

Combined Comments from the June System Updates

Eligibility determination process

- include other timelines in chart, rather than just the 45 day timeline
- want specifics re: pre-existing documentation
- When do we determine who the S.C. is?
- may not do the "weeding out" in some service areas, or save time—may depend on what pre-existing info you have
- will speed up those who are "obviously eligible"—but not for those you would rule out
- Medical community may be too slow in getting info out re: est. cond.—partnering w/ them more imp. than ever
- concerns re: confusion w/ this process
- Emailing might be an efficient way for communication in writing—if email will be acceptable?
- What data base?
- Definition of what a referral is.
- Can there be a data base that can be used for 0-5 (a comprehensive data base)
- When a referral is made-they (families) have not giving consent to give information-Data base should have limited information. ? DHS, NIC U (information), local policies of information sharing.
- Time concern-for data entry of all referrals
- Thoughts about the lack of connection between school data base,
- Other agencies. Duplication of these data bases
- This issue of data and bridging the different bases is huge-what are we going to do to connect them
- Where would you see the family interview piece happen-should it happen after the procedural safeguards are given? (Eligibility Determination area?)
- If there is not an evaluation (present level of development) can we write an IFSP.
- Will there be a meeting to determination eligibility-team
- This is looking more and more like special Education-
- The information that comes for other sources is not always detailed or complete Social Emotion evaluation
- Does E-Mail constitute in writing?
- How many visits are we talking about?
- Some of our families have been in the system or systems-so we need to have the flexibility to meet the family's needs with out the duplication of the process.

- Notify referral source-in column 4-with consent-once the parent has signed FERPA kicks in.
- Make it clear that once FERRP-HIPAA no longer is covered
- What changes will this make in the process-I do the IDA and the IFSP on the same visit, will I have to have other persons there for a meeting?
- Clearer definition of who the team is-
- Is a referral a breach of confidentiality with no parent consent? So acknowledging a referral is or is not a confidentiality issue? If FERPA is not in effect until IFSP signed, what protections does a family have before this point? Not a good idea/not right that no protections for family at referral!
- Is there a way to leave name off here and just give a number? Does name have to be in data system here?
- What about families that move and then you don't have a name?
- We need to Acknowledge that referral in writing can happen any time in this column- not necessarily to happen in sequence listed. If we list when for everything- it ties the hands of service areas.
- What is a considered a referral? What about a phone call that might be considered inquiry? Would the policy reflect that? Need to define referral? What constitutes a referral? We need to be careful how we handle this. Where will screening come into play?
- If referral source gets authorization from parent - this might be a easier way to go.
- Inquiry phone call is important concept for service areas! We need a step in referral process. No gracious way for parent to decline?
- Last box- acknowledging referral - can be by phone during conversation with nurse at physician office? Would that be OK?
- What do we need to be compliant verses best practice? We need adequate funding to cover all of these best practice requirements.
- 2, 3, 4 boxes in the second column can and should happen at any time, not always in sequence listed?
- 3rd box - citation listed here does not say that - medical care is listed as an example, not the only example. Should we create this as an additional task
- Check citation Not required.
 - e.g. last box- eligibility can only be determined with a full evaluation -
 - e.g. 5th box down - reg.303.17 only defines multi-disciplinary, but NOT TEAM and 322a describes multi eval, again NOT TEAM
- Check HIPAA here.
- 4th box- instead of actually handing them an application- give families the information.
- Can two disciplines be only one person wearing two different hats?
- Last box- "plan any necessary evaluations" - will this have to be documented?

- Clarification on multi-disciplinary team. Clarify *team* reviewing information verses two different *sources* of information.
- Sources of information - can one source be developmental history as reported by parent.
- Second box - suggest regulation be covered for all. Check and Clarify citations so that they are helpful and make sense. 322 added to second box.
- e.g. first box - refer to 322 overall (evaluation requirements) - specific citation in boxes here don't give the full picture of what evaluation requirements are for eligibility determination
- 4th Column e.g. 4th box- citation only refers to family assessment, not all items listed in box.
- 2nd box - IFSP development TEAM is not specified in rules/reg. 303.343 lists "who" should be in attendance at IFSP meeting. And no specification in law for distinct IFSP development meeting that you have to do. Is this an option?
- Fifth column -IFSP DEVELOPMENT
 - Notifying referral source- what if parent doesn't consent? What to do for notifying referral sources then? We need something in **writing** for what to do!!!
- Important to Educate for what information will be shared. Coming into play at first box.
- Concern that Early On will become the big stick for CAPTA referrals with this requirement.
- Considering listing meetings under all columns - does law say separate meetings? - steps imply they are separate meetings. Certainly if we don't have all information, separate meetings are necessary, but if we do have all information - there should be no need not to proceed.
- References to the law don't always match- seem to validate and yet interpretations are different.
- e.g 3rd box , the citations don't have to do with implementation, they are about prior notice and written consent
- Best practice verses requirements - adding tasks that are not requirements are so hard for small counties. Will State Team come and shadow what Coordinators are doing? This is office time being taken away from time with families. We will be more scattered and dilute our services to families.
- This will have funding implications for local areas!
- Doing service coordination, AD-HOC groups, LICC meetings, IFSPs, trainings, home visits, EETRK data - some Coordinators do it all! Don't add more to my list of job duties.
- Instead of detailed "cookbook" listing of steps- the field would be better help by list of the required components/processes and to have flexibility to implement to best benefit the families.

Eligibility redetermination

- what does S.E. know re: the current/"new" interpretation?
- Does the annual process w/ the IEP meet this standard?
- How does consent figure in, when you've been doing ongoing assessment of progress, and thus may not be doing a re-eval?
- Additional training re: changes?
- financial concerns if re-evals have to be done yrly in some cases
- If your ongoing assessment does not put into question eligibility, then a re-eval doesn't have to be done? progress on outcomes vs. developmental growth
- What tools will be acceptable?
- Will this process trigger the Pt B process as well?
- partners will not be happy w/ more to do yrly, instead of just once at initial
- providers are already continually assessing—have been told to "call it assessment" so don't have to get specific parent consent
- clarification re: what will be required for transition plans in diff circumstances
- How are we to document the 2 persons for re-determination. (one for the evaluation-the other?)
- (IFSP-implementation, re-look box 5 and box 6)
- This is more and more like special Ed-will we have to have a MET team. Is the Plan a different form for re-determination.
- Once a year-will we need to create new forms?
- Concern of a family that moves from State to State.
- Time frame on how old the information is that we can use.
- What is meant by up to date?
- How does an on going assessment fit in?
- Do we need to reword the consent form to meet this re-determination? And the use of pre-existing documentation.
- If a child is determined ineligible, how will we transition this child out? Time lines?
- Will re-evaluation for eligibility be the same as being Eligible?
- Written notice - how to do? (Discretion at local service area?) 6 month review - a face to face meeting isn't always necessary -
- 3rd box -change word *required* to *necessary* for clarification
- Is a team necessary here?
- If IDEA says annual re-determination- where find in the law? Suggest to add as introductory piece here. Where find?
- Can Maureen Greer do a position paper? What if not really intent of rules/regs? This is huge implications if interpretation is not what IDEA really says!!!

- If an ongoing assessment clearly shows that child still delayed, do you still need to do annual evaluation? What information will suffice for this step???
- Talk to special education personnel about this - especially in local areas where special education is the service coordinator. How are we going to do this?
- Suggest that Michigan write a letter to OSEP (we have never been asked to address this issue in the past) asking if we are interpreting this correctly.
- Specify content of transition plan. Rules/regs imply transition to preschool under Part B or other appropriate services
- What about 90 day to exit - can child stay in Early on for 90 days. 7 day notification comes into play.
- Do we just drop kids that very day the team determined the child not eligible?

Eligibility Criteria

- might be difficult to estimate % delay w/ ICO
- difference between 20—25% may not be statistically significant
- Will ECDD be changed? Has there been any discussion on that?
- no other programs to refer kids to who have only slight delay
- Will there be a large influx into S.E. at 3 as a result of a change like this? (i.e., they're missed and get worse, and then are caught at 3)
- Do evaluations already take into account slight differences of normal development?
- Under percent of delay-we (the group) looked at the states that have a % of delay, and that they are serving high numbers-our first thought would have been that their numbers would of went do -but the data did not support that thought.
- Could you define the standard deviation?
- Recommendation that w change it to 20% in one or more areas
- What does the difference between the 20% and 25%-are we looking at a three week difference. How do you determine that delay?
- At his young age a 25% delay (speech and Language) SLI-would be Special Ed delay. How do they fit?
- This really scares me that we are looking at this amount of delay-for this young population.
- To get informed clinical option-we are going to ask our local sp. Ed. Staff to help us determination that a child does not have a child eligible for SP.ED.?
- How do you propose that we determine informed clinical opinion?
- There may be some conflicts that a child could qualify for Sp.Ed. And not Early On.

- Areas will need to clean up the Sp. Ed. -not all the same (locals) Have the same methodology
- Informed Clinical Opinion-clear up the definition of this.
- Concerns of partner in areas who use a tool and one tool-we need to have check and balance on the delay.
- Sp. Ed. Use's two tools for Eligibility.
- What is the policy on prematurity? Some areas stop correcting after 1 year.
- Concerns about the kids that will not fit into the %, but you know from you experience that we will see these kids in a few months.
- We are setting our self up for a wait until you are worse before you can get services.
- At 24 months as speech and language person I would change the % to 15%
- Questions about the changes of the establish conditions-We have difficulty getting the documentation on establish condition -so we get the child under developmental delay after evaluation
- Not enough spread between 20 & 25% - we need to look more closely at this.
- What if less delay in more domains add up to 20%? What would we do about that?
- Fed. Guidelines suggest all decisions are using informed clinical opinion. Process verses conclusion using informed clinical opinion needs clarification.
- Within IDA- poor quality can be a delay if child still passes the item. Will that still be considered a delay?
- Our local council suggest leaving eligibility the same and not changing to 20 - 25% delay. We find this most effective use of funds.
- Can Nancy's document be printed and shared with LICCs? (Rational for proposed changes to eligibility)
- What is the impact for our State's identification rate using these new potential eligibility criteria?
- Will Michigan numbers be broken down to reflect different areas (peer groups) within Michigan?
- How do we know that this will not cost us more money in the long run if we not serve children when we can make the most difference?
- How will the State let local areas know that the intent of Early On might be narrowed to not be the comprehensive early childhood system?
- Letter faxed from a parent suggests that we leave eligibility as currently is. We shouldn't limit helping parents to address problems at the earliest time. Also completing an annual evaluation to re-determine eligibility is an outrageous misuse of tax dollars. Case workers continually adjust services based on outcomes and needs of families. Dowe want to make the process so burdensome and cumbersome that our partner agencies can no longer work with us? Where is the funding coming from to pay for annual reviews? Our limited resources would be better spent on providing services to our

children. These requirements appear to be bureaucratic mandates that reduce time spent working with families.

- ECIC is still in process - do we wait for them to take over for those vulnerable children who do not have disabilities?
- What about fiscal study? Will these eligibility recommendations wait until the fiscal study is completed?

Tracking

- Funding?
- might be difficult w/ some families—if they move a lot, etc
- If parents don't follow thru, how much do you pursue?
- time issue
- Use our money?????? Who has extra \$. We need to be giving services.
- In smaller counties-there are not resources to be everything to everybody.
- Tracking kids with ASQs-what data will this give us, doesn't this come from referral.
- This is a bigger issue than just tracking EO - it's a school issue-other agencies issue.
- Other states with tracking -its bigger than just their part C system
- So are talking about a connection between agencies.
- The connection needs to be State wide.
- If a family has been part of EO -we have established a connection, that with that connection the family will know us and know how and who to connect if there is a concerns.
- I think this is ideal who has the resources the \$- Its sad that I am looking at raising the bar on eligibility as a relief that our case load may decrease- we do not have the man power, services, The \$ to serve our families.
Tracking will be adding another layer that we can not do.
- Many regions already re-contact families. Families can always re-contact us. Ironic to say we can't make a child eligible, yet we can provide tracking.
- How would we do this tracking? ASQ? Phone calls? This would be one more step. We are concerned about limited time and resources!
- You can do whatever you receive funding for - if no funding, you can't do!
- What about using parents on LICC? Many parents would like to give back/volunteer? Check into parameters around using parents as volunteers.
- Many regions already re-contact families. Families can always re-contact us. Ironic to say we can't make a child eligible, yet we can provide tracking.

