>d.</i> Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;</li> <li><i>e.</i> Provision of services for prevention of hearing loss; and</li> <li><i>f.</i> Determination of a child's need for individual amplification, including selecting, fitting and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.</li> </ul>	<p>Audiology includes:</p> <ol style="list-style-type: none"> <li>1) Information about a potential hearing problem (screening)</li> <li>2) Detailed information about hearing ability and loss (evaluation)</li> <li>3) Referral to or information about programs that specialize in hearing loss treatment</li> <li>4) Auditory training, aural rehabilitation, speech reading</li> <li>5) Assessment of child's need for a hearing device</li> <li>6) Information about the selection of a hearing device</li> <li>7) Fitting the child with the appropriate hearing device</li> <li>8) Parent information and training on using listening devices</li> <li>9) Guidance and feedback on how well the device is working for the child</li> <li>10) Training and information on the prevention of hearing loss</li> </ol>

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## Section 1: Overview, Continued

**Family Training/ Counseling service definition (FT)**

Rule Definition	Resources Families' Receive With the Service
<p><i>Family training, counseling and home visits</i> means services provided by social workers, psychologists, special educators and other qualified personnel to assist the family of an eligible child in understanding the special needs of the child and enhancing the child's development.</p>	<p>Family Training; Counseling services includes:</p> <ol style="list-style-type: none"> <li>1) Group or individual counseling for family in understanding the special needs of the child</li> <li>2) Guidance, feedback and emotional support for the family in understanding the special needs of the child</li> <li>3) Information, guidance, feedback, teaching provided to the family on how to help the child grow and develop</li> </ol>

**Health Services service definition (HS)**

Rule Definition	Resources Families' Receive With the Service
<p><i>Health services</i> means services necessary to enable a child to benefit from the other early intervention services under Early ACCESS during the time that the child is receiving the other early intervention services.</p>	<p>Health services means health services necessary to enable a child to benefit from other EI services during the time a child is receiving the other EI services. Health services includes;</p> <ol style="list-style-type: none"> <li>1) Someone to provide the needed health support (i.e. catheterization, tracheotomy, tube feeding colostomy collection) to the child to participate in early intervention services</li> </ol>

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## Section 1: Overview, Continued

Health Services  
service  
definition (HS)  
(continued)

Rule Definition	Resources Families' Receive With the Service
<p>a. Health services <i>include</i>:</p> <p>(1) Services such as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags and other health services;</p>	<p>2) Someone to provide the needed health support (i.e. catheterization, tracheotomy, tube feeding colostomy collection) to the child to participate in early intervention services</p>
<p>b. Health services <i>do not include</i> the following:</p> <p>(1) <b>Services that are surgical in nature, such as cleft palate surgery, surgery for club foot, the shunting of hydrocephalus, or the installation of devices such as pacemakers, cochlear implants or prostheses;</b></p> <p>(2) Services that are purely medical in nature, such as hospitalization for management of congenital heart ailments or the prescribing of medicine or drugs for any purpose;</p> <p>(3) <b>Devices necessary to control or treat a medical or other condition; or</b></p> <p>(4) <b>Medical-health services, such as immunizations and periodic well-child exams that are routinely recommended for all children.</b></p>	

Medical  
evaluations to  
determine  
eligibility  
service  
definition (MS)

Rule Definition	Resources Families' Receive With the Service
<p><i>Medical services only for diagnostic or evaluation purposes</i> means services to determine a child's developmental status and need for early intervention services which are provided by a licensed physician, physician's assistant, advanced registered nurse practitioner, or other licensed health care provider if such services are within the provider's scope of practice as provided in Iowa law.</p>	<p>Medical services from a licensed physician, physician's assistant, advanced registered nurse practitioner, or other licensed health care provider provide the following resources:</p> <p>1) Information provided to the family about the specific condition and the developmental status of the child</p> <p>2) Medical opinion about the need for early intervention services</p>

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**Section 1: Overview**, Continued

## Section 1: Overview, Continued

### Nursing service definition (NR)

Rule Definition	Resources Families' Receive With the Service
<p><i>Nursing services</i> include:</p> <p><i>a.</i> The assessment of health status for the purpose of <b>providing</b> nursing care, including the identification of patterns of human response to actual or potential health problems;</p> <p><i>b.</i> Provision of nursing care to prevent health problems, restore or improve functioning and promote optimal health and development; and</p> <p><i>c.</i> Administration of medications, treatments and regimens prescribed by a licensed physician.</p>	<p>Nursing services includes:</p> <ol style="list-style-type: none"> <li>1) Information to the family about the health status of the child</li> <li>2) Nursing care for the child to prevent, restore or improve health and development</li> <li>3) An individual to carry out a physician's orders for treatment, care and medications</li> </ol>

### Nutrition service definition (NU)

Rule Definition	Resources Families' Receive With the Service
<p><i>Nutrition services</i> include:</p> <p><i>a.</i> Conducting individual assessments of:</p> <ol style="list-style-type: none"> <li>1) Nutritional history and dietary intake;</li> <li>2) Anthropometric, biochemical, and clinical variables;</li> <li>3) Feeding skills and feeding problems; and</li> <li>4) Food habits and food preferences;</li> </ol> <p><i>b.</i> Developing and monitoring appropriate plans to address the nutritional needs of an eligible child; and</p> <p><i>c.</i> Making referrals to appropriate community resources to carry out nutrition goals.</p>	<p>Nutrition services include:</p> <ol style="list-style-type: none"> <li>1) Information about child's feeding skills</li> <li>2) Information about child's physical make-up that affects growth and development (height, weight, blood profile, etc.)</li> <li>3) Assessment of child's food habits and preferences</li> <li>4) Support in developing a nutrition plan and checking progress</li> <li>5) Referral to or information about community programs that can help with nutrition goals</li> </ol>

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## Section 1: Overview, Continued

### Occupational therapy service definition (OT)

Rule Definition	Resources Families' Receive With the Service
<p><i>Occupational therapy</i> includes services to address the functional needs of a child related to adaptive development; adaptive behavior and play; and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school and community settings, and include:</p> <ul style="list-style-type: none"> <li>a. Identification, assessment and intervention;</li> <li>b. Adaptation of the environment and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and</li> <li>c. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.</li> </ul>	<p>Occupation Therapy includes:</p> <ol style="list-style-type: none"> <li>1) Information about potential problems in physical ability affecting playing and learning (screening)</li> <li>2) Detailed information about child's sensory, perceptual-motor, motor and posture development (assessment)</li> <li>3) Someone to provide guidance and feedback on how to help child eat, play with toys, move and learn</li> <li>4) Help in adapting child's environment to meet child's needs</li> <li>5) Selecting, designing, and making devices that help child move, play, eat and learn</li> <li>6) Someone to provide guidance and feedback to prevent or minimize physical problems</li> </ol>

### Physical Therapy service definition (PT)

Rule Definition	Resources Families' Receive With the Service
<p><i>Physical therapy</i> includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status and effective environmental adaption. These services include:</p>	<p>Physical therapy includes:</p> <ol style="list-style-type: none"> <li>7) Information about potential problems of child's physical ability affecting moving, sitting, standing or positioning for motor development (Includes screening)</li> </ol>

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## Section 1: Overview, Continued

**Physical  
Therapy service  
definition (PT)**  
(continued)

Rule Definition	Resources Families' Receive With the Service
<p><i>a.</i> Screening, evaluation and assessment of eligible children from birth to the age of three to identify movement dysfunction;</p> <p><i>b.</i> Obtaining, interpreting and integrating information appropriate to program planning to prevent, alleviate or compensate for movement dysfunction and related functional problems; and</p> <p><i>c.</i> Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.</p>	<p>8) Information about potential problems of child's physical ability affecting moving, sitting, standing or positioning for motor development (Includes screening)</p> <p>9) Detailed information about child's motor, sensory or posture development including the ability to move and position self for play (evaluation and assessment)</p> <p>10) Someone who can interpret medical and physical information and develop a plan to help child develop</p> <p>11) Someone who can work with child (either alone or in a group) to help the child:</p> <ul style="list-style-type: none"> <li>▪ Learn a variety of ways to move and position himself for play through continued motor development and/or assistive technology (including braces, walking devices, positioning devices) and/or,</li> <li>▪ Adapt environmental accessibility.</li> </ul> <p>12) Someone to provide guidance and feedback to the family so they can assist their child</p>

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## Section 1: Overview, Continued

**Psychological service definition (PY)**

<b>Rule Definition</b>	<b>Resources Families' Receive With the Service</b>
<p><i>Psychological services</i> include:</p> <p><i>a.</i> And other assessment procedures;</p> <p><i>b.</i> Interpreting assessment results;</p> <p><i>c.</i> Obtaining, integrating and interpreting information about child behavior and about child and family conditions related to learning, mental health and development; and</p> <p><i>d.</i> Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, and parent education programs.</p>	<p>Psychological services includes:</p> <ol style="list-style-type: none"> <li>1) Psychological and developmental testing of the child</li> <li>2) Information about child's thinking, learning, and behavior</li> <li>3) Information about child's behavior and child/family relationship</li> <li>4) Counseling for child and family</li> <li>5) Counseling for family</li> <li>6) Guidance and feedback to the child's family on child development</li> <li>7) Training and information on parenting</li> <li>8) Someone to plan and do interventions for a specific child behavior</li> <li>9) Guidance and feedback to other caregivers of the child</li> </ol>

**Service Coordination**

Refer to Service Coordination Section for information about this service.

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## Section 1: Overview, Continued

Social work service definition (SW)

Rule Definition	Resources Families' Receive With the Service
<p><i>Social work services</i> include:</p> <ul style="list-style-type: none"> <li>a. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;</li> <li>b. Preparing a social or emotional developmental assessment of the child within the family context;</li> <li>c. Providing individual and family-group counseling with parents and other family members and appropriate social skill-building activities with the child and parent(s);</li> <li>d. Working with those problems in a child's and family's living situation, including in the home, in the community and at any center where early intervention services are provided, that affect the child's maximum utilization of early intervention services; and</li> <li>e. Identifying, mobilizing and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.</li> </ul>	<p>Social work services include:</p> <ul style="list-style-type: none"> <li>1) A home visit to evaluate a child's living conditions related to growth and development</li> <li>2) A home visit to evaluate how parent and child relate to one another</li> <li>3) Information about how to develop a positive relationship with child and the child's relationship with other family members</li> <li>4) Information about child's social/emotional growth and development (assessment)</li> <li>5) Individual or group counseling for family members to learn appropriate social/emotional skills</li> <li>6) Someone to help solve problems * in a child's and family's living situation (home, community, and any center where early intervention services are provided). * Problems that effect the child's maximum use of early intervention services.</li> <li>7) Information about community resources and services that could help child and family</li> <li>8) Someone who assists the family in obtaining and coordinating resources and services so they can benefit from other early intervention services</li> </ul>

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**Section 1: Overview**, Continued

## Section 1: Overview, Continued

**Special instruction service definition (SI)**

*Note.* This is the same service called *Developmental Therapy* in the Medicaid Infant-Toddler Program.

Rule Definition	Resources Families' Receive With the Service
<p><i>Special instruction</i> includes:</p> <p><i>a.</i> The design of learning environments and activities that promote the child's acquisition of skills in the following developmental areas: cognitive, physical including vision and hearing, communication, social or emotional, and adaptive;</p> <p><i>b.</i> Planning that leads to achieving the outcomes in the child's IFSP, including curriculum planning, the planned interaction of personnel and planning with respect to the appropriate use of time, space and materials;</p> <p><i>c.</i> Providing families with information, skills and support related to enhancing the skill development of the child; and</p> <p><i>d.</i> Working with the child to enhance the child's development.</p>	<p>Special instruction includes;</p> <ol style="list-style-type: none"> <li>1) Someone who designs activities that help child to grow, learn, communicate and play with others</li> <li>2) Someone who can model and teach family members how to do learning activities</li> <li>3) Someone who can adapt early care and education curriculum activities to meet a child's specific learning needs</li> <li>4) Someone who shows child care provider how to carry out activities that help the child</li> <li>5) Someone who works with child to do activities that help child grow and develop</li> </ol>

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## Section 1: Overview, Continued

Speech-  
language  
service  
definition (SS)

Rule Definition	Resources Families' Receive With the Service
<p><i>Speech-language pathology services</i> include:</p> <p><i>a.</i> Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;</p> <p><i>b.</i> Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or swallowing disorders and delays in development of communication skills;</p> <p><i>c.</i> Provision of services for the habilitation, rehabilitation or prevention of communicative or swallowing disorders and delays in development of communication skills; and</p> <p><i>d.</i> Counseling and guidance of parents, children and teachers regarding speech and language impairments.</p>	<p>Speech – language pathology includes;</p> <p>6) Information about potential problems with communication skills (screening)</p> <p>7) Detailed information and a diagnosis of a child’s speech-language problems (evaluation and assessment)</p> <p>8) Referral to or information about communication &amp; speech specialists and their services</p> <p>9) Someone who works with child to improve and/or prevent communication problems</p> <p>10) Information to assist families and caregivers how to improve and/or prevent communication problems</p>

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## Section 1: Overview, Continued

### Transportation service definition (TR)

Rule Definition	Resources Families' Receive With the Service
<p><i>Transportation and other related <b>costs</b></i> includes the cost of travel, such as mileage or travel by taxi, common carrier or other means, and related costs, such as tolls and parking expenses, that are necessary to enable an eligible child and the child's family to receive early intervention services.</p>	<p>Transportation and other related costs include:</p> <p>Financial help to cover the cost of transportation for the child and family to receive needed early intervention services</p>

### Vision service definition (VI)

Rule Definition	Resources Families' Receive With the Service
<p><i>Vision services</i> means:</p> <p><i>a.</i> Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;</p> <p><i>b.</i> Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and</p> <p><i>c.</i> Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training and additional training necessary to activate visual motor abilities.</p>	<p>Vision Services means;</p> <ol style="list-style-type: none"> <li>1) Detailed information about vision ability and loss (evaluation and assessment including functional visual assessment)</li> <li>2) Diagnosis of visual problems</li> <li>3) Referral to or information about specialists in visual problems and their services</li> <li>4) Someone to help the child learn to move around and explore their environment</li> <li>5) Someone to help the child learn communication skills</li> <li>6) Training and information to the family and caregivers on how to help the child be independent, move around their environment and communicate</li> <li>7) Guidance and feedback to families and caregivers on how to maximize child's vision abilities and movement</li> </ol>

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## Section 1: Overview, Continued

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### Other services requirement

Both early intervention and other services may be needed by the child/family in order to achieve their IFSP outcomes. To the extent appropriate, the IFSP must include medical and other services the child needs, but are not required under IDEA, Part C.

Other examples of services include but are not limited to Child Health Specialty Clinic's Clinical Program, respite care, well baby check-ups, immunizations and/or music therapy.

Specific procedures related to Other services are provided in Section 5: IFSP. In addition, further information about "Other Services" and their distinction from "early intervention services" are provided in the *Service Coordination Training Module IV* [LINK to Document](#).

---

### EI services at no cost

All children in the Early ACCESS system are to receive at no cost to the family:

- Screenings, evaluations and assessments
- Service coordination
- Individualized Family Service Plan (IFSP) development and reviews.
- Needed early intervention services (does not include "Other Services").

Early intervention services listed on the IFSP as an EI service must be provided at no cost to the family. Iowa is one of five states with a "birth mandate" law. States with birth mandates may not charge parents for any of those services. Birth mandate means states with a requirement that a free and appropriate public education (FAPE) be provided to children from birth to age 21, which includes special education services. Iowa has provided early childhood special education services to children birth to five years since 1975, which for infants and toddlers, evolved into early intervention services after 1986. [\(LINK to birth mandate paper\)](#)

**Note.** There are "other" early intervention services a child may need to achieve IFSP outcomes that may incur cost to the family. For more information see Other Services information at the end of this section.

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### Year round services

Area Education Agencies, as Regional Part C Grantees, ensure that Early ACCESS components and services are available 12 months a year to meet the needs of the eligible child and family.

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*Continued on next page*

## Section 1: Overview, Continued

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### Federal indicator of timely services

√ C1  
timely  
Services

Data about timely services are collected and reported annually in a federal indicator in order to show Regional and State performance of this requirement (Indicator C1). All states collect data on all new services provided within the State's definition of timely delivery of services. Iowa has defined timely services as:

*Timely services are measured per child within 30 days from the date of parental consent for the services listed on the initial IFSP and all subsequent IFSPs.*

Iowa collects information on Indicator C1 on the Early Intervention Services page, specifically *Start Date* and *If service not initiated within 30 days of IFSP meeting*.

---

### Parents consent or decline of EI services

Parents have the right to agree to all or some of the recommended services. Only the services consented to, by the parents, are provided to the child/family. If a parent does not provide consent for a particular early intervention service or withdraws consent after first receiving the service, that service cannot be provided. Parents may also decline all early intervention services recommended by the IFSP Team. All services the IFSP team recommends are to be recorded on a Prior Written Notice.

Specific steps to follow regarding consent or decline of EI services are provided throughout Section 5: IFSP.

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### Natural environment definition

Natural environments mean settings that are natural or normal for a child who does not have a condition or developmental delay, including home and community settings. Whenever possible, intervention should be embedded into the child's natural routines.

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*Continued on next page*

## Section 1: Overview, Continued

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### **Natural environment requirements**

There are five requirements that EA Service Coordinators and service providers must implement related to services in natural environments.

#### **Services must be provided in natural environments.**

To the maximum extent appropriate to the needs of the eligible child, early intervention services are to be provided in a natural environment.

#### **Setting other than natural environment.**

The provision of early intervention services for each eligible child may occur in a setting other than a natural environment only if the IFSP team, based on the evaluation and assessment conducted and the provisions of the IFSP, determines that early intervention cannot be achieved satisfactorily for the child in a natural environment.

#### **Exceptions**

The provisions on natural environments do not apply to services listed in an IFSP that are intended to meet the needs of a parent or other family member and not the needs of the child, such as participation of a parent in a parent support program.

#### **Statement of natural environments on IFSP**

The IFSP shall contain a statement of the natural environments in which early intervention services shall be provided.

#### **Justification for other setting in IFSP.**

For each early intervention service to be provided to the child, the IFSP team shall determine if the child's needs are being met in a natural environment. If the team determines that a specific service for the child must be provided in a setting other than a natural environment, such as a center-based program that serves children with disabilities or another setting appropriate to the age and needs of the child, a justification must be included in the child's IFSP.

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## Section 1: Overview, Continued

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### Federal indicator of natural environments

√ C2  
Services  
in NE

Data about services in natural environments are collected and reported annually in a federal indicator in order to show Regional and State performance of this requirement. All states collect data on the primary setting of EI services and have set targets. Each AEA/Early ACCESS Region is to meet the state target, which is reported in the *Part C Annual Performance Report* [\(LINK\)](#).

Iowa collects this information on Indicator C2 the IFSP Meeting Details page, *Overall Primary Setting (IT Code)*. Follow the [\(LINK\)](#) for guidance on how to select the appropriate code that describes where services are primarily provided to the child and family.

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### Procedures for natural environments

Procedures related to services in natural environments (or justifications) are provided throughout Section 5: IFSP.

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## Section 2: Public Awareness/Comprehensive Identification Procedures

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**Introduction** The Iowa Department of Education, as Lead Agency, ensures that potentially eligible infants and toddlers are identified and evaluated by qualified personnel [281 – 120.27(4)].

Child Find for Early ACCESS and the identification of eligible infants and toddlers are year-round commitments by the Area Education Agencies (Regional Grantees), Signatory Agencies, and community partners.

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**Collaborative partnerships needed** In addition, each Area Education Agency collaborates with community partners to ensure that the child find system is coordinated with agencies responsible for administering various education, health, social service programs and tribes/tribal organizations that receive funds under Part C, including the following:

- Child Find authorized under Part B of the Act (Special Education);
  - Maternal and Child Health agencies under Title V;
  - Early and Periodic, Screening, Diagnosis and Treatment Program (EPSDT);
  - Medicaid;
  - Head Start;
  - Early Head Start;
  - Developmental Disabilities Assistance and Bill of Rights Act, administered by the Department of Human Services; and
  - Supplemental Security Income (SSI) Program.
- 

**Child find system components** The Early ACCESS Child Find system in Iowa is based on

- public access to awareness materials;
- a central directory of services; and
- comprehensive identification procedures.

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*Continued on next page*

## Section 2: Public Awareness/Comprehensive Identification Procedures, Continued

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### Public awareness materials

Public awareness materials are available to inform the public of the Early ACCESS system. Materials are provided to agencies and organizations having a direct interest in early intervention to help locate and refer potentially eligible infants and toddlers from birth to three years of age [(281-120.24(2)]. Materials distributed include information about:

- child development;
- the referral process;
- the Iowa central point of contact; and
- the central directory.

Materials produced by the Lead Agency are available from and distributed by AEAs, Signatory Agencies, Early ACCESS Iowa (central point of contact), and community partners.

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### Public awareness materials - electronic access

Other methods available to inform the public of Early ACCESS include electronic access to resources available on AEA websites.

Area Education Agency	Website
AEA 1	<a href="http://www.aea1.k12.ia.us">www.aea1.k12.ia.us</a>
AEA 267	<a href="http://www.aea267.k12.ia.us">www.aea267.k12.ia.us</a>
AEA 8	<a href="http://www.aea8.k12.ia.us">www.aea8.k12.ia.us</a>
AEA 9	<a href="http://www.aea9.k12.ia.us">www.aea9.k12.ia.us</a>
AEA 10	<a href="http://www.aea10.k12.ia.us">www.aea10.k12.ia.us</a>
AEA 11	<a href="http://www.aea11.k12.ia.us">www.aea11.k12.ia.us</a>
AEA 12	<a href="http://www.nwaea.k12.ia.us">www.nwaea.k12.ia.us</a>
AEA 13	<a href="http://www.aea13.org">www.aea13.org</a>
AEA 14	<a href="http://www.aea14.k12.ia.us">www.aea14.k12.ia.us</a>
AEA 15	<a href="http://www.gpaea.k12.ia.us">www.gpaea.k12.ia.us</a>

**Note.** Another electronic resource for information about Early ACCESS is the AEA statewide website:  
[iowaaea.org/vnews/display.v/ART/2008/02/21/47bdf8b75437c](http://iowaaea.org/vnews/display.v/ART/2008/02/21/47bdf8b75437c)

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## Section 2: Public Awareness/Comprehensive Identification Procedures

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### Central directory of services

A central point of contact and directory was developed for ease of public access to Early ACCESS information and services (281-120.24).

The central point of contact, Early ACCESS Iowa, provides a toll-free number that is available to link callers or interested persons to inquire about Early ACCESS services.

The *State Resource Directory* is available to address the typical development and/or specialized needs of infants and toddlers and their families. The directory provides information regarding:

- public and private early intervention services;
- resources; and
- personnel available statewide.

<b>Resource</b>	<b>Access</b>
Central point of contact	Toll free: 1-888-IAKIDS1 (1-888-425-4371)
Central directory	Website: <a href="http://EarlyACCESSIowa.org">EarlyACCESSIowa.org</a>

AEA staff and other agencies contribute updates to keep the directory current. AEA Early ACCESS Regional Liaisons are responsible for forwarding suggestions and updates to [EarlyACCESSIowa.org](http://EarlyACCESSIowa.org).

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## Section 2: Screening/Comprehensive Identification Procedures

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### Introduction

Comprehensive identification procedures ensure that all children birth to three years of age who may be eligible for Early ACCESS are identified, located and referred for an evaluation (281-120.23).

*Note.* Children referred at two years nine months or older are referred to Part B and do not proceed through the Early ACCESS process.

The outcome of an evaluation is to assess the child and family strengths and areas of concern to coordinate and provide needed early intervention services. Comprehensive identification procedures include the following (281-120.27):

- screening;
  - referral;
  - intake;
  - the comprehensive multidisciplinary evaluation including family assessment; and
  - eligibility determination.
- 

### Screening definition

Screening is a brief decision-making process used by qualified individuals to determine a potential or suspected condition or delay in one or more areas of child growth and development [281-120.27(1)].

Often in working with children, professionals may be concerned regarding an infant or toddlers developmental skills based on observations and family reports. Upon concern, screening may be used to briefly appraise an infant or toddler's development in order to provide information to parents and others whether concerns warrant further evaluation.

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## Section 2: Screening/Comprehensive Identification Procedures, Continued

### Criteria for selection of screening tools

Screening tools vary by those qualified individuals seeking to briefly appraise an infant or toddler’s developmental skills. Individuals are responsible for selecting screening tools based on the following state selected criteria (Meisels, 1991).

- Norm referenced for birth to three-year-olds and standardized in administration;
- Valid and reliable;
- May be administered by professional or trained personnel as specified by the publisher;
- Provides input from families;
- Culturally and linguistically sensitive;
- Reasonable for cost; and
- Reasonable for time to administer.

**Note.** [LINK to Document](#) for more information for screening tools that meet these criteria.

### Screening: Important considerations

It is important to note the following considerations;

If ...	Then ...
an infant or toddler has a known condition,	<i>the child is eligible for Early ACCESS and a comprehensive multidisciplinary evaluation is required to determine the child’s level of functioning in all [10] developmental areas.</i>  <b>Note.</b> Screening is not required to be administered.
a referral is received from another agency with timely data,	existing screening information and timely data are acceptable for consideration and REVIEW of the child’s development and should not be re-administered.
<b>Note.</b> All documentation, screening, and/or test results relevant to the child may be requested and sent with the referral to AEA Early ACCESS staff to aid in the multidisciplinary evaluation process.	

*Continued on next page*

**Section 2: Screening/Comprehensive Identification Procedures, Continued**

## Section 2: Screening/Comprehensive Identification Procedures, Continued

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### Other screenings: Early Hearing Detection and Intervention (EHDI)

All Iowa newborns are to receive a hearing screening. This requirement is supported by Iowa's *Universal Newborn and Infant Hearing Screening law*.

All AEAs and Early ACCESS agencies participate in the implementation of the law and the Early Hearing Detection and Intervention (EHDI) program which is administered by the Iowa Department of Public Health.

The purpose of the law is to ensure that infants with hearing loss are identified as early as possible so they can begin receiving early intervention services by six months of age. The three goals of the EHDI program include:

- All infants will be **screened** for hearing loss before **1 month** of age, preferably before hospital discharge.
- All infants who do not pass the screening will have a **diagnostic audiologic evaluation** before **3 months** of age.
- All infants identified with hearing loss receive appropriate **early intervention services** before **6 months** of age.

Hospitals provide the initial infant hearing screening.

---

### Other screenings: rescreening for Early Hearing Detection and Intervention (EHDI)

If a child needs re-screening, families are provided information about choices to obtain the re-screening. The AEA is one option to schedule a re-screening.

In order to prevent "loss to follow up," children who do not receive needed re-screening or missed their initial screening are referred monthly to the Regional Early ACCESS Office by the state EHDI Office at the Iowa Department of Public Health (using a special EA-EHDI referral form).

- Each child is then assigned a pre-Service Coordinator.
- Each AEA determines who will serve as pre-Service Coordinator(s) for newborn hearing following up services when hearing re-screening has not been completed in a timely manner (e.g. audiologists; EA Service Coordinators; etc.).

More information about the EA-EHDI collaboration and guidance for pre-Service Coordinators are available [LINK to Documents](#).

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*Continued on next page*

## Section 2: Screening/Comprehensive Identification Procedures, Continued

### Other screenings: EHDI Pre-Service Coordinator procedures

Steps the pre-Service Coordinator follows for hearing re-screening include:

Step	Action
1	Pre-Service Coordinator contacts the family within 48 hours.
2	Explains the importance of the re-screening
3	Describes all location options (AEA, hospital, private audiologist)
4	Helps families work through barriers to complete the re-screening
5	Provides the results of the hearing re-screening or information regarding the inability to contact the family to the state EDHI program through their eSP data system or an e-mail/phone call to the state EHDI Coordinator or EHDI Follow-up Coordinator.  <i>Note.</i> If pre-Service Coordinators have difficulty contacting the referred family, they are to follow Early ACCESS procedures in this manual for “Unable to Contact.” Before closing the file, pre-Service Coordinators are to notify the Iowa EHDI program immediately if unsuccessful in contacting a family. Call (800) 383-3826 to notify the EHDI Program; the EHDI program will make one last attempt to contact the family and/or family physician to encourage follow-up.

### Other screenings: next steps for re-screening

The following table provides guidance on next steps, depending on the results of the hearing re-screening.

If ...	Then ...
hearing re-screening results indicate a need for an evaluation to confirm a hearing loss,	the audiologist refers child to an ENT, and has a release signed by the parent for ENT to share results of evaluation.  Discuss need/timing of referral to Early ACCESS (see Note below).
hearing re-screening results indicate “passing” or no hearing concerns	the audiologist provides contact information for future screening as needed.

*Note.* The referral to Early ACCESS can be made either before or after the confirmation evaluation, according to parent choice. See [LINK to Document](#) for talking points to explain parent choice of EHDI-EA evaluations 6-07.doc.

## Section 2: Referral/Comprehensive Identification Procedures

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### **Referral definition**

Referral is a systematic method to link potentially eligible children and families to Early ACCESS [281-120.27(2)].

- An infant or toddler may be referred to Early ACCESS with parent knowledge and approval. Written parental consent is not required.
  - A child may be referred to EA if there is any indication of a concern by a parent or professional.
- 

### **Coordination of referrals**

Referrals may be coordinated through two resources:

- Iowa Central Point of Contact, Early ACCESS Iowa, and
- Regional (AEA) Early ACCESS offices.

Using established procedures, Early ACCESS Iowa immediately patches the caller directly to Early ACCESS regional AEA staff. Also, referrals may be made directly to the AEAs within each region. Referral data are managed through these centralized points to collect and analyze state and regional data to assess the effectiveness of the system.

---

### **Primary referral sources**

Primary referral sources include the following:

- Parent, family, or other persons designated as a parent
  - Hospitals and hospital-based high-risk follow-up programs
  - Physicians (Pediatric, Family, Sub-specialty or General Practices)
  - Department of Human Services Signatory Agency (child abuse prevention and treatment act (CAPTA) referrals, Foster Care)
  - Local or area education agencies (LEA/AEA)
  - County Public Health; home health agencies; etc. (not hospital, not primary care, not title V, not CHSC, not WIC)
  - Family Support Services (e.g. ISU Extension; Lutheran Social Services; HOPES, HOPE-like; Healthy Families; CCR & R, CAPP agencies; programs supported by community empowerment areas, etc.)
  - Child Health Specialty Clinics Signatory Agency (Clinical Program)
  - Title V/EPSTD Child Health includes Title V agencies (EPSTD Care Coordination, 1<sup>st</sup> Five, etc.
- 

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

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**Primary  
referral sources**  
(continued)

- Women, Infants and Children (WIC)
  - Child Care Program providers (child development homes, centers, etc)
  - Head Start programs and Early Head Start programs
  - Iowa’s Early Hearing Detection and Intervention program at the Iowa Department of Public Health
  - Families and/or provider agencies that are connecting families who have out-of-state IFSPs to Iowa’s Part C/Early ACCESS program
- 

**Referral:  
Request for  
records**

Referral sources and other agencies may have:

- child health and medical records;
- prior developmental and/or specialty screenings, evaluations; and
- information about prior and current services.

If reports and records are available from the referral source, at the time of intake, the Service Coordinator or designated staff seeks to obtain all existing information. A release/exchange form signed by the parent is required for the exchange of information between agencies.

Due to two differing federal confidentiality laws, there are two types of releases:

Type	Description	Federal Confidentiality Law
1	release of <i>health/medical</i> information and	HIPPA
2	general, non-medical information	FERPA

Both authorizations are valid for up to one year, unless specified otherwise by the parent on the form.

**Note.** Other agencies’ release forms sent by the referral source are acceptable.

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

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### **Referral: Follow-up**

Once a referral is received by the AEA or any agency, it is required to follow-up with the referral source. Communication with the source of referral is important to:

- obtain records and prior evaluations (reduce duplication);
- maintain the family's network of support;
- sustain professional courtesy; and
- support future referrals to Early ACCESS.

Service Coordinators communicate with referral sources following the initial contact with the family, after the child assessment or evaluation, and on an ongoing basis to share child progress updates, depending on referral source and family preferences.

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

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### Referral: Communication with referral source

Communication with the initial referral source (e.g. physician) is required and can occur in one of several methods:

- Phone call
- Email
- Letter by U.S. mail

Communication with the initial referral source (e.g. physician) includes the following steps:

Step	Action
1	Obtain a signed <i>Authorization for Exchange of Information</i> form from the parent. <ul style="list-style-type: none"><li>• A signed release sent with the referral is acceptable</li><li>• In cases when authorization cannot be obtained, only the child's name may be shared with the referral source.</li></ul>
2	Acknowledge receipt of the referral. <i>Note.</i> See guidance and sample letters/scripts <a href="#">LINK to Document</a> .
3	Provide name of Service Coordinator and contact number
4	Describe evaluation process and timeline
5	Invite referral source to indicate level of participation on the IFSP team

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

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**Other referral  
sources:  
DHS / CAPTA**

The Child Abuse Prevention and Treatment Act (CAPTA) [LINK to Document](#) is another source of referrals from Department of Human Services (DHS) to Early ACCESS. The Iowa Departments of Education and Human Services have agreed upon Department roles and the process used to refer children with substantiated cases of abuse or neglect to Early ACCESS.

The agreement includes the following:

<b>Step</b>	<b>Action</b>
1	The Department of Human Services provides Early ACCESS Iowa a weekly list of children younger than three years of age who have been abused or neglected.
2	Early ACCESS Iowa (Central Point of Contact) sends a letter to the family that describes Early ACCESS and asks if the parents would like to have their child evaluated.
3	Families that respond to the letter are referred to the appropriate Early ACCESS region (AEA).
4	The AEA assigns a Service Coordinator who contacts the family.
5	If the child referred is 2 years 9 months or older, the AEA refers the child to Part B child find procedures <a href="#">LINK to Document</a> .

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

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**Other referral sources:  
Out-of-state**

If a child and family moves to Iowa from another state and currently has an IFSP, this is considered as a source of referral. (States vary in Administrative Rules to implement IDEA-Part C; Iowa’s implementation procedure is to consider this as a referral from another source.)

The following steps are used for families moving to Iowa [LINK to Document](#):

Step	Action
1	Intake/Referral form is completed, following Intake procedures;
2	Assign a Service Coordinator;
3	Follow Service Coordinator procedures and discuss with the family state to state variation of provision of early intervention services;
4	Review the out of state IFSP and any record(s) available regarding the child;
5	Provide the parent with <i>Prior Written Notice</i> of the proposed action to implement the out of state IFSP to the best of the Region’s ability and assign new providers until Iowa eligibility is determined; and
6	Obtain a <i>Consent for Early ACCESS Evaluation with Prior Written Notice</i> form to proceed as a new referral.
7	Conduct comprehensive multidisciplinary evaluation to determine Iowa eligibility and follow procedures as a new referral.

**Note.** The Iowa IFSP team is to use all timely available evaluation and assessment information from the other state as a starting point for evaluation activities (i.e. do not need to re-administer assessments). This would be considered “review of existing records.” See RIOT explanation in Comprehensive Identification Section.

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

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### **Use of referral source data**

Each year, AEAs collect and analyze sources of referral data. AEAs are committed to analyzing Child Find data to study effectiveness in identifying eligible infants and toddlers, including special populations:

- under-representation;
- Native American children;
- Homeless;
- wards of the state;
- children in foster care;
- premature infants; and/or
- children affected by prenatal exposure to drugs.

After analyzing data, AEAs develop activities to increase and seek appropriate sources of referrals to reach all children and families who may be eligible for Early ACCESS.

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## Section 2: Intake/Comprehensive Identification Procedures

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### Intake: Purpose

**Purpose.** The purpose of the intake process is to gather information to answer basic questions such as:

- Who is the referral source?
- What are the needs of the child and family?
- What prior records or information are available to review?

The Early ACCESS intake process begins the date of the initial contact to the AEA from the referring source (e.g. physicians, family member). Questions are asked regarding concerns of the child age birth to 2 years and 9 months.

**Note.** Any child 2 years 9 months or older is referred to Part B child find procedures.

---

### Intake: Gather information

During the intake process, intake personnel are to gather and document the following:

### NOTE: 45-DAY TIMELINE BEGINS

Step	Action
1	Date the referral was received.
2	Referral source information. Also, if referral source is parent, how they learned about Early ACCESS.
3	Reason for referral
4	Child's demographic information: name, age, family's address, etc.
5	Prior screenings, if available.
6	Language spoken in the home
7	Other important information

**Note.** The **DATE the referring source contacts the AEA, is the start of the 45 calendar day timeline** for completion of the evaluation, eligibility determination, and initial IFSP meeting.

---

### Federal indicator of 45- day timeline

√ C7  
45-day  
time line

Data that measures the timeline between data of referral and the completion of the evaluation and the initial IFSP meeting are collected and reported annually in a federal indicator in order to show Regional and State performance of the 45-day timeline requirement. All states collect data on the number of children whose evaluation and initial IFSP meeting met the 45-day timeline and, if not met, reasons for not meeting the 45-day timeline. Each AEA/Early ACCESS Region is to meet the 100% target, which is reported in the Part C Annual Performance Report ([LINK to document](#)). Iowa collects this information for Indicator C7 on the *IFSP Initial Intake and Meeting Details* form.

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## Section 2: Intake/Comprehensive Identification Procedures, Continued

**Intake:  
Service  
Coordinator  
assigned**

The assignment of a Service Coordinator within two business days meets guidelines recommended by the state and stakeholder groups to support success of the Early ACCESS system.

Intake personnel contact the Service Coordinator and share the child and family intake information as soon as possible. The use of email to contact the Service Coordinator with the Intake/Referral form as an attachment provides the timeliest contact.

*Note.* The assigned Service Coordinator may change following determination of eligibility and development of the IFSP based on needs of the child and family [281 – 120.15(6)].

**Intake:  
First contacts**

The following table provides steps to take during the initial contacts with the family. The steps may vary in sequence, locations and times.

Step	Action
1	<p>The Service Coordinator contacts the family within two business days, supporting family-centered practices for responsiveness.</p> <p><i>Note.</i> The timelines of the Service Coordinator’s contact with the family is monitored through an annual file review. Contacts made beyond 7 calendar days from date of referral are considered non-compliant.</p>
2	<p>During first contact, likely a phone call:</p> <ul style="list-style-type: none"> <li>• Introduce yourself and your role with Early ACCESS.</li> <li>• Inquire about the reason for referral.</li> <li>• Schedule first visit.</li> <li>• Offer choices in dates, time of day and locations.</li> </ul>

*Continued on next page*

## Section 2: Intake/Comprehensive Identification Procedures, Continued

**Intake:  
First contacts**  
(continued)

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<b>Step</b>	<b>Action</b>
3	During the first visit, listen to the family and explore concerns of the family in order to: <ul style="list-style-type: none"><li>• establish rapport;</li><li>• identify child and family strengths, interests and needs;</li><li>• begin anticipating evaluation needs; and</li><li>• learn of potential outcome needs of the child and family.</li></ul>
4	Provide an orientation regarding Early ACCESS: <ul style="list-style-type: none"><li>• Purpose;</li><li>• All families have a Service Coordinator who partners with family and coordinates services across agencies;</li><li>• Types of services available to infants, toddlers, and families; and</li><li>• EI services at no cost to families.</li></ul>
5	Explain eligibility criteria and evaluation/assessment process

*Continued on next page*

## Section 2: Referral/Comprehensive Identification Procedures, Continued

**Intake:  
First contacts**  
(continued)

Step	Action					
6	After the parent is well informed, ask the parent to decide whether to proceed with a comprehensive multidisciplinary evaluation or to decline.					
<table border="1" style="width: 100%;"> <thead> <tr> <th data-bbox="537 569 976 611">Sometimes ...</th> <th data-bbox="976 569 1406 611">Then ...</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 611 976 835">When more information about a child’s development is needed for the parent to make an informed decision about proceeding to evaluation...</td> <td data-bbox="976 611 1406 835">A screening of developmental areas may be conducted to provide that information.</td> </tr> </tbody> </table>			Sometimes ...	Then ...	When more information about a child’s development is needed for the parent to make an informed decision about proceeding to evaluation...	A screening of developmental areas may be conducted to provide that information.
Sometimes ...	Then ...					
When more information about a child’s development is needed for the parent to make an informed decision about proceeding to evaluation...	A screening of developmental areas may be conducted to provide that information.					
<table border="1" style="width: 100%;"> <thead> <tr> <th data-bbox="537 835 976 877">If the parent ...</th> <th data-bbox="976 835 1406 877">Then ...</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 877 976 1577">Agrees to a comprehensive multidisciplinary evaluation,</td> <td data-bbox="976 877 1406 1577"> <ul style="list-style-type: none"> <li>• Review Procedural safeguards</li> <li>• Give copy of <i>Early ACCESS Procedural Safeguards Manual for Parents</i> <a href="#">LINK to Document</a> and Parental Rights handout to parent</li> <li>• Obtain parent signature on the <i>Consent for Evaluation with Prior Written Notice</i> form <a href="#">LINK to Document</a>.</li> </ul> <p><i>Note.</i> The brief Parental Rights handout can be shared as a family-friendly orientation, but the family must receive a copy of the state-approved Parental Rights Manual.</p> </td> </tr> </tbody> </table>			If the parent ...	Then ...	Agrees to a comprehensive multidisciplinary evaluation,	<ul style="list-style-type: none"> <li>• Review Procedural safeguards</li> <li>• Give copy of <i>Early ACCESS Procedural Safeguards Manual for Parents</i> <a href="#">LINK to Document</a> and Parental Rights handout to parent</li> <li>• Obtain parent signature on the <i>Consent for Evaluation with Prior Written Notice</i> form <a href="#">LINK to Document</a>.</li> </ul> <p><i>Note.</i> The brief Parental Rights handout can be shared as a family-friendly orientation, but the family must receive a copy of the state-approved Parental Rights Manual.</p>
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## Section 2: Referral/Comprehensive Identification Procedures, Continued

**Intake:  
First contacts  
(continued)**

Step	Action				
6	After the parent is well informed, ask the parent to decide whether to proceed with a comprehensive multidisciplinary evaluation or to decline.				
	<table border="1"> <thead> <tr> <th>If the parent ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>Declines the evaluation</td> <td>Follow procedures in block below: "Intake: Parent declines Evaluation."</td> </tr> </tbody> </table>	If the parent ...	Then ...	Declines the evaluation	Follow procedures in block below: "Intake: Parent declines Evaluation."
	If the parent ...	Then ...			
Declines the evaluation	Follow procedures in block below: "Intake: Parent declines Evaluation."				

*Note.* The consent must be signed whether a child is eligible based on a known condition or needs a comprehensive multidisciplinary evaluation to determine a 25% delay.

Step	Action
7	<ul style="list-style-type: none"> <li>• Discuss sources of existing records and evaluation/assessment information needed for EA process that have already been obtained and/or need to obtain</li> <li>• Obtain needed Authorization for Exchange of Information <a href="#">LINK to Document</a> and/or Authorizations for Release Health Information <a href="#">LINK to Document</a>.</li> </ul>
8	Clarify how family and team members will communicate in future (e.g. provide contact information; establish preferences for when and how to communicate; etc).
9	Schedule future times family can meet with the Service Coordinator and evaluators.

*Continued on next page*

## Section 2: Referral/Comprehensive Identification Procedures, Continued

### Inability to contact family

At times, the Service Coordinator is unable to contact parents. The following guidelines describe timelines for considerations of “unable to contact.”

With receipt of new referral, the Service Coordinator:

- makes a minimum of three phone calls to family within seven calendar days from the initial Intake.
- alternates phone calls for time of day and days of week.
- documents all attempts to contact family.

If ...	Then ...
the Service Coordinator is unable to contact the family within seven calendar days...	<p>the Service Coordinator mails a letter to the parents indicating attempts to make contact.</p> <p>The letter states request for parents to call Service Coordinator..</p>
the Service Coordinator is unable to contact the family within 14 calendar days...	<p>the Service Coordinator mails a second letter indicating the referral will be closed.</p> <p><i>Note.</i> Service Coordinator may want to contact the referral source, if other than parent, to ask for assistance in contacting the family.</p>

*Continued on next page*

## Section 2: Referral/Comprehensive Identification Procedures, Continued

### Inability to contact family (continued)

If ...	Then ...
the family does not contact the Service Coordinator after 21 calendar days from the date of referral...	Close the case: <ul style="list-style-type: none"> <li>• Complete and turn in Intake Page to IMS for data collection; check               <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Family moved/Unable to locate Family under For Case Closure Prior to Completion of Eligibility Determination or Initial IFSP.</i></li> </ul> </li> <li>• Turn in child record for filing.</li> </ul>
the family contacts the Service Coordinator within the 7-21 days from referral and is interested in Early ACCESS	<ul style="list-style-type: none"> <li>• Follow procedures</li> <li>• At Initial IFSP meeting, if 45-day timeline is not met due to delay in contact with family, complete IFSP Meeting Details <i>Reason if not met</i> box: Check <input type="checkbox"/> FA (Family Reason).</li> </ul>
the family is still interested in Early ACCESS and does contact the Service Coordinator on the 22 <sup>nd</sup> or more days from the date of referral...	a new Intake referral is completed.

**Note.** Upon receipt of the initial referral, the Service Coordinator must document all attempts of contact on the Service Coordinator log, in order to timely close the referral, if necessary.

**Note.** If the referral was for EHDI follow up services, the pre-Service Coordinator is to assure that an audiologist in their AEA enters required data about this case into eSP (EHDI's state data system). Audiologists are to document that attempts were made to contact the family. They don't have to make an entry each time, but can make one entry after all attempts have been made and they are referring back to State EHDI Office.

*Continued on next page*

## Section 2: Referral/Comprehensive Identification Procedures, Continued

### Scenarios of evaluation and signed consent

Service Coordinators may encounter a number of situations related to evaluation and signed consent for evaluation. Guidance for these scenarios is provided in the table below.

If ...	Then ...
the parent requests only one or two developmental areas to be evaluated,	the Service Coordinator explains to the family that all areas are required to be evaluated according to federal law.
parents have signed consent for a comprehensive, multidisciplinary evaluation and the agency does not provide an evaluation,	the parent was not ‘fully informed’ and there is no informed consent [(281-120(4))] and the agency is considered out of compliance
the agency does not provide an evaluation,	the agency must provide Prior Written Notice to the family that an evaluation will not be conducted.  <i>Note.</i> Screening procedures shall not be considered an evaluation.

### Intake: Decline of evaluation

The parent has the right to decline or refuse evaluation for their child. If the parent declines the evaluation, the Service Coordinator makes reasonable efforts to ensure the parent:

- is fully aware of the nature of the evaluation and assessment or the services that would be available;
- is fully aware that Early ACCESS services cannot be provided without a comprehensive multidisciplinary evaluation. All [10] areas of the child’s development are required to be evaluated; and
- understands that the child will not be able to receive the evaluation or services unless consent is given.

*Continued on next page*

## Section 2: Referral/Comprehensive Identification Procedures, Continued

**Intake:  
Decline of  
evaluation  
(continued)**

Service Coordinators are to follow the steps in the table below if a parent declines the evaluation.

Steps	Description
1	Suggest other available community resources and leave contact information for future use, if needed by the family.
2	Complete a <i>Prior Written Notice</i> form (LINK) indicating: <ul style="list-style-type: none"> <li>• EA is declining to conduct comprehensive evaluation due to parent request.</li> <li>• SC shared above “reasonable efforts” information.</li> <li>• Parent was informed of other community services.</li> </ul>
3	Provide a copy of the <i>Prior Written Notice</i> form to the family.
4	Indicates closure on the child’s Intake/Referral form, and forwards form to IMS data entry personnel.
5	SC completes and turns in paperwork for data entry and record keeping to close-out the file. IFSP and related forms include: <ul style="list-style-type: none"> <li>• Intake/Referral</li> <li>• Authorization to Release Health Information, if used</li> <li>• Authorization for Exchange of Information, if used</li> <li>• Prior Written Notice</li> <li>• Service Coordinator Log sheets</li> </ul>

*Continued on next page*

## Section 2: Referral/Comprehensive Identification Procedures, Continued

### Provide follow-up to referral source

Communication with the initial referral source (e.g. physician) is important to the IFSP team and the ongoing system of care and support to the child and family.

The Service Coordinator uses the outlined steps to follow-up with referral sources:

Step	Action
1	Obtain a signed <i>Authorization for Exchange of Information</i> form from the parent (if in place, does not need to be replicated). <ul style="list-style-type: none"><li>• No information may be shared without written parental consent.</li><li>• The information may be sent by mail in a sealed envelope, with written consent; no postcard communication allowed.</li></ul>
2	Acknowledge receipt of the referral and follow-up status of the child evaluation, see templates of letters <a href="#">LINK to Document</a> .
3	Provide name of Service Coordinator and contact number
4	Describe Early ACCESS eligibility status of child and family acceptance or rejection of Early ACCESS services
5	Provide copy or summary of the IFSP outcomes and services as indicated by referral source preferences
6	Invite referral source to respond to level of participation for IFSP meeting, see template of letters <a href="#">LINK to Document</a> .

*Note.* Resource document available, Early ACCESS Communicating with Referral Source Guidance, [LINK to Document](#).

### Family assessment: purpose

A requirement of the comprehensive identification procedures is to identify the resources, priorities, and concerns of the family as part of the evaluation process [281 – 120.27(5)].

In addition, the family assessment facilitates team members learning what is important to the family, their concerns and identifies the supports and services needed to best enhance their child's health and development. It is NOT an evaluation of the family.

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

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**Family  
assessment:  
purpose  
(continued)**

- The family assessment, conducted by interview or conversations, must be voluntary on the part of the family.
- Parents can choose to decline the assessment.
- The Service Coordinators explains the need to learn about the family’s resources, priorities and concerns and asks their permission to record responses on the *Family Statement* page. The following table provides guidance on next steps, depending on the parent’s decision.

<b>If the family...</b>	<b>Then ...</b>
<p>agrees to an assessment of the family’s resources, priorities, and concerns</p>	<p>The following requirements must be met:</p> <ul style="list-style-type: none"> <li>• Conducted by personnel trained to utilize appropriate methods and procedures;</li> <li>• Based on information provided by the family through personal interview; and</li> <li>• Documented as to the family’s identified resources, priorities, and concerns related to enhancing their child’s development on <i>Family Statement</i> page <a href="#">LINK to Document</a>.</li> </ul>
<p>Declines to a family assessment at this time</p>	<ul style="list-style-type: none"> <li>• Check the box at the top of the <i>Family Statement</i> page</li> <li>• Do not record any family resources, priorities or concerns on the <i>Family Statement</i> page.</li> </ul>

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures

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**Introduction** Once the Service Coordinator has explained Early ACCESS, reviewed procedural safeguards and obtained signed *Consent for Early ACCESS Evaluation with Prior Written Notice* form, the Service Coordinator coordinates the comprehensive multidisciplinary evaluation.

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**Purpose** A comprehensive multidisciplinary evaluation is conducted to determine a child's initial and continuing eligibility for Early ACCESS and to gather information about planning to address the needs of the child and child's family [281 – 120.27(4)].

The evaluation results are used to:

- fulfill the requirement to evaluate a child with a known condition (child automatically eligible for Early ACCESS) in specific areas of development;

OR

- determine initial eligibility and substantiate or confirm if a child has a 25% or greater delay in one or more areas of development;

AND

- assess the child's strengths and concerns to assist in developing an Individualized Family Service Plan to address needs of the child and the child's family.

The following areas are required to be evaluated:

- Physical-Fine motor development
- Physical-Gross motor development
- Cognitive development
- Communication development
- Social/Emotional development
- Adaptive development
- Health status and medical history
- Vision
- Hearing
- Nutrition

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Comprehensive Evaluation definition

A comprehensive evaluation means to:

- use appropriate methods or procedures to determine a child’s initial and continuing eligibility for Early ACCESS consistent with the definition of “eligible children”; and
  - determine the status of the child in each of the development areas (281-120.4).
- 

### Multi- disciplinary team definition

A multidisciplinary team must conduct the comprehensive evaluation.

**Multidisciplinary team** means the involvement of two or more qualified disciplines of different professional backgrounds who complete the evaluation activities and development of the IFSP (281 - 120.4).

Multidisciplinary team members must be *actively participating* in the data gathering and decision-making process for both the evaluation and development of the IFSP.

**Actively participating** means the qualified professional is participating within the timeframe of the evaluation process and development of the IFSP since needs of an infant and/or toddler change so rapidly.

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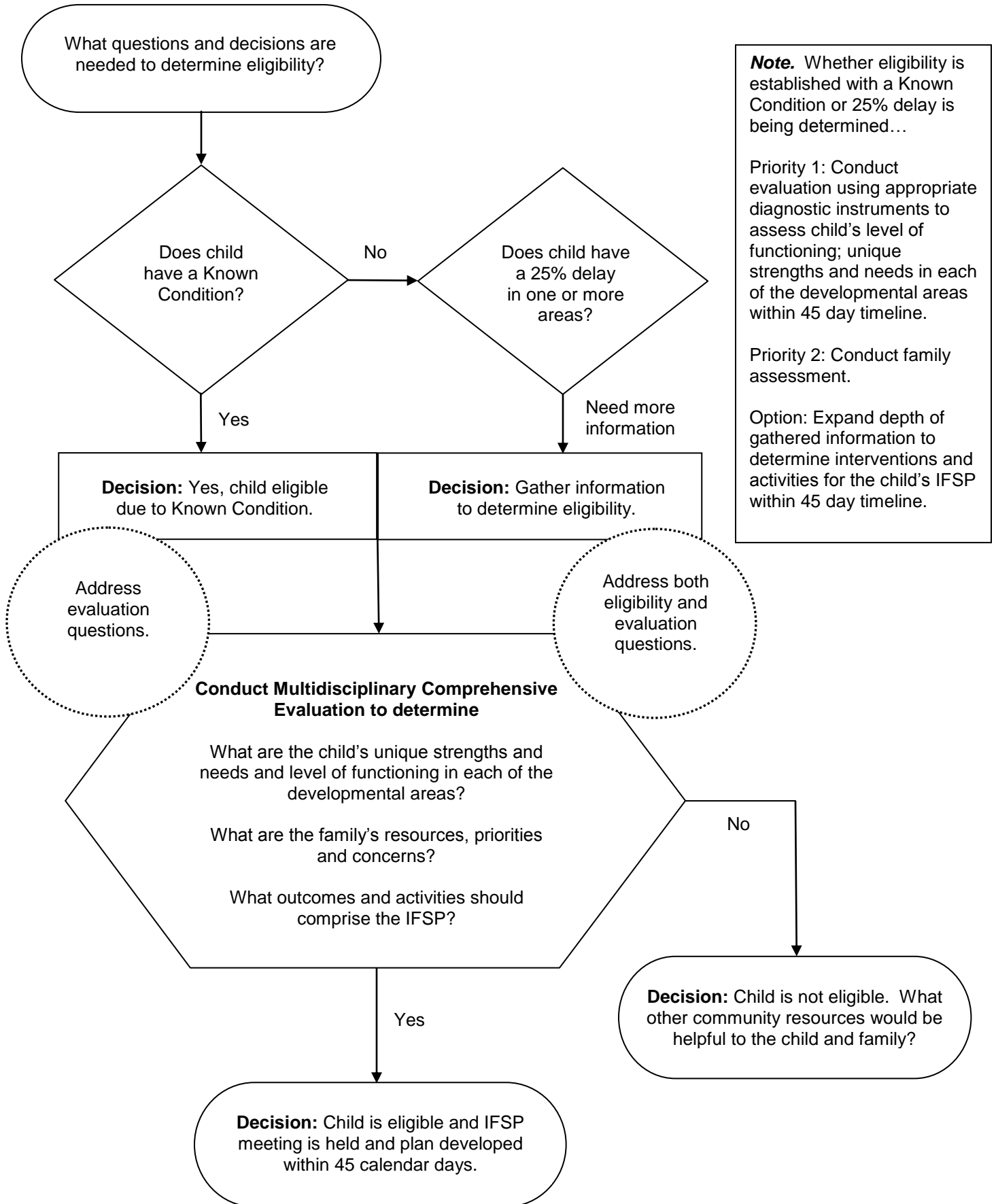
### Multi- disciplinary comprehensive evaluation decision making model

The comprehensive multidisciplinary evaluation process is illustrated in the following decision-making model. Decision steps are provided for corresponding action to take for each question.

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# Multidisciplinary Comprehensive Evaluation Process



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**Introduction to decision-making model**

The Multi-Disciplinary Comprehensive Evaluation Process model shows the basic evaluation decisions and actions needed to provide information to determine eligibility and to develop an IFSP for eligible children and their families.

While the model shows the basic questions and decisions that need to be made, it does not show all the multiple questions and decisions that the multidisciplinary comprehensive evaluation team considers.

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**Assess eligibility status**

The process begins with the initial question:

*What questions and decisions are needed to determine eligibility?*

<b>If ...</b>	<b>Then ...</b>
the child has a condition known to cause later delays,	<ul style="list-style-type: none"><li>• the child is automatically eligible for Early ACCESS, and</li><li>• the team completes a multidisciplinary comprehensive evaluation in all [10] required developmental areas to provide information about the child's current level of functioning</li></ul>
the child does not have a known condition,	<ul style="list-style-type: none"><li>• the child is not automatically eligible for Early ACCESS, and the team needs information to determine if the child has a 25% delay in one or more developmental areas</li><li>• the team completes a multidisciplinary comprehensive evaluation in all [10] required developmental areas to provide information about the child's current level of functioning</li></ul>
the child does not have a known condition or a 25% delay in one or more developmental areas,	<ul style="list-style-type: none"><li>• the child is not eligible for Early ACCESS, and child/family is referred to other community agencies for services or resources</li></ul>

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Conduct the evaluation

Whether the child has a known condition or a suspected 25% delay in one or more developmental areas, the team conducting the multidisciplinary comprehensive evaluation seeks information to determine the child's unique needs and level of functioning in each of the developmental areas.

- The first priority of the multidisciplinary comprehensive evaluation is to evaluate the child's unique strengths and needs and level of functioning in all developmental areas using appropriate diagnostic instruments within the 45-day timeline.
- The second priority is to identify the family resources, priorities and concerns.

Option: Expand depth of gathered information to determine intervention and activities for child's IFSP within 45 day timeline.

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### Evaluation results for writing IFSP outcomes

Teams are required to gather enough information before the initial IFSP meeting so that an appropriate IFSP can be written. However, additional evaluation information may be needed to enhance IFSP outcomes. The activities and services and this additional information can be gathered after the initial IFSP meeting. In other words, enough assessment data needs to be gathered to write a meaningful IFSP at the initial IFSP meeting within the 45-day timeline.

If the team does not collect the depth of assessment data needed in an area of development, (e.g. reason for referral) the team cannot delay meeting the 45-day timeline for the purpose of gathering additional assessment information. The team would recommend, as an IFSP outcome, further assessment data be collected in the area of need.

**Note.** The multidisciplinary comprehensive team has the option of expanding the evaluation process in further depth to gather information and determine interventions and activities for the child's IFSP within the 45 day timeline. At this point, the team would use a variety of assessment instruments that identify the child's unique strengths and needs.

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Evaluation questions

The multidisciplinary comprehensive team evaluation seeks to answer several questions:

- What are the family's resources, priorities and concerns?
- What are the unique strengths and early intervention needs of the child and family in all required areas of development?
- What factors impact this child's development and opportunities for learning, and could be addressed to promote the infant/toddler's growth?
- How does the child's performance of skills and knowledge compare to age appropriate expectations?
- What areas need further evaluation?
- Are there additional sources to gather needed information to develop program plans for the child?
- Is the child eligible for early intervention services?

**Note.** This list is not meant to be an exhaustive representation of the questions a team may ask.

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### Multi-disciplinary evaluation requirements

There are a number of requirements that must be met during the comprehensive multidisciplinary evaluation process. Public agencies responsible for the evaluation of children and families shall ensure, at a minimum:

- No cost to parents;
  - Timelines are met for completing the evaluation and IFSP meeting within 45 calendar days;
  - Tests and other evaluation materials and procedures are administered in the native language of a parent or child, or other mode of communication, unless it is clearly not feasible to do so;
  - Any assessment and evaluation procedures and materials used are selected and administered so as not to be racially or culturally discriminatory;
  - No single procedure is used as the sole criterion for determining a child's eligibility for Early ACCESS;
  - Evaluations and assessments are conducted by qualified personnel; and
  - Must be conducted by a multidisciplinary team.
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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### **RIOT framework**

Within the state of Iowa, the multidisciplinary evaluation teams conduct an evaluation and assessment using a systematic means of collecting and recording information about young children through a framework referred to as RIOT.

RIOT is an acronym for:

- **Review**
- **Interview**
- **Observe**
- **Test**

The purpose of the RIOT framework is to consider information needed for decision-making in an accurate and efficient way.

It is important to note that the RIOT process may vary with the needs of the child and family, and the process is unique for each child.

Each component of the RIOT framework is provided in the blocks below.

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### **Review**

A member of the multidisciplinary evaluation team reviews relevant documents available for the infant/toddler and determines through professional judgment the information relevant to the evaluation. Records that might be reviewed include:

- pertinent records related to the child's current health status and medical history; and
  - existing child evaluation, assessment, and prior screening reports.
- 

### **Interview**

Members of the multidisciplinary evaluation team interview the parents and other individuals with direct knowledge and understanding of the child and family with respect to the specified developmental areas. The interview process may be used to evaluate the family's resources, priorities and concerns. Should the family choose to participate in the family assessment, it is conducted through the interview process.

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Observe

Team members may observe the infant or toddler in his/her natural environment and through interactions for daily activities such as eating, playing, talking, laughing, crawling, rolling, etc. Other observations may include:

- observations following adaptations or modifications suggested by the evaluator,
- the child's interaction with family, friends and other professionals, and/or
- insight and information gathered through observations by family members or other providers.

It should be noted that observations can be used to seek answers to questions regarding the family's interactions, routines that can be used to infuse instructional opportunities, intervention ideas and intensity of support needed to effect a change in the infant/toddler's performance.

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### Test

Tests are a process of gathering direct information and provides a numeric measure of performance gathered through a variety of means. These means may include and are not limited to rubric assessments based on functional skills, functional behavioral assessments, curriculum based assessments, norm or criterion referenced assessments or performance assessments through the completion of specific tasks.

These tests or assessments assist with determining:

- initial functioning level in all required areas of development;
  - the gap between the child's current level and expected developmental or age referenced performance;
  - additional areas where more in depth evaluation is needed; and
  - other sources to gather needed information.
- 

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Types of evaluation and assessment instruments

When the evaluation includes administration of tests, the selection of valid and reliable instruments is critical since decisions about the child's progress are based on the integrity of the initial evaluation. The following are descriptions of various types of evaluation and assessment instruments (tests).

**Diagnostic instrument.** Provides information about a child's developmental strengths and concerns compared to other children of the same age; provides a norm-referenced or a criterion-referenced score.

**Norm-referenced.** A standardized test in which the child's score is compared with other children's scores. Provides information on how a child is developing in relation to a larger group of children of the same chronological age. Items are chosen based on statistical criteria, such as percentage of children who master a particular skill at a certain age or whether the item correlates well with the total test (Losardo & Notari-Syverson, 2001, p. 18).

**Criterion-referenced.** A means of determining the level of a child's skills compared with a criterion or with a performance standard. Items are usually sequentially arranged within the developmental domains or subject areas. Numerical scores represent proportion of specific domain or subject area that a child has mastered (Losardo & Notari-Syverson, 2001, p. 18).

**Curriculum-based.** An assessment that is integrated as a part of the curriculum, and skills are assessed during daily teaching and instruction. Information is used as a direct means for identifying a child's entry point within an educational program and for refining and readjusting instruction. Assessment and curricular content are coordinated to address same skills and abilities. Repeated testing occurs over time to measure child's progress on these skills (Losardo & Notari-Syverson, 2001, p. 18).

It is recommended that the comprehensive evaluation instrument contain multiple domains necessary to assess most of the developmental areas required for a comprehensive evaluation. Other instruments and procedures may be used to assist with evaluation of infants and toddlers, especially for other areas of major concern, such as behavior checklists, structured interviews, play-based assessments, adaptive and developmental scales, and curriculum-based instruments.

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Criteria for selecting tools

Individuals are responsible for selecting diagnostic instruments based on the following state selected criteria (Meisels, 1991).

- Purpose of instrument described and population for which it was designed validated;
- Data available to indicate the technical adequacy or psychometric properties is well described, and indicates that the instrument is valid (meaning) and reliable (consistent);
  - The validity of an instrument communicates whether it is measuring what it says it measures (e.g., a “language test” actually measures language development).
  - If an instrument is reliable, results across examiners, children and over time can be trusted. (McCormick, Missall, Woods & Samplers, 2007)
- Standardized administration with clear description of requirements necessary to administer the tool and training or education level of personnel needed;
- Norm referenced based on range of age from birth to three years;
- Multiple developmental domains;
- Provides opportunities to involve families in the evaluation process;
- Cost for use and ongoing data collection reasonable;
- Time to administer instrument reasonable;
- Yields a standard score;
- Provides the necessary information to answer the referral concern and the family/team questions; and
- Provides information to help make the decision about a child’s eligibility for Early ACCESS. [LINK to Document](#).

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

**Further guidance for required evaluation areas**

The following table provides links to available guidance of each required evaluation area.

Required Evaluation Area	Further Guidance
Cognitive development	To be developed
Physical-Fine motor development	To be developed
Physical-Gross motor development	To be developed
Communication development	To be developed
Social/Emotional development	To be developed
Adaptive development	To be developed
Health status and medical history	To be developed
Vision	To be developed
Hearing	To be developed
Nutrition	<a href="#">LINK to Document.</a>

**The evaluation: Early Childhood Outcomes**

In addition, as the evaluation occurs, the multidisciplinary team seeks information to make decisions and recommendations regarding the infant and/or toddler’s age-appropriate functioning levels in the following three Early Childhood Outcomes (ECO) areas:

- Positive social emotional skills (including social relationships);
- Acquisition and use of knowledge and skills (including early language/communication and literacy); and
- Use of appropriate behaviors to meet needs (self-help and motor skills).

**Note.** A child’s age-appropriate functioning in each of the ECO areas is agreed upon at the IFSP team meeting based on the data and information collected from the comprehensive multidisciplinary evaluation. See Early Childhood Outcomes Section.

**Note.** More information about team decisions in each of the ECO areas can be found in Section 4: ECO.

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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**Eligibility Determination** Consideration of the child’s eligibility for Early ACCESS services is a focus of the multidisciplinary team.

The importance of eligibility in the REVIEW of records is to gather evidence to support team decisions regarding eligibility determination (i.e., known condition or 25% delay).

The following definitions describe pathways to eligibility determination.

<b>Eligibility Determination</b>	<b>Definition</b>
<b><i>Known condition</i></b>	Infants and toddlers referred to Early ACCESS may have a known condition that has a high probability resulting in delays in cognitive, physical, vision, hearing, communication, social or emotional, and/or adaptive development. Children with known conditions are eligible for Early ACCESS services from the first contact with the Service Coordinator.
<b><i>Eligibility based on 25% delay</i></b>	Infants and toddlers referred to Early ACCESS may have delays in cognitive, physical (including vision, hearing), communication, social or emotional, and/or adaptive development. The delays are “measured by appropriate diagnostic instruments and procedures” [20 USCS 1432(5)(A)(i)]. The infant or toddler with a 25% or greater delay in one or more of the required areas of development is considered eligible for Early ACCESS services.

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Prepare for eligibility determination

Once the evaluation is completed, the Service Coordinator schedules the Individualized Family Service Plan meeting with the parent and members of the multidisciplinary team. Information and evaluation results are reviewed to consider eligibility of the child for Early ACCESS.

*Note.* Disciplines in need of providing reports (as required by professional licensure) prepare results to be included with the *IFSP Evaluations and Assessments* page. These report data and results on the IFSP may include a reference to a report, but shall not substitute what is written on the IFSP Evaluation Assessment page.

Infants and toddlers (birth to three years of age) are eligible to receive early intervention services coordinated by Early ACCESS, if the child meets one of two eligibility criteria (e.g. known condition or 25 % delay).

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### Preparation for eligibility based on known condition

**Eligibility based on Known Condition.** Infants and toddlers referred to Early ACCESS may have a known condition that has a high probability resulting in delays in cognitive, physical including vision and hearing, communication, social or emotional, and/or adaptive development (281 – 120.4).

Infants and toddlers with a known condition are eligible to receive Early ACCESS services at the time of referral or within the 45-day evaluation and IFSP meeting timeline.

- One appropriately qualified professional can submit documentation for the child’s known condition within their scope of practice. (This information is used by the multidisciplinary team to establish the known condition.)
- A comprehensive multidisciplinary evaluation must be completed in all developmental areas to determine the child’s needs to develop an IFSP to address those needs.
- A child with a known condition may or may not have a delay in developmental areas at the time of referral and evaluation but remains eligible for Early ACCESS.

**Note.** The child remains eligible for Early ACCESS services, until the age of three, for ongoing monitoring and assessment of all developmental areas.

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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**Preparation for  
eligibility –  
Known  
condition list**

Known conditions with a high probability of later delay, identified for early intervention services include, but are not limited to:

- Genetic abnormalities, including, but not limited to, Down Syndrome, Fragile X, cystic fibrosis, and dwarfism
- Sensory impairments, including, but not limited to, vision and hearing deficits
- Inborn errors of metabolism, including, but not limited to, phenylketonuria, hypothyroidism, galactosemia, and sickle cell disease
- Congenital central nervous disorders, including, but not limited to, spina bifida and microcephaly
- Other congenital or acquired conditions, including, but not limited to, cleft palate, missing limbs, cerebral palsy, traumatic brain injury, seizure disorders, and physical impairments from birth or accident
- Venous blood lead level greater than or equal to 20 micrograms per deciliter
- Behavioral or emotional conditions such as serious attachment disorders
- Foster care
- Conditions resulting from serious chronic conditions (> 12 months duration expected), drug or alcohol exposure, failure to thrive, Pervasive Developmental Disorder (PDD) and other autistic spectrum disorders, low birth weight, or prematurity.

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Preparation for eligibility based on 25% delay

**Eligibility based on 25% delay.** For infants and toddlers who do not have a known condition at the time of referral, a 25% delay is used to establish eligibility for Early ACCESS in one or more of the following areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development (281 – 120.4).

- The delays are measured by appropriate diagnostic instruments and procedures to document a 25% or more delay in at least one of the seven areas of development based on professional judgment (informed clinical opinion).
- The information from the comprehensive evaluation is reviewed by the multidisciplinary team to determine eligibility, determine the child's and family's areas of need, and to develop an IFSP to address those needs.

**Definition.** Informed Clinical Opinion is defined as the integration of the results of evaluations, direct observations in various settings, and varied activities with the experience, knowledge, and skill of qualified personnel.

**Example.** A physical or occupational therapist must make judgments about muscle tone abnormality based on the therapist's training and experience with children. The professional judgment (Informed Clinical Opinion) of evaluators becomes a significant factor in the eligibility decision-making process. If results of the evaluation indicate concerns in the child's development, but is not at the 25% delayed level, it may be appropriate to provide early intervention services to the child and family.

**Note.** For children with a **known condition AND who have a 25% delay** in one of more of the previously described developmental areas, the IFSP team designates *known condition* as eligibility determination.

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## Section 2: Interim IFSP/Comprehensive Identification Procedures

### Interim IFSP requirements

Early ACCESS services may be provided to a child and family before the comprehensive multidisciplinary evaluation is completed. If services are initiated prior to completion of the evaluation, an interim IFSP is developed. The 45 day timeline must be followed and appropriate documentation completed.

An interim IFSP would be developed in the following scenarios:

If ...	Then ...
<p>a child has obvious immediate needs, and signed parental consent is obtained</p> <p><b>Example.</b> A toddler with a recent diagnosis of autism spectrum disorder, whose family needs immediate intervention for behavioral management of sleeping and routines.</p>	<p>develop an interim IFSP and continue to conduct the timely evaluation and family assessment.</p>
<p>exceptional child or family circumstances (see documentation information below) make it impossible to complete the evaluation and family assessment within the 45-day time frame.</p> <p><b>Example.</b> An infant with complex medical needs who has frequent illnesses and hospitalizations.</p>	<p>develop an interim IFSP. (A plan must be established to describe needed assessments, which provides necessary documentation for third party billing (e.g., Medicaid requirements).</p>

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## Section 2: Interim IFSP/Comprehensive Identification Procedures, Continued

### Interim IFSP procedures

Steps used by the Service Coordinator to develop the Interim IFSP include:

Step	Action
1	During the intake or the comprehensive multidisciplinary evaluation process, discuss with the family, the possibility that the child may not be eligible for Early ACCESS services.
2	Obtain signed parental consent.
3	Schedule an interim IFSP meeting to address provision of services.  <b>Note.</b> The IFSP must include the name of the Service Coordinator responsible for implementation of the interim IFSP.
4	Schedule the comprehensive multidisciplinary child evaluation and family assessment to meet the 45-day timeline requirement for completion of the evaluation and having the IFSP meeting.

### Documentation of exceptional circumstances

The exceptional child/family or outside circumstance(s) for not meeting the 45-day timeline must be documented on the IFSP. The following circumstances are considered within reasonable parameters of federal reporting requirements for Iowa meeting compliance of the 45-day timeline indicators:

Exceptional Circumstance	Description
Child/Family (FA)	<ul style="list-style-type: none"> <li>• Family Schedule</li> <li>• Family move or change in residence</li> <li>• Family vacation</li> <li>• Child hospitalization or illness</li> </ul>
Outside/Other (OU)	<ul style="list-style-type: none"> <li>• Significant weather related events</li> </ul>

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## Section 2: Interim IFSP/Comprehensive Identification Procedures, Continued

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**Documentation of exceptional circumstances**  
(continued)

Although there may be exceptional circumstance(s) for not meeting the 45-day timeline, the state is required to report indicator data as “not met” in the Annual Performance Report. However, the state can provide data and explanation for exceptional circumstances and not meeting 45-day timeline requirements. It is critical to:

- document the exceptional circumstance and
- document appropriate circumstance provided in the chart.

Agency or system circumstances may contribute to not meeting the 45-day timeline requirement. The following agency/system exceptional circumstance is a choice to document delay but is not considered an acceptable reason.

<b>Exceptional Circumstance</b>	<b>Description</b>
Agency/System (AG)	<ul style="list-style-type: none"> <li>• Staff shortage</li> <li>• Meeting notice not sent</li> <li>• Staff schedule</li> </ul> Location of family residence (travel distance to family’s home on extreme boundary of region; difficult to manage driving time for distance to family’s home and schedule of visits)

The state reports agency/system exceptional circumstances for the 45-day timeline indicator as “not met” and considers the data necessary to improve the state system. It remains critical to:

- Document agency/system exceptional circumstances
  - Document exceptional circumstances described in the chart.
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