NEW YORK CITY HEALTH DEPARTMENT
BUREAU OF EARLY INTERVENTION

Table for Screening / Evaluation Standards

Screening / Evaluations and Multidisciplinary Evaluations (MDEs)

1. Evaluation site determined whether child was suspected of having a developmental disability/delay and required a multidisciplinary evaluation.

2. Evaluation site discussed parent's developmental concerns to determine composition of an evaluation team in order to yield accurate eligibility determination.

3. MDE was conducted in a professional, objective manner within the required timeframe.

4. Screening / MDE summary and consents followed best practices and reached defensible conclusions related to the need for further evaluation and/or eligibility for early intervention services.

5. Families received full and timely information about the results of the Screening and/or MDE.

1. Evaluation site determined whether child was suspected of having a developmental disability/delay and required a multidisciplinary evaluation.

Federal Law and Regulations

Code of Federal Regulations

34 CFR 303.320(a)

(a) ***General.***

(1) The lead agency may adopt procedures, consistent with the requirements of this section, to screen children under the age of three who have been referred to the part C program to determine whether they are suspected of having a disability under this part. If the lead agency or EIS provider proposes to screen a child, it must—

(i) Provide the parent notice under § 303.421 of its intent to screen the child to identify whether the child is suspected of having a disability and include in that notice a description of the parent's right to request an evaluation under § 303.321 at any time during the screening process; and

(ii) Obtain parental consent as required in § 303.420(a)(1) before conducting the screening procedures.

(2) If the parent consents to the screening and the screening or other available information indicates that the child is—

(i) Suspected of having a disability, after notice is provided under § 303.421 and once parental consent is obtained as required in § 303.420, an evaluation and assessment of the child must be conducted under § 303.321; or

(ii) Not suspected of having a disability, the lead agency or EIS provider must ensure that notice of that determination is provided to the parent under § 303.421, and that the notice describes the parent's right to request an evaluation.

(3) If the parent of the child requests and consents to an evaluation at any time during the screening process, evaluation of the child must be conducted under § 303.321, even if the lead agency or EIS provider has determined under paragraph (a)(2)(ii) of this section that the child is not suspected of having a disability.

New York State Law and Regulations

PBH 2544 (3)

3. (a) To determine eligibility, an evaluator shall, with parental consent, either (i) screen a child to determine what type of evaluation, if any, is warranted, or (ii) provide a multidisciplinary evaluation. In making the determination whether to provide an evaluation, the evaluator may rely on a recommendation from a physician or other qualified personas designated by the commissioner.

(b) If, based upon the screening, a child is believed to be eligible, or if otherwise elected by the parent, the child shall, with the consent of a parent, receive a multidisciplinary evaluation. All evaluations shall be conducted in accordance with the coordinated standards and procedures and with regulations promulgated by the commissioner.

10 NYCRR 69-4.8 (a)(b)

(a) To determine eligibility for the Early Intervention Program, a timely screening and/or multidisciplinary evaluation may be conducted to determine if the child has a developmental delay or disability, unless eligibility is established in accordance with subdivision (c) of this section.

(b) If the child is suspected of having a developmental delay, the evaluator shall, with parental consent, conduct a screening to determine if further evaluation under the Early Intervention Program is appropriate, or conduct a multidisciplinary evaluation to determine the child's eligibility for the Early Intervention Program. If the results of the screening demonstrate that further evaluation under the Early Intervention Program is appropriate then the evaluator shall conduct a multidisciplinary evaluation. If the screening indicates that the child is not suspected of having a disability, the child may still receive a multidisciplinary evaluation to determine eligibility for the program upon parent request. If the child is determined eligible for the Early Intervention Program, a voluntary family-directed assessment shall be offered to the parent in accordance with subdivision (g) of this section.

(1) When determining whether to conduct a screening prior to a multidisciplinary evaluation, the evaluator may rely on a recommendation from the Early Intervention Official, a physician, or other qualified personnel. The evaluator may also conduct a screening based upon a request from the parent.

(i) Prior to a screening being conducted, the evaluator shall provide notice to the parent of the intent to conduct a screening. The notice shall inform the parent that parental consent

is required to conduct a screening and of the parent's right to request a multidisciplinary evaluation at any time during the screening process.

(ii) The purpose of a screening, if conducted, is to determine whether the child is suspected of having a disability and requires a multidisciplinary evaluation.

(2) A screening shall not be conducted if the child's eligibility for the Early Intervention Program is established in accordance with procedures set forth in subdivision (c) of this section.

(3) The screening shall be conducted using appropriate instruments on the list of instruments approved by the department and by personnel qualified to administer those instruments.

(4) Parental consent shall be obtained prior to conducting the screening procedures.

(5) If, at any time during the screening process, the parent requests and consents to a multidisciplinary evaluation, the screening shall conclude and a multidisciplinary evaluation of the child shall be conducted even if the child is not suspected of having a disability.

(6) The evaluator shall explain the results of the screening to the parent and shall fully document the results in writing.

(i) If, based upon the screening, a child is suspected of having a disability, the child shall, with parental consent, receive a multidisciplinary evaluation to be conducted in accordance with the procedures set forth in subdivision (e) of this section. The evaluator shall discuss implications of the screening for the child's multidisciplinary evaluation, including composition of the multidisciplinary evaluation team.

(ii) If, based upon the screening, a child is not suspected of having a disability, a multidisciplinary evaluation shall not be provided, unless requested by the parent. The Early Intervention Official shall provide the parent with written notice of the screening results upon receipt of such results from the evaluator, which shall include information on the parent's right to request a multidisciplinary evaluation.

New York State Department of Health Memorandum and Guidance

New York State Department of Health Early Intervention Program Memorandum 2005-02

Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determinations Under the Early Intervention Program

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Intake and Screening Procedures

The evaluator is responsible for obtaining parental consent to perform the screening and/or evaluation prior to initiating evaluation procedures. The evaluator may, with parent consent, screen the child to determine what type of evaluation, if any, is necessary unless the child has a confirmed diagnosis with a high probability of resulting in developmental delay.[24] When a child has a confirmed diagnosis of a condition with a high probability of resulting in developmental delay (such as Down syndrome), a full multidisciplinary evaluation must be performed for the child.[25]

While parents always have the option to pursue a multidisciplinary evaluation for their child upon referral to the EIP, there are some circumstances when performance of a screening is appropriate. Screening tests are generally intended to be brief, easy to administer, and lead to a yes/no decision as to whether or not a developmental problem is likely and further in-depth assessment/evaluation is needed. The evaluator is responsible for determining what type of screening should be conducted (for example, whether a screening should address one or more domains of development, or if the screening should address a specific concern, such as potential hearing loss).

Circumstances under which it may be appropriate for an evaluator to conduct a screening include when there are:

- concerns about only one area of development (e.g., communication development, physical development, etc.), or if there is a generalized concern about the child's development, a screening may be conducted to determine whether the child is typically developing or whether there are indications of problems that require further evaluation and assessment; or,

- very specific concerns for which procedures exist to clearly "rule out" or identify a problem (e.g., hearing loss).

Screenings may be helpful in the following ways:

- When a screening indicates that a child's development is within normal range, and no problems or delays are identified, parental concerns can be alleviated without necessitating that the child and family undergo a full evaluation (unless the parent requests a full evaluation).

- Screenings can assist the evaluator in deciding upon the most effective composition of the child's multidisciplinary evaluation team. For example, if a screening indicates that a child's communication development is age appropriate, but motor development is delayed, the multidisciplinary evaluation team should include a professional who can assess the child's motor functioning.

If the screening results are within normal limits, the child is not eligible for the EIP and does not

require a full multidisciplinary evaluation. The evaluator must inform the parent of the results of the screening, including that the child's development is appropriate and further evaluation is not indicated at this time. The evaluator must prepare and submit a report to the Early Intervention Official, parent, and with parent consent, the child's primary health care provider. The evaluator may recommend developmental surveillance for the child, if appropriate. If the parent requests a full multidisciplinary evaluation for the child, the evaluator must provide a multidisciplinary evaluation.

If the screening indicates cause for concern, a multidisciplinary evaluation must be completed to determine whether the child is eligible for the EIP. It is important to note that the multidisciplinary evaluation must include an in-depth assessment of all five areas of development, regardless of screening results.

When a screening is completed as part of the evaluation process, the evaluator must use, whenever feasible and appropriate, standardized instruments with demonstrated reliability and validity, and appropriate sensitivity and specificity.[26] In addition, parents must consent to and be present for the screening, unless the parent's circumstances prevent the parent's presence.

Evaluators who perform a screening are responsible for discussing the results of the screening with the parent, facilitating the parent's understanding of the screening results, and addressing any concerns identified by the parent.

New York State Department of Health Early Intervention Program
Telehealth Guidance December 2023

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IV. Considerations Before Conducting EI Evaluations Utilizing Telehealth[20]

Children referred to the EIP are assigned an initial service coordinator and will have an MDE to determine their eligibility for the Program. It is important to explain to families that there are two methods for conducting an MDE – in person, or via telehealth, and that most of the time evaluations are conducted in person unless there are extenuating circumstances. The family and evaluator should make the decision on the most effective way to deliver the MDE based on the child's unique needs and the family's concerns, priorities, and resources. With that said, telehealth MDEs are not intended to be routinely conducted to make an eligibility determination for the EIP and should be the exception rather than the rule. Telehealth evaluations should only be conducted in the following instances with parental consent in writing:

- When the family requests a telehealth MDE.

• When the child has a complex medical condition, and the family does not want evaluators in their home.
• When the family speaks a language for which a bilingual evaluator or interpreter, as appropriate, is not readily available.
• When the appropriate evaluators are not available in the region where the evaluation is to be conducted.

New York State Department of Health – Early Intervention Provider Agreement

XII. <u>EI Model Specific Responsibilities</u>

B. Evaluations & Screenings

B1. Provider shall only provide evaluation and screening services as authorized in accordance with their licensure, registration or certification. Agency Providers shall only use qualified personnel who are licensed, certified or registered in the area for which they are providing evaluation services for the provision of core/multidisciplinary evaluations and/or supplemental evaluations

B7. Provider shall have availability and competency to screen, evaluate, and assess infant and toddler development using appropriate methods and procedures, both formal and informal.

New York City Policy and Procedure Manual 2024

Chapter 4: Evaluations and Eligibility, Policy Number: 4-A. Screening.

2. Evaluation site discussed parent's developmental concerns to determine composition of an evaluation team in order to yield accurate eligibility determination.

Federal Law and Regulations

U.S.C. Title 20

20 USC 1435 (a)(3)

(3) A timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the State, and a family-directed identification of the needs of each family of such an infant or toddler, to assist appropriately in the development of the infant or toddler.

20 USC 1436 (e)

(e) Parental consent

The contents of the individualized family service plan shall be fully explained to the parents and informed written consent from the parents shall be obtained prior to the provision of early intervention services described in such plan. If the parents do not provide consent with respect to a particular early intervention service, then only the early intervention services to which consent is obtained shall be provided.

Code of Federal Regulations

34 CFR 303.321 (a) (b)

(a) ***General.***

(1) The lead agency must ensure that, subject to obtaining parental consent in accordance with § 303.420(a)(2), each child under the age of three who is referred for evaluation or early intervention services under this part and suspected of having a disability, receives—

(i) A timely, comprehensive, multidisciplinary evaluation of the child in accordance with paragraph (b) of this section unless eligibility is established under paragraph (a)(3)(i) of this section; and

(ii) If the child is determined eligible as an infant or toddler with a disability as defined in § 303.21--

(A) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs;

(B) A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of that infant or toddler. The assessments of the child and family are described in paragraph (c) of this section and these assessments may occur simultaneously with the evaluation, provided that the requirements of paragraph (b) of this section are met.

(4) All evaluations and assessments of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory.

(5) Unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language of the child, in accordance with the definition of *native language* in § 303.25.

(6) Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed, in accordance with the definition of *native language* in § 303.25.

(b) ***Procedures for evaluation of the child.*** In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility under this part. Procedures must include—

(1) Administering an evaluation instrument;

(2) Taking the child's history (including interviewing the parent);

(3) Identifying the child's level of functioning in each of the developmental areas in § 303.21(a)(1);

(4) Gathering information from other sources such as family members, other care-givers, 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, or other records.

New York State Law and Regulations

10 NYCRR 69-4.26 (b) (2-3)

(b) Agency and individual providers shall maintain Early Intervention Program records for each eligible child for whom the provider is authorized to deliver service coordination services,

evaluations, and early intervention services. The early intervention record shall be maintained in a confidential manner in accordance with section 69-4.17(c) of this Subpart and shall document the performance of activities required to be completed by the provider on behalf of the child and family, including:

(2) signed and dated parental consents relevant to delivery of services to the child and/or family;

(3) signed and dated consents related to the disclosure and/or exchange of information with other parties regarding services provided and/or the child's and family's participation in the Early Intervention Program;

10 NYCRR 69-4.8 (e) (1)

(e) If a multidisciplinary evaluation is conducted pursuant to this section, the evaluators shall obtain informed parental consent to perform the evaluation prior to initiating the evaluation procedures.

(1) The multidisciplinary evaluation team shall include two or more qualified personnel from different disciplines who are trained to utilize appropriate methods and procedures and have sufficient expertise in child development; and at least one of whom shall be a specialist in the area of the child's suspected delay or disability, if known.

New York State Department of Health Memorandum and Guidance

New York State Department of Health Early Intervention Program Memorandum 2005-02

Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determinations Under the Early Intervention Program

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No single procedure or instrument may be used as the sole criterion or indicator of eligibility. In other words, when making a determination as to whether a child is eligible for the EIP, the multidisciplinary evaluation team must rely on information from a variety of appropriate sources, which should include standardized instruments and procedures, when appropriate or possible; observations of the child; parent interviews; informed clinical opinion; and, any other sources of information about the child's developmental status available to the team conducting the child's evaluation. This should not be interpreted as requiring that two or more standardized tests or instruments be used to evaluate the child, unless the child's developmental status clearly indicates the need for more than one standardized test (e.g., a hearing test to assess hearing loss and a standardized developmental test to assess the impact of the child's hearing loss on his/her development).

New York State Department of Health – Early Intervention Provider Agreement

XII. EI Model Specific Responsibilities

B. Evaluations & Screenings

B1. Provider shall only provide evaluation and screening services as authorized in accordance with their licensure, registration or certification. Agency Providers shall only use qualified personnel who are licensed, certified or registered in the area for which they are providing evaluation services for the provision of core/multidisciplinary evaluations and/or supplemental evaluations

B7. Provider shall have availability and competency to screen, evaluate, and assess infant and toddler development using appropriate methods and procedures, both formal and informal.

B8. Provider shall utilize evaluation and assessment procedures that are responsive to the cultural, ethnic, religious and linguistic background of the family. Tests and other evaluation materials and procedures shall be administered in the dominant language or other mode of communication of the child, unless it is clearly not feasible to do so. If such an evaluation is not possible, Provider should not accept the evaluation assignment or must document the attempts to locate a bilingual evaluator and notify the service coordinator of their inability to provide the evaluation in the dominant language or other mode of communication of the child and receive further direction from the service coordinator before proceeding with the evaluation. The service coordinator may, after discussion with and consent by the parent, request that the evaluation be reassigned to another Provider or Provider Agency.

B11. Provider shall, when conducting a multidisciplinary evaluation include the core components of a developmental assessment of all domains (physical development, cognitive development, communication development, social or emotional development, and adaptive development); a review of pertinent records, parent interview, and, at the option of the family, a family assessment.

New York City Policy and Procedure Manual 2024

Chapter 4: Evaluations and Eligibility, Policy Number 4-B: Multidisciplinary Evaluations

3. MDE was conducted in a professional, objective manner within the required timeframe.

Federal Law and Regulations

Code of Federal Regulations

34 CFR 303.321 (a)(4)
(a) *General.*

(4) All evaluations and assessments of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory.

New York State Law and Regulations

PBH 2544 (7)

7. Following completion of the evaluation, the evaluator shall provide the parent and service coordinator with a copy of a summary of the full evaluation. To the extent practicable, the summary shall be provided in the native language of the parent. Upon request of the parent, early intervention official or service coordinator, the evaluator shall provide a copy of the full evaluation to such parent, early intervention official or service coordinator.

10 NYCRR 69-4.8 (b)(6), (c)

(b) If the child is suspected of having a developmental delay, the evaluator shall, with parental consent, conduct a screening to determine if further evaluation under the Early Intervention Program is appropriate, or conduct a multidisciplinary evaluation to determine the child's eligibility for the Early Intervention Program. If the results of the screening demonstrate that further evaluation under the Early Intervention Program is appropriate then the evaluator shall conduct a multidisciplinary evaluation. If the screening indicates that the child is not suspected of having a disability, the child may still receive a multidisciplinary evaluation to determine eligibility for the program upon parent request. If the child is determined eligible for the Early Intervention Program, a voluntary family-directed assessment shall be offered to the parent in accordance with subdivision (g) of this section.

(6) The evaluator shall explain the results of the screening to the parent and shall fully document the results in writing.

(i) If, based upon the screening, a child is suspected of having a disability, the child shall, with parental consent, receive a multidisciplinary evaluation to be conducted in

accordance with the procedures set forth in subdivision (e) of this section. The evaluator shall discuss implications of the screening for the child's multidisciplinary evaluation, including composition of the multidisciplinary evaluation team.

(ii) If, based upon the screening, a child is not suspected of having a disability, a multidisciplinary evaluation shall not be provided, unless requested by the parent. The Early Intervention Official shall provide the parent with written notice of the screening results upon receipt of such results from the evaluator, which shall include information on the parent's right to request a multidisciplinary evaluation.

(c) If a child has a diagnosed medical condition with a high probability of resulting in a developmental delay, a review of the child's medical and other records, with parental consent, may be used by the evaluator to establish eligibility for the Early Intervention Program. If a child's eligibility is determined in accordance with this subdivision a multidisciplinary assessment of the child shall be conducted.

(1) If the child's eligibility is established based on a review of the child's medical or other records, without a multidisciplinary evaluation, the evaluator shall document in writing the basis for the child's eligibility, conduct a multidisciplinary assessment of the child and offer a voluntary family-directed assessment in accordance with procedures set forth in subdivision (g) of this section.

10 NYCRR 69-4.8 (e)(2)(3), (h), (i)

(e) If a multidisciplinary evaluation is conducted pursuant to this section, the evaluators shall obtain informed parental consent to perform the evaluation prior to initiating the evaluation procedures.

(2) The multidisciplinary evaluation of the child shall utilize age-appropriate procedures and instruments on the list of standardized instruments approved by the department, unless written justification is included in the evaluation report for why such instruments are not appropriate or available for the child. The most recent version of the evaluation instrument must be administered, scored, and reported following all protocols in the examiner's manual as issued by the test developer.

(3) The multidisciplinary evaluation shall include the following:

(i) administering the evaluation instrument;
(ii) taking the child's history, including interviewing the parent about the child's development and developmental progress;
(iii) identifying the child's level of functioning in cognitive development, physical development, communication development, social emotional development, and adaptive development;

(iv) gathering information from other sources, such as family members, other caregivers, medical providers, social workers, and educators, as applicable, to understand the full scope of the child's unique strengths and needs; and
(v) a review of medical, educational, and other records.

(h) Results of the child's screening, evaluation and/or, where applicable, assessment, shall be fully shared with the parent following the completion of the screening, evaluation and/or assessment, in a manner understandable to the parent.

(i) The evaluation team shall prepare an evaluation report and written summary, which shall include the results of the multidisciplinary evaluation or assessment of the child as applicable, and the voluntary family-directed assessment if completed. The evaluation team shall submit the summary and report as soon as practicable subsequent to the evaluation or, for children who are determined eligible, no later than 30 days after the evaluation to enable convening of the individual family service plan meeting within 45 days of the date that the Early Intervention Official received the referral. Such summary and report shall be submitted to the following individuals: the parent; Early Intervention Official; initial service coordinator; with parental consent, the child's primary health care provider; and, with parental consent, for those children in the care and custody or custody and guardianship of the local social services commissioner, such commissioner or their designee.

New York State Department of Health Memorandum and Guidance

New York State Department of Health Early Intervention Program
Telehealth Guidance December 2023

pg. 6-7

IV. Considerations Before Conducting EI Evaluations Utilizing Telehealth[20]

Children referred to the EIP are assigned an initial service coordinator and will have an MDE to determine their eligibility for the Program. It is important to explain to families that there are two methods for conducting an MDE – in person, or via telehealth, and that most of the time evaluations are conducted in person unless there are extenuating circumstances. The family and evaluator should make the decision on the most effective way to deliver the MDE based on the child's unique needs and the family's concerns, priorities, and resources. With that said, telehealth MDEs are not intended to be routinely conducted to make an eligibility determination for the EIP and should be the exception rather than the rule. Telehealth evaluations should only be conducted in the following instances with parental consent in writing:

- When the family requests a telehealth MDE.
- When the child has a complex medical condition, and the family does not want evaluators in their home.
- When the family speaks a language for which a bilingual evaluator or interpreter, as appropriate, is not readily available.
- When the appropriate evaluators are not available in the region where the evaluation is to be conducted.

If the MDE needs to be delivered virtually (i.e., via telehealth) due to one of the above extenuating circumstances, the evaluator must document the justification in their MDE report. This documentation will be subject to municipal and State review.

B. Preparing to conduct an evaluation utilizing telehealth:

i. Prior to the initiation of an MDE via the telehealth methodology, the evaluator must ensure that they have:

- Obtained informed written consent from the parent/legal guardian to conduct the MDE on the New York State Early Intervention Program Consent for the Use of Telehealth form.

- Verified that the family has access to a device that meets all requirements as listed below in section ii. It is required that an in-person MDE be pursued if a family does not have access to a device to use for an EI telehealth evaluation.

New York City Policy and Procedure Manual 2024

Chapter 4: Evaluations and Eligibility, Policy Number 4-B: Multidisciplinary Evaluations

4. Screening/MDE summary and consents followed best practices and reached defensible conclusions related to the need for further evaluation and/or eligibility for early intervention services.

Federal Law and Regulations

Code of Federal Regulations

34 CFR 303.321 (b), (c)

(b) ***Procedures for evaluation of the child.*** In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility under this part. Procedures must include—

(1) Administering an evaluation instrument;

(2) Taking the child's history (including interviewing the parent);

(3) Identifying the child's level of functioning in each of the developmental areas in § 303.21(a)(1);

(4) Gathering information from other sources such as family members, other care-givers, 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, or other records.

(c) ***Procedures for assessment of the child and family.***

(1) An assessment of each infant or toddler with a disability must be conducted by qualified personnel in order to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs. The assessment of the child must include the following—

(i) A review of the results of the evaluation conducted under paragraph (b) of this section;
(ii) Personal observations of the child; and
(iii) The identification of the child's needs in each of the developmental areas in § 303.21(a)(1).

(2) A family-directed assessment must be conducted by qualified personnel in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. The family-directed assessment must—

(i) Be voluntary on the part of each family member participating in the assessment;

(ii) Be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment; and

(iii) Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

New York State Law and Regulations

PBH 2544 (4)

4. The evaluation of each child shall:

(a) be conducted by personnel trained to utilize appropriate methods and procedures;

(b) be based on informed clinical opinion;

(c) be made without regard to the availability of services in the municipality or who might provide such services; and

(d) with parental consent, include the following:

(i) a review of pertinent records related to the child's current health status and medical history;

(ii) an evaluation of the child's level of functioning in each of the developmental areas set forth in paragraph (c) of subdivision seven of section twenty-five hundred forty-one of this title;

(iii) an assessment of the unique needs of the child in terms of each of the developmental areas set forth in paragraph (c) of subdivision seven of section twenty-five hundred forty-one of this title, including the identification of services appropriate to meet those needs;

(iv) an evaluation of the transportation needs of the child, if any; and

(v) such other matters as the commissioner may prescribe in regulation.

10 NYCRR 69-4.8 (i) (1-4)

(i) The evaluation team shall prepare an evaluation report and written summary, which shall include the results of the multidisciplinary evaluation or assessment of the child as applicable, and the voluntary family-directed assessment if completed.

(1) The evaluation report and summary shall: identify the persons performing the evaluation or, where applicable, the assessment of the child and voluntary family-directed assessment; describe the assessment process and conditions; describe the child's response; describe the

family's belief about whether the child's response was optimal; identify measures and/or scores that were used; and explain these measures and/or scores.

(2) If the child is found eligible for the Early Intervention Program, the evaluation report and summary shall include a statement of the child's eligibility, including diagnosed condition with a high probability of delay, if any, and/or developmental delay in accordance with section 69-4.23(a) of this Subpart. Such statement shall describe the child's developmental status, including objective and qualitative criteria, in sufficient detail to demonstrate how the child meets the eligibility criteria for the program in accordance with criteria set forth in section 69-4.23 of this Subpart.

(3) The parent shall have the opportunity to:

(i) discuss the child's evaluation report and summary and, where applicable, the voluntary family-directed assessment with the evaluator or evaluators, including any concerns they may have about the evaluation and assessment process;

(ii) receive assistance in understanding these results; and

(iii) address concerns that the evaluation and, where applicable, the assessment considers their concerns and observations about their child and that such documents accurately identify family resources, priorities, and concerns.

(4) To the extent feasible, and within the confidentiality requirements prescribed in section 69-4.17(c) of this Subpart, if the parent prefers and consents to disclosure to an interpreter, the written and oral summary shall be provided in the dominant or native language or other mode of communication of the parent.

New York State Department of Health Memorandum and Guidance

New York State Department of Health Early Intervention Program Memorandum 2005-02 Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determinations Under the Early Intervention Program

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Federal and State regulations also require that evaluations must:

- be conducted by personnel trained to utilize appropriate methods and procedures;
- be based on informed clinical opinion; and,
- include a review of pertinent records related to the child's current health status and medical history. [16]

State regulations further specify that multidisciplinary evaluations must be conducted in a professional, objective fashion and must:

- consider the unique characteristics of the child;
- use several sources and types of information about the child.[17] Examples of other sources of information might include, with parent consent, the child's primary health care provider or medical specialists, relatives or family members, family day care or child care provider, etc.;
- employ appropriate instruments and procedures. Instruments used as part of a multidisciplinary evaluation must be reliable and valid, have appropriate levels of sensitivity and specificity; and, be sensitive to the child's and parent's culture and dominant language or other mode of communication;[18] and,
- be conducted in a setting conducive to ensuring accurate results, and the parent's input regarding the preferred environment should be considered.19 Prior to the evaluation, parent input about the setting in which their child is likely to be most comfortable should be obtained. After the evaluation, the family should be asked whether they believe their child's response was optimal, and the family's response should be included in the evaluation summary and report.

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Required Components of the Multidisciplinary Evaluation

Evaluators are responsible for ensuring that evaluations are conducted in a manner consistent with State and federal law and regulations.

Under the EIP regulations, the following components must be included in performance of multidisciplinary evaluations:

1. A parent interview about the family's resources, priorities, and concerns related to the child's development and developmental progress. Interviews with other family members or individuals knowledgeable about the child, such as childcare providers, may be conducted with parent consent.[29]
2. With parent consent, a review of pertinent records related to the child's current health status and medical history.
3. An evaluation of the child's level of functioning in each of five developmental domains: cognitive, physical (including vision and hearing), communication, social or emotional, and adaptive development.[30] The evaluation of the child's physical development must include a health assessment. The health assessment is comprised of a physical examination, routine vision and hearing screening, and where appropriate, a neurological assessment. If a health assessment has recently been completed in accordance with schedules recommended by the American Academy of Pediatrics (see Appendix C, or

access the chart on the AAP website [31]), however, and there are no clinical indications that a re-examination is necessary, the evaluator shall, with parental consent, rely on a record review to meet the requirements for the health assessment.

4. With parent consent, findings from current examinations, evaluations or assessments, in addition to health assessments described above that have been performed for the child, may be used to augment and not replace the multidisciplinary evaluation to determine eligibility, as long as these assessments have been performed in a manner consistent with the requirements for multidisciplinary evaluations, and no clinical indicators are present to suggest the need to repeat procedures.[33]
5. An assessment of the unique needs of the child in each developmental domain, including identification of services appropriate to meet those needs. It is appropriate for evaluators to identify the types of interventions and services that are indicated for the child, and family based on the results of the evaluation. However, it is important to note that PHL §2544(5) *specifically prohibits an evaluation from including reference to any specific provider of early intervention services*. In addition, 10 NYCRR §69-4.8(a)(4)(iv) states that the evaluator should avoid making recommendations regarding frequency and duration of specific services until such time as the family's total priorities, concerns, and resources have been identified and the IFSP is under discussion. The evaluator should also avoid making recommendations about the intensity of specific services until the IFSP is under discussion.

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Evaluation Report

The evaluation report and summary must include the following information:

- the names, titles, and qualifications of the persons performing the evaluation and assessment;
- a description of the assessment process;
- the child's responses to the procedures and instruments used as part of the evaluation process, and the family's belief about whether the responses were optimal;
- the developmental status of the child in each of the five developmental domains, including the unique strengths and needs in each area;
- documentation of how clinical opinion was used by the evaluation team in evaluating and assessing the child's developmental status and potential eligibility for the EIP; and,
- measures and/or scores that were used, if any; and, an explanation of these measures or scores.[43] The evaluation report should also include diagnostic information and ICD-10 codes related to the child's eligibility, where appropriate.

In addition, *the evaluation report must include a clear statement of the child's eligibility. The eligibility statement must include either a diagnosed condition with a high probability of resulting in developmental*

delay and associated ICD-10 code; or, a statement of developmental delay consistent with the state definition of developmental delay and associated ICD-10 code for developmental delay.[44]

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How should the evaluation team document their multidisciplinary evaluation results/eligibility determination?

Reports of multidisciplinary evaluation results must include a statement of the child's eligibility, including a diagnosed condition with a high probability of resulting in developmental delay, if any, or developmental delay in accordance with the definition of developmental delay. When the child has a diagnosed condition with a high probability of resulting in developmental delay, the eligibility determination should include confirmation that a diagnosis has been made by a physician or other qualified personnel, and the relevant ICD-9 code(s). When a child is eligible based on a developmental delay consistent with the State definition of developmental delay, the evaluation team should document the specific findings that establish the child's eligibility, including the results of any standardized instruments or clinical procedures used to evaluate the child that substantiate the child has a delay in one or more areas of development consistent with eligibility criteria.

It is insufficient for an evaluator to indicate that a child is eligible based on a percent delay and informed clinical opinion, without providing findings to support this statement. Relevant ICD-10 codes should also be incorporated in the evaluation findings.

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XII. EI Model Specific Responsibilities

B. Evaluations & Screenings

B3. Provider shall when conducting a multidisciplinary evaluation include qualified personnel who have sufficient expertise in child development, and include at least one qualified personnel in the area of the child's suspected delay or disability. The primary area of concern must be included as part of the core evaluation. No evaluation may be performed by telephone, in whole or in part.

B8. Provider shall utilize evaluation and assessment procedures that are responsive to the cultural, ethnic, religious and linguistic background of the family. Tests and other evaluation materials and procedures shall be administered in the dominant language or other mode of communication of the child, unless it is clearly not feasible to do so. If such an evaluation is not possible, Provider should not accept the evaluation assignment or must document the attempts to locate a bilingual evaluator and notify the service coordinator of their inability to provide the evaluation in the dominant language or other mode of communication of the child and receive further direction

from the service coordinator before proceeding with the evaluation. The service coordinator may, after discussion with and consent by the parent, request that the evaluation be reassigned to another Provider or Provider Agency.

B9. Agency providers shall only use qualified personnel who are licensed, certified or registered in the area for which they are providing evaluation services for the provision of core/multidisciplinary evaluations and/or supplemental evaluations.

B11. Provider shall, when conducting a multidisciplinary evaluation include the core components of a developmental assessment of all domains (physical development, cognitive development, communication development, social or emotional development, and adaptive development); a review of pertinent records, parent interview, and, at the option of the family, a family assessment.

B13. Provider understands that no single procedure or instrument may be used as the sole criterion or indicator of eligibility. Provider shall utilize information from a variety of appropriate sources, including but not limited to standardized instruments and procedures, when appropriate or possible; observations of the child; parent interviews; informed clinical opinion; and, any other sources of information about the child's developmental status available to the team conducting the child's evaluation.

B14. Provider shall consider the parent's input regarding the preferred natural environment/setting for the evaluation and should conduct an evaluation in a setting conducive to ensuring accurate results. After the evaluation, the family should be asked whether they believe their child's response was optimal, and the family's response shall be included in the evaluation summary and report.

B19. Provider shall provide evaluation results in layman's terms/user friendly language in a manner which is understandable to family and caregivers. Provider shall discuss screening, evaluation, and assessment information with families in understandable language and in the context of the child's strengths. Provider shall ensure that parents are afforded the opportunity to discuss the evaluation results with evaluators, including any concerns they have with the evaluation process.

B21. Provider shall ensure that Provider creates one integrated multidisciplinary report according to a state-standardized form and that the evaluation report and summary include the names, titles, and qualifications of the persons performing the evaluation and assessment; a description of the assessment process; the child's responses to the procedures and instruments used as part of the evaluation process, the family's belief about whether the responses were optimal; the developmental status of the child in each of the five developmental domains, including the unique strengths and needs in each area; documentation of how clinical opinion was used by the persons performing the evaluation and assessing the child's developmental status and potential eligibility for the EIP; and, measures and/or scores that were used, if any; and, an explanation of

these measures or scores. The evaluation report shall also include diagnostic information and ICD-9 codes related to the child's eligibility, where appropriate.

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Chapter 4: Evaluations and Eligibility, Policy Number 4-B: Multidisciplinary Evaluations.

Chapter 4: Evaluations and Eligibility, Policy Number 4-B: Multidisciplinary Evaluations. Appendix B: Best Practice Recommendations for Report Writing and Submission.

5. Families received full and timely information about the results of the Screening and/or MDE.

New York State Law and Regulations

PBH 2544 (7)

7. Following completion of the evaluation, the evaluator shall provide the parent and service coordinator with a copy of a summary of the full evaluation. To the extent practicable, the summary shall be provided in the native language of the parent. Upon request of the parent, early intervention official or service coordinator, the evaluator shall provide a copy of the full evaluation to such parent, early intervention official or service coordinator.

10 NYCRR 69-4.8 (b)(6)

(b) If the child is suspected of having a developmental delay, the evaluator shall, with parental consent, conduct a screening to determine if further evaluation under the Early Intervention Program is appropriate, or conduct a multidisciplinary evaluation to determine the child's eligibility for the Early Intervention Program. If the results of the screening demonstrate that further evaluation under the Early Intervention Program is appropriate then the evaluator shall conduct a multidisciplinary evaluation. If the screening indicates that the child is not suspected of having a disability, the child may still receive a multidisciplinary evaluation to determine eligibility for the program upon parent request. If the child is determined eligible for the Early Intervention Program, a voluntary family-directed assessment shall be offered to the parent in accordance with subdivision (g) of this section.

(6) The evaluator shall explain the results of the screening to the parent and shall fully document the results in writing.

(i) If, based upon the screening, a child is suspected of having a disability, the child shall, with parental consent, receive a multidisciplinary evaluation to be conducted in accordance with the procedures set forth in subdivision (e) of this section. The evaluator shall discuss implications of the screening for the child's multidisciplinary evaluation, including composition of the multidisciplinary evaluation team.

(ii) If, based upon the screening, a child is not suspected of having a disability, a multidisciplinary evaluation shall not be provided, unless requested by the parent. The Early Intervention Official shall provide the parent with written notice of the screening results upon receipt of such results from the evaluator, which shall include information on the parent's right to request a multidisciplinary evaluation.

10 NYCRR 69-4.8 (h) (i)

(h) Results of the child's evaluation and assessment shall be fully shared with the parent following the completion of evaluation and assessments, in a manner understandable to the parent.

(i) The evaluation team shall prepare an evaluation report and written summary and submit the summary and the report, to the following individuals as soon as practicable subsequent to the evaluation and within a sufficient timeframe to enable convening of the Individual Family Service Plan meeting within 45 days of the date that the early intervention official received the referral: the parent, early intervention official, and initial service coordinator; and with parental consent, the child's primary health care provider and the local social services commissioner or designee for those children in the care and custody or custody and guardianship of the local social services commissioner.

(1) The evaluation report and summary shall: identify the persons performing the evaluation or, where applicable, the assessment of the child and voluntary family-directed assessment; describe the assessment process and conditions; describe the child's response; describe the family's belief about whether the child's response was optimal; identify measures and/or scores that were used; and explain these measures and/or scores.

(2) If the child is found eligible for the Early Intervention Program, the evaluation report and summary shall include a statement of the child's eligibility, including diagnosed condition with a high probability of delay, if any, and/or developmental delay in accordance with section 69-4.23(a) of this Subpart. Such statement shall describe the child's developmental status, including objective and qualitative criteria, in sufficient detail to demonstrate how the child meets the eligibility criteria for the program in accordance with criteria set forth in section 69-4.23 of this Subpart.

(3) The parent shall have the opportunity to:

(i) discuss the child's evaluation report and summary and, where applicable, the voluntary family-directed assessment with the evaluator or evaluators, including any concerns they may have about the evaluation and assessment process;

(ii) receive assistance in understanding these results; and

(iii) address concerns that the evaluation and, where applicable, the assessment considers their concerns and observations about their child and that such documents accurately identify family resources, priorities, and concerns.

(4) To the extent feasible, and within the confidentiality requirements prescribed in section 69-4.17(c) of this Subpart, if the parent prefers and consents to disclosure to an interpreter, the written and oral summary shall be provided in the dominant or native language or other mode of communication of the parent.

New York State Department of Health Memorandum and Guidance

New York State Department of Health Early Intervention Program Memorandum 2005-02 Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determinations Under the Early Intervention Program

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III. Evaluation Reports and Documentation Requirements Informing Parents of Results

Informing Parents of Results

The evaluator is responsible for sharing the results of the child's evaluation and assessment with his/her parents, in a manner that is understandable to parents. The parent must have the opportunity to discuss the results of the evaluation with the evaluation team, or a designated member of the evaluation team, who conducted the evaluation, including any concerns the parent has about the evaluation process and the extent to which the parent believes the evaluation accurately reflects the child's abilities and needs.[38] The evaluator is responsible for helping parents to understand the results and ensuring the evaluation has addressed the parent's concerns and observations about the child.39 The evaluator cannot recommend any specific service provider to the parent and should refrain from making recommendations regarding frequency, intensity, and duration of specific services until such time as the family's total priorities, concerns, and resources have been identified and the IFSP is under discussion. The evaluator is responsible for using the results of the developmental assessment to identify the types of services that are clinically appropriate to meet the unique developmental needs of the child.

The evaluator must provide the written and oral summary of the evaluation to the parent in the parent's dominant language or other mode of communication, to the extent feasible, and within confidentiality requirements and the parent's preference and consent to using an interpreter.

Evaluation Report

EIP regulations also require the evaluation team to prepare an evaluation report and written summary and submit the summary, and upon request the report, to the following individuals within sufficient time to ensure completion of the IFSP within 45 days of a child's referral to the EIP:

- the child's parent(s);
- the EIO; and,
- the initial service coordinator.

Because the EIP regulations at 10 NYCRR §69-4.8(a)(9) require the evaluator to fully share the results of the child's evaluation and assessment with the parent, it is appropriate for all parents to receive a copy of their children's full multidisciplinary evaluation reports. In addition, EIOs ***must*** receive a copy of children's multidisciplinary evaluation reports to ensure that eligibility for the EIP has been established and assist them in preparing for IFSP meetings for children eligible

for the EIP. With parent consent, the evaluation summary and report should also be shared with the child's primary health care provider[41] and the local social services commissioner or designee for those children in the care and custody, or custody and guardianship, of such commissioner.[42]

New York State Department of Health – Early Intervention Provider Agreement

XII. <u>EI Model Specific Responsibilities</u>

B. Evaluations & Screenings

B19. Provider shall provide evaluation results in layman's terms/user friendly language in a manner which is understandable to family and caregivers. Provider shall discuss screening, evaluation, and assessment information with families in understandable language and in the context of the child's strengths. Provider shall ensure that parents are afforded the opportunity to discuss the evaluation results with evaluators, including any concerns they have with the evaluation process.

New York City Policy and Procedure Manual 2024

Chapter 4: Evaluations and Eligibility, Policy Number 4-B: Multidisciplinary Evaluations