# Qualifying Diagnoses List Guidance Document
## Early Support for Infants and Toddlers (ESIT)

## Contents



## Purpose

Over the next year, ESIT will pilot an expanded approach to eligibility based on diagnosed conditions. The purpose of this document is to provide guidance on how and when to use the ESIT Qualifying Diagnoses List to enroll children eligible for ESIT services based on medical or developmental diagnoses.

## Background

### What is the ESIT Qualifying Diagnoses List?

The ESIT Qualifying Diagnoses List is a compilation of medical and developmental conditions determined to have a high probability of resulting in developmental delay. A child diagnosed with a listed condition is automatically eligible for Part C services in Washington State, without having to undergo a standardized eligibility evaluation.

### Why Did ESIT Develop a Qualifying Diagnosis List?

ESIT developed the list in order to speed the start of services and decrease unnecessary eligibility evaluations for children diagnosed with conditions likely to result in developmental delay. By enrolling eligible children more quickly and bypassing unnecessary standardized evaluations, the list will reduce family stress and time lost as well as free up valuable provider resources for needed service provision.

### Do Other States Have Qualifying Diagnoses Lists? If So, What Do They Look Like?

Yes, most states have a list of conditions that automatically qualify a child for Part C services. Other states' lists range from short and general to long and specific.

## How Did ESIT Develop the List?

In October 2018, ESIT convened a panel of early childhood specialists, each invited due to their particular areas of expertise. The panel worked together for six months to create and vet a statewide list of medical and developmental diagnoses, based on best practices and current research.

# Using the Qualifying Diagnoses List

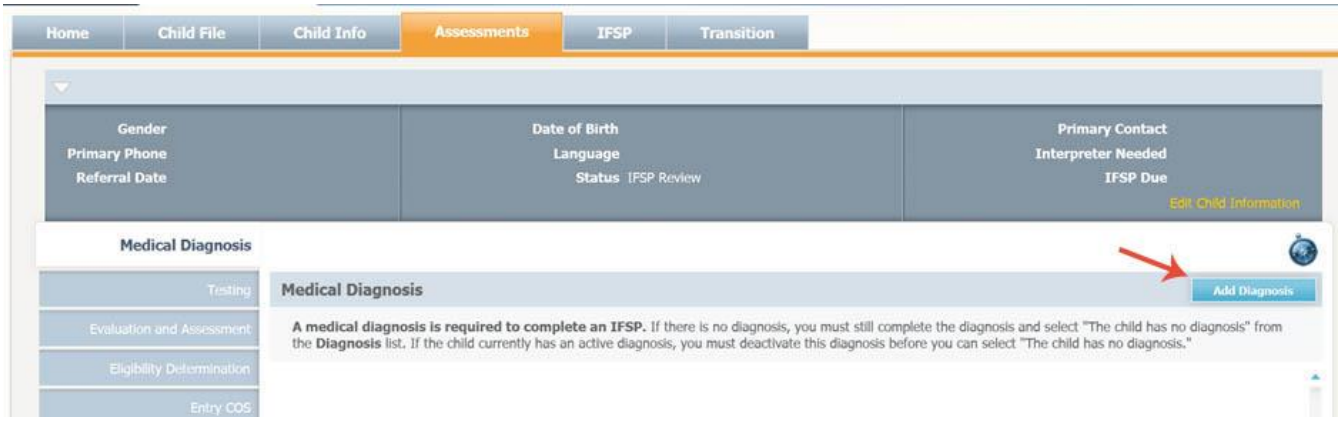
## Searching the Qualifying Diagnoses List

The entire Qualifying Diagnoses List is available in PDF form on the ESIT website. It is fully searchable by keyword. When a child is referred with a medical diagnosis, the FRC should do a keyword search on the PDF in order to determine if the diagnosis is on the list. Because some diagnoses have multiple names, it may be necessary to search for a couple different words in the diagnosis to ensure the FRC finds the entry.

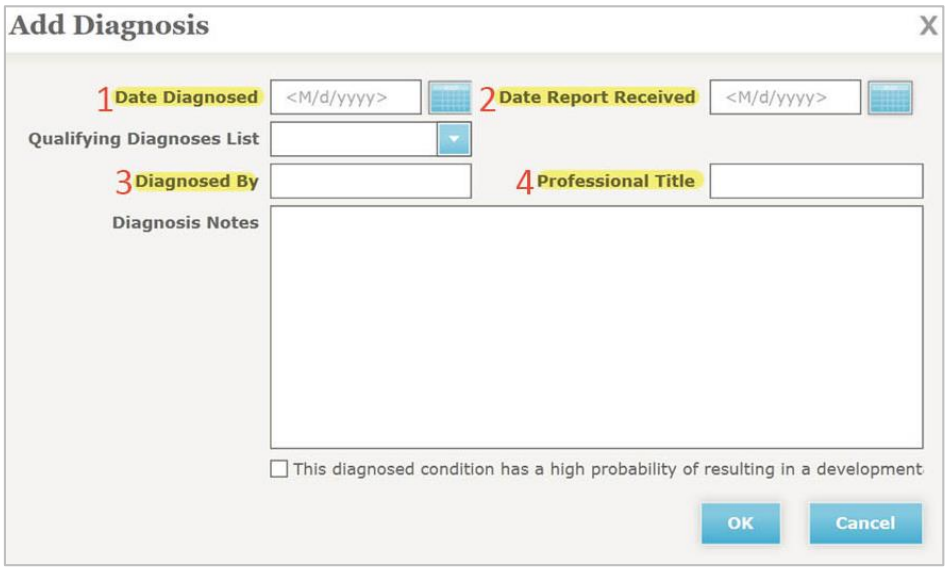
## Entering the Medical Diagnosis in the DMS

The list has been incorporated into the ESIT Data Management System (DMS). The procedure for entering a Qualifying Diagnosis is very similar to the way FRCs currently enter a diagnosis into a child's DMS record. See the detailed instructions below. You many also view a video recorded tutorial on the ESIT website.

To add the medical diagnosis, open the child record and go to the "Assessments" tab. The first sub-tab is the "Medical Diagnosis" section. Select "Add Diagnosis" (blue button on the right side).



The Add Diagnosis screen looks like this:




First, enter the date the child was diagnosed (1), as well as the date the providing agency received the diagnosis report (2). These two dates could be the same.

Next, enter the name of the person who diagnosed the condition (3), as well as the professional title (4) of the diagnostician.

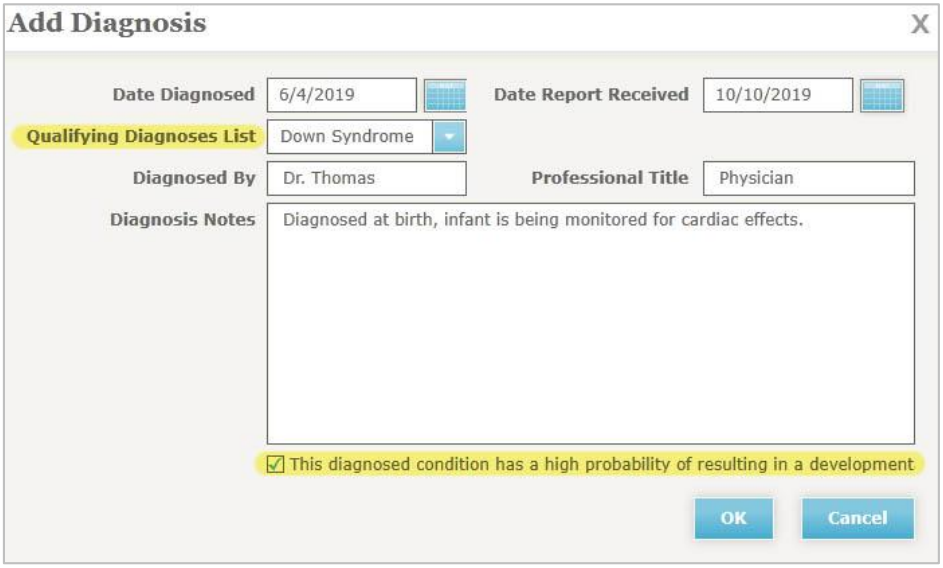
There are four possibilities an FRC might want to note in this section:

1. Qualifying diagnosis from the dropdown menu.
2. Diagnosis not on the Qualifying Diagnoses List but that a physician has stated is likely to result in developmental delay.
3. No medical diagnosis.
4. Non-qualifying medical diagnosis for general informational purposes.

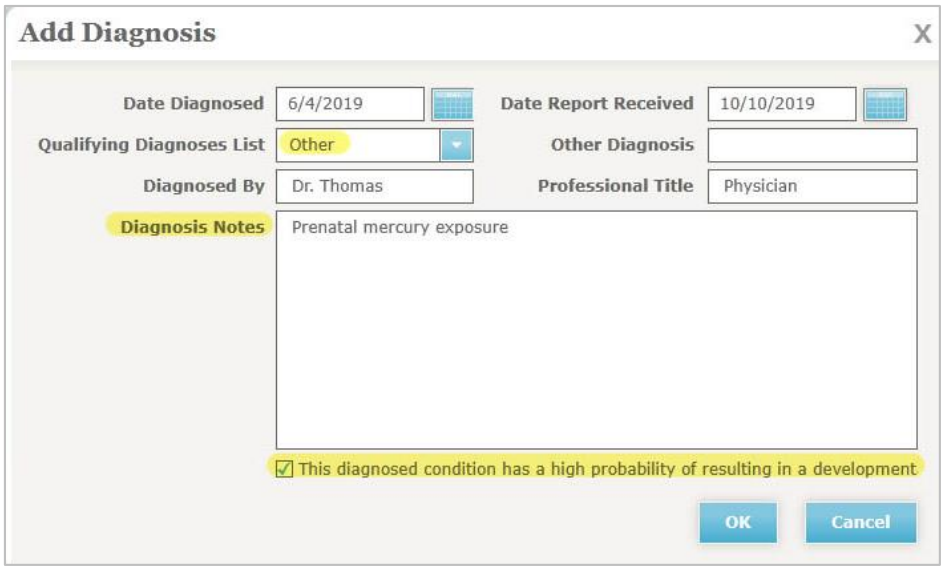
## 1. Qualifying Diagnosis from the Dropdown Menu

If the child has a diagnosis that is listed on the Qualifying Diagnoses List, select the diagnosis from the Qualifying Diagnosis List dropdown menu. The FRC may either scroll down to the desired diagnosis or type in the first letter of the diagnosis to go to an alphabetized listing within the dropdown menu.

The DMS does not automatically deem the child eligible when a qualifying diagnosis is selected from the dropdown. The FRC must also check the box indicating "This diagnosed condition has a high probability of resulting in a developmental delay."



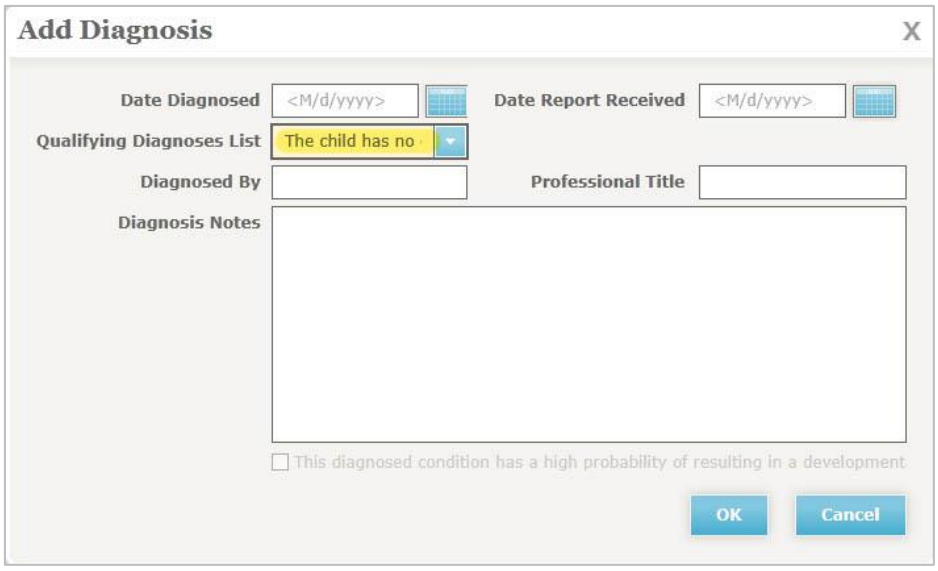
## 2. Diagnosis Not on the QDx List, But That a Physician Has Stated is Likely to Result in Delay




If the child has a diagnosis that is likely to result in a developmental delay and the diagnosis is not listed in the dropdown menu, the FRC will select "Other" in the dropdown and check the checkbox to make the child eligible.

The FRC will need to enter the child's diagnosis in the "Diagnosis Notes" section.

## 3. No Medical Diagnosis



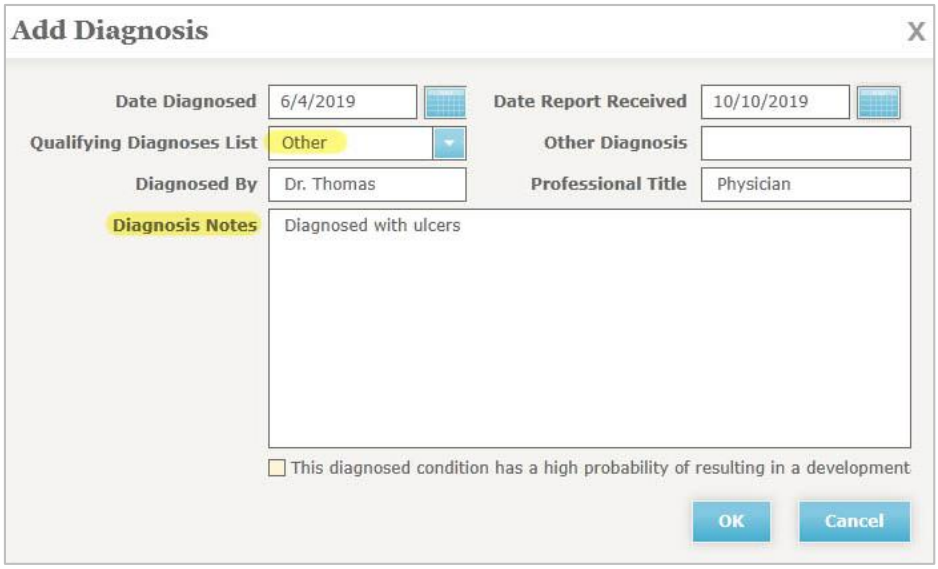

If the child has no diagnosis at all, the FRC would select "The child has no diagnosis" from the Qualifying Diagnoses List dropdown menu by clicking in the white box and typing the letter "T" and then scrolling down to find the desired selection.

This selection will not result in a high probability of developmental delay. Therefore, the checkbox below the Diagnosis Notes section *should not* be selected.

## 4. Non-Qualifying Medical Diagnosis for General Informational Purposes

If the child has a diagnosis that does not qualify the child for Part C services, the diagnosis will not be listed in the dropdown menu. In this case, the FRC will type in "O" and select "Other" from the dropdown. The FRC will need to enter standardized test results to make the child eligible in the DMS.

In this case, the diagnosis does not have a high probability of developmental delay. Therefore, the checkbox below the notes section *should not* be selected. The FRC can enter notes to describe the "Other" selection in the "Diagnosis Notes" section.




## Additional Questions

***Do programs need to keep documentation of the child's diagnosis?***

Yes, programs must keep documentation of all child qualifying diagnoses on-site, either in hard copy or electronic records. For privacy reasons, do not upload diagnosis documentation into the DMS.

***Do programs need to enter all of a child's diagnoses, even if the diagnosis is not a qualifying diagnosis?***

Some children will have diagnoses which are not qualifying diagnoses. Providers may choose to enter information on non-qualifying diagnoses which are relevant to service planning. Providers do need to retain documentation of these non-qualifying diagnoses that are entered into the DMS.

***If a child qualifies through a diagnosis, does the family still need to participate in other processes that come along with enrollment, such as functional child assessment, Child Outcome Summary decisions and IFSPs?***

Yes. All other required processes and timelines remain the same. The difference is there will be no need to conduct a standardized eligibility evaluation.

***How should we enter developmental assessment results, which do not produce scores or age equivalents (e.g. Hawaii Early Learning Profile), on the initial IFSP in the DMS?***

If you enter a curriculum-based assessment tool in the DMS, you do not need to enter scores in order to issue the IFSP; a narrative of development in each domain is sufficient.

***Is there a possibility of enrolling a child under a qualifying diagnosis and later finding the child does not have a developmental delay?***

It is possible that a child's qualifying condition may not result in a developmental delay for that individual or that the child's delay may resolve with time and services. ESIT has updated its guidance on establishing ongoing eligibility to encourage teams to reassess and exit children who no longer demonstrate a qualifying developmental delay. Please see 2019-3 Updated Evaluation, Assessment, and Ongoing Eligibility Guidance on the ESIT Practice Guides webpage for more information.

***What if parents are seeking services because their child has a Qualifying Diagnosis, but the child does not demonstrate any obvious delays?***

In this situation, the team may choose to conduct an evaluation to determine child's developmental levels. If the evaluation reveals no delays, the team initiates a conversation with the parents regarding what they hope to gain from services and what the professional team sees as the child's needs. Some possible scenarios:

- After a thorough discussion about their child's on-track development, the parents no longer seek services. If appropriate, make a plan to follow up with the family at a later date, to identify any new concerns. Follow up may include activities such as a phone call or visit with the family or administration of an on-line screening tool with Help Me Grow Washington.
    - Example scenario: An infant born at 35 weeks gestation is evaluated and shows no delays. EI providers share these results with the parents and reassure them that their infant is doing well developmentally and make a plan for the FRC to call the parents in 3 months, to check in on how the infant is doing and to offer a rescreening or re-evaluation, if there are concerns at that time.
- After a thorough discussion about their child's on-track development, the parents still wish to enroll in ESIT services. The child's diagnosis is known to be associated with developmental delays, which might be minimized or prevented by early intervention. The team may initiate an IFSP with a short-term outcome aimed at active prevention of an associated delay related to the diagnosis. Active prevention is different from passive developmental monitoring in that it selects and proactively targets areas of known potential delay, rather than merely tracking development for evidence of an emerging delay. After the short-term IFSP goal has been achieved, if the child continues to show age expected functioning in all areas, the team should use the On-going Eligibility guidance to determine if the child should be exited from ESIT services.
    - Example scenario 1: A newborn with diagnosed with torticollis is referred and evaluated but does not show delays. The team (which includes the family) writes an IFSP with a 3-month outcome to address areas of functioning known to be affected by torticollis. Weekly home visits focus on parent coaching to promote motor symmetry, range of motion, fine motor development and social engagement. After three months, the team discusses the child's developmental status. The therapist and parent note the infant has begun to have difficulty nursing on one side due to the torticollis and the team makes the decision to revise the IFSP and continue enrollment.
    - Example scenario 2: An infant born at 35 weeks gestation, with brain scans showing a mild Grade I Intraventricular Hemorrhage is evaluated and shows no delays. The EI team shares these results with the parents and reassures them that their infant is doing well developmentally. The parents feel strongly that they wish to enroll in EI services due to their concerns about their child's future cognitive development. The team writes an IFSP with a 3-month outcome to address cognition. Monthly home visits focus on parent coaching to promote early cognitive skills such as sustained eye contact, simple toy exploration, and facial imitation. After three months, the team (which includes the family) discusses the child's developmental status, which is still at age-expected levels, and makes the decision exit the child from EI services.

***Is prematurity a qualifying diagnosis?***

Yes, prematurity (less than 37 weeks gestation) and low birth weight (less than 1500 grams) are now qualifying diagnoses. This is in line with the 2018 recommendation by the Division for Early Childhood of the Council of Exceptional Children. Prematurity is a qualifying diagnosis only for children referred when they are younger than 24 months chronological age. After a child reaches 24 months chronological age, prematurity is no longer a qualifying diagnosis.

***What if this new list creates unintended challenges or we realize there is an important diagnosis left off the list?***
The Qualifying Diagnoses List will be reviewed as needed and evaluated for its overall impact on families, providers and ESIT statewide service delivery. Updates will be posted on the ESIT website.

***How will ESIT evaluate the Qualifying Diagnoses List after its one-year pilot?***
During the pilot year, ESIT will gather a variety of indicator data such as, age of enrollment, days from referral to enrollment, length of time enrolled and data related to specific diagnosis on the list. We will also gather qualitative information about providers' and families' experiences of the new protocol. After 12 months, we will analyze this data and make recommendations going forward.

Our hope is that this new approach will reduce the time and effort required to enroll children with a qualifying diagnosis, and result in more expedient access to services and ultimately better outcomes for infants, toddlers and their families.