**Section 500.50 Eligibility**

a) An Illinois child under the age of 36 months of age and his or her family are eligible for services set forth in this Part if the child:

1) is experiencing a Department determined eligible level of developmental delay; or

2) is experiencing a medically diagnosed physical or mental condition that typically results in developmental delay; or

3) is, according to informed clinical opinion of qualified staff based upon a multidisciplinary evaluation and assessment, at risk of substantial developmental delay.

b) Eligibility must be determined, with parental consent, using one or more of the following criteria:

1) The child is experiencing a Department determined eligible level of developmental delay by consensus of qualified staff based upon a timely, comprehensive, multidisciplinary evaluation of the child using one or more standardized evaluations or criterion referenced measures approved by the Department. A provider may request Department approval of a developmental test by submitting, in writing, documentation that the test meets the following criteria: is listed in the Mental Measurement Yearbook Series (Burros Center for Testing, University of Nebraska-Lincoln, 21 Teachers College Hall, Lincoln NE 68588-0348 (2005, no later editions or amendments included)); is nationally distributed; is formally validated; is age appropriate; and is individually administered. The Mental Measurement Yearbook Series can be found at the Early Childhood Intervention Clearinghouse, many local libraries and via the Internet.

A) Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. Informed clinical opinion may be used as an independent basis to establish a child's eligibility under this Part even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility. Activities to determine clinical opinion shall include observation and parent report and shall be described in the written report documenting the informed clinical opinion of qualified staff that the child is experiencing delay at a level determined by the Department to be eligible.

B) In conducting an evaluation, procedures must include administering an evaluation instrument; taking the child's history (including interviewing the parent); identifying the child's level of functioning in each of the areas of development; gathering information from other sources such as family members, other caregivers, medical providers, social workers and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and reviewing medical, educational and other records.

2) The child is experiencing a medically diagnosed physical or mental condition that typically results in a developmental delay, as determined by the Department and listed in Appendix E. If a child exhibits a medical condition not approved by the Department as being an eligible condition, written verification by a qualified pediatrician or pediatric sub-specialist (pediatric neurologist, geneticist, pediatric orthopedic surgeon, pediatrician with special interest in disabilities) that the child's medical condition typically results in substantial developmental delay within the varying ranges of developmental disabilities may be used; or

3) The child is at risk of substantial developmental delay, based on informed clinical opinion. Development of substantial developmental delay is probable if EI services are not provided to the child who is experiencing risk factors as defined in Section 500.20. Risk factors that the child is experiencing must be identified.

c) A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child) if those records indicate that the child's level of functioning in one or more of the developmental areas constitutes a delay at a level determined by the Department to be eligible or that the child otherwise meets the criteria for an infant or toddler with a disability under subsection (a). If the child's Part C eligibility is established under this Section, the evaluators must conduct assessments of the child and family in accordance with subsection (d).

d) If the child is determined eligible, with parental consent, a multidisciplinary assessment of the unique strengths and needs of the infant or toddler and the identification of services appropriate to meet those needs must occur. This assessment must include a review of the results of the evaluation, personal observations of the child, and identification of the child's needs in each of the developmental areas. Unless the child's eligibility is established as defined in subsection (c), this assessment is conducted with the evaluation.

e) With parental consent, 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 must be conducted by the Service Coordinator.

f) Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. All evaluations and assessment 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. Unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language of the child.

g) Eligibility shall be determined annually. Children will continue to be eligible if they:

1) have entered the program under any of the eligibility criteria in subsection (a) but no longer meet the current eligibility criteria under this Section; and

2) either:

A) continue to have any measurable delay; or

B) have not attained a level of development in each area, including cognitive, physical (including vision and hearing), language, speech and communication, psycho-social, or self-help skills, that is at least at the mean of the child's age equivalent peers; and

3) have been determined by the multidisciplinary team to require the continuation of EI services in order to support continuing developmental progress, pursuant to the child's needs, and provided in an appropriate developmental manner. The type, frequency, and intensity of services will differ from the initial individualized family service plan (IFSP) because of the child's developmental progress, and may consist of only service coordination, evaluation and assessments.

h) If a family removes a child from services prior to reaching age three years and the child is later referred again, the child must meet eligibility criteria in effect at the time of the subsequent referral in order to be re-enrolled.

(Source: Amended at 38 Ill. Reg. 11086, effective May 12, 2014)