

BDI and Eligibility The Mythbusters Edition

10/16/2012



FY 2012 Changes

- Move to one tool
– BDI
- Eligibility criteria changed
- Staff training system changed
- Funding changed
- Other Rule changes



Training Resources

- Train the Trainer Materials from Riverside
- [Making It Work – Evaluation and Assessment Module](#)
- Help with the HELP module
- [Archived Webinars](#)
 - Young Infants Series
 - Eligibility and the BDI (Part 1 and 2)
- New BDI-2 mini modules are being developed

Child Development - Resources

- [CSPD – IPDP](#)
- [Texas A & M AgriLIFE Extension](#)

Battelle Developmental Inventory - Concerns

Not family friendly



Possible Solution – Prepare the family in Advance

- Time Commitment
- Child is expected to fail some items and may get frustrated
- Parent/sibling may not help the child
- You will be using the test book to look up criteria
- Evaluation is only the entry gate

Battelle Developmental Inventory - Concerns

- Child won't stay engaged
- Child tantrums during test
- Child refuses to do certain items
- Child gets upset when we put items away



Possible Solutions

- Take a break with working with the child – move to what you can score through interview
- Is the child hungry? Does he need a diaper change?
- Complete all test questions with same items before putting the item away
- Save the “most preferred items” for the end of the test
- Consider rescheduling evaluation if this is not typical behavior
- Look at test booklets for how to score items the child refuses to complete or only partially complete

Battelle Developmental Inventory - Concerns

Some of the criteria seem
vague

Possible Solutions

Read the description for all procedures (structured,
observation, interview)

Interview

- Gives examples of what to ask the parent. Does not state what “socially appropriate ways” means.

Observation

- Defines socially appropriate ways: “looking at, talking to, gesturing toward, smiling at or joining the person in an activity.”
- Also states, “observe whether the child ignores others in socially inappropriate ways” (i.e. opposite of above)

Myth or Fact

The BDI takes a long time to administer



Facts about the BDI-2

- The BDI probably takes longer than the DAY-C
- Comprehensive, standardized test protocol



BDI – 2 – Expressive Communication



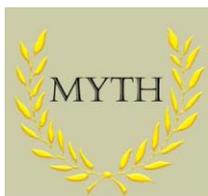
Child receives a score of 2 for EC – 13

Immediately administer Items EC-16 and EC-18

- Parent's answer from EC 16 (The child uses words to get his or her needs met) can provide information for EC – 14 (The child uses 2-word utterances to express meaningful relationships) and EC – 15 (The child uses words to express what he or she sees and does and to express the experience that immediately affect him or her)
- Examiner must know criteria for all three questions to solicit appropriate examples
- Sample interview question from EC – 16 (Does the use words first before trying nonverbal communication?) can help provide information for EC – 18 (The child engages in extended and meaningful nonverbal exchanges with others)

Myth or Fact?

You are expected to memorize all of the testing criteria for all of the items.



Myth

- Use the booklets/electronic version
- Some items will be more familiar to you as you test them over and over, but still need to double check yourself to ensure fidelity



Question Stem

RC 10:

The child identifies family members or pets when named.

Evaluation Criteria

- Parent stands at least 5 feet away from the child
- Get the child's attention and say, "Where's Mama".
- Repeat this two more times (total of 3 trials).
- Child can identify parent by looking at, turning his/her head or pointing.
- Score of 2 = child identifies family member or pet in all 3 trials
- Score of 1 = child identified family member of pet in all 3 trials
- Score of 0 = 1 or 0 trials

Myth or Fact?

A child has to qualify in the area of concern in order to qualify for ECI services



Myth

Eligibility is the door to services.

- It answers the question “Are you In” or “Are you Out?”
- Eligibility determination does not:
 - Determine IFSP outcomes or child outcomes
 - Determine a parent’s priority for services
 - Determine the type, frequency or intensity of services
 - Plan “curriculum” for service delivery



Needs Assessment

An effective assessment will result in the team learning and documenting:

- What the family is most concerned about
- How the child's functional limitations are affecting routines
- The times of day that are a struggle for family.



Myth or Fact?

You can't use clinical judgment when administering the BDI



Myth

- Clinical judgment is used when making necessary accommodations, when determining the test item construct and when interpreting the test results
- Also used during qualitative determination of delay



Clinical Opinion - Annuals

How do we score an item at annual if we have seen the child demonstrate the skill during ongoing visits, but the child won't demonstrate the skill at the annual evaluation?

Example

GM 19

The child stands in an upright position without support for 30 or more seconds



AM 13

The child searches for a removed object.

Myth or Fact?

The BDI doesn't qualify children who are eligible for ECI.



Things to Remember:

- Eligibility changed the same time the tool changed
- Are you administering the BDI according to the test book and question criteria?
- Qualitative Determination of Delay is an option



What about concerns that might not show up on BDI?

Example:
BDI items GM 1-5
are all upper body
No consideration of
lower extremities or
early movement
patterns

Example:
Adjusted age of -0-;
unable to demonstrate
delay

Move on to Qualitative Determination...

6.0 Self Help—HELP STRATEGIES © 1992-2004 VOKI Corporation

6.0 SELF HELP

6-1 Oral-Motor development

(see Inside HELP - page 333)

	+	6.01	0-1	Opens and closes mouth in response to food stimulus — rooting reflex present; automatically turns head and opens mouth toward stimulus touching cheek or mouth; should diminish by 4-6 months
	A	6.02	1-5	Coordinates sucking, swallowing, and breathing — sucking: rhythmical, up-down jaw movements coordinated with rhythmical forward-backward tongue movements and regular breathing; tongue should be cupped; some leakage
		6.06	2-5	Suck and swallow reflex inhibited — can make several successive sucks before swallowing
		6.08	3-6	Swallows strained or pureed foods — small amounts; sucking pattern; may push some food back out with tongue; some choking episodes
		6.12	4-6	Rooting reflex inhibited — no longer automatically turns head to source of stimulation; if breast fed may extend jaw more months
		6.11	4-8.5	Uses tongue to move food in mouth — up-down tongue and jaw movement, some back-forth tongue movement
		6.17	5-8	Mouths and munches solid foods — soft cookie by pushing tongue against the roof of mouth and gummin'g it with a some up-down jaw movement; some lateralization emerges
		6.22	7-8	Bites and chews toys — do not credit if only sucking/licking is observed
		6.19	8-10	Bites food voluntarily — with soft solid or cookie; not forceful or tense biting pattern
		6.20	6-12	Drinks from cup held for him — 6-9 months sucking pattern; 10-12 months if he uses his bottom lip to help stabilize the cup
		6.23	7-12	Drools less except when teething — or congested. Some foods may stimulate drooling and may drool during feeding but not immediately before or after feeding
		6.24	8-13.5	Chews food with coordinated movements — of tongue, jaw, lips; varies speed and height of jaw movements; tongue lateralization; upper lip active
		6.44	18-24	Chews completely with rotary jaw movements — diagonal rotary jaw movements to chew and circular rotary movements to transfer food; tongue should not protrude

6-2 Dressing

(see Inside HELP - page 340)

		6.29	10.5-12	Cooperates with dressing by extending arm or leg — e.g., puts arms out to put on coat; legs out to put on shoe; also in 0.0
		6.40	15-16.5	Removes hat — loose fitting hat no chin strap or tie
		6.39	15-18	Removes socks — short loose fitting socks independently
		6.41	16.5-18.5	Places hat on head — loose fitting; may put it on backwards
		6.46	18-24	Removes shoes when laces undone — not high tops

Oversight and Quality Assurance

- Maintain fidelity



QA Tips

- Review test booklets and corresponding Eligibility Forms
 - Correct chronological age
 - Correct starting point
 - Appropriate sub-domains admin. per age of child
 - Ceiling and basal
 - All items between ceiling and basal were scored
 - Prematurity adjusted correctly
 - Age equivalents determined correctly
 - Eligibility form completed correctly

QA Tips

- Observe team and then review BDI test booklet
 - Does your observation match what the team documented?



QA Tips

- Review records of children who didn't qualify
 - Was everything complete?
 - Was the right team involved?
 - Did the team move to qualitative determination of delay (if appropriate)?
- Ensure that the “right” teams are going out the first time



Appropriate Teams

- Why is the right team so important?
 - Decrease stress on family by providing needed information from the beginning
- ECI Needs Analysis Project
 - Appropriate teams identify subtle needs across developmental domains, and plan appropriate services.



Appropriate Teams

Other reasons the right team is so important:

- Efficiency and staff utilization
 - Initial visit, evaluation and IFSP can be done in one visit.
 - Don't have to wait for a therapist to schedule an additional evaluation
 - Prevents the need to revise IFSP within a few weeks

- To meet requirements in rule
 - < 3 months - doesn't qualify on BDI, a therapist is required
 - > 3 months – team must have expertise to pick up subtle indicators of eligibility and need



Refresher Training

- Everyone needs refresher training
- This includes QA staff
- QA staff need to practice administering the test if they aren't part of evaluation teams
- Tape items and then everyone scores it
- Is there fidelity among your staff?



Questions?

