

## Eligibility Determination and the BDI-2

Aug. 23, 2011

### Brief points from yesterday

- The current hierarchy for Eligibility determination has not changed:
  - Medical Diagnosis
    - ↓
  - AI VI according to TEA
    - ↓
  - Developmental Delay (according to the BDI)

### Brief points from yesterday

- Expressive Language Only example
- Calculator – information from the spreadsheet is entered on to the Eligibility Statement Form
- BDI 2 will be administered to every child who:
  - Does not qualify based on a Medical Diagnosis or AI VI criteria

### August 23, 2011 Agenda

- When is BDI “inadequate?”
- Team requirements
- Supplemental Tool – HELP
- Speech Sound and Dual Language
- Infants under 3 months

### When is BDI “inadequate?”

Use Informed Clinical Opinion to determine adequacy based on the following:

- Child has functional limitations that are observed or reported but the BDI-2 score doesn't result in a qualifying delay
- Cultural considerations
- No opportunity

### Documentation when BDI-2 is “Inadequate”

Documentation on the Eligibility Statement must include:

- The team's concerns about the child
  - ✓ that were not identified on the BDI-2 and
  - ✓ result in functional limitations;
- OR
- The team's rationale for determining the child is not eligible based on cultural, language or other differences

## BDI-2 Items sensitive to cultural differences and/or lack of opportunity:

Not an exhaustive list, staff with knowledge of other cultures may be able to identify others.

- SC 13 Use of spoon
- SC 15 Cup drinking
- SC 16 Use of spoon or fork
- SC 22 Asks for food
- SC 25 Drink from a tap
- AI 5 Explores adult features
- AI 15 Greets adults
- AI 17 Helps with household tasks
- RA Names colors
- RA 10 Sources of Actions
- FM 19 Fastens clothing

## Eligibility Statement Page Two

- Used only to document a QUALITATIVE determination of delay for children 3 months of age and older.
- Evaluate child using HELP strands related to area of concern
- Average the AE of applicable strands to determine Domain age equivalent
- Must show 25% delay (33% for Expressive Language only, i.e., intelligibility of speech)

## Team Requirements for Qualitative Determination of Delay

- A LPHA must participate in any qualitative determination of delay
- The LPHA must have expertise in the child's area of concern.

## 6 Months Re-Evaluation

- Each child who has a qualitative determination MUST be re-evaluated by 6 months using the BDI-2
- Must meet continuing eligibility criteria (15% in one or more areas)
- Parents are informed that developmental delay status will be re-determined

## Supplemental Protocol

- “When the designated test protocol is inadequate to accurately evaluate the child’s development, the interdisciplinary team must document corroborating evidence from a supplemental protocol designated by DARS ECI. “
- HELP Strands (Hawaii Early Learning Profile)
- Preschool Language Scale also available. (Covered in later slides)

## Supplemental Tool

Used *only*:

- When a child did not qualify after the standardized administration of the BDI-2 and team documents that concerns remain

OR

- When a child *did* qualify after the standardized administration of the BDI-2, but the team questions the results

## HELP Strands

- Must be used with Inside HELP Administration and Reference Manual
- Teams members must be familiar with the information in the Manual
- Scoring = + or “A” or -  
❖(count “A” as – when calculating Age Equivalent)

## Inside HELP

- Page i34
- HELP can be used to compliment standardized instruments to support “informed clinical opinion” requirements

## Inside HELP

- Every item has “credit notes”
- Some strands have general credit notes
  - Example GM Strand 3-3; see pages 162-163 of Inside HELP

## Inside HELP

Information for every item includes a Definition, Examples for observation, and scoring (credit)

## Inside HELP

- Page i.15
- “The age ranges using in HELP are the age ranges at which a skill or behavior typically begins”.
- Our instructions = use top of age range

## HELP Strands

- Strands available for Qualitative Determination of Delay are listed on Eligibility Statement Form
- Strands were carefully chosen by:
  - Analysis of eligibility for children who have been tested with the BDI
  - Discussions with therapists currently working in ECI
  - Discussions with subject matter experts both inside and outside the ECI system

- Note: Use of a supplemental tool for eligibility does not preclude use of another instrument for planning

## HELP Strands Administration

- Begin at or below the child's chronological age
- Administer all of the identified sub-strands for the area(s) of concern only
- If strand items were observed during the administration of the BDI2 there is no need to repeat administration
- Use the top of the age range for scoring each item and to determine an age equivalent (AE) for each of the sub-strands

## HELP Strands Months Delay

For areas of concern that have only one sub-strand, the AE for the sub-strand is used to determine percent of delay

AEs for strands are determined by averaging AEs across all of the administered sub-strands within the strand:

- add all applicable sub-strand AEs and divide by the number of sub-strands
- do not round up or down, ignore decimals

## HELP Strands Percent Delay

Percent Delay is determined for the strand of the area(s) of concern

- Months of Delay divided by age (chronological or adjusted)
- Do not round up or down, ignore decimals

Mark the box and enter the percent of delay on page one of the eligibility statement form for the eligible area of concern

## Personal Social

All sub-strands below must be administered and averaged for this area:

- SE: 5.1 Attention/Separation/Autonomy
- SE 5.3 Expression of Emotions
- SE 5.5 Social Interactions

## Gross Motor

All sub-strands below must be administered and averaged for this area:

- GM 3.1 Prone
- GM 3.2 Supine
- GM 3.4 Weight Bearing

## Fine Motor

All sub-strands below must be administered and averaged for this area:

- FM 4.2 Grasp Prehension
- FM 4.3 Reach Approach
- FM 4.5 Bilateral Midline Skills

## WHY the HELP for Motor?

- Expands the number of early motor items
- Allows more emphasis on determination of quality/variety of movements
- Takes into consideration motor dysfunction, posture, range of motion, tone when determining qualitative function.

## Communication-Oral Motor/Feeding

- Only one sub-strand administered for this area—SH 6.1 Oral Motor Development
- Must be assessed and determined by an OT or SLP on the team
- Allows for clinical opinion as determination of delay

## Communication - Intelligibility of Speech

- 33% delay applies
- One strand – important to review and utilize Inside HELP:
  - General Assessment Procedures (p. 138)
  - Definition and Scoring criteria for each item

## Communication - Intelligibility of Speech

- Recommended additional Resources:
  - American Speech Language and Hearing Association pages on Speech Sound Disorders <http://www.asha.org/public/speech/disorders/SpeechSoundDisorders.htm>
    - Link to “Talking Child’s Speech Chart”
    - Link to “Typical Speech Development”

## Communication (Dual Language Learner or Non-English Speaker)

- Need to ensure that these children do not qualify for services based on language differences only.

## Communication (Dual Language Learner or Non-English Speaker)

- The Preschool Language Scale (4 or 5) 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

## Communication (Dual Language Learner or Non-English Speaker)

- The PLS score can override the BDI score for determination of eligibility.
- Documentation by SLP must clearly describe the decision making process.

## Eligibility Statement Page Three

- Page three is only used for babies who
- are younger than three months (chronological or adjusted age) and
  - were not eligible based on administration of the BDI2

- Qualitative determination of delay for children under 3 months of age can only be determined by a team led by a therapist with expertise in the applicable domain
  - Communication/oral motor
  - Motor

## Qualitative Determination of Delay for children under 3 months of age

- Must document a clinical description of impairment
- Must document the impairment's effect on functional abilities
- Therapist must sign and date
- Check boxes that apply on first page of the form

## Questions

- Please send your questions regarding BDI2 and eligibility determination to the Ask ECI email box.
- You don't have to complete the form
- Questions will be used to structure future webinars
- Questions will be compiled in to a Q and A document