

Frequently Asked Questions Regarding Eligibility Determination

1. What written documentation is needed to confirm an Established Condition or Biological Risk under the WV Birth to Three eligibility definition?

Examples of medical records that may support the diagnosis include:

Letter, report, and/or other pertinent medical records, from child's primary care or specialty physician; hospital discharge report; diagnostic report from ophthalmologist, optometrist, psychologist, physician or if appropriate, licensed audiologist or speech language pathologist

2. Why is it important to review pertinent medical information as part of the eligibility determination?

Medical diagnoses may impact the child's functional movement, ability to see, hear or interpret information that is presented to them. Some conditions may require medical clearance from a child's physician before initiating evaluation or assessment activities or making recommendations for intervention strategies. Team members should consult with the child's family, medical records, and physician regarding existing conditions or a history. Special attention to: respiratory and/or cardiac difficulties; medications; surgeries; seizures; vision or hearing loss; or medical equipment may be helpful.

3. Can a child who has an Established Condition be found eligible if the child is currently not demonstrating any developmental delays?

Yes. Children who have a diagnosed physical or mental condition that will likely result in substantial delay, as defined in WV Birth to Three policy, meet the eligibility criteria regardless of whether a delay is present.

4. When using evaluation/assessment information from other sources, how current should the information be?

The multi-disciplinary evaluation team (MDT) may review evaluation and assessment information gathered by other sources in order to reduce any potential duplication. Relevant assessment information should be no more than 3 months old for children under one year of age and no more than 6 months old for children over one year of age. This timeline does not apply to medical diagnoses.

5. How do I determine the correct chronological age?

Most assessment instruments provide guidance for determination of chronological age, in that case you would use the guidance provided. When using an instrument that does not provide that guidance, the standard rule would be to round up or down the child's chronological age prior to scoring the instrument. For zero to fourteen days, round down. For fifteen to thirty one days, round up. For example, if a child is 15 months and 13 days, you would round the chronological age down to 15 months. If the child is 15 months, 23 days you would round the chronological age up to 16 months.

6. What is the rule for adjusting for pre-maturity?

A premature infant is a baby born before 37 weeks gestation. Standard practice on most assessments is to adjust for prematurity up to 24 months of age. It is important to review the administration manual of the assessment tool you will be using because some tools do not allow for adjustment or have a different time table.

7. There are five developmental areas required to be evaluated as part of the eligibility determination process. Do I need to evaluate all five areas or only the developmental domain(s) for which I am qualified?

WV Birth to Three requires all practitioners within the system to be knowledgeable of the unique needs of infants and toddlers across all developmental domains. The MDT is responsible for assuring that they are able to make a statement of the child's functional ability across all five developmental areas. It is essential that all MDT members communicate prior to and during the evaluation/assessment process in order to plan the assessment, including the areas that each will evaluate and the instruments/methods most appropriate to meet the unique needs of each child. The Developmental Specialist is expected to conduct evaluation and assessment across all five developmental domains. All other disciplines will evaluate the child in the area(s) for which the person is qualified and trained.

8. Both gross and fine motor come under the motor domain. Can a child be found eligible if he/she has a 40% delay in gross motor only?

Yes. Regardless of whether the delay is present in gross and/or fine motor skills, the motor domain is considered one area of development.

9. Both receptive and expressive languages come under the communication domain and is considered one area of development. Can a child be found eligible if he/she has a 40 % delay in expressive language only?

Yes. Regardless of whether the delay is present in receptive and/or expressive skills, the communication domain is considered one area of development.

10. A child has a 25% delay in receptive and a 25% delay in expressive communication, would that qualify as two areas of development?

No. Receptive and expressive languages come under the communication domain and are considered one area of development.

11. If a child has a 25% delay in gross motor and a 25% delay in fine motor, would that qualify as two areas of development?

No. Gross motor and fine motor skills come under the motor domain and are considered one area of development.

12. What do I do with completed test protocols?

Practitioners must make protocols available for all completed assessments. The completed test protocols or question booklets may be kept in the practitioner's clinical file. The test protocols must be made available for review when there are questions related to diagnosis,

eligibility determination or information contained in the evaluation/assessment report. As with all clinical records, the practitioner must maintain the test protocol or question booklet for 5 years after the child's exit from WV Birth to Three.

13. Would a child with torticollis, cleft lip, or club foot, automatically meet the WV Birth to Three eligibility criteria?

These conditions may constitute biological risks, if there is supporting documentation from the child's physician that the condition is likely to result in substantial developmental delay if early intervention services are not provided. They are not considered as Established Conditions. The child would only be eligible if he/she meets the eligibility criteria under Developmental Delay or At-Risk categories.

14. Would a child be demonstrating developmental delay if he/she has food preferences, but no other adaptive, motor, or social concerns?

Food preferences are typical for children in this age group and would not by themselves represent a developmental delay.

15. Can a child with behavior problems qualify for WV Birth to Three?

There are times when children have milder 'behavior problems' that may be temporary in nature or not atypical for their age. Temporary behavior issues may arise for example when there has been an illness in the family, the birth of a baby, or parental divorce. These temporary issues are not ones that make the child eligible for services. When a child is referred due to this concern, the MDT should complete a functional behavioral assessment in order to help sort out the underlying cause of the behavior and whether or not the child is eligible. If a child is eligible with substantial delays due to behaviors, the MDT will develop a Positive Behavior Plan to guide intervention strategies.

16. What do we do when the MDT team members are using different assessment instruments and the results differ as to whether the child is experiencing a developmental delay?

The MDT must use a team process to determine eligibility. All assessment information, including the family's input about how the assessment results reflect the child's typical skills, must be considered. The team will then need to decide whether additional information needs to be gathered, or whether they have enough information to arrive at a decision regarding the child's eligibility.

17. Can a child be found eligible with a 25% delay in one area and atypical development in another area?

Yes, with appropriate documentation for both areas.

18. What is the team's responsibility when the child is found not eligible?

The MDT is responsible for assisting the family to identify resources to address the family's concerns regarding the child's development. Community resources may include private therapy services, child care, playgroups, library story time, informal and organized parent to parent support, workshops through local schools, hospitals, child care resources and referral agencies, etc.