

## Primary Level Evaluation (PLE) Documentation

An initial evaluation/PLE confirms the existence of a significant developmental delay. It is conducted when KEIS eligibility is determined the first time a child is referred. A child can only have one (1) initial evaluation, even if the child has withdrawn and is re-referred to KEIS multiple times. PLEs are conducted by District Child Evaluation Specialists (DCES) or contracted evaluators. The choice of an evaluator is dependent upon the presenting concerns of the child. If the concerns are global, any evaluator may be chosen to administer the initial evaluation. If concerns are domain-specific, the area of expertise or discipline of study of the possible evaluator should match the areas of concern for the child.

The initial evaluation utilizes two types of assessment tools to measure five developmental domains: cognition, communication (including receptive and expressive skills), physical development (including gross and fine motor skills), social and emotional developmental development and adaptive (self-help) skills. These tools include a norm-referenced, standardized assessment and a Cabinet-approved criterion-referenced assessment (5AA).

An established risk condition (ERC) is a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. Children referred to KEIS with an ERC receive only the Cabinet-approved criterion-referenced assessment (5AA) for the initial evaluation since determining a developmental delay is unnecessary.

The initial evaluation is just one piece of information obtained to determine eligibility. The Point of Entry (POE) staff must also obtain and consider additional information, such as the child's medical history, vision and hearing status, screening results and parent observation. To meet federal timelines, the evaluation process, eligibility determination and, if eligible, creation of the Individualized Family Service Plan must be completed within 45 calendar days of the referral.

## Standardized Norm-Referenced Assessment

The Standardized Norm-Referenced Assessment provides a standard deviation score across the full domain for each of the five developmental areas. The recommended assessment tool is the latest edition of the Bayley Scales of Infant and Toddler Development. The scores from this norm-referenced assessment are compared to Kentucky's eligibility criteria to document the extent of the developmental delay.

To be classified as having a significant developmental delay in Kentucky, a child must receive a score indicating:

- (a) A delay of two (2) or more standard deviations below the mean in at least one (1) developmental domain; or
- (b) A delay of one and a half (1.5) standard deviations below the mean in at least two (2) developmental domains.

The Standardized Norm-Referenced Assessment scores do not dictate eligibility for KEIS. The scores only indicate that a child meets the definition of having a significant developmental delay.

## Cabinet-approved Criterion-Referenced Assessment (5AA)

The PLE also includes a Cabinet-approved Criterion-Referenced assessment (5AA). Cabinet-approved 5AA instruments include:

- (a) Hawaii Early Learning Profile (HELP);
- (b) The Carolina Curriculum for Infants and Toddlers with Special Needs (CCITSN); and
- (c) Assessment, Evaluation, and Programming System for Infants and Children (AEPS).

Initial 5AAs are conducted to:

- Provide baseline data for federal Child Outcomes:
  - 3A. Positive social-emotional skills (including social relationships);
  - 3B. Acquisition and use of knowledge and skills (including early language/communication); and
  - 3C. Use of appropriate behaviors to meet their needs
- Provide the child's performance levels and describe the skills and abilities in each developmental domain to inform the initial Individualized Family Service Plan (IFSP) team.

The 5AA data is reported annually to the U.S. Department of Education's Office of Special Education Programs (OSEP).

Kentucky Early Childhood Data System (KEDS 2.0) is a data portal for collecting and reporting children's progress toward meeting the KY Early Childhood Standards and OSEP child outcomes. The evaluator who conducted the assessment must enter the item-level data from the 5AA protocols conducted at entry, annual redetermination of eligibility and exit in KEDS. Providers will receive a verification code after the required data has been entered.

KEDS 2.0 login and password information is provided by the Point of Entry (POE). If a provider works for more than one POE, they can receive a multiple access account, which allows a user to have one account in KEDS 2.0 and multiple POEs to be assigned to a single user account.

KEDS 2.0 website: [www.kedsio.org](http://www.kedsio.org)

Questions? [keds@uky.edu](mailto:keds@uky.edu)

859-218-3669

## Domain-Specific Assessments

When concerns are domain-specific and a specialist is available to conduct the initial evaluation, a discipline-specific norm-referenced instrument may also be administered. The evaluator will bring the instrument to the initial evaluation. After administering the first norm-referenced instrument and the 5AA, the evaluator will use their professional judgment to determine if a discipline-specific assessment is warranted. If so, the second assessment will be administered during the same visit and included in the flat fee for the PLE/5AA.

## Additional Screenings

Children suspected of autism spectrum disorder, either due to parent concerns or results of the initial evaluation and who have not already been referred for medical evaluation, undergo additional autism-specific screening by the POE. It is preferred that both the Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (M-CHAT-R/F) and the Screening Tool for Autism in Toddlers and Young Children (STAT) be completed. If only one is completed, the STAT is preferred due to its better psychometric properties. In cases where the STAT findings are

felt to be invalid or the STAT is unable to be administered, the MCHAT-R/F can be completed. The M-CHAT-R/F may be administered by the Service Coordinator (SC) or DCES. The STAT must be completed by the DCES.

## Timelines for Completion of the Initial Evaluation

Once the evaluator (DCES or contracted evaluator) completes the initial evaluation, the following must be completed in this order:

1. Enter the results of the 5AA in the Kentucky Early Childhood Data System (KEDS) and ensure the results have been verified within five (5) working days of the evaluation date;
2. Enter the full evaluation and 5AA report in the Evaluation/Assessment Information page on TOTS within five (5) working days;
3. Mail a copy of the completed evaluation report to the parent and document on TOTS within five (5) working days;
4. Enter a service log for the completed evaluation within ten (10) calendar days;
5. Submit the completed protocol to the POE; and
6. Bill for the service on the Account Payable page on TOTS within sixty (60) calendar days.

**\*Note:** The DCES or contracted evaluator must ensure the above steps are completed in the exact order listed before payment will be approved by the SLA. The provider must also ensure that the completed protocol is submitted to the POE to be maintained in the child's hard copy file.

It is not the role of the evaluator to inform a parent that their child is eligible or not eligible after completion of the evaluation and assessment. Determining eligibility based on the testing results violates the prohibition of basing eligibility on a sole criterion. General information about how the child performed on specific items or performed on the instrument overall may be shared. Parents should be informed that the results are only part of the information needed to determine eligibility and that they will receive a copy of the evaluation report.

## Primary Level Evaluation (PLE) Report

In order for KEIS families to receive their written PLE report, the following must be entered into the KEIS data system (TOTS) under the "Evaluation/Assessment" page: the Standardized Norm-Referenced assessment, the Cabinet-Approved Criterion-referenced Assessment (5AA) and any additional domain-specific results. Additionally, documentation that the report was mailed to the family should be recorded in the service log.

The PLE payment is a flat rate that covers the time spent administering assessment tools, entering the 5AA into KEDS, recording all assessments in TOTS and providing the family with a copy of the report. KEIS is billed for the assessment once a service log is completed, but only after all assessment data has been entered into both KEDS and TOTS. The assessment date must match across KEDS, the TOTS "Evaluation/Assessment" page and the service log.

For reimbursement, the correct order of data entry is as follows:

1. Enter and verify the assessment in KEDS;
2. Input the report into TOTS; and
3. Complete the service log.

Failure to follow this order will result in denial of the assessment payment.

Kentucky Regulations require that a “formal, direct assessment shall include a written report” ([902 KAR 30:130 Section 1 \(7\)](#)). The report must include:

- A description of the assessment instrument used;
- A description of assessment activities;
- Identifying information including:
  - The child’s [KEIS] Identification number;
  - The name of the child;
  - The child’s age at the time of assessment;
  - The name of the service provider and discipline;
  - The date of the assessment;
  - The setting of the assessment;
  - The state of the child’s health during the assessment, including a statement concerning vision and hearing status;
  - The parent’s assessment of the child’s performance in comparison to abilities demonstrated by the child in more familiar circumstances;
  - The medical diagnosis if the child has an Established Risk Condition; and
  - Individuals present at the assessment; and
- A profile of the child’s level of performance, in a narrative form, which shall indicate:
  - Child’s unique strengths and needs;
  - Skills achieved since the last report, if applicable [annual, exit assessments]; and
  - Current and emerging skills, including skills performed independently and with assistance.

## Reports Must Not Include

- Statements of eligibility or recommendations for eligibility;
- Recommendations for record review;
- Recommendations for specific early intervention services, including method, frequency and intensity;
- Recommendations for services from a specific professional discipline;
- Recommendations for specific programs, or
- Business solicitations

According to the federal Individuals with Disabilities Education Act (IDEA), the IFSP team is the only authorized entity to identify which early intervention services are provided.

## Entering the Assessment Report on TOTS

The TOTS Evaluation/Assessment Information page includes all required regulatory components. Select Primary Level Evaluation/5 Area Assessment from the drop-down menu at the top of the page, and the assessment template will populate.

**Indicate the evaluation/assessment type. Click on: Evaluation for Initial Eligibility.**

**Enter the date the assessment was completed (must match date entered in KEDS).**

**Chronological Age and Adjusted Age (if necessary) must be entered by the assessor. Birth Date will populate from the Demographic page. If there is an error in the Birth Date, the Calculated Age will be invalid. The Adjusted Age must be calculated according to the instrument requirements.**

**These are drop-down lists of assessment instruments. Choose the instrument(s) used.**

**Indicate if the scores reflect correction for prematurity. If an additional instrument was administered, indicate if the scores were corrected for prematurity.**

**Enter the appropriate assessment methods, such as observations, parent interviews, questionnaires, play-based assessments, standardized tests or other methods to assess a child's skills and behavioral checklists. \*In rare occurrences, the KEIS State Office may approve tele-assessments, which should be noted here.**

**Behavioral Observations must include objective health observations/concerns including vision and hearing status found on the evaluation day. Note any health concerns that impact the child's performance such as medications, illness, fatigue, etc.**

**Enter the setting where the evaluation occurred.**

**Enter each individual present during the evaluation.**

**Enter a brief statement of why the parent wanted the evaluation. Include any specific concerns the parent identified.**

**Enter the parent's perspective on the child's performance. Did the assessor see the child performing as they typically do?**

## Entering the Assessment Report on TOTS

The next section contains domain-specific information for the five (5) developmental domains: motor, cognitive, communication, adaptive and social-emotional. The guidance for all developmental domains is the same. The motor domain is shown below as one example. Note that the motor and communication domains have boxes for subdomain standard deviations.

**Domain Specific Information:**  
Note: The domain information should target the construct or skills/knowledge that test items measure and not simply a list of specific test items. Information from the domain scores should be discussed as either the range of typical development, slightly below typical development, or significantly below typical development.

**3. Motor**

Score:

Combined Standard Deviation:  Gross Standard Deviation:  Fine Standard Deviation:

Clinical Observations:

Notes:

**Standard deviation boxes must be entered for norm-referenced instruments.**

**The Notes section is used for general strategies that the family could use to enhance their child's development. Do not make recommendations for services. The information entered here will carry forward to the assessment report and will be printed on the IFSP. The Notes section may be left blank.**

**Enter the child's functioning based on the observations during the assessment. These observations must describe the functional skills targeted by the assessment items, not just a list of test items. This section will include all findings from the multiple instruments used for initial evaluations.**

Complete each domain according to the guidance above. Providers may save the data they have entered in one of two ways:

- Individual domains:** Click the yellow Save button at the top of each developmental domain section, or
- For all domains:** Click the yellow Save button at the top right corner of the Evaluation/Assessment Information page.

**Summary Information:**

Composite Score:

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**Summary:**

Evaluator assessment synthesis is to be a synthesis of assessment results and clinical knowledge of the evaluator in narrative form focusing on global observations linked to the domains. Interpretations of the domain scores within the range of typical development needs to be addressed and linkages between domains identified (i.e., low communication may impact scores in adaptive and social emotional). Validity of scores given the limitations of the instrument should also be addressed. The reader should know how the child performs according to the 3 OSEP outcomes: A. Positive social-emotional skills (including social relationships), B. Acquisition and use of knowledge and skills (including early language/communication) and, C. Use of appropriate behaviors to meet their needs. Reader should also have a generally accurate picture of the child in the context of strengths, needs and preferences in the typical environments of

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**The Composite Score section is only used for norm-referenced instruments. This field is not required when conducting only a 5AA for children diagnosed with an ERC.**

**The Summary reflects the interpretation of assessment results in the context of the assessor's knowledge of typical and atypical development. The overall functioning of the child needs to be described using the OSEP Indicator 3: Child Outcomes as the framework for the interpretation by the assessor. This section should be the richest of the report and give readers a basic understanding of the child's current developmental status. Details should be strength-based, jargon-free and written in complete sentences.**

**This section is the foundation for an appropriate IFSP. Do not include the reason for referral, subjective descriptions of the child and/or family or a thank you to the family. Also, do not document that results were shared with parents and/or report sent to POE., These activities should be documented in a communication or service log entry.**

## Entering the Assessment Report on TOTS

**Once the assessment information has been completed on the "Evaluation/Assessment Information" page on TOTS, click the yellow "Save" button at the top right corner of the page. This action saves the evaluation and copies it to the "Current Evaluation" section at the bottom of the page.**

It is important to check for accuracy, spelling and grammar errors before printing. If errors are found, click the Edit/View button next to the report in the Current Evaluation” section, and the entered information will return to the top portion of the page for corrections and completing the report. Once corrections are completed, use the yellow Save button at the top right corner of the Evaluation/Assessment Information page to save any new changes to the initial report.

Populate the evaluation report by clicking the gray Evaluation & Assessment Report button at the top right corner of the page. Once the report populates, select the Export to Word button in the top right corner of the report, which will allow the margins to print correctly. The printed report includes a section for the assessor to provide signature and date. A signed report must be provided to the family.

## Entering a Service Log Once the PLE is Completed

Providers are eligible for assessment reimbursement when the following steps occur in this order:

1. Assessment data has been entered into KEDS and verified (verification code received upon saving the assessment entry in KEDS);
2. The evaluation report has been entered on the Evaluation/Assessment Information page on TOTS;
3. A service log is entered to document and create a pending claim for the visit; and
4. The service log is billed on the Accounts Payable page on TOTS by the agency administrator.

Ensure you are billing for your service under the correct IFSP from the drop-down menu. The planned period dates populate according to the IFSP that is selected.

Under Service, select Primary Level Evaluation-Individual Assessment from the drop-down menu.

Select a Plan to Add Service Log (if it is not on current plan):  
 ANNUAL - 01/26/2024 (Note: Except for services authorized prior to the Initial Service Plan, service logs cannot be entered on plans marked "Pending". Choose another plan or contact the SC for assistance.)

**Add Service Log:**

*Service( #, #) Five Area Assessment (Individual, Asse	Provider Mary Mover - KEIS Test Agency	Planned Period 06/01/2024 - 07/01/2024	Planned Setting Family/Guardian Home	Frequency 1/Biannual	Length 0 (hours, or miles)
*Actual or Missed Service Date (Notes: If late entry (>10 days), enter reason in Addendum box. May result in reduced payment.)	*Service Delivery Status <input type="radio"/> Service Delivered <input type="radio"/> Absence Due to Family	*Start Time (hh:mm) EST	*End Time (hh:mm) EST If your service	*Actual Setting Select Setting ...	CPT Code (CPT code)
					ICD Code
*Service Note/Description of Intervention Document coaching interactions within child and family routines to support function and active engagement with the environment, including how					

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Enter the date of service (used for KEDS and the TOTS assessment report), service delivery status and start and end times of the visit.

Select the setting where the assessment took place from the drop-down menu.

CPT and ICD codes are optional when completing an assessment service log entry.

In the Service Note/Description of Intervention section, please write: "Completed and entered the PLE. For more information, please refer to the evaluation/assessment information page." Include a statement about providing the family with a copy of the report (how it was provided and when).

The Service Date must match the date entered in KEDS and the TOTS Evaluation/Assessment page. After entering the required information, double-check for accuracy (i.e., is it the correct child’s record, IFSP, date of service included?) and revise any spelling/grammar issues. Click the blue Save arrow at the bottom of the page.

The completed service log will be archived by date at the bottom of the Service Log Information page on TOTS. Once saved, a pending claim will open on the Accounts Payable page to bill for the provided service and receive payment. Payment will be provided per 902 KAR 30:200 Section 2(3).