

Illinois Early Intervention Required Format for Evaluation/Assessment Report Guidelines

Evaluation of a Child:

Early Intervention (EI) definitions:

- Initial Evaluation - the procedures used by qualified personnel to determine the child's initial eligibility.
- Evaluation - the procedures used by qualified personnel to determine a child's continuing eligibility.

Initial Evaluations to determine eligibility shall be completed by EI credentialed/enrolled **Evaluators** only. Evaluations to determine on-going eligibility will be completed by EI credentialed/enrolled providers. A minimum of two or more separate disciplines are required to complete both Initial Evaluations and Evaluations. Unless clearly not feasible to do so, all evaluations/assessments or assessments must be conducted in the language normally used by the child.

Evaluations of the child shall include:

1. administration of the evaluation tool;
2. collection of the child's history (including interviewing the parent);
3. identification of the child's level of functioning in each of the five developmental areas: cognitive, physical, communication, social or emotional, and adaptive;
4. gathering information from other sources such as family members, other caregivers, medical providers, social workers and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
5. reviewing medical, educational, and other records.

Assessment of a Child:

EI definitions:

- Initial Assessment – the assessment of the child conducted prior to the child's first IFSP meeting.
- Assessment - the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the EI services appropriate to meet those needs throughout the child's eligibility under EI, which includes the assessment of the child and the child's family.

Initial Assessments of the child shall be completed by EI credentialed/enrolled **Evaluators** only. Assessments of the child and family to determine on-going service needs shall be completed by EI credentialed/enrolled providers. A minimum of two or more separate disciplines are required to complete both Initial Assessments and Assessments.

Assessments of the child shall include:

1. a review of the results of any evaluations;
2. personal observations of the child;
3. identification of the child's needs in each of the developmental areas (cognitive development, physical development, communication development, social or emotional development and adaptive development).
4. If medical records determined eligibility, the assessment of the child shall also include the review of those records.

Eligibility Determination:

When determining **initial eligibility**, a child will be determined eligible based upon one of the following reasons as stated in 89 Illinois Administrative Code 500.50(a):

Subsection(a)

An Illinois child under the age of 36 months of age and his or her family are eligible for the program as set forth in this Part if the child:

1. is experiencing a DHS determined eligible level of developmental delay; or
2. is experiencing a medically diagnosed physical or mental condition that typically results in developmental delay; or
3. is, according to informed clinical opinion of qualified staff based upon a multidisciplinary evaluation and assessment, at risk of substantial developmental delay. As defined in 89 Illinois Administrative Code 500.20, "At risk of substantial developmental delay, according to informed clinical opinion," means that there is consensus of qualified staff based upon multidisciplinary evaluation and assessment that development of a Department determined eligible level of delay is probable if EI services are not provided, because a child is experiencing either:
 - a parent who has been medically diagnosed as having a mental illness or serious emotional disorder defined in the Diagnostic and Statistical Manual V (DSM V) (American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901) that has resulted in a significant impairment in the parent's level of functioning in at least one major life functional area or a developmental disability; **or**
 - three or more of the following risk factors:
 - current alcohol or substance abuse by the primary caregiver;
 - primary caregiver who is currently less than 15 years of age;
 - current homelessness of the child;
 - chronic illness of the primary caregiver;
 - alcohol or substance abuse by the mother during pregnancy with the child;
 - primary caregiver with a level of education equal to or less than the 10th grade, unless that level is appropriate to the primary caregiver's age;
 - an indicated case of abuse or neglect regarding the child and the child has not been removed from the abuse or neglect circumstances.

On an annual basis a **re-determination of eligibility** must occur. If the child is not found eligible based upon the reasons outlined in Subsection (a) above, the child must meet the criteria as set forth in 89 Illinois Administrative Code 500.50(g) below in order to continue to receive services:

A child will continue to be eligible if he/she:

1. has entered the program under any of the eligibility criteria in Subsection (a) but no longer meet the current eligibility criteria under this Subsection; **and**
2. either:
 - A. continues to have any measurable delay; **or**
 - B. has not attained a level of development in each area, including cognitive, physical (including vision and hearing), communication, social or emotional or adaptive skills, that is at least at the mean of the child's age equivalent peers; **and**
3. has been determined by the multidisciplinary team to require the continuation of EI services in order to support continuing developmental progress, pursuant to the child's needs, and provided

in an appropriate developmental manner. The type, frequency, and intensity of services will likely differ from the initial IFSP because of the child's developmental progress, and may consist of only service coordination, evaluations and assessments.

Evaluation/Assessment and Assessment Report:

Upon completion of either an Evaluation/Assessment or an Assessment, a written report of findings is required and must be submitted using the *Illinois Early Intervention Evaluation/ Assessment or Assessment Report* format to the Child and Family Connections office within **14 calendar days** of receipt of the request to perform the evaluation and/or assessment. Complete all appropriate sections outlined in these instructions. Incomplete reports are not acceptable and will be returned to the provider for the revisions required to bring the report into compliance.

For initial and annual eligibility a provider may receive an EA authorization if eligibility has not been determined or an AS authorization if eligibility has already been determined. If a child enters EI already eligible based on any of the factors listed above under Eligibility Determination, no Evaluation is necessary. Only an Assessment (AS), to determine the needs of the child/family, must be performed. If a child needs to be determined eligible for EI, then both Evaluation and Assessment (EA) must be performed.

Evaluation/Assessment:

Providers performing evaluations and assessments for the purpose of determining initial and annual eligibility for EI must have an EA authorization in hand prior to service provision. The provider is expected to perform the Evaluation and Assessment and record the results on the *Illinois Early Intervention Evaluation/Assessment or Assessment Report* format. Section 5E will only be completed for annual evaluation/assessment as it does not apply to initial eligibility.

EA authorizations:

- Initial eligibility determination:
 - Completed by a credentialed Evaluator to perform the initial Evaluation/Assessment of the child for eligibility determination, completing all sections except 5E.
- Redetermination of eligibility:
 - Completed by the ongoing direct service provider to perform the ongoing Evaluation/Assessment of the child for redetermination of eligibility, completing all sections including 5E, if applicable.

Assessment:

Providers performing initial and annual assessments for the purpose of identifying the unique strengths and needs and appropriate EI services to meet those needs must have an AS authorization in hand prior to service provision. The provider is expected to perform the Assessment and record the results on the *Illinois Early Intervention Evaluation/ Assessment or Assessment Report* format. For assessment, complete all sections except 5E.

AS authorizations:

- Initial assessment:
 - Completed by a credentialed Evaluator to perform the Assessment of a child/family prior to initial IFSP for a child whose eligibility for EI has already been established.
- Ongoing assessments:
 - Completed by ongoing direct service provider to perform the Assessment of a child/family at necessary intervals including, but not limited to, 6-month and annual reviews.

Report Format:

Section 1: Complete all demographic information for the child including the child's Service Coordinator and physician.

Section 2: Indicate whether this report reflects information for evaluation and assessment (if eligibility needs to be determined) or assessment only (if eligibility has already been determined). Include the date of testing as well as provider name, phone number, and discipline. Indicate where testing occurred by checking appropriate box, identify where testing took place if not in the home.

Section 3: Summarize referral information including who made the referral and the reason for referral as well as any developmental concerns the parents have if they are not the source of referral.

Section 4: Indicate the name(s) of any tool(s) used for evaluation and/or assessment. Include which of the five developmental domains are being addressed through testing, Provide age equivalents and percentages of delay for each domain evaluated. If assessment only, provide age equivalents and percentages of delay, if available.

Section 5:

- A. Summarize the child's social and developmental history and parents' concerns based on referral and intake information as well as information received from other sources, if applicable. Consider who is involved in the child's caregiving environment and include information from them, if applicable. Information from parent interview should be summarized here as well. Information about childcare, available family support, and family involvement in community activities may also be included here, if applicable.
- B. Summarize the child's medical history as it pertains to the child's developmental functioning. Include information about prenatal care and complications, delivery information, child's health status, history of intervention, and/or use of assistive technology (if applicable) as well as available hearing and vision information.
- C. Provide behavioral observations of the child. This section should include information about the child's attention span and ability to complete tasks. It should also include who was present for testing and how the child responded to the evaluator/assessor(s). Information about the child's communication strategies and persistence with tasks should also be included. Finally, a statement about how the observed behavior is or is not typical compared to how the child normally behaves based on feedback from the child's caregiver should also be provided.
- D. Provide information about the child's level of functioning in each developmental domain tested. This should include information about the child's strengths and needs in each domain. This section should include not only information about response to testing tasks but also information about functional skills and how these relate to the child's ability to participate in family routines. At the annual review, this section should also include information about the child's progress towards IFSP outcomes. Each provider should include an update about the skills the child has acquired relative to the IFSP outcomes that the provider has been addressing with the family. If the child's age equivalents do not accurately portray the child's developmental status and Clinical Opinion will be used to determine initial or ongoing eligibility, explain:
 1. The reason(s) the child was unable to be appropriately and accurately tested using a formal evaluation tool, and
 2. The observed atypical development that may be causing the child to experience a DHS determined eligible level of delay or greater.

- E. This section is only used for annual redetermination of eligibility when a child no longer meets the current eligibility criteria. If the provider feels there is a need to continue services to support developmental progress, the provider must complete this section and address:
1. Any measurable delay or not attaining a level of development that is at least the mean of the child's same age equivalent peers; and
 2. The specific needs of the child that require continued EI services for developmental progress.

Section 6:

- A. Briefly summarize the child's strengths and needs including how this impacts the child's ability to participate in family routines and activities. Include a statement about the accuracy of the tool's portrayal of the child's development.
- B. List recommendations for EI and/or other community resources which may benefit the child and family, if applicable.

Individualized Family Service Plan outcomes as well as strategies and recommendations for services, with frequency, intensity, duration and location will be determined at the IFSP meeting in collaboration with the child's family based on their identified priorities and concerns and the [PRINCIPLES OF EARLY INTERVENTION](#).

Note: Providers must accept Evaluations/Assessments and Assessments that have been completed prior to the initial IFSP meeting or that have been completed to determine the need to add a new service to an existing IFSP when beginning direct services unless the evaluations/assessments are more than six (6) months old. EI will not pay for the direct service provider to duplicate existing Evaluations/Assessments and Assessments.

Six-Month Review and Discharge Summary:

A periodic review of each child's IFSP must occur every six months or more frequently if conditions warrant, or if the family requests such a review, to determine if adjustment of the IFSP is needed.

Providers must be given an authorization for IFSP Development time to write the summary report. Providers are required to submit a report to each individual child's Service Coordinator prior to the six-month review and discharge from services. These summary reports of a provider's record notes should include:

1. Demographic information about the child;
2. Provider information;
3. Updates/changes in the child's developmental/social/medical history and a summary of the family's ongoing concerns including information about the child's/family's participation in services, e.g. expected frequency/intensity of service, attendance, child/family engagement, family carryover of recommended strategies
4. The degree to which progress toward achieving the outcomes identified in the IFSP is being made and whether modification or revision of the outcomes or EI services identified in the IFSP is necessary; and
5. Recommendations for additional EI or community resources that should be discussed at the IFSP meeting.

Or, if indicated as necessary, a provider may request an AS authorization prior to performing a formal Assessment. When performing a formal Assessment, the provider must complete the *Illinois Early Intervention Evaluation/Assessment or Assessment Report* format as outlined in the Assessment section above.

Annual Review:

On an annual basis, redetermination of eligibility must be completed. Direct Service Providers must use the *Illinois Early Intervention Evaluation/Assessment or Assessment Report* format following the instructions in this document for ongoing eligibility redetermination. Providers should receive either an EA or AS authorization based on the information required to determine eligibility. In addition to the information included in the initial evaluation/assessment report, an annual review report should include information about services received and a summary of the child's progress towards IFSP outcomes.

Recommending further assessments:

When any team member feels a new service may be needed, the team member must notify the Service Coordinator to communicate the need for an assessment. No service can be added to an IFSP or services begun, unless the assessment process is completed, the team has met and agreed on the need for the service, the service addresses a Functional Outcome outlined on the child's IFSP, and consent is received by the parent for the service.

Reminders for billing:

- Bill for evaluation/assessment report writing time using the evaluation and/or assessment code identified under your credentialed/enrolled profession.
- Claims for evaluation/assessment or assessment and corresponding IFSP meeting attendance must be submitted together. If child is not eligible and no IFSP meeting is held, no IFSP authorization will be provided, so claim can be submitted when the evaluator is notified of the decision of ineligibility.
- Bill for the time to write direct service or discharge reports which require no testing procedures using the IFSP Development code identified under your credentialed / enrolled profession. See definition of IFSP development found in the [DEFINITIONS](#) section of the *EI Service Descriptions, Billing Codes and Rates (Provider Handbook)* document to determine the types of service that are considered billable under IFSP development procedure codes.
- EI does not pay a provider to write reports other than those required by EI for the initial evaluation/assessment, annual IFSP review, the six-month review, transition or discharge.
- Only bill for the actual time used to complete the evaluation/assessment or assessment process and the time spent writing the report. Documentation must justify the time billed or refunds may be required during monitoring. As outlined in the *EI Service Descriptions, Billing Codes and Rates (Provider Handbook)/Documentation #2*:
- Documentation of evaluation/assessment should include a record note that identifies:
 - The date of service that the evaluation and assessment, assessment, or summary report was completed.
 - Time used to complete the evaluation and assessment or assessment.
 - Time used to write the report based upon the results of the evaluation and assessment or assessment.