

FIT Program Annual Provider Meeting

June 22, 2011

*FIT Program Evaluation & Eligibility
Determination Changes*

Agenda

- Background
- Use of the IDA
- Requirements for Infants
- Informed Clinical Opinion
- Annual Redetermination of Eligibility
- IDA and Transition
- Next Steps
- Table Discussion
- Q & A

Background

- Sec. Vigil required that the FIT Program establish a statewide eligibility tool:
 - to standardize eligibility determination process
 - Ensure that all children are eligible
- Subcommittee of ICC was convened
- Membership:
 - 6/7 Providers (different disciplines)
 - UNM Early Childhood Learning Network
 - National Early Childhood Technical Assistance System (NECTAC)

Background (cont.)

Standardized Eligibility Determination Committee Members

- Janis Gonzales, (MD) CMS / ICC Member
- Cindy Mantegna (OTR) Tresco TOTS / ICC Member
- Holly Harrison (PHD) UNM-ECLN
- Mary Zaremba (MA, DSIII) UNM-ECLN
- Rachel Porcher (Parent)
- Gerri Duran (OTR) Inspirations / UNM-DCCP
- Randi Malach (SLP-CCC) Abrazos
- Monica Armas Aragon (LISW) UNM–DCCP
- Michele Harwood (DS) New Vistas
- Diane Josephakis (PT) New Vistas
- Harrie Freedman (RN, MS) UNM FOCUS
- Kathey Phoenix-Doyle (MA) FIT Program
- Andy Gomm (MSW) FIT Program

Background (cont.)

- The Committee Researched the Following:
 - Reviewed 13 developmental assessment tools for children
 - Reviewed national literature and the work of other states for eligibility determination criteria
 - Reviewed Scoring tools used by other states that used a similar criteria matrix
 - Infant-Toddler Developmental Assessment (IDA) was recommended for the FIT eligibility tool.
 - IDA is widely used by the most New Mexico providers

Background (cont.)

- The IDA kits were purchased for providers:
 - Approximately \$198,000 of ARRA funding was used to procure these kits.
 - FIT, in collaboration with UNM-CDD and PRO distributed these kits to NM FIT providers:
 - 64 IDA Complete Kits
 - 90 IDA Manipulative Kits
 - 94 IDA Administration Manual
 - 631 IDA Record Forms (25)
 - 631 IDA Health Record Guides (25)
 - 482 IDA Parent Report English (25)
 - 144 IDA Parent Report Spanish (25)

Background (cont.)

- IDA Training to NM FIT Providers consisted of:
 - Statewide conducted Webinars for current FIT providers
 - 6 classroom face-to-face training events statewide
 - 2-day training in Albuquerque produced by national IDA trainers (hosted by PB&J)
 - More training coming...

Use of the IDA

- IDA required to be used for all initial Comprehensive Multidisciplinary Evaluations
- Teams must complete all six phases of the IDA:
 - i) Referral & Pre-interview Data Gathering
 - ii) Initial Parent Interview
 - iii) Health Review
 - iv) Developmental Observation and Assessment
 - v) Integration and Synthesis
 - vi) Share Findings, Completion, and Report.

Use of the IDA

- IDA score will generate a percentage delay greater than 25% that is required by NM FIT guidelines that represents an overall improvement over other determination tools in use.
- The IDA tool will be used to ensure that determination for the child meets the minimum eligibility under developmental delay.

Use of the IDA (Cont.)

- In addition to the IDA, other assessment tools specific to the relevant developmental domain could be used.
- If the IDA does not indicate a minimum of a 25% developmental delay, a domain specific assessment tool can be used to determine eligibility under developmental delay.
- Accepted Assessment Tools are listed in the FIT and SGF FY 2012 Standards

Requirements for Infants

Given the unique characteristics of infants and the challenges of determining their developmental levels the committee recommends:

- For infants under one (< 1) month of age (adjusted), the IDA will not be used. Instead one of the approved tools below shall be used together with informed clinical opinion of the therapist or other bio-medical professional and the evaluation team's approval.
- For infants over one (>1) month of age (adjusted) but under four (<4) months of age (adjusted) the IDA shall be used in conjunction with one of the following approved tools:

Requirements for Infants (Cont.)

- Approved tools for infants (greater than 4 months) include:
 - AIMS (Alberta Infant Motor Scale)
 - TIMP (Test of Infant Motor Performance)
 - Infant Toddler Sensory Profile
 - Peabody Developmental Motor Scale (PDMS-2)
 - Motor Skills Acquisition Checklist
 - Other tools as approved by the FIT Program.

Informed Clinical Opinion (ICO)

- ***The State Eligibility Committee defines “Informed Clinical Opinion” as:***

The knowledgeable perceptions of the evaluation team who use qualitative and quantitative information regarding aspects of a child’s development that are difficult to measure in order to make a decision about the child’s eligibility for the FIT Program.

Informed Clinical Opinion (ICO)

- Informed Clinical Opinion may be used to determine eligibility under the following criteria:
 - when results from the tools could not be used to determine 25% developmental delay; or
 - when there are inconsistencies in the results of the evaluation; or
 - For children under 4 months of age
- Informed clinical opinion *shall not* be used to override the developmental levels obtained through the approved state tool(s).

Informed Clinical Opinion (Cont.)

- If informed clinical opinion is used to determine the child's eligibility the documentation must show justification of the decision.
- The early intervention provider agency shall obtain approval of the evaluation report by a second level individual that was not a part of the evaluation team who is of equal or higher certification or licensure.
- Informed clinical opinion can **ONLY** be used to qualify a child for one year. After one year, the team must be able to demonstrate that the child has a 25% developmental delay on the IDA or other domain specific tool.

Informed Clinical Opinion (Cont.)

- Reasons why the team may not be able to determine 25% developmental delay on the IDA or domain specific tool might be:
 - Child was sick / sleepy;
 - Assessment environment was not conducive (i.e. noisy, busy, etc.); or
 - Child performance is inconsistent (e.g. scattered skills and abilities, qualitative difference, atypical patterns, inconsistencies, or non-responsive to activity).
- In the event of these situations we recommend rescheduling and offering the evaluation at that time.

Informed Clinical Opinion (Cont.)

- When informed clinical opinion of the team is used to determine eligibility, documentation is remarked as a “significant atypical development.”
- **Definition: “Significant Atypical Development”** is the term used to describe the eligibility determination under developmental delay using Informed Clinical Opinion, but where 25% delay cannot be documented through the state approved evaluation tool.

Annual Redetermination of Eligibility

- In order to be in compliance with IDEA Part C, the child's eligibility for the FIT Program is to be reviewed annually using the IDA.
- The team may use another tool for ongoing assessment and utilize that information gained about the child in order to complete the IDA.

Annual Redetermination of Eligibility (Cont.)

- The child's continued eligibility shall be documented on the IFSP. A full CME report is not written.
- If the child no longer meets the requirements under "established condition", "biological-medical risk" or "environmental risk" the team will determine if the child meets the criteria for developmental delay using the approved tool(s) before exiting the child.

IDA and Transition

- The team must include developmental levels on the Transition Assessment Summary Form
- If the annual IFSP was within 6 months, the IDA scores should be used on Transition Assessment Summary Form.
- If the IFSP was more than 6 months ago, it is recommended to update the IDA to give current scores to the Local Educational Agency
- The IDA has the option of determining if the child has 30% delay (NM Part B Dev Delay level)

Next Steps:

- IDA training by both national IDA training team and UNM ECLN team.
- Promote and assist capacity of provider lead staff to support their personnel to be competent in the use of the IDA.
- Online training will be developed that can be accessed 24/7
- ECLN will revise the Evaluation & Assessment Technical Assistance document

Next Steps (Cont.):

- Develop a CME report template that builds on the IDA process and encourages the reports to be concise.
- Training on the IDA for PED and LEAs (Diagnosticians and Part B evaluation teams)
- Support and training on the evaluation and assessment process, including infants under 4 months.

Next Steps (Cont.):

- Training and technical assistance to support leads within provider agencies to build capacity for them in supporting and mentoring their staff and contractors in implementing effective evaluation practices
- Convene the evaluation subcommittee throughout the year to review the implementation of these changes.

Table Discussion and Q & A

What Questions do you have?

