WEBINAR SERIES: QUALITATIVE DETERMINATION OF DELAY – OVERVIEW AND BACKGROUND

April 25, 2013

Welcome and Background

- Resources already available
  - Help with the HELP
  - MIW Evaluation and Assessment (part 2)
  - Young Infant Series
  - Evaluation and Assessment of Children in Bilingual Environments
Qualitative Determination of Delay – What is It?

**TAC §108.903** (c) When the results of the designated test protocol do not accurately represent the child’s development and do not indicate a qualifying developmental delay; the interdisciplinary team must document corroborating evidence of a qualitative developmental delay from a supplemental protocol designated by DARS ECI.

![Graph showing QDD % and State Average (2.4%)](image-url)
Informed Clinical Opinion

Informed clinical opinion is applied in many circumstances:

• To an individual test item, when appropriate.
• When interpreting a score.
• To determine the adequacy of the BDI-2 to determine eligibility.
• When making a qualitative determination of developmental delay.

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.
Role of LPHA – Qualitative Determination of Delay

• Must be part of a team to determine qualitative determination of delay

• Able to pick up on differences related to quality of skills (muscle tone, articulation, oral motor, social/emotional)

Role of EIS – Qualitative Determination of Delay

• Expert in child development

• Compare child’s scores to a child with typical development
Eligibility Statement
Qualitative Determination of Delay for Ages 3 through 35 months

The BDI-2 was administered and there is evidence that the results do not accurately reflect the child's development. The scores on the BDI-2 do not indicate a qualifying developmental delay.

Concerns and Observations: Document concerns based on observations and/or caregiver report:

A LPHA must participate on the team to make the qualitative determination of delay.

1. Administer all identified strands for the developmental area of concern.
2. Average the strand age equivalents and apply informed clinical opinion to assign an age equivalent for the developmental domain.
3. Enter the months and percent of delay below and enter the percent of delay on page one of this form.
4. See instructions for when and how to use "ok" as an AE for a strand.
### Eligibility Statement
Qualitative Determination of Delay for Ages 3 through 35 months

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Gus Timbermore</th>
<th>Eligibility Date</th>
<th>4/22/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client ID</td>
<td>123456</td>
<td>Duration</td>
<td>1.25 hrs</td>
</tr>
</tbody>
</table>

The BDI-2 was administered and there is evidence that the results do not accurately reflect the child’s development. The scores on the BDI-2 do not indicate a qualifying developmental delay.

**Concerns and Observations:** Document concerns based on observations and/or caregiver report:

Team concerned with the quality of Gus’s movements. He is able to lift his head and bears weight on his hand, but team noticed he has some “shakiness” or tremors when he moves his arms and legs and when he supports his weight on his arms/hands. Also, he is not able to hold his head in midline. It is turned to the side.

A LPHA must participate on the team to make the qualitative determination of delay:

1. Administer all identified strands for the developmental area of concern.
2. Average the strand age equivalents and apply informed clinical opinion to assign an age equivalent for the developmental domain.
3. Enter the months and percent of delay below and enter the percent of delay on page one of this form.
4. See instructions for when and how to use “ok” as an AE for a strand.

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### Eligibility Statement
Qualitative Determination of Delay for Ages 3 through 35 months

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Charley Fingerbiter</th>
<th>Eligibility Date</th>
<th>4/22/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client ID</td>
<td>123456</td>
<td>Duration</td>
<td>1.5 hrs</td>
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</table>

The BDI-2 was administered and there is evidence that the results do not accurately reflect the child’s development. The scores on the BDI-2 do not indicate a qualifying developmental delay.

**Concerns and Observations:** Document concerns based on observations and/or caregiver report:

According to Mom, Charley is able to say 50+ words. Team was not able to understand most of what Charley said. Charley is more intelligible when repeating single words, but has ~25% intelligibility when using words spontaneously. Mom reports that Charley switches the beginning sounds of some words.
Examples of When You Might Move to Qualitative Determination of Delay

A child who scored at age level on the BDI

- Who is not bearing weight when standing
- Whose speech is difficult to understand
- Who uses only one arm and hand

More Examples

A child who scored at age level on the BDI:
- With unusual social and play patterns
- Who chokes or gags when eating
- Who has an adjusted age of 0 and scored at zero months on the BDI. The child exhibits extremely low muscle tone.
More Examples

- Child does not show a qualifying delay in any area, but shows more than 15% in several areas. The team is concerned about aspects of the child’s development.

- Child shows “almost” a qualifying delay in one or more areas (20 – 24%). The team is concerned about aspects of the child’s development.

- Child showed concerns on specific test items

- Child does not show a qualifying delay in any area, but the pattern of delays are a concern.
  - Communication Delay
  - Peer Interaction Delay
  - Cognitive Delay

Why Wouldn’t the Team Move to Qualitative Determination of Delay?

- Child has a qualifying medical diagnosis

- Child has a qualifying delay on the BDI-2

- Child does not show a qualifying delay and team feels the BDI-2 accurately reflects the child’s development
Would you move to Qualitative Determination of Delay?

- Emma is 15 months. She demonstrates a 14% delay on the BDI in fine motor and a 20% delay in cognitive skills. She has had 2 ear infections. No starred items from the Needs Identification and Referral form were failed on the BDI. One of the other items on the Needs Identification and Referral form was failed (does not = 25%).

- Team observations: She refused to complete most of the activities that required her to sit at the table. She would not sit and attend after the first task.

Qualitative Determination of Developmental Delay

The HELP Strands:
- Personal-Social
- Gross Motor
- Fine Motor
- Communication
  - Intelligibility
  - Oral Motor/Feeding
Why HELP?

The HELP Strands were chosen as the best tool available to provide additional, supplemental information about a child because

- Full credit allowed for parent report
- Scoring requires professional judgment
- Developmental domain information detailed and can supplement BDI – 2 scores.

Which Strands Does ECI Use for Eligibility?

- Personal Social
  - Sub strand 5-1 Attention/separation/autonomy
  - Sub strand 5-3 Expression of emotions
  - Sub strand 5-5 Social interactions
- Gross Motor
  - Sub strand 3-1 Prone
  - Sub strand 3-2 Supine
  - Sub strand 3-4 Weight bearing in standing
Which Strands Does ECI Use for Eligibility?

- Fine Motor
  - Sub strand 4-2 Grasp and Prehension
  - Sub strand 4-3 Reach/Approach
  - Sub strand 4-5 Bilateral and Midline Skills
- Communication (Intelligibility of Speech)
  - Sub strand 2-6 Development of sounds/intelligibility
- Oral Motor Development/Feeding
  - Sub strand 6-1 Oral motor development

HELP Administration

*Inside HELP* is a comprehensive administration and reference guide to be used in conjunction with the HELP Strands.

- Definitions
- Examples of Observation Procedures (assessment procedures)
- Credit Criteria
- Strand Preface which lists assessment information related to all skills within the strand
Determining Age Equivalents—Atypical

For eligibility determination in Texas ECI, any items marked as A should be treated as a minus (-) when determining age equivalent scores.

Which Strands Does the Team Administer?

- Administer the strand(s) that will provide more information in any developmental area in which the team has concerns.

- Child does NOT have to show a delay on the BDI to administer the strand for the same developmental area on the HELP.

- Team must record their observations of the child that are of concern.
Case Study

Based on this information, which HELP strands would you administer and why?

Beth showed delays on the BDI-2 in receptive communication, expressive communication, cognitive skills and personal social. Team concerns: Beth’s play is sometimes not functional. She is hyper focused with spinning the wheels of her train. Beth says many words but has to be prompted to use them to request something. The words she says are clear.

A. All available HELP sub strands (personal social, gross motor, fine motor, communication - intelligibility, oral motor)
B. All personal social sub strands
C. All personal social sub strands, communication – intelligibility
D. All personal social sub strands, oral motor
E. Other – explain

HELP Strands

Examples of similar items:
• HELP 5.10—Discriminates strangers
• BDI-2 AI 10—The child discriminates between familiar and unfamiliar people

HELP 3.03—Lifts head in prone:
• BDI-2 GM 3—The child lifts his or her head and holds it up for 5 seconds while lying in the prone position
Compare Criteria

Inside HELP

- **Stem:** Lifts head in prone
- **Definition:** The child sometimes *raises his head briefly in midline* so that his whole face is lifted from the surface. His weight is held on his chest, forearms and fisted hands
- **Criteria**
  + = lifts head briefly in midline

BDI Motor Domain Item Book

- **Stem:** The child lifts his head and holds it up for 5 seconds while lying in prone
- **Procedure:** Place the child on his stomach. Position yourself in front of the child and encourage him to raise his head. *Note how easily the child raises his head.* *Note the child's head movement.*
- **Criteria**
  - 2 – Child raises head 5 seconds or more
  - 1 – 3 or 4 seconds
  - 0 – 2 or fewer seconds

Compare Criteria

Inside HELP

- **Stem:** Show a wide variety of emotions: fear, anger, sympathy, modesty, guilt...
- **Definition:** The child experiences and expresses with greater control a wider variety of emotions and feelings. He may express them in varying degrees during play, when trying to meet basic needs and when interacting with others.
- **Criteria**
  + = expresses a variety and different degrees of emotions which are not limited to concrete behavior in all situations
  - = emotional expression is limited in all situations to concrete behavior (hitting, biting, tantrums, smiling)
  A = limited to concrete behaviors and does not display varying degrees or any sense of control

BDI Domain Item Book

- **Stem:** The child expresses emotions
- **Procedure:** Observe the child to determine if she expresses emotions when interacting with toys, others, her environment, etc.
- **Criteria**
  - 2 = Child typically expresses 2 different emotions within a 24 hour period
  - 1 = 1 emotion during a 24 hour period
  - 0 = Does not express emotion
HELP – Expressive Language

- Development of Sounds and Intelligibility
- Items:
  - 2.60 – Uses intelligible words about 65% of the time
  - 2.65 Produces the following sounds clearly: p, b, m, k, g, w, h, n, t, d
  - 2.79 Produces sounds correctly at the beginning of words
  - 2.98 Uses intelligible words about 80% of the time

BDI – Expressive Communication

- Items:
  - EC 12 - The child uses 10 or more words
  - EC 14 - The child uses 2-word utterances to express meaningful relationships
  - EC 15 – The child uses words to express what he or she sees and does and to express the experiences that immediately affect him or her

Scoring the HELP

Teams must apply clinical opinion to determine age equivalents for each sub-strand and strand.
Strand Age Equivalent

After determining age equivalent for the sub strands, you must get an age equivalent for the entire strand. Add all strand age equivalents together and divide by the total number of sub strands.

<table>
<thead>
<tr>
<th>HELP Strands</th>
<th>Strand Age Equivalent</th>
<th>Domain Age Equivalent</th>
<th>Months of Delay</th>
<th>Percent Delay</th>
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<tbody>
<tr>
<td>Personal Social</td>
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<td>SE – 5.1 Attention/separation/autonomy</td>
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<tr>
<td>Fine Motor</td>
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<td>FM – 4.2 Grasp prehension</td>
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<td>FM – 4.3 Reach approach</td>
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<tr>
<td>FM – 4.5 Bilateral midline skills</td>
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<td>Communication (Intelligibility of Speech)</td>
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<td>LR – 2.6 Development of sounds/intelligibility</td>
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<tr>
<td>Communication (Oral motor</td>
<td>Feeding)</td>
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<tr>
<td>SH – 6.1 Oral motor development</td>
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</tbody>
</table>
Qualitative Determination of Delay < 3 months

Eligibility Statement
Qualitative Determination of Delay for Ages Birth through 2 Months

Child's Name ___________________________ Eligibility Date ___________________________
Client ID ___________________________ Duration ___________________________

Complete this page for infants who meet both of the following criteria:
1. Chronological or adjusted age is younger than 3 months;
2. Baby did not qualify based on the BDI-2 score but team identifies a developmental concern.

Indicate area(s) of concern and provide a complete clinical description in the space below.

☐ Communication | Oral Motor: Feeding skills are inadequate to meet nutritional needs
☐ Motor: Impairment of neuromusculoskeletal and/or sensory systems results in functional limitations

Clinical description: ___________________________

Describe how the clinical findings significantly interfere with the child's functional abilities. Include observations and caregiver report:

___________________________
Qualitative Determination of Delay < 3 months

Example from an eligibility statement:

Becca is taking 60ccs every hour, which is down from 75 ccs she was taking two weeks ago. After about 15 ccs she begins to tire and exhibits a disorganized, inefficient suck swallow pattern. She has been diagnosed with reflux, and exhibits excessive nasal and chest congestion.

<table>
<thead>
<tr>
<th>Clinical description:</th>
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- Indicate area(s) of concern and provide a complete clinical description in the space below.
  - Communication | Oral Motor: Feeding skills are inadequate to meet nutritional needs
  - Motor: Impairment of neuromusculoskeletal and/or sensory systems results in functional limitations
Qualitative Determination of Delay < 3 months

Examples of functional limitation descriptions:

- Torticollis: the baby will only nurse on one side and he doesn’t turn his head to both sides to look at faces. He sleeps with his head turned only to one side.

- Feeding: the baby has lost a few ounces in weight, which is causing her mom great concern. She loses milk during feeding. She needs to increase her calorie intake by having better coordination. The hard work of feeding causes her to often fall asleep when eating, and feedings can last up to an hour.
Eligibility for Qualitative Determination of Delay

**TAC 108.07:** (c) Developmental Delay.
- (1) Continuing eligibility must be determined annually through a comprehensive evaluation using a standardized tool designated by DARS ECI.
- (2) A child whose initial eligibility was based on a qualitative determination of delay is eligible for up to six months. For a child to remain eligible beyond six months the continuing eligibility criteria for percent of delay described in paragraph (3) of this subsection must be met.
- (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.

Eligibility Statement

Team informed parent/guardian that qualitative developmental delay status will be re-determined on or before this date (enter date here – must be within 6 months): 


Service Planning – Qualitative Determination of Delay

• Weekly Visits

• Front Loading

• Co Visits

Planning Services

Refer back to evaluation & assessment results, family priorities and IFSP outcomes.

Who on the team are the best people to provide information and support within the family routines?

What other supports are needed from other team members?

Determine frequency by discussing how much support is needed.
Qualitative Determination of Developmental Delay

The Preschool Language Scale (PLS-4 or PLS-5):
- Children whose primary language is not English, or
- Children who are learning two languages
  \[\textbf{AND}\]
  - Have a qualifying score on the BDI-2 only in the area of communication.

Questions?

- Upcoming Webinars:
  - 6/13 - Webinar Series - Qualitative Determination of Delay: Social and Emotional Skills
  - 7/2 - Webinar Series - Qualitative Determination of Delay: Oral Motor and Communication
  - 7/11 - Webinar Series - Qualitative Determination of Delay: Motor Skills