

Eligibility Decision Tree FAQs

Guidance document: [Determining Eligibility: a Step by Step Process](#)

Webinar: [Eligibility Decision Tree](#)

Q. Can you clarify what is considered a “timely manner” to wait for that documentation from a child’s physician, before moving on to evaluation?

A. You must complete all eligibility components within 45 days of the Early Intervention referral and ensure all procedural safeguards are met (for example, providing prior written notice before conducting the evaluation). When you schedule an evaluation in these scenarios will depend in part on how quickly you can coordinate an evaluation in your county. EI service coordinators should be sure to follow up with physician offices after the initial request for diagnosis information. Finally, proactively strengthening relationships with physicians in your community will increase the likelihood of a timely turnaround of EI paperwork. Your local program may also have developed procedures regarding these situations.

Q. What happens if I receive diagnosis information after completing an evaluation?

A. Enter the diagnosis information in EIDS with a date reflecting when you received it. Document the diagnosis information on the IFSP form at the next naturally occurring IFSP.

Q. Can you clarify the benefits of adding the EI-12 received after an evaluation was completed that shows a 1.5 SD+ delay and provides eligibility until age 3?

A. The diagnosis information on the EI-12 is part of the child record upon receipt. It also provides important additional information to the local team.

Q. If the child was evaluated virtually since only two areas could be scored virtually, does the child need to be re-evaluated annually (in person) so all areas can be scored as previously discussed during the beginning of pandemic?

A. If a child shows a 1.5+ standard deviation delay in either the Adaptive or Social-Emotional domains when an evaluation is completed virtually, there is no need to re-determine eligibility. If the child was made eligible via ICO in one of the other three domains, then eligibility must be redetermined annually. More details are available here:

<https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/Annual-Assessment-and-Redetermination.pdf>

Q. If a child is eligible, but the family chooses not to go forward with developing an IFSP, what should we provide the family?

If a child is found eligible and the other IFSP team members recommend services, but the family chooses not to participate in EI, the evaluation/assessment process is summarized on Section 3 of the IFSP. The

EI service coordinator documents the team's decision in case notes and provides the family with Form EI-10 Prior Written Notice of Exiting (with the box, "You determined that your family has no need for Individualized Family Service Plan (IFSP) outcomes at this time" checked). The EISC should carefully explain to the parent what services they are potentially declining and how to access EI if the parent changes their mind, along with a copy of the EI Parent Rights brochure. The family is exited no sooner than 10 calendar days from the date on the EI-10.

Q. If a child was determined eligible on the Bayley over a year ago, but exited due to no contact and then referred again, is the child still eligible, and no new evaluation is needed?

A. Yes, that is correct. Children who have a 1.5+ standard deviation delay as determined by an evaluation tool are eligible until their third birthday.

Q. Can you clarify more about when to use ICO and if this should always take place before the Child/Family Assessment is completed?

A. Best practice is to complete the child and family assessments only for children who are eligible. We understand that some local programs' procedures involve beginning these assessments prior to the final determination of eligibility. Rule does not prohibit this.

Informed clinical opinion, or ICO, is a critical part of evaluation and assessment. There are times when the evaluation team, using the professional judgement involved in ICO (making use of qualitative and quantitative information), will determine that the evaluation results from the tool administration do not indicate a developmental delay in any developmental domain, but the expertise of the evaluation team determines the child is eligible. <https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/ICOGUIDANCE.pdf>

Q. Can a certified nurse practitioner sign the documentation of a diagnosis? Overall, which disciplines count as a medical professional?

A. Yes. Any professional licensed to diagnose and treat mental or physical conditions for the child can sign/authorize documentation of a diagnosis on the list or sign the EI-12.

Q. There are so many new rare genetic and medical conditions that are not spelled out on Appendix C, but would definitely result in long-term delays. Will appendix C be expanded at any time to include these Dx? Otherwise, we would be using an EI-12 for one year eligibility, correct?

A. We will be reviewing Appendix C as part of the rule review process that will begin in 2023. In the meantime, you should continue to use the EI-12 for diagnoses not on the list. If you have a question about whether a diagnosis fits within one of the diagnoses on Appendix C, please contact your EI program consultant.

Q. What if a child was previously referred for hearing loss by ODH before July 2022 and the referral form states the agency name is "OCECD" instead of "State Health Department?"

A. If you received a referral from OCECD for a child with hearing loss prior to July 2022, you can use this referral as documentation of the diagnosis.

Q. Does a failed newborn hearing screening meet qualifying diagnosis?

A. No, a failed newborn hearing screening is not a qualifying diagnosis; however, a diagnosis of hearing loss, which is typically diagnosed by an audiologist, is on the approved list.

Q. For the hospital-based child find (HBCF) referral, does a physician need to sign the form?

A. No. For purposes of the hospital-based child find referral form, it does not matter what the child find specialist's credential/license is or whether they have one. The important part is that they are signing off on the child's diagnosed condition on behalf of their hospital.

Q. When we receive a referral with the documentation of a diagnosis from HBCF or ODH, etc., we would put that diagnosis in the eligibility section for the date that we receive the referral?

A. Yes, enter the diagnosed condition and the date you received the diagnosis information in Section 3A. In the case of an applicable HBCF or ODH referral, you would use the date of the program referral.

Q. Who determines what counts as a valid signature on the new HBCF form? The intake staff prior to referral, or the EISC?

A. Central intake will determine if the form has been validly completed and reach out to DODD if there are questions.

Q. If the family indicates "no" concerns on the HBCF form, does this stop the referral or will the service coordinator contact the family?

A. Central intake will reach out to every family the hospital-based child find specialist refers.

Q. Do we still need to obtain an EI-12 if a hospital-based child find specialist refers a child with a diagnosis not on the list?

A. Yes, the new hospital-based child find referral form only serves as documentation of eligibility for a diagnosis on the list.