Up to 3 Procedure: Procedure Timely, Comprehensive, Multidisciplinary Evaluation and Assessment

Purpose: The purpose of this policy is to describe how Up to 3 per the Baby Watch Early Intervention Program (BWEIP) policy shall ensure timely, comprehensive, multidisciplinary evaluations, and assessments of the child and the child’s family.

Principles and Procedures:
A. Post-Referral Timeline (45 Day Timeline Requirement): 1. The initial evaluation and the initial assessments of the child and family and the initial IFSP meeting shall be completed within forty-five (45 calendar) days from the date the EI program receives the referral of the child. See BWEIP Policy 1.B.3: Individualized Family Service Plan (IFSP) Development, Implementation, and Review.

Up to 3 Team Assignment:
- New referrals reviewed each Tues.
- Team assigned, schedule of evaluations and IFSP date identified.
- Team members identify most appropriate evaluation for eligibility based on child presenting needs, age, and ethnicity/race.

B. Prior Written Notice and Consent:
1. Written prior notice shall be given to parents prior to conducting evaluations and assessment of a child.
2. Signed parental consent shall be obtained prior to conducting evaluations and assessments of a child.

Up to 3 Service Coordinator (SC) duties:
- Call to confirm initial appointments (dates and times) with family, make revision to schedule appointments as needed, coordinate with team. Contact will be logged in BTOTS contact Log
- Send Prior Written Notice and Parent Rights with appointment dates, times, location, and team member(s).
- First team member in the home will review Parent Booklet, Parental Consent to Evaluate. Documentation of Booklet & Parent Consent review made in Visit Note

   a. If a parent does not give consent, the Up to 3 shall make reasonable efforts to ensure that the parent:

      1) Is fully aware of the nature of the evaluation and assessment of the child that would be available; and
      2) Understands that the child will not be able to receive the evaluation or assessment unless consent is given.

   b. Up to 3/BWEIP may not use the due process hearing procedures to challenge a parent’s refusal to provide consent for evaluation and assessment.

3. Prior written notice shall be provided to parents a reasonable time before the Up to 3 proposes, or refuses, to initiate the evaluation of their child.
4. The notice shall be in sufficient detail to inform parents about the action that is being proposed or refused, the reasons for taking the action, and all procedural safeguards that are available; including:

   a. A description of mediation;
   b. How to file a written complaint;
   c. How to file a due process complaint; and
   d. Any timelines under those procedures.

5. The notice shall be written in a language understandable to the general public and provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.
6. If the native language or other mode of communication of the parent is not a written language, the Up to 3 shall take steps to ensure that:
a. The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
b. The parent understands the notice; and
c. There is written evidence that these requirements have been met.

C. Evaluation of the Child:
1. Each child under the age of three (3) who is referred for evaluation or Up to 3 services suspected of having a disability (See BWEIP Policy 1.B.10: Transition To Preschool and Other Programs) for procedures for children older than thirty-four and one-half (34½) months receives:
   a. A timely, comprehensive, multidisciplinary evaluation, unless eligibility is established based on medical and other records.
      - Service Coordinator facilitates the completion of the evaluation process across the team members. Documentation of parent contact, no show and cancellation by parent or provider is documented in BTOTS.
      - Up to 3 nurse will request a release of records for medical diagnosis for purposes of eligibility. RN will review, stamp and date records as reviewed.

2. An evaluation for a child shall include:
   a. Administering an appropriate evaluation instrument;
      - Team determines the most appropriate, non-discriminatory evaluation instrument to use. Norm-reference, Standardized (highlighted)
         - Peabody Developmental Motor Scales 2 (fine and gross motor)
         - Preschool Language Scale, Fifth Edition
         - Clinical Assessment of Articulation and Phonology
         - Receptive-Expressive Emergent Language
         - MacArthur-Bates Communicative Development Inventory: Words and Sentences
         - Assessment, Evaluation, and Programming System for Infants and Children, second edition (AEPS)
         - Hawaii Early Learning Profile (HELP)
         - Child Behavior Checklist
         - Sensory Motor Profile 2
         - Functional Emotional Assessment Scale
         - ASQ-SE
         - BWEIP Health, Vision, and Hearing
      
   b. Collecting the child's history (including interviewing the parent);
      - ASQ appropriate for child's age is collected during intake to assist with determining developmental needs, areas of concern including autism.
      - Each team member will collect child history pertinent to the evaluation and child and family need as appropriate.
      - The RN will collect medical and developmental history as part of her health, vision and hearing assessment. She will request medical/health records as needed.

   c. Identifying the child's level of functioning in each of the developmental areas:
      1) Cognitive development;
      2) Physical development, including health, hearing, and vision;
      3) Expressive and receptive communication development;
      4) Social or emotional development; and
      5) Adaptive development.

      - The HELP is recommended for children chronological age of less than 12 months or developmentally less than 12 months.
      - The AEPS is recommended for children that are chronologically and developmentally older than 12 months old.
      - Parent interview
d. Gathering information to understand the full scope of the child’s unique strengths and needs from other sources such as:

1) Family members;
2) Other care-givers;
3) Medical providers;
4) Social workers; and
5) Educators.

- Family information is gathered during intake, (completion of ASQ- and ASQ-SE when indicated), and during the evaluation and assessment process.
- With permission from the family, information may be gathered from other care-givers.
- Up to 3 RN will gather information, as appropriate, from primary care providers and hospitals.
- SC will gather information from other sources such as Utah’s Division of Child and Family Services, referring/transferring early intervention programs, and external evaluations.

e. Reviewing medical, educational, or other records.

- Up to 3 nurse will, with permission, request and review medical diagnosis for purposes of eligibility. The RN will inform other team members of pertinent health information.
- RN will review, stamp and date records as reviewed.
- SC or other teams will review records as appropriate and inform other team members. Staff member will review, sign and date records as reviewed.

3. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child’s eligibility.

- Multiple sources of information will be used to inform the team’s eligibility decision including: health and medical records, family concerns and information regarding current and past development, and developmental observation by 2 or more qualified up to 3 staff.
- Developmental information is obtained from multiple developmental instruments (see list above).

4. A child’s medical and other records may be used to establish eligibility (without conducting an evaluation of the child) if those records indicate that the child’s level of functioning in one or more of the developmental areas constitutes a developmental delay or that a child has a diagnosed condition that may result in a developmental delay according to the BWEIP Approved Diagnosis List.

- A review of recent medical, educational, or other records indicating a developmental delay meeting the BWEIP eligibility criteria includes
  - Up to 3 nurse will, with permission, request and review medical diagnosis for purposes of eligibility. The RN will inform other team members of a documented diagnosis that is on the BWEIP approved diagnosis list.
  - RN will review, stamp and date records as reviewed.
  - RN, SC or other teams will review records that may support eligibility meeting the BWEIP eligibility criteria and inform other team members. Staff member will review, sign and date records as reviewed.

5. A written informed clinical opinion may be used as the basis to establish a child’s eligibility, even when other instruments do not support eligibility.

a. Eligibility established through a written informed clinical opinion shall be determined by at least two professionals representing different disciplines who have knowledge and expertise in the areas of concern, and;

b. At least one professional shall hold an EI Specialist II credential.

- Two, credentialed EI Up to 3 providers, with parent input, will use their collective informed clinical opinions when a child’s eligibility cannot be determined by a percentile score or a diagnosis on the approved diagnosis list is not established.
- The team will describe the clinical opinion concerns and, using objective data, conclude that the child has or does not have a developmental delay that meets the BWEIP eligibility definition.
- The team will develop a clinical opinion statement of eligibility, as appropriate.
6. In no event may written informed clinical opinion be used to reverse or negate the results of evaluation instruments that have established a child’s eligibility.

   • The team may not use their informed clinical opinion to reverse or negate the results of the child’s evaluation.

7. Families will receive a family assessment for children determined eligible.

   • The SC will gather the family’s concerns, priorities and resources using the Up to 3 Family Interview protocol. Information will be documented in BTOTS.

D. Procedures for Assessment of the Child and Family

1. A multidisciplinary assessment of each child shall be conducted by qualified personnel to identify appropriate EI services to meet his or her unique strengths and needs and the early intervention services appropriate to meet those needs.

   • Unique strengths and needs are gathered at intake and substantiated by the ASQ/ASQ-SE.
   • A team will evaluate/assess the child. The team will always include the SC and at least one other qualified Up to 3 staff who have expertise related to the needs of the child and family.

2. The assessment of the child shall include the following:
   a. A review of the results of the evaluation conducted to determine eligibility;
   b. Personal observations of the child;
      • Observation by each team member during the evaluation and assessment and, if practical, in other settings.
   c. The identification of the child’s needs in each of the developmental areas:
      1) Cognitive development;
      2) Physical development, including health, hearing and vision;
      3) Expressive and receptive communication development;
      4) Social or emotional development; and
      5) Adaptive development.

   • The HELP is recommended for children who are chronologically less than 12 months or developmentally less than 12 months.
   • The AEPS is recommended for children that are chronologically and developmentally older than 12 months old.
   • Parent interview

3. A family-directed assessment tool shall be used by qualified personnel in order to identify the family’s resources, priorities, and concerns; and the supports and services necessary to enhance the family’s capacity to meet the developmental needs of the child.

4. The family-directed assessment shall:
   a. Be voluntary on the part of each family member participating in the assessment;
   b. Be based on information obtained through an assessment tool and an interview with those family members who elect to participate in the assessment; and
   c. Include the family’s description of its resources, priorities, and concerns related to enhancing the child’s development.

   • The SC will gather the family’s concerns, priorities and resources using the Up to 3 Family Interview protocol. Other team members will gather CPR during their interactions and share them at the IFSP. Information will be documented in BTOTS.

5. The assessments of the child and family may occur simultaneously with the evaluation, provided the requirements for the evaluations and assessments are met.
6. All evaluations and assessments of the child and family shall be conducted in a nondiscriminatory manner, and selected and administered not to be racially or culturally discriminatory.

7. All evaluations and assessments of child and family assessments shall be conducted in the native language of the family members being assessed unless clearly not feasible to do so.
   a. The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, or
   b. The language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.
   c. Native language, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (e.g., sign language, braille, or oral communication).

- Bi-cultural and/or bi-lingual Up to 3 staff will be identified as the SC or other team members whenever possible.
- A bi-cultural and/or bi-lingual interpreter will be assigned to the team to support team members evaluation/assessment efforts ensuring communication and cultural competency.