

#6 Eligibility: *When is it appropriate to use Informed Clinical Opinion?*

Response:

Informed clinical opinion (ICO) makes use of all available information, both qualitative and quantitative to assist in analyzing difficult-to-measure aspects of a child’s current developmental status and the potential need for early intervention (Shackelford July 2002).

The federal regulations (303.321 (3) (ii)) require that qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. The federal regulations also state that the lead agency must ensure that informed clinical opinion may be used as an independent basis to establish a child’s eligibility even when the evaluation tool does not establish eligibility. The federal regulations also state that “in no way may informed clinical opinion be used to negate the results of the evaluation tool.” In other words ICO cannot be used to determine the child is not eligible for HMG-EI when the evaluation tool documents a qualifying developmental delay. Informed clinical opinion is also a “necessary safeguard against eligibility determination based solely upon isolated information or test scores alone.”

Informed clinical opinion is used when:

- The child is too young (chronological and/or adjusted age) for the evaluation tool
- The evaluation tool is not sensitive enough, requires many modifications or adaptations
- The evaluation results do not indicate a developmental delay in any developmental domain but the expertise of the evaluation team determines that the child is eligible due to “unique circumstances that need to be considered for eligibility” (Missouri First Steps July 2006).
- Inconsistencies of the test results, parent report, and observations of the child

The evaluation team must document the use of Informed Clinical Opinion on Section IV and on Attachment A of the IFSP. This includes documenting the evaluator’s rationale, methods, identification of the developmental domains delayed and an explanation of how the evaluation team used ICO to determine the child’s eligibility for HMG-EI. The evaluation team must consist of at least two disciplines and one of the disciplines must have expertise in the child’s area of need. If one qualified personnel is licensed by two different Ohio licensing boards as outlined in rule 3701-8-07 and has the expertise in the child’s area of need then that one person can complete the required sections of the IFSP.

Considerations for Planning and Program Implementation:

- It is the role and responsibility of the service coordinator to coordinate the eligibility process for all infants and toddlers referred to HMG EI.
- It is the role and responsibility of the service coordinator to inform families what the eligibility process will look like for their child.
- It is the role of the service coordinator to obtain written informed consent from the parent PRIOR to any child or family assessments taking place and that child assessment is a required component of HMG-EI.
- Children eligible due to informed clinical opinion will need their eligibility and need for EI services re-determined annually.

Authorizing Rule: 3701-8-07 (5)

Additional Information on the Use of Informed Clinical Opinion in Early Intervention:

- <http://ectacenter.org/>
- http://tracecenter.info/endpoints/endpoints_vol2_no3.pdf
- http://www.eric.ed.gov/ERICWebPortal/search/detailmini.jsp?_nfpb=true&_ERICExtSearch_SearchValue_0=ED471885&_ERICExtSearch_SearchType_0=no&accno=ED471885