

*Early*



*for Children and Families*

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# What is Early ACCESS?

**Early ACCESS is a federal program under the Individuals with Disabilities Education Act (IDEA), Part C.**



# Federal Legislation

Develop and implement a system of early intervention services that are

- Community based
- Coordinated
- Family Centered

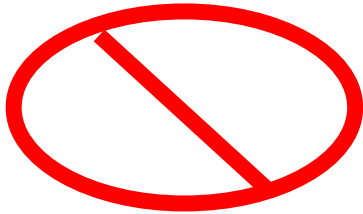




In Iowa this statewide system is an interagency collaboration between the Iowa Departments of:

- Education
  - Public Health
  - Human Services
  - Child Health Specialty Clinics
- AND**
- Other Public or Private Early Intervention Service Providers

# Myths or Misconceptions



- Special Education for babies
- A Department of Education Program
- An AEA Program
- Infants and toddlers must be showing delays in development to participate

# Purpose



- The purpose of this system is for families and providers to work together in identifying, coordinating and providing needed services and resources that will help the family assist their infant or toddler to grow and develop.



- This system is a partnership between families with young children, birth to age three, their families and providers from local health, human services and education agencies.

# Themes

- Individualized
- Family Centered
- Family Driven
- Collaborative
- Interagency
- Community based
- Flexible, fluid and responsive





# ELIGIBILITY

Child birth through 2 years of age:

- Who may have a health condition or disability that may cause later delays in development.  
( High probability of developmental delay)
- Who may already be showing delays in his or her ability to play, think, talk and/or move.  
( 25% delay or clinical opinion)



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# Early Intervention Services

Are provided at no cost to families for:

- service coordination activities;
- evaluation and assessment activities to determine eligibility or identify the concerns, priorities and resources of the family; or
- development and reviews of the Individualized Family Service Plan.

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# Early Intervention Services

- Some services may have charges or sliding fee scales or may be provided at no cost to families.
- The service coordinator works with the family to determine costs and payment arrangements of other needed services. .

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# Early Intervention Services

- Assistive Technology
- Audiology
- Family Training/  
Counseling
- Health Services
- Medical evaluations to  
determine eligibility
- Nursing
- Nutrition
- Occupational Therapy
- Physical Therapy
- Psychology
- Social Work
- Special Instruction
- Speech/  
Language Therapy
- Transportation
- Vision

# Current Initiatives in Great Prairie Regional Area

- Early ACCESS Executive Committee
- Collaboration with DHS to ensure appropriate referral of children in foster care
- Provide designated service coordination
- On site service coordination at CHSC Birth to Five Clinics
- Pooling of state legislated funds for service coordination by CHSC and AEA

# Issues

- System is rapidly expanding
- Complexity of needs of children and families has changed and the skills needed by service coordinators have increased
- Continued need for adequate resources for Early ACCESS and the partners involved in early intervention



## Infants and Toddlers Eligible to Receive Early Intervention Services Coordinated by Early ACCESS

Infants and Toddlers under the age of three years old are eligible to receive early intervention services coordinated by Early ACCESS when they meet one of two criteria:

1. Based on Informed Clinical Opinion, the child has a known condition that has a high probability of resulting in later developmental delays if early intervention services are not provided.

**OR**

2. The child has a 25% or more delay as measured by appropriate diagnostic instruments and procedures, and based on Informed Clinical Opinion in one or more areas of the following developmental areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development.

### How Do We Determine This?

***Criteria #1. Based on Informed Clinical Opinion, the child is determined to have a known condition that has a high probability of resulting in later developmental delays if early intervention services are not provided.***

Informed Clinical Opinion is defined as the integration of the results of evaluations, direct observations in various settings, and varied activities with the experience, knowledge, and wisdom of qualified personnel. Informed Clinical Opinion should be used in conjunction with best practice evaluation and assessment. For instance, a physical therapist must make judgments about muscle tone abnormality based on the therapist's training and experience with children.

At the time of referral or within the established 45-day timeline, infants and toddlers with a known condition or disability (see listing below) are eligible to receive all Early ACCESS services. These children may or may not be experiencing a delay in development at the time of referral and evaluation. **Examples of conditions** that infants and toddlers may have that have a high probability of later delay IF EARLY INTERVENTION SERVICES WERE NOT PROVIDED include but are NOT limited to conditions or disabilities such as:

- ◆ Genetic abnormalities including but not limited to: Down syndrome, Fragile X, cystic fibrosis, and dwarfism.
- ◆ Sensory impairments including but not limited to vision and hearing deficits.
- ◆ Inborn errors of metabolism including but not limited to phenylketonuria and hypothyroidism, galactosemia, sickle cell disease.
- ◆ Congenital central nervous disorders including but not limited to spina bifida, microcephaly.
- ◆ Other congenital or acquired conditions including but not limited to cleft palate, missing limbs, cerebral palsy, traumatic brain injury, seizure disorders, physical impairments from birth or accident.
- ◆ Venous blood lead level greater than or equal to 20 micrograms per deciliter.



- ◆ Behavioral or emotional conditions such as serious attachment disorders.<sup>1</sup>
- ◆ Foster care.<sup>2</sup>
- ◆ Conditions resulting from serious chronic conditions (>12 months duration expected), fetal drug or alcohol exposure, failure to thrive, Pervasive Developmental Disorder (PDD) and other autistic spectrum disorders, low birth weight or prematurity.

***Criteria # 2. The child has a 25% or more delay as measured by appropriate diagnostic instruments and procedures, and based on informed clinical opinion, in one or more areas of the following developmental areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development.***

A developmental delay exists when an infant or toddler, regardless of medical diagnosis has a significant delay in the attainment of developmental milestones. These children may or may not have a known condition or disability at the time of referral. The delay is established by carrying out multidisciplinary evaluation and assessment activities that must-

- ◆ Be conducted by two or more personnel trained to use appropriate methods and procedures;
- ◆ Be based on Informed Clinical Opinion;
- ◆ Include the following:
  - ◆ A review of pertinent records related to the child's current health status and medical history,
  - ◆ Evaluate the child's level of functioning in each of the following developmental areas: cognitive, physical development including vision and hearing, communication development, social or emotional development and adaptive development, and
  - ◆ An assessment of the unique needs of the child in terms of each of the five developmental areas including identification of services appropriate to meet those needs.

For those children who do not have a known condition or disability at the time of referral, Iowa uses a 25% delay in one or more of the areas listed above to establish Early ACCESS eligibility. If the child demonstrates delays in development, but is not at the 25% level it may be appropriate to provide early intervention services to the child and family. In this circumstance, the Informed Clinical Opinion of evaluators becomes a significant factor in the eligibility decision-making process. An eligibility decision would be made when there is expressed parental concern and/or the evaluators' clinical opinion establishes the child and family could benefit from early intervention services until the time when the parent has no more concerns and delays in development are no longer evident.

Recognizing the critical importance of early growth and development, Early ACCESS intends to cast a wide net in identifying children who could benefit from early intervention services. As a result, there will be more children eligible for Early ACCESS than would be entitled to special education services under IDEA/ PART B.

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<sup>1</sup> Newly added to list of conditions in 9-03 Eligibility guidance document.

<sup>2</sup> Newly added to list of conditions in 9-03 Eligibility guidance document.



