ILLINOIS EARLY INTERVENTION
GUIDANCE FOR MEDICAL DIAGNOSTIC REPORT

Medical Diagnostic Services:
Medical services only for diagnostic and evaluation/assessment purposes means services provided by an enrolled licensed physician and may utilize a multidisciplinary team (if needed) under the direction of an EI-enrolled licensed physician to determine a child's developmental status and need for EI support services.

Medical diagnostic services may be appropriate:

1. when the child's record documents that other evaluations have failed to determine the child's eligibility for EI and the child is likely to be determined eligible if additional developmental diagnostic services are provided, or to establish a diagnosis which would potentially meet the eligibility parameters for services, or
2. when a child has significant developmental delays and/or lacks developmental progress, presents with unexpected regression, or demonstrates atypical development that cannot be explained based upon known medical, developmental or social etiology. Medical referrals may be required if the need for medical testing is identified. The EI Program does not pay for medical testing. The diagnostic report below (Attachment 5, *Medical Diagnostic Report Format*) must include a statement about the child's developmental status and EI eligibility. The report may include medical, educational, and family support recommendations not necessarily covered by EI but that may be useful to families. Service Coordinators may assist families with the recommendations not covered by EI by making referrals to other community resources.

Services must be consistent with the provider's qualifications and licensure. If team members are needed based on the child's individual circumstances, they are assigned by each clinic based on information received from the Service Coordinator (current IFSP, IFSP team's reports). They must be individually enrolled to provide EI services under their respective disciplines, have an EI evaluator credential, and have an authorization under their discipline to provide and bill for the particular service. Team members should use the codes found under their respective disciplines for billing purposes. A licensed physician should always be present throughout the diagnostic visit.

Medical Diagnostic Report:
Upon completion of Medical Diagnostic visit, a written report of findings is required and must be submitted using the *Illinois Early Intervention Medical Diagnostic Report* format to the CFC office within **14 calendar days** of receipt of the request to perform the visit. 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.

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

Section 2: Include information about the date of the visit, including the date and telephone number of the physician and the names and disciplines of any other providers involved in the evaluation/assessment process. Also include the name, address, and telephone number of the diagnostic clinic and the name of the clinic coordinator.

Section 3: Summarize the reason provided for the referral, including who made the referral, as well as any additional family concerns.

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, if available. At least one evaluation/assessment tool must be on the approved list of *Early Intervention Approved Evaluation and Assessment Instruments*, available at www.dhs.state.il.us/page.aspx?item=86067 .

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, such as other caregivers and the child's IFSP team. Information from intake, the IFSP, prior evaluation/assessment reports, and IFSP progress reports should be considered to form a thorough understanding of the child's developmental history. 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. Summarize 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. Summarize the results of the physician's physical and neuro-developmental exams. This should include a general review of systems in addition to the general physical and neurodevelopmental exams.

D. 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.

E. 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.

Section 6:

A. Briefly summarize the team's impressions of the child including any diagnostic information. This summary should include the child's strengths and needs and how the diagnosis might impact the child's ability to participate in family routines and activities. Also include information about whether the child is already eligible for early intervention or if this diagnostic visit is providing the information needed to establish eligibility.

B. If applicable, list any recommendations the evaluators/assessors might have for the IFSP, any developmental/educational/family support services that may be useful for the child/family to consider, and any medical recommendations for outside of EI that might be necessary to better understand the child's development.