



**POLICIES AND PROCEDURES  
NEW JERSEY EARLY INTERVENTION SYSTEM**

No: <b>NJEIS-07</b>	Subject: <b>Initial Evaluation/Assessment and Determination of Eligibility</b>
Effective Date: <b>July 1, 2012</b>	Responsible Party: <b>Part C Coordinator</b>

**I. Purpose**

To ensure that children referred to the New Jersey Early Intervention System (NJEIS) receive timely initial evaluation, assessment and determination of eligibility.

**II. Policy**

- A. Evaluation and assessment shall be conducted in accordance with the provisions of the federal Part C regulations, NJEIS rules, Approved NJEIS State Plan and these policies and procedures.
- B. A timely, comprehensive multidisciplinary evaluation of a child, birth to age three, referred for evaluation, as well as initial assessments of the child and family and the initial Individualized Family Service Plan (IFSP) meeting must be completed within 45 calendar days of referral.
- C. Evaluations and assessments must be conducted by qualified practitioners trained to utilize appropriate methods and procedures.
- D. No single procedure may be used as the sole criterion for determining a child's eligibility.
- E. Prior written notice must be provided and informed written consent obtained prior to conducting an initial evaluation and assessment.
- F. A Family Information Meeting must be held at least two business days prior to an IFSP meeting.
- G. Family-directed assessment must be offered to the parent(s).
- H. Parents must be provided prior written notice of the eligibility decision made regarding their child.

### **III. Procedures**

#### **A. Assigning the Targeted Evaluation Team (TET) and Scheduling the Initial Evaluation and Assessment**

1. The System Point of Entry (SPOE) Service Coordination Unit (SCU) must arrange for a TET to conduct the initial evaluation and assessment of a child that has been referred to NJEIS.
2. The SPOE SCU must send the NJEIS Prior Written Notice and Consent for Initial Evaluation/Assessment form to the parents with the NJEIS welcome packet.
3. The primary TET in each county has the first opportunity to conduct the initial evaluation and assessment except when:
  - (a) A child has a diagnosed condition for which an approved specialty TET is available in the county; or
  - (b) The primary TET is unable to assign practitioners with the appropriate qualifications and/or expertise.
4. The SPOE SCU must forward via (facsimile, email) the referral information to the designated contact for the TET within one business day after completion of the referral.
5. Within five (5) business days of receipt of the referral information, the assigned TET Coordinator must:
  - (a) Make contact with the parent;
  - (b) Schedule an evaluation;
  - (c) Document these activities;
  - (d) Forward the information to the SPOE SCU; and
  - (e) If no contact has been made with the parent within five (5) business days, notify the SPOE SCU that contact has been unsuccessful.
6. If the SPOE SCU has not received a status update on the referral, the SPOE SCU must contact the TET to obtain a status report and determine the next steps no later than the sixth business day after the referral was forwarded to the TET.
7. If the TET is unsuccessful in making contact, the SPOE SCU must continue attempts to contact the parent.
  - (a) If multiple attempts to contact the parent are unsuccessful, the SPOE SCU must provide the parent with prior written notice that the system will close the referral within fifteen (15) business days from the date the letter was sent, unless the parent contacts the SPOE SCU.
  - (b) If the parent does not make contact within fifteen (15) business days of receiving the letter, the SPOE SCU will close the referral.
  - (c) Once the referral is closed, the parent will need to initiate a new referral to pursue early intervention services for their child.

- (d) All attempts to contact the parent must be documented in writing and include key information such as date, time, means of contact and the result of contact.
8. The TET must obtain informed written consent from the parent(s) prior to conducting the evaluation and assessment.
  9. The TET must ensure that at least one practitioner assigned to conduct the initial evaluation is trained through the lead agency to complete the Battelle Developmental Inventory-2 (BDI-2).
  10. The TET must schedule evaluations to be completed within twenty-two (22) calendar days of the TET's receipt of the referral information. If the TET cannot meet the twenty-two (22) day timeline, the TET must notify the SPOE SCU immediately.
  11. In the event that the TET can only identify one practitioner to perform the evaluation, the TET may contact the back-up TET directly to arrange for a second appropriate practitioner or notify the SPOE SCU that they are unable to complete the evaluation within the required timeline.
  12. If the primary TET cannot complete the initial evaluation, the SPOE SCU must contact the back-up TET to schedule the evaluation. If the back-up TET does not have availability prior to the twenty-second (22<sup>nd</sup>) calendar day, the evaluation is assigned to either the primary TET or the back-up TET based on the entity with the earliest date available.
  13. In the event that the evaluation is cancelled for any reason, the TET must reschedule and conduct the evaluation within the twenty-two (22) days or as soon as possible. The evaluation must occur no later than seven (7) business days from the date of the cancellation. If the TET cannot reschedule the evaluation within this timeframe, the SPOE SCU must contact the back-up TET and assign the evaluation to the entity with the earliest date available.
  14. All reasons for delays in the evaluation on the part of SCU, TET or the family, must be documented in writing in the child's record.

**B. Conducting the Evaluation and Assessment**

1. Evaluations and assessments must be based on informed clinical opinion and include the following:
  - (a) Administration of an evaluation tool;
  - (b) Taking the child's history (including interviewing the parent);
  - (c) Observation of the child;
  - (d) Reviewing medical, educational or other records;
  - (e) Gathering of information from other sources such as family members, other care-givers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs;

- (f) Identifying the child's level of functioning in each of the following developmental areas:
    - (i) Physical, including gross motor, fine motor; vision and hearing;
    - (ii) Cognitive development;
    - (iii) Communication development;
    - (iv) Social/emotional development; and
    - (v) Adaptive development.
  - (g) Identification of the child's needs in each of the developmental areas listed above;
  - (h) Identification of the child's unique strengths and needs in the areas listed above and the appropriate services to meet those needs.
2. The TET is responsible to ensure that:
- (a) Evaluations and assessments are conducted by qualified practitioners.
  - (b) No single procedure is used as the sole criterion for determining a child's eligibility.
  - (c) Informed clinical opinion is used and is clear and evident in all written reports
  - (d) The Battelle Developmental Inventory, 2<sup>nd</sup> edition (BDI), the standardized evaluation/assessment tool identified by NJEIS, is administered to all children during the initial evaluation and assessment process including those eligible with a high probability diagnosis.
  - (e) The evaluation and assessment are conducted in accordance with the procedures required by NJEIS including any electronic scoring and storing of the test and results.
  - (f) Evaluations and assessments are:
    - (i) Administered in a nondiscriminatory manner, and
    - (ii) Are selected and administered so as not to be racially or culturally discriminatory.
  - (g) Unless clearly not feasible to do so, all evaluations and assessments and administered in the language normally used by the child, if determined developmentally appropriate for the child by the qualified personnel conducting the evaluation/assessment.
  - (h) Additional standardized and criterion referenced evaluation tool(s) are administered when needed to clarify or augment information about the child's functional development.
  - (i) The TET is responsible to complete the NJEIS Initial Evaluation/Assessment Summary form to document the evaluation and assessment conducted for the child.

### **C. Determining Initial Eligibility**

1. The TET is responsible for making the initial determination of eligibility.
2. The TET responsible for conducting the initial evaluation has the first opportunity to conduct additional assessment prior to the initial IFSP meeting. If an assessment cannot be completed timely, the evaluation team must immediately contact the SPOE SCU to work with the back-up TET.
3. If additional assessments or medical documentation are necessary to complete the eligibility determinations process, the TET is responsible for arranging for and collecting the additional information.
4. If evaluation and assessment results do not meet the criteria for developmental delay and the child does not meet the high probability criteria, the TET team may use informed clinical opinion to determine initial eligibility.
5. In no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility.
6. Use of informed clinical opinion by the TET team to confirm initial eligibility requires consideration of and a written description of:
  - (a) Qualitative concerns and how the atypical behavior or developmental patterns affect the child's functioning in the context of the child's daily routines; and/or
  - (b) Clinical observations that indicate subsequent development will likely be affected without intervention.
7. The TET is responsible for completing and signing the NJEIS Documentation of Initial Eligibility Decision form.
8. The TET must describe and document the use of informed clinical opinion in the decision making process in any written reports related to the evaluation/assessment, eligibility and IFSP process.

### **D. Following Completion of Eligibility Determination**

1. If the child does not meet eligibility criteria, the TET is responsible for:
  - (a) Sending the completed NJEIS Documentation of Initial Eligibility Decision form to the SPOE service coordinator; and
  - (b) Completing the NJEIS Prior Written Notice form indicating the final eligibility decision and providing this to the parent including the opportunity for dispute resolution if the parent disagrees with the eligibility decision.
2. If the child is determined to be eligible for NJEIS, the TET is responsible for:
  - (a) Sending the completed NJEIS Documentation of Initial Eligibility Decision form to the SPOE service coordinator and the ongoing service coordinator;
  - (b) Completing the Prior Written Notice form indicating the final eligibility decision and providing this to the parent; and

- (c) Having a practitioner(s) who conducted either the initial evaluation or additional assessment participate in the initial IFSP meeting either in person or by telephone.
3. If the child has been determined eligible for NJEIS, the ongoing service coordinator must schedule and conduct a family information meeting (FIM). The activities of the FIM must include:
    - (a) Gathering of additional child information;
    - (b) Conducting family assessment, if the family agrees;
    - (c) Reviewing System of Payment and Family Cost Participation Handbook;
    - (d) As appropriate, completing of Family Cost Participation forms;
    - (e) Reviewing NJEIS Family Rights; and
    - (f) Preparing the family for the IFSP Meeting
  4. Family-Directed Assessment must:
    - (a) Be voluntary on the part of each family member participating in the assessment;
    - (b) Be conducted by qualified practitioners 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;
    - (c) Be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment; and
    - (d) Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

#### **IV. Related Policies**

NJEIS-02 Eligibility

System of Payment and Family Cost Participation Handbook

NJEIS Forms-002, 004, 005, 007,016,017