

# Doughnuts with Di Eligibility



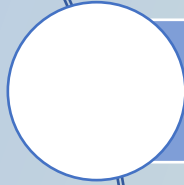
Presented by  
Nathan DeDino, Part C Coordinator  
Diane Fox, Early Intervention Program Manager  
Mar 23, 2021

# OBJECTIVES

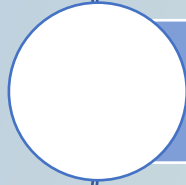
The EISC will



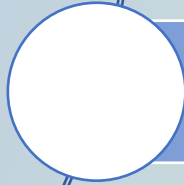
Accurately **coordinate** eligibility



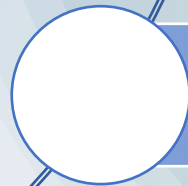
Better understand the **diagnosis list**




Understand the correct use of the **diagnosis on the form**



Review how to **coordinate evaluations during the pandemic**



Understand how to properly **document** eligibility



## Webinar "housekeeping"

**Communicating:** Type questions/comments in Questions box.

**Polls:** Poll question will appear on screen. Click in button next to answer.

**Handouts:** Handouts section of Control Panel.

**Certificates:** At end of webinar, type name, role and county in the Questions box. Activation code will be given. Certificate in Handouts section of Control Panel.

**Tech tips:**

- Close other apps (e.g. email, Word, etc.)
- Use headset if having audio problems.
- Make sure you're using your Computer Audio.
- Dial-in option- phone # on Control Panel.

# Eligibility in Ohio

Diagnosis with  
a high  
probability of  
resulting in a  
delay

Developmental  
Delay

# Eligibility in Ohio

## Diagnosed Condition

- Diagnosis on the List  
5123-10-02 (Appendix C)
- Diagnosis on the Form  
Form EI-12



# Diagnosis on the List

[5123-10-02 Appendix C](#)

Category	Examples
Newborn Conditions	Very low birth weight AND Intraventricular hemorrhage OR Chronic lung disease OR Retinopathy of prematurity
Diagnosed Conditions in Neonates, Infants or Toddlers	Chromosomal Conditions Inborn errors of metabolism Neurological conditions
Other	Autism Spectrum Disorder Cranio-facial anomalies Fetal alcohol syndrome Neonatal Abstinence Syndrome Sickle cell anemia

# ODH Referrals to EI

Program Update #2026

Diagnosed condition	ODH Steps	EISC Steps	Program Update(s)
Hearing loss	Contact families of children with confirmed hearing loss	Request documentation from ODH Sheryl.silver@odh.ohio.gov	#1715 #1816
Elevated Blood Lead Level (EBLL)	Pulls data weekly from testing facilities.	If referral made by ODH with confirmed EBLL, do not need to request further documentation.	#2001
Neonatal Abstinence Syndrome (NAS)	Pulls data weekly from children's hospitals.	If referral made by ODH with confirmed NAS, do not need to request further documentation	#2023 #2024



# Diagnosis on the list:

## Choose the best diagnosed condition description

Trisomy 9

Birth weight is 3 pounds and chronic lung disease

Cleft palate



Hurler Syndrome



Chat

# Diagnosis on the form What would you do?

Global  
delay



EI-12 with  
information  
about a  
diagnosis on  
the list

# Documenting Diagnosed Condition on the list on the IFSP

## Section 3: Eligibility and Assessment

### Section 3A: Eligibility

#### Initial Eligibility

Your child is eligible for Ohio Early Intervention (EI) due to:

☐ Developmental delay, as determined by EI evaluation team, on \_\_\_\_\_ (date). See section 3B for the summary of eligibility.

☐ Diagnosed physical or mental condition with a high likelihood of resulting in a developmental delay.

Diagnosed condition \_\_\_\_\_

Date EI service coordinator confirmed diagnosed condition \_\_\_\_\_

# Documenting Diagnosed Condition on the form on the IFSP

## Section 3: Eligibility and Assessment

### Section 3A: Eligibility

#### Initial Eligibility

Your child is eligible for Ohio Early Intervention (EI) due to:

- ☐ Developmental delay, as determined by EI evaluation team, on \_\_\_\_\_ (date). See section 3B for the summary of eligibility.
- ☐ Diagnosed physical or mental condition with a high likelihood of resulting in a developmental delay.

Diagnosed condition \_\_\_\_\_

Date EI service coordinator confirmed diagnosed condition \_\_\_\_\_

# Eligibility in Ohio

## Developmental Delay

- 1.5 SD below the mean on approved tool in at least one domain of functioning (adaptive, cognitive, communication, physical, social-emotional)
- Informed Clinical Opinion (ICO)

# Informed Clinical Opinion

Child  
evaluated  
using  
tool  
(Bayley or  
Battelle)

Does tool show  
developmental  
delay of 1.5 SD  
below the  
mean in at  
least one  
domain?

Yes

Child **eligible**  
for EI services

No

Is the informed clinical  
opinion of the  
evaluator(s) that the child  
has a developmental  
delay?

Yes

Child **eligible**  
for EI services

No

Child  
**ineligible** for  
EI services



# Documenting Developmental Delay on the IFSP

3A

## Section 3: Eligibility and Assessment

### Section 3A: Eligibility

#### Initial Eligibility

Your child is eligible for Ohio Early Intervention (EI) due to:

☐ Developmental delay, as determined by EI evaluation team, on \_\_\_\_\_ (date). See section 3B for the summary of eligibility.

☐ Diagnosed physical or mental condition with a high likelihood of resulting in a developmental delay.

Diagnosed condition \_\_\_\_\_

Date EI service coordinator confirmed diagnosed condition \_\_\_\_\_

3D

### Section 3D: Other information: We would like our team to know:

3E

### Multidisciplinary Evaluation and Assessment Team Members

Printed name

Discipline

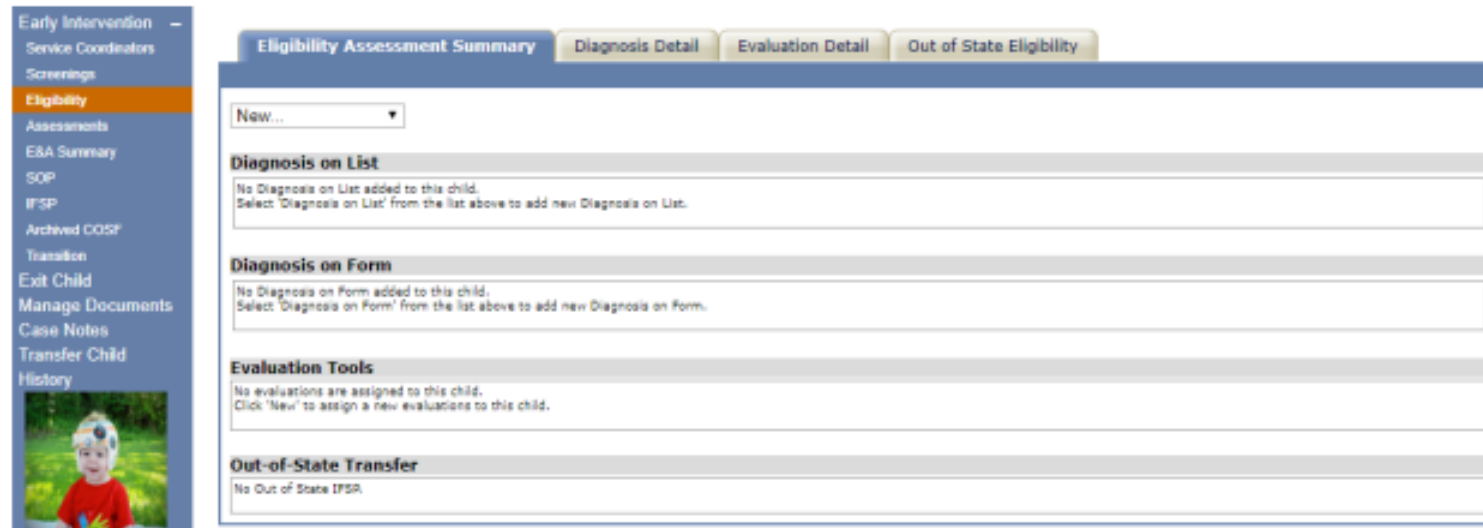
Contact information

# Documenting Eligibility in EIDS

<https://ohioearlyintervention.org/data-system>

## Eligibility

To document eligibility, click on “Early Intervention” on the left-menu and then click on “Eligibility.” Then select the relevant eligibility type from the dropdown labeled “New.” Each eligibility type is explained in more detail subsequently.



Early Intervention —  
Service Coordinators  
Screenings  
**Eligibility**  
Assessments  
E&A Summary  
SOP  
IFSP  
Archived COSF  
Transition  
Exit Child  
Manage Documents  
Case Notes  
Transfer Child  
History

Eligibility Assessment Summary | Diagnosis Detail | Evaluation Detail | Out of State Eligibility

New...

**Diagnosis on List**  
No Diagnosis on List added to this child.  
Select 'Diagnosis on List' from the list above to add new Diagnosis on List.

**Diagnosis on Form**  
No Diagnosis on Form added to this child.  
Select 'Diagnosis on Form' from the list above to add new Diagnosis on Form.

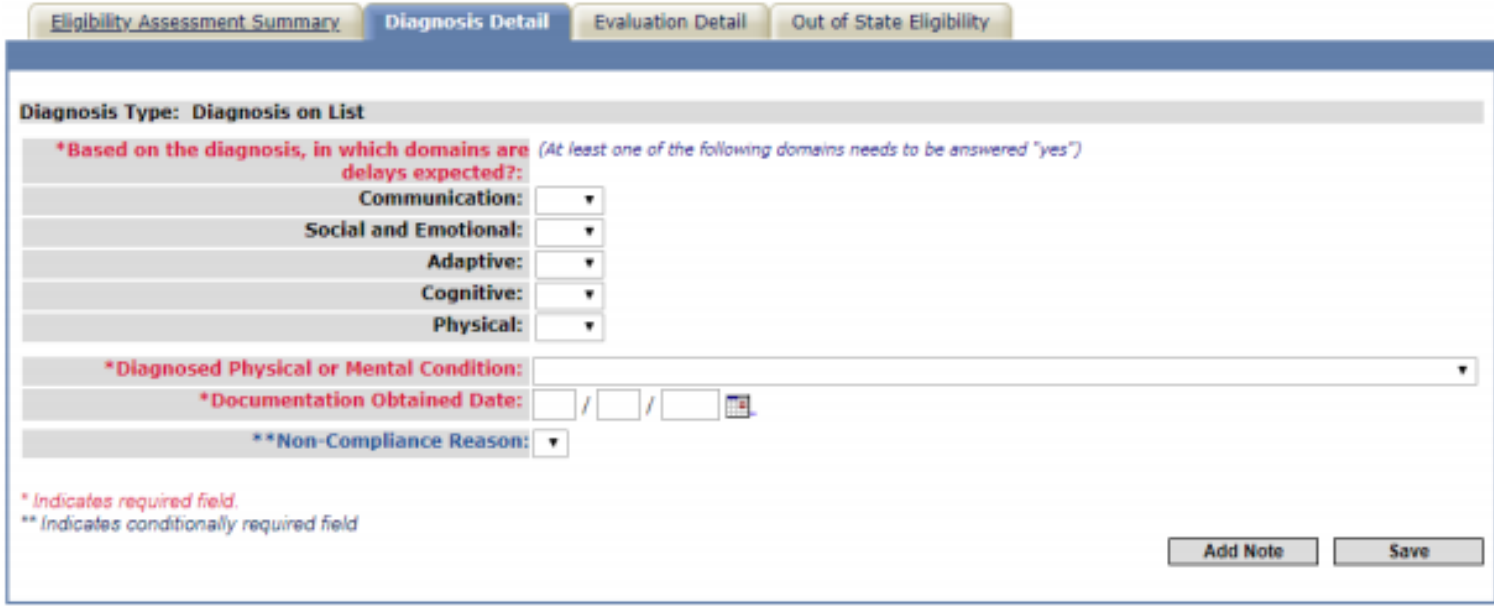
**Evaluation Tools**  
No evaluations are assigned to this child.  
Click 'New' to assign a new evaluation to this child.

**Out-of-State Transfer**  
No Out of State IFSP.

# Documenting Eligibility in EIDS

<https://ohioearlyintervention.org/data-system>

## Diagnosis on the List



Eligibility Assessment Summary | **Diagnosis Detail** | Evaluation Detail | Out of State Eligibility

Diagnosis Type: Diagnosis on List

**\*Based on the diagnosis, in which domains are delays expected?:** (At least one of the following domains needs to be answered "yes")

Communication:

Social and Emotional:

Adaptive:

Cognitive:

Physical:

**\*Diagnosed Physical or Mental Condition:**

**\*Documentation Obtained Date:**  /  /

**\*\*Non-Compliance Reason:**

\* Indicates required field.  
\*\* Indicates conditionally required field

Add Note Save

# Documenting Eligibility in EIDS

<https://ohioearlyintervention.org/data-system>

## Diagnosis on the Form



Eligibility Assessment Summary | **Diagnosis Detail** | Evaluation Detail | Out of State Eligibility

**Diagnosis Type:** Diagnosis on Form

**\*Based on the diagnosis, in which domains are delays expected?:** (At least one of the following domains needs to be answered "yes")

Communication:

Social and Emotional:

Adaptive:

Cognitive:

Physical:

**\*Diagnosed Physical or Mental Condition:**

**Diagnosis ICD-9 or ICD-10 Code:**

**\*Documentation Obtained Date:**  /  /

**\*\*Non-Compliance Reason:**

\* Indicates required field.  
\*\* Indicates conditionally required field

Add Note Save

# Documenting Eligibility in EIDS

<https://ohioearlyintervention.org/data-system>

## Developmental Evaluation



Eligibility Assessment Summary   Diagnosis Detail   **Evaluation Detail**   Out of State Eligibility

Evaluations determine Part C eligibility

\* Evaluation Tool Name: Bayley Scales of Infant Development-III ▼

Evaluation Date: 06 / 25 / 2018

Child's age in months at time of Evaluation Tool: 20

\* Administered By #1: Kate Metz

Profession/Discipline 1 for Administered by #1: Speech and language pathologists ▼

Profession/Discipline 2 for Administered by #1: ▼

\*\* Administered By #2: Kevin Hartley

\*\* Profession/Discipline 1 for Administered by #2: Developmental specialists, as certified by the Department ▼

Profession/Discipline 2 for Administered by #2: ▼

\* Cognitive Score: Score Range 40-70 (2.0 SD) ▼

\* Social Emotional Score: Score Range 77.6-92.5 (No Delay) ▼

\* Adaptive Score: Score Range 70.1-77.5 (1.5-1.99 SD) ▼

\* Receptive Communication Score: Score Range 1.0-4.0 (2.0 SD) ▼

\* Expressive Communication Score: Score Range 4.1-5.5 (1.5-1.99 SD) ▼

\* Fine Motor Score: Score Range 5.6-8.5 (No Delay) ▼

\* Gross Motor Score: Score Range 8.6-14.49 (No Delay) ▼

\* Indicates required field.  
\*\* Indicates conditionally required field



# Documenting Eligibility

<https://ohioearlyintervention.org/data-system>

## Informed Clinical Opinion (ICO)



Eligibility Assessment Summary | Diagnosis Detail | **Evaluation Detail** | Out of State Eligibility

Evaluations determine Part C eligibility

\* Evaluation Tool Name: Battelle Developmental Inventory-2

Evaluation Date: 06 / 25 / 2018

Child's age in months at time of Evaluation Tool: 20

\* Administered By #1: Kate Metz

Profession/Discipline 1 for Administered by #1: Speech and language pathologists

Profession/Discipline 2 for Administered by #1:

\*\* Administered By #2: Kevin Hartley

\*\* Profession/Discipline 1 for Administered by #2: Developmental specialists, as certified by the Department

Profession/Discipline 2 for Administered by #2:

\* Cognitive Score: Score Range 77.6-92.5 (No Delay)

\* Adaptive Score: Score Range 77.6-92.5 (No Delay)

\* Personal-Social Score: Score Range 77.6-92.5 (No Delay)

\* Receptive Language Score: Score Range 5.6-8.5 (No Delay)

\* Expressive Language Score: Score Range 5.6-8.5 (No Delay)

\* Fine Perceptual Motor Score: Score Range 5.6-8.5 (No Delay)

\* Gross Motor Score: Score Range 5.6-8.5 (No Delay)

The informed clinical opinion of Evaluator #1 is that the child has a delay despite the above tool results: Yes

Evaluator #1 indicated a delay in the following domain(s):

- ☐ Communication
- ☐ Social and Emotional
- ☐ Adaptive
- ☐ Cognitive
- ☒ Physical

The informed clinical opinion of Evaluator #2 is that the child has a delay despite the above tool results: Yes

Evaluator #2 indicated a delay in the following domain(s):

- ☐ Communication
- ☐ Social and Emotional
- ☐ Adaptive
- ☐ Cognitive
- ☒ Physical

# Redetermination of eligibility

Eligibility must be  
redetermined annually

Diagnosis on the  
form

Informed Clinical  
Opinion

Eligibility does not need to  
be redetermined

Diagnosis on the list

Developmental delay  
on evaluation tool

# What if a child is found ineligible?

## Form EI-09

Today's date	Child's name	Child's DOB	<b>Service coordinator use only</b>
			On (date), a copy of this notice was provided to the parent(s)
Parent name(s)	EIDS number		<input type="checkbox"/> in-person <input type="checkbox"/> via mail <input type="checkbox"/> via email

### Prior Written Notice of Determination of Ineligibility

#### Evaluation Summary

Your child was evaluated in all developmental domains, using more than one method and by more than one discipline. The evaluation team identified that your child shows no delay based on scores and clinical opinion. Your child is currently demonstrating skills and behaviors similar to same-age children and is not eligible for Early Intervention. Below, the team has summarized your child's current level of functioning in all developmental domains. They explain what was learned about your child's development through personal observations of your child, testing (including which test(s) administered), review of your child's history, and other information you provided.

- I. **Tool administration:** In this section, the evaluation team documents what tool was used, the date(s) of administration, and results in all developmental domains (adaptive, physical [gross and fine motor, vision, hearing], communication, social emotional and cognition). The location of testing and notations of any adaption to the tool or environment (adaptive equipment, interpreter, sign language) are included.

- II. **Review of your child's history:** This is a summary of what the evaluation team learned through parent interview and reviewing health (such as medical, vision, hearing, nutrition, genetics, and specialized clinic) and education records (such as early head start and childcare providers).

## Form EI-10

Today's date	Child's name	Child's DOB	<b>Service coordinator use only</b>
			On (date), a copy of this notice was provided to the parent(s)
Parent name(s)	EIDS number		<input type="checkbox"/> in-person <input type="checkbox"/> via mail <input type="checkbox"/> via email

### Prior Written Notice of Exiting

Ohio Early Intervention (EI) is proposing to end EI services for you and your child. Ohio EI will retain a copy of your child's record until your child's ninth birthday. You have the right to review or request your child's record. Ohio Early Intervention is proposing to exit your child from the EI system no sooner than 10 days from the date of this notice for the following reason(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Your child was screened and not suspected of having a developmental delay or disability. You may request an evaluation at any time by contacting your EI service coordinator. | <input type="checkbox"/> Your child's IFSP outcomes were met and your child's IFSP team agreed that no additional IFSP outcomes are needed.        |
| <input type="checkbox"/> You did not provide consent for the evaluation or assessment of your child.   | <input type="checkbox"/> You have ended participation in the EI system.  |
| <input type="checkbox"/> Your child does not meet the eligibility requirements for EI services.  | <input type="checkbox"/> We have not been able to contact you. Please contact your EI service coordinator within ten calendar days of this notice. |
| <input type="checkbox"/> The required re-determination of eligibility was not completed.   | <input type="checkbox"/> Your child moved out of the state of Ohio.  |
| <input type="checkbox"/> The required annual child assessment was not completed.   | <input type="checkbox"/> Your child transitioned to Part B services with an IEP prior to the age of three.   |
| <input type="checkbox"/> You determined that your family has no need for Individualized Family Service Plan (IFSP) outcomes at this time.  |  |

Comments:

As the parent, you have dispute resolution options available. A copy of the EI Parent Rights brochure is enclosed. If you believe the reason for exiting your child is unclear or inaccurate, please contact me.

EI service coordinator name

EI service coordinator contact information

**You may re-refer at any time before your child turns three years old by contacting Central Intake at 1-800-755-4769 or by visiting [www.ohioearlyintervention.org](http://www.ohioearlyintervention.org).**

# Coordinating an evaluation during the COVID-19 pandemic







Chat

# Coordinating a virtual evaluation during the COVID-19 pandemic: What would you do?

1.5 standard deviation delay in social-emotional domain

2.0 standard deviation delay Developmental delay in communication



TRUE OR FALSE: ICO was used last year to determine eligibility- EISC needs to coordinate annual redetermination of eligibility.



Chat

# What would you do next?

Child referred from  
OCECD for hearing  
loss

Request audiology report  
from ODH to verify  
diagnosed condition.  
Move on to assessment.

You receive a  
diagnosis on the  
form for a child  
listing Trisomy 21.

Establish eligibility on the  
basis of diagnosis on the list.  
Move on to assessment.

You have a new child  
on your caseload  
who was referred by  
their pediatrician due  
to CHARGE  
syndrome.

Many children with CHARGE  
syndrome have vision or hearing loss  
that could be used to establish  
eligibility for EI. If that is the case for  
this child, be sure to involve the  
hearing and/or vision expert in the  
assessment process.

A pediatrician  
contacted central  
intake to refer a child  
because of a  
diagnosis of failure  
to thrive.

With parent consent, contact the  
pediatrician and ask them to  
complete EI-12.



Child referred from OCECD for hearing loss  
Request audiology report from ODH to verify diagnosed  
condition. Move on to assessment.

## Bonus Question

Do you need to  
redetermine eligibility?

Yes or No



You receive a diagnosis on the form for a child listing Trisomy 21. Establish eligibility on the basis of diagnosis on the list. Move on to assessment.

## Bonus Question

Do you need to redetermine eligibility?

Yes or No

# Questions?



# Resources

[Appendix C \(Physical and Mental Conditions With a High Probability of Resulting in a Developmental Delay\)](#)

[DODD Eligibility Guidance During COVID-19](#)

[EI-12 \(Documentation of Diagnosed Condition\)](#)

[EI-09 \(Prior Written Notice of Determination of Ineligibility\)](#)

[EI-06 \(Consent for Release of Records and Exchange of Information\)](#)

[EI-10 \(Prior Written Notice of Exiting\)](#)

[EIDS Data Entry Guide](#)

[FAQs – Screening, Eligibility and Assessment](#)

[IFSP Guidance Document](#)

[Rule 5123-10-02 \(C\)](#)

[Verification Standards](#)



# Thank you!

