

## Medical Diagnosis and AI/VI Eligibility

1.

Q: If a child has a documented qualifying medical diagnosis, how do we establish a need for ECI services? What type of documentation is needed?

A: Once you have written medical documentation of the diagnosis the child is eligible for ECI services. Need for services must still be established before enrolling the child. This may be accomplished in one of two ways.

a. Completion of the Functional Abilities, Strengths and Needs

- The Present Levels of Development section of the IFSP required elements may be used to identify needs.
- Documentation includes the completed form, and a progress note that describes the meeting with the parent. The needs identified should result in outcomes for the IFSP.

b. A comprehensive tool that is intended to provide information for intervention planning may be administered, such as

- the AEPS, the HELP Strands, or the Carolina Curriculum
- Documentation includes the completed protocol, and a progress note that describes the needs identified in discussion with the parent. The needs identified should result in outcomes for the IFSP.

2.

Q: Doesn't a "need for ECI services" mean a developmental delay and the only way to document a delay is to administer the BDI-2?

A: No. A developmental delay can indicate a need for an ECI service, but some needs may be present without a documented delay. For example, a young infant with Down syndrome may not show a delay yet, but may have oral-motor traits, such as tongue-protrusion that will interfere with acquiring skills.

3.

Q: If a child is diagnosed with Autism during enrollment, do we have to do the BDI-2 at his annual?

A: No. Because the child has a qualifying medical diagnosis, you do not need to administer the BDI-2. You do need to document a need for ECI service. Any changes in eligibility during enrollment require a new Eligibility Statement, which must be reflected in TKIDS

# BDI - 2 and Eligibility

4.

Q: How do these changes affect AI or VI?

A: Remember that eligibility for children who meet the TEA requirements is determined by an interdisciplinary team that includes the AI or VI teacher. If a child has a documented hearing or vision loss but does not meet TEA requirements, ECI eligibility criteria must apply and the child must exhibit a delay or have a qualifying medical diagnosis.

5.

Q: Can we administer the HELP for the AI kids for assessment purposes?

A: Yes. A comprehensive tool that is intended to provide information for intervention planning may be administered. Examples of such a tool include the AEPS, the HELP Strands, and the Carolina Curriculum.

6.

Q: If upon referral we know the child will qualify as AI or VI, do we have to administer the BDI-2?

A: If you have documentation of AI or VI, the BDI-2 is not required, but the LEA must determine eligibility. If there is no documentation available yet, and the team believes that the child might have a developmental delay (like language delay in an older child), complete the BDI-2.

## Adjusting for Prematurity

7.

Q: The directions state “before 37 weeks” adjust for gestation. So for a child born at 37 weeks we do not adjust?

A: Correct, you do not adjust for children born at 37, 38 or 39 weeks.

8.

Q: Do you use the adjusted age to calculate the % delay for eligibility for premature children?

A: Yes

# BDI - 2 and Eligibility

9.

Q: The example on the instructions for the eligibility form gives the example of a 9 mo child and the child is adjusted by 1.5 months, the result would be an adjusted age of 7.5. The instruction sheet says to look at the child as a 7 mo old, which is the opposite of what this training says. Please review prematurity again.

A: This example is correct. You are ignoring the decimal once you adjust for the weeks of prematurity. This adjusted age is used to calculate percent of delay using either the excel AE-to-Percent Calculator or the Months to Percentage Delay Conversion table (both are located on the extranet documents under eligibility FY2012). Here are a couple of examples:

a. Child is born at 33 weeks gestation and is 6 months old when eligibility is determined.

$$40 - 33 = 7 \text{ weeks} = 1.75 \text{ months}$$

$$6 \text{ months} - 1.75 \text{ months} = 4.25 \text{ months} = 4 \text{ months adjusted age}$$

b. Child is born at 27 weeks gestation and is 15 months old when eligibility is determined.

$$40 - 27 = 13 \text{ weeks} = 3.25 \text{ months}$$

$$15 \text{ months} - 3.25 \text{ months} = 11.75 \text{ months} = 11 \text{ months adjusted age}$$

## Developmental Delay According to the BDI-2

10.

Q: For children who qualify due to a developmental delay or qualitative delay does a physical exam need to be obtained prior to enrollment?

A: No. Please review the 2012 rule related to IFSP.

11.

Q: When the domain AE score results in a decimal (4.5 months for example) do you round?

A: First subtract the AE from the chronological age to get months of delay, then round down, that is, drop anything after the decimal. This is reflected in the AE-to-Percent Calculator.

# BDI - 2 and Eligibility

12.

Q: What goes in the child's chart when using the electronic version of the BDI-2?

A: The completed Eligibility Statement must be in the child's record. When administering the BDI-2 using the Mobile Data Solution, the data manager generates a report called Complete BDI-2 Test Record Report. This should be in the child's record in lieu of the test protocol.

13.

Q: If a child is not eligible and there are no concerns about his development, does the team then administer the HELP Strands?

A: No. If a child is not eligible according to the BDI-2 and the team feels the test results are valid, the process is complete.

14.

Q: If the child qualifies on the BDI-2 but not according to clinical opinion, do you have to complete the HELP strands?

A: No. However, if the team finds that there are no needs for intervention, the team's rationale for this determination based on cultural, language or other differences must be fully documented. Please review the slides from the archived BDI-2 and Eligibility Webinar on August 23 for more information about the application of Informed Clinical Opinion in this area.

15.

Q: When the child qualifies for ECI with a communication delay on the BDI-2, does a speech therapist need to be on the team to enroll the child? Does this apply for other areas, for example, if the child has delay in fine motor, does an OT need to be on the team to enroll the child?

A: While it is always best to assign a team that includes professionals with expertise in the area(s) of concern for the child, this may not always be possible. An interdisciplinary team that meets the requirement in rule can administer the BDI-2 and determine eligibility based on the results.

16.

Q: For families with a primary language of Spanish does the Battelle have to be administered first in English? If so how many domains or items need to be administered in order to stop and move to the Spanish Battelle.

A: The examiner must determine the best means for addressing language-related issues during administration and test interpretation. See the BDI-2 Examiners Manual, page 12, for details.

# BDI - 2 and Eligibility

17.

Q: Has anyone considered contacting ASHA to discuss any professional liability we (SLPs) might expose ourselves to when administering a standardized test (BDI-2) across the state for the purposes of establishing eligibility regardless of the child's cultural or linguistic competence?

A: The BDI-2 is widely used around the country for eligibility determination for children birth to 3. There are no tools we are aware of that are standardized and normed for all of the languages that we must deal with in Texas. This is why the use of informed clinical opinion is important.

18.

Q: A child qualifies for delay in gross motor and self-help, but does not qualify in communication, but is 33% behind in expressive language. Do we still check that they have a qualifying delay in expressive language on the eligibility form or leave that section blank because they had the qualifying delays in the other areas?

A: Expressive only would not be checked. On the Eligibility statement form, check all of the areas in which the child has a delay.

19.

Q: On the duration blank that is on the BDI 2: Is this just the actual time you administer the test or do you include getting the medical, administering the HELP, discussion with team members etc.

A: On the Eligibility Statement Form in the duration blank, enter the amount of time that the team spent on the evaluation to determine eligibility, or if an evaluation is not required, the time spent on the comprehensive needs assessment.

20.

Q: If you have siblings that need to be assessed- should we do both at one time with two assessment teams in the home or do we assess one child at a time. If we do both at the same time how do we keep the parent involved in both assessments? If we do one at a time, does it create a problem if one child observes his/her sibling doing items on the Battelle?

A: ECI has always required that parents be involved in the evaluation process. The BDI-2 is not different in this respect. Conduct evaluations on siblings in the same way that you have always done. If a young child observes his sibling complete an item, it should have no effect on his ability or inability to complete the same item.

## Developmental Delay-Qualitative Determination

21.

Q: When a child is eligible based on a qualitative determination of delay, eligibility is re-determined within 6 months. How long do we write the IFSP for?

A: Write the IFSP for 6 months because the child is no longer eligible after 6 months without a determination of delay that meets continuing eligibility criteria.

22.

Q: Does a team have to administer the HELP and PLS or can one person?

A: One team member may take primary responsibility for administration of items; however eligibility decisions must be made by the interdisciplinary team.

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23.

Q: ECI has selected the HELP Strands for Qualitative Eligibility. This is another developmental assessment being given to a child who has supposedly passed the standardized developmental, BDI-2, but has shown signs of qualitative differences. For speech problems, the professional has the option of using the Preschool Language Scale which specifically deals with speech and language problems. For a child exhibiting possible sensory processing issues, the professional is limited to using the HELP STRANDS in social/emotional, gross and fine motor areas. Items in these areas will not necessarily identify sensory processing problems. However, the Help Strands include a section title, Regulatory/Sensory Organization, which, while not comprehensive, might better identify these children. Why was this section of the HELP STRANDS not included in the eligibility determination? Also, there are standardized tests that are aimed at identifying sensory processing disorders which might be better choices. Based on 38 years of clinical pediatric experience and assessing young children with sensory processing problems, I am convinced that early intervention is critical in helping these children to deal with their environment more effectively, helping these families to deal with these difficult children, and, eventually, allowing these children to function maximally in their school environment.

A: Sensory processing does not stand alone as a qualifying diagnosis; a child must demonstrate a delay that results in functional limitations to qualify for services. If a child has sensory issues that are severe enough, they will manifest in areas of behavior, exploration of environment, balance and coordination etc that will be identified through administration of the BDI-2 or through process for qualitative determination of delay.

# BDI - 2 and Eligibility

The Preschool Language Scale is available for use only in the very specific circumstance when the child's primary language is not English or there is a prominent second language in the child's environment. This step is taken to ensure that a child does not qualify based on cultural or language difference.

## Developmental Delay-Qualitative Determination-Use of the HELP Strands

24.

Q: Do you need to get consent when using HELP Strands even if you saw information while doing BDI-2?

A: Yes. Consent is needed any time you administer a tool to determine eligibility.

25.

Q: Are the HELP Strands listed on the eligibility statement form the only ones we have to administer for a qualitative determination of eligibility?

A: The listed strands are the only strands used to determine eligibility, and these are the only strands for which a delay is calculated. It is only necessary to administer the designated HELP strands that are needed to gather information about the developmental area(s) of concern. Other strands can be administered for intervention planning but cannot be used for eligibility determination.

26.

Q: Does a ST have to determine intelligibility of speech and an OT for Gross Motor qualitative delay?

A: No. The HELP Strands do not have requirements regarding the makeup of the team. According to the instructions for the eligibility statement form, the LPHA on the team that makes the determination must be knowledgeable in the area of concern and be acting within the scope of their professional license.

27.

Q: Will each evaluation team need to have the Inside Help available? Can that be ordered separately from the actual strands?

A: Every professional who participates in eligibility determination must be familiar with the information in the Inside HELP. The number of copies that a program purchases is a local decision. It can be ordered separately.

# BDI - 2 and Eligibility

28.

Q: How do the HELP Strands fit in to the entire eligibility determination process? It seems like it will take a long time. Also, I know ideally it should be done on the same visit, but we may not have the appropriate LPHA for the area in question present.

A: Administering the HELP Strands to do a qualitative determination of eligibility should not be time consuming, adding perhaps 15 minutes to the length of the session. You only need to score the strands for the area(s) of concern. Additionally, you may have already observed or the parent has reported information that allows you to score items on the HELP Strands.

The HELP Strands do not have requirements regarding the makeup of the team. According to the instructions for the eligibility statement form, the LPHA on the team that makes the determination must be knowledgeable in the area of concern and be acting within the scope of their professional license. If the LPHA who is present does not meet these criteria, you will need to return to the home with the appropriate team.

29.

Q: Will there be training offered on the HELP strands?

A: No. Guidance can be found in the Inside HELP and the VORT website.

[www.vort.com/osep/Guidelines\\_for\\_Determining\\_Approximate\\_DALs\\_for\\_HELP\\_Strands.pdf](http://www.vort.com/osep/Guidelines_for_Determining_Approximate_DALs_for_HELP_Strands.pdf)

30.

Q: When determining eligibility using qualitative determination of delay and the HELP Strands, can the child qualify based on any percent of delay or does it have to be 25%?

A: It must be a delay of 25% or greater.

31.

Q: I was looking on VORT Corp today – there are two types of HELP Strands – one is a 32 page booklet and one is a 4 page unbound sections. Which does the state want us to order?

A: We recommend that you purchase the unbound Strands 158-U. This will allow you to take the instrument apart, and use one protocol for up to 5 children. Don't forget to also purchase the "Inside HELP" manuals.

# BDI - 2 and Eligibility

32.

Q: If the BDI shows the child to have a delay in an area that would qualify the child, but the team does not feel the child should be determined as eligible (i.e., cultural issues, no opportunity to practice the skill), do we need to use the HELP Strands or PLS to make that decision?

A: No. See # 27 on the Instructions for the Eligibility Statement Form: “Due to cultural, language or other differences, the BDI-2 may indicate eligibility but the team does not agree based on informed clinical opinion. **Document a complete description and justification.** Use additional pages if needed.

33.

Q: Does the HELP Strand always have to be administered by the “expert” in the area or can any LPHA administer?

A: The HELP Strands may be administered by anyone on the team. Please refer to #28 on the Instructions for the Eligibility Statement Form which says that the team must include an LPHA who is knowledgeable in the area of concern who is acting within the scope of his/her professional license. The LPHA must determine whether s/he meets these criteria for any individual child.

## Developmental Delay-Qualitative Determination-Use of the Preschool Language Scale

34.

Q: I am confused about why we would use PLS if “the child appears to qualify based solely on language scores on the BDI-2” and “the primary language is not English or there is a prominent 2nd language in the child’s environment”?

A: Further information about a child’s language development is needed to ensure that a child does not qualify based on language differences rather than an actual delay. Please review the archived webinar series regarding Cultural and Language considerations presented on Aug 10, 24, and 31.

# BDI - 2 and Eligibility

35.

Q: For a child with a communication delay on the BDI-2 whose primary language is not English, can we use the HELP as a supplemental tool rather than the PLS?

A: No, there are no HELP Strands identified for this determination. The Preschool Language Scale may be used to gather more detailed information about the child's language abilities when:

- the child appears to qualify based solely on language scores on the BDI-2, and
- the primary language is not English or there is a prominent second language in the child's environment

This step is taken to ensure that a child does not qualify based on cultural or language differences.

36.

Q: This slide says PLS "may be used" - must it be used?

A. No, there is no requirement that the PLS be used. The Preschool Language Scale may be used to gather more detailed information about the child's language abilities when:

- the child appears to qualify based solely on language scores on the BDI-2, and
- the primary language is not English or there is a prominent second language in the child's environment

This step is taken to ensure that a child does not qualify based on cultural or language differences.

37.

Q: Aetna does not accept the PLS and has directed us to have SLP's use the REEL. We have done this and started receiving reimbursement. Is this acceptable?

A: Eligibility for ECI services is primarily determined by the BDI-2, and the HELP Strands may supplement when needed. The PLS is used only for a small group of very specific children when the team believes the BDI-2 score is not valid for children with language differences. The REEL should be used rarely, and only as an assessment for planning intervention.

## Developmental Delay-Qualitative Determination for Children Less Than 3 Months of Age

38.

Q: Do we administer the BDI-2 for children whose chronological or adjusted age is under 3 months?

A: Yes. You must administer the BDI-2 for children who do not have a qualifying medical diagnosis or AI/VI, regardless of age. If a child under 3 months does not qualify based on the BDI-2 and there are still concerns, you will use page 3 of the Eligibility Statement to document a qualitative determination of delay.

39.

Q: Can a RN determine eligibility for a child younger than 3 months of age?

A: For qualitative determination of delay for children under the age of 3 months, the team must include a therapist acting within the scope of their professional license to lead the team in identifying the concern. Since the categories are communication/oral motor and motor, an RN does not meet the requirement.

## Determination of Continuing Eligibility

40.

Q: How will we handle re-evaluation of children who are due for annual? Can they be re-evaluated with the DAYC or will we have to switch to BDI-2?

A: The BDI-2 is required for annual eligibility determination as of September 1, 2011.

41.

Q: Do we use this eligibility statement for re-evaluations since the criteria for continuing eligibility is different than that of initial eligibility.

A: Yes. Please see #42 of the instructions for the eligibility statement form.

# BDI - 2 and Eligibility

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42.

Q: Since eligibility has to be re-determined for some children after 6 months, do we calculate the 6 months from the initial IFSP date, BDI2 date, or the HELP date? Then when is the annual eligibility due?

A: According to 26 TAC 350.807(2) a child whose initial eligibility was based on a qualitative determination of delay is eligible for up to six months. Use the enrollment (IFSP) date to calculate the date for continuing eligibility determination. Annual eligibility for children who re-qualify at six months is due one year from the date of the re-determination.

Example:

Qualitative determination of delay and IFSP: 10/1/11

Continuing eligibility determined using the BDI-2 : 3/31/12

Annual continuing eligibility determined using the BDI-2 : 3/31/13

43.

Q: If a child initially qualifies using the BDI2 and then at the annual they no longer qualify. What if they have had a traumatic event in the last few months, they don't qualify on the BDI-2, but they would qualify at the annual with the HELP?

A: To be eligible at the annual, a child must qualify on the BDI-2.

44.

**My question has two parts:**

Q: For children we qualified as atypical in FY 11 whose 6 month reviews are due in FY 12 do we re-determine eligibility for them at six months?

A: No. Any child whose eligibility was determined prior to September 1, 2011 remains eligible for one year or until age 3, as long as there is a continued need for services. If the team questions the eligibility of a child due to the child's progress, they can re-determine eligibility at any point during the year.

45.

Q: Children who have a qualitative determination of delay on or after September 1, 2011 must re-qualify under developmental delay at 6 month review, is that correct?

A: Yes. A child whose initial eligibility was based on a qualitative determination of delay is eligible for up to six months. When re-tested at 6 months, he must show a qualifying delay (continuing eligibility criteria) on the BDI-2.

# BDI - 2 and Eligibility

46.

Q: What percent delay is required for continuing eligibility when a child qualifies in expressive delay only? Is it a 25% delay?

A: Rule 108.807 (3): For all other children to remain eligible the child must demonstrate a documented delay of at least 15% in one or more areas of development.

## Data

47.

Q: When will TKIDS be changed to reflect the changes to the eligibility statement?

A: We anticipate the changes to TKIDS the first week of October. We will soon send additional information regarding data entry in TKIDS.

48.

Q: Where can I find the webinars on the BDI-2 Data Manager and Mobile Data Solution?

A: Riverside has archived both types of webinars and some written materials to assist you in the use of the Data Manager and the Mobile Data Solution. They can be accessed at <http://www.riversidepublishing.com/bdi2tx/>.

## Other

49.

Q: When a child has been determined eligible for comprehensive services using the BDI-2 or other designated tool (HELP/PLS), can a therapist providing a discipline specific evaluation use a different tool to determine additional service needs? Example: child enrolled due to motor delay by IDT including PT. After some months, providers recommend a speech evaluation due to lack of expected progress in communication. Can the SLP use a tool other than the «official» one (Rossetti, Goldman-Fristoe)?

A: Yes. The requirements regarding eligibility determination do not affect the use of other instruments that may be used for needs assessment.

# BDI - 2 and Eligibility

50.

Q: A child was found eligible under DD using the BDI-2. At a later point in the year the team wants to refer the child for a discipline specific evaluation due to growing concerns in a specific area-i.e. speech evaluation. We would like to use the appropriate section(s) of the HELP for this discipline specific evaluation-this seems to be in agreement with the rule related to Subchapter I Evaluation and Assessment. We know we cannot use the domain section of the BDI-2 for this discipline specific evaluation due to the requirement to use it in its entirety.

A: There are no requirements regarding needs assessment. Professionals may use any appropriate tests or procedures, including administration of any or all sections of the HELP Strands.

51.

Q: Rule continues to state that the ECI Screening Packet can be used for screening purposes. We had moved to the one page needs assessment and doing it during the evaluation for eligibility. However, since the BDI-2 is going to be longer and much more structured, staff have asked about moving back to the ECI Screening Packet and completing the this portion during the intake process as in the past. Want to be sure that it continues to be ok to administer the screenings prior to establishing eligibility and also if there is a preference to the methodology used?

A: The ECI Needs Assessment, Identification & Referral was designed to streamline the process and ensure that children with concerns are identified. It should not add significant time as it uses BDI-2 items that are administered to determine eligibility. The BDI 2 has a wealth of information about vision that is collected during administration of the tool, and the hearing criteria are based solely on the presence of a communication delay. Using the Screening Packet is an allowable option for 2012. Use of the ECI Screening packet and intake visits should not occur frequently within a streamlined, efficient process. A better use of resources would be to provide some checklists or other tools to assist staff in collecting all the information during this transitional period.