

Children Receiving Inpatient Medical Care – Eligibility and Enrollment

Early Support for Infants and Toddlers (ESIT)

Practice Guide

CONTENTS

Purpose	2
Timelines.....	2
Three Eligibility Options.....	2
Developmental Delay	2
Qualifying Diagnosis	2
Informed Clinical Opinion.....	2
Three Enrollment Options.....	3
Interim IFSP	3
Initial IFSP	3
Enter Referral and Close Record	3
Natural Environments.....	3
Service Scenarios	4
Resources	4
Citations.....	5

DCYF does not discriminate and provides equal access to its programs and services for all persons without regard to race, color, gender, religion, creed, marital status, national origin, sexual orientation, age, veteran’s status, or presence of any physical, sensory, or mental disability.

If you would like free copies of this publication in an alternative format or language, please contact DCYF Constituent Relations at 1-800-723-4831 or email communications@dcyf.wa.gov.



Washington State Department of
CHILDREN, YOUTH & FAMILIES

Purpose

The purpose of this document is to clarify Early Support for Infants and Toddlers (ESIT) eligibility and enrollment processes for infants and toddlers residing in inpatient medical settings at the time of referral.

Timelines

Referrals for infants and toddlers currently residing in an inpatient medical setting have the same requirements as other ESIT referrals. DCYF ESIT service contracts require staff to activate a new file within three business days of receiving a new referral and to assign a Family Resources Coordinator (FRC) in the ESIT data management system at least one business day prior to the FRC's first meeting with the family. These referrals cannot be declined by the ESIT Provider Agency or put "on hold" until the child is discharged. However, with the family's informed consent, the referral can be closed. (See Enter Referral and Close Record below.)

After receiving the referral, the ESIT Provider Agency must determine eligibility and develop an Initial Individualized Family Service Plan (IFSP) within 45 days. In the event that it is not possible to meet the timeline because of factors related to the child's medical care or condition, the ESIT Provider Agency will not be considered out of compliance due to these Exceptional Family Circumstances. See the [Late Services – Provision and Documentation Practice Guide](#) for more detail on entering late reasons into the ESIT data management system.

Three Eligibility Options

Developmental Delay

An infant or toddler referred to ESIT, while residing in an inpatient medical setting, may unlikely qualify for ESIT services through this pathway. It is difficult and sometimes inappropriate for ESIT service providers to complete a comprehensive, multidisciplinary, norm-referenced evaluation while the child is still in the hospital. In some cases, there may be a comprehensive, multidisciplinary, norm-referenced evaluation completed by hospital staff, which may be used to determine eligibility.

Qualifying Diagnosis

To find a child eligible based on a medical or developmental diagnosis, the diagnosis must either:

- Be included in the [ESIT Qualifying Diagnoses List](#); or
- Be accompanied by physician documentation that the diagnosis has a high probability of resulting in a developmental delay.

An assessment tool must still be used to complete the functional child assessment in all five developmental domains prior to developing the IFSP. However, the infant does not need a norm-referenced evaluation to be determined eligible for ESIT services. See the [Evaluation, Assessment and Eligibility Practice Guide](#) and the [Qualifying Diagnoses List Guidance Document](#) for more information.

Informed Clinical Opinion

Informed Clinical Opinion (ICO) may be used to determine eligibility when there is no qualifying diagnosis and available evaluation tools do not adequately capture an IFSP team's concern. Using ICO to determine eligibility

is an intensive process in which the team reviews information collected from a variety of sources. See the [Informed Clinical Opinion Practice Guide](#) for more information.

Three Enrollment Options

Interim IFSP

An Interim IFSP is appropriate when *all* the following conditions are present. See the [Interim IFSP Practice Guide](#) for more information.

- The child’s eligibility is already established.
- The family is ready to participate in ESIT services.
- The child or family needs immediate service coordination or other Part C services to prevent the child’s condition from quickly and significantly deteriorating.
- The urgent need for services means there is no time to complete the functional child assessment and Initial IFSP processes before starting services.

Initial IFSP

Developing an Initial IFSP is appropriate when **any** of the following are present:

- Eligibility still needs to be established.
- There is not an urgent need for immediate services.
- The family is ready to participate in ESIT services.

Enter Referral and Close Record

- If the family is not ready to participate in ESIT services, close the referral with the family’s informed consent and a plan to reopen when the family is ready. The Provider Agency can follow up with the family at a later date, the child’s health care provider can send another referral, or the family can make a referral on their own.
- See [Late Services – Provision and Documentation Practice Guide](#) for more information on procedures and timelines for entering referral and then closing the child record.

Natural Environments

Inpatient medical settings, including Neonatal Intensive Care Units (NICUs) and long-term care facilities, are *not* considered to be natural environments.

Most often, when a child is in a temporary inpatient medical setting, Part C services will consist of services such as service coordination and IFSP planning with the parent or guardian. Part C services provided specifically in support of an outcome written to support the caregiver, and which do not directly include the child, are not required to take place in a natural environment.

However, if Part C services which include both the child and the parent/guardian are provided in a medical environment, the IFSP needs to include 1) an explanation for the setting and 2) a plan to transition services to a natural environment. The requirement for an explanation and plan should not discourage ESIT Provider Agencies from providing any necessary Part C services.

Service Scenarios

Families, ESIT Provider Agencies, and medical providers partner in a variety of service delivery arrangements. Below are a few examples of eligibility and enrollment processes, which conform to ESIT requirements and meet the unique needs of the family.

Scenario 1. An infant about to be discharged from the NICU into foster care is diagnosed with “prenatal mercury exposure” which *is not* on the ESIT Qualifying Diagnoses List. The neonatologist documents that this diagnosis has a high probability of resulting in a developmental delay and the infant automatically qualifies for ESIT enrollment. No norm-referenced evaluation is required. The team issues an Interim IFSP because the infant’s potential foster parents need immediate infant mental health services in order for this placement to be successful. The team begins services, then completes the functional child assessment, and issues an Initial IFSP within 45 days.

Scenario 2. An infant in the NICU is diagnosed with Down syndrome, which *is* on the ESIT Qualifying Diagnosis List. A norm-referenced evaluation is not required, and services are not urgent. The FRC provides service coordination as part of the enrollment process and the team arranges to complete the functional child assessment and Initial IFSP after the child is home. The Initial IFSP occurs more than 45 days after the referral and the FRC notes Exceptional Family Circumstances as the Late Reason in the ESIT data management system.

Scenario 3. An infant born at 37½ weeks gestation, experienced mild trauma during the birth and received nasogastric tube feeding for 1 week. The NICU physical therapists documented the quality of his motor movements as concerning. He does not have an ESIT qualifying diagnosis, although the neonatologist believes he may be showing early signs of cerebral palsy. ESIT therapists are not able to conduct a norm-referenced evaluation while he is in the NICU. The IFSP team follows procedures outlined in the ESIT Informed Clinical Opinion Practice Guide to determine eligibility.

Scenario 4: The ESIT Provider Agency receives a referral for an infant born at 24 weeks gestation with multiple medical complications. The infant will most likely remain in the NICU for more than three months. The ESIT Provider Agency enrolls the child with a Qualifying Diagnosis and the IFSP team creates an IFSP with a goal related to service coordination. When the child is getting closer to coming home from the NICU, the IFSP team, including the family, meets to review the IFSP and determine which services are needed in the home environment. The FRC arranges for continuity of services during the transition from the NICU to home.

Scenario 5. The ESIT Provider Agency receives a referral for an infant about to be discharged from a hospital into a permanent medical residential facility. The infant was born prematurely with a rare genetic syndrome, and it was determined by the family and hospital staff that he will reside in a residential facility with 24-hour medical care for a long-term stay, possibly their life span. The child is eligible for ESIT via a qualifying diagnosis. Once settled in the nursing facility, the IFSP team, including the family and nursing staff, determine the child will need ongoing physical therapy once a week and occupational therapy for feeding once a month. A justification for services provided outside the natural environment is included in the IFSP, with a plan to move services to the natural environment should the infant discharge home.

Resources

[ESIT service providers website](#)

- ESIT Policies and Procedures webpage
- ESIT Practice Guidance webpage
 - Evaluation, Assessment, Eligibility and the Initial IFSP Practice Guide
 - ESIT Qualifying Diagnoses List
 - Qualifying Diagnoses List Guidance Document
 - Interim Individualized Family Service Plans Practice Guide
 - Informed Clinical Opinion Practice Guide
 - Late Services: Provision and Documentation Practice Guide

Citations

EMAPS User Guide: Part C Child Count and Settings. page 34

IDEA Part C Federal Regulations

- About IDEA

Washington Administrative Code. Chapter 110-400. Early Support for Infants and Toddlers Program

- ESIT Provider Agencies. WAC 110-400-0050 (2-3)