

State Part C eligibility definitions: Who do states make candidates for Part C services?



**Early Intervention/Early Childhood Special Interest Group
(EIEC SIG)
Webinar Series
February 26, 2013**

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- Presentation
- Q & A
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Presenters



Cordelia Robinson, PhD, RN



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Discussant

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State Part C eligibility definitions: Who do states make candidates for Part C services?

AUCD WEBINAR
February 26, 2013

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Purpose of Presentation

To address issues concerning:

- How states define developmental delay with respect to Part C
- Variability in how developmental delay is defined across the nation
- Discrepancies between the proportion of children who are candidates for Part C services and the actual number served.

Eligibility for Part C Requires

To be eligible for Part C services a child must have:

- ⦿ Developmental delay – a significant lag in a child's development in comparison with typical child development.

or

- ⦿ Established condition – diagnoses that confer eligibility because they generally result in disabilities – such as cerebral palsy, autism and Down syndrome.

Part C Eligibility Based on a Developmental Delay

- About 60% of children in Part C are eligible based on the presence of a developmental delay
- There are no standard criteria for what constitutes a developmental delay
- Most states define developmental delay in terms of a lag in *developmental age* or some number of *standard deviations* below the mean on measures of development.

Part C Eligibility Based on a Developmental Delay

- Part C regulations require state definitions of eligibility to address child abilities in five developmental domains: *motor, communication, cognitive, daily living, and social-emotional*
- 48 states and Washington, DC have adopted numerical eligibility definitions based on a level of developmental delay that they regard as warranting early intervention services
- 22 different numerical definitions are in use

Example of an Eligibility Definition

- A child must have a 25% delay in development or a score that falls below -1.5 SD on one or more developmental domains
- How many children are likely to meet this eligibility criterion?
- How would we figure this out?

How Many Children are Likely to be Part C Eligible?

Rates of developmental delays among children under 3 years of age can be estimated from developmental data in nationally representative samples.

Representative Sample

- The Early Childhood Longitudinal Survey, Birth Cohort (ECLS-B) is a nationally representative sample ($n \approx 10,700$) of infants born in 2001.
- Children's cognitive and motor skills were assessed at 9 and 24 months with the Bayley Short Form-Research Edition (BSF-R).

Estimate of Proportion Eligible Based on Two Domains

- Used cognitive and motor scores from ECLS-B to estimate the proportion of children likely to be Part C eligible
- Nationally about 13% of children are likely to be Part C eligible - based on 2 domains

Rosenberg, S., Zhang, D. & Robinson, C. (2008). Prevalence of developmental delays and participation in early intervention services for young children. *Pediatrics*, 121, e1503–e1509.

Limitations of Estimate Based on Two Domains

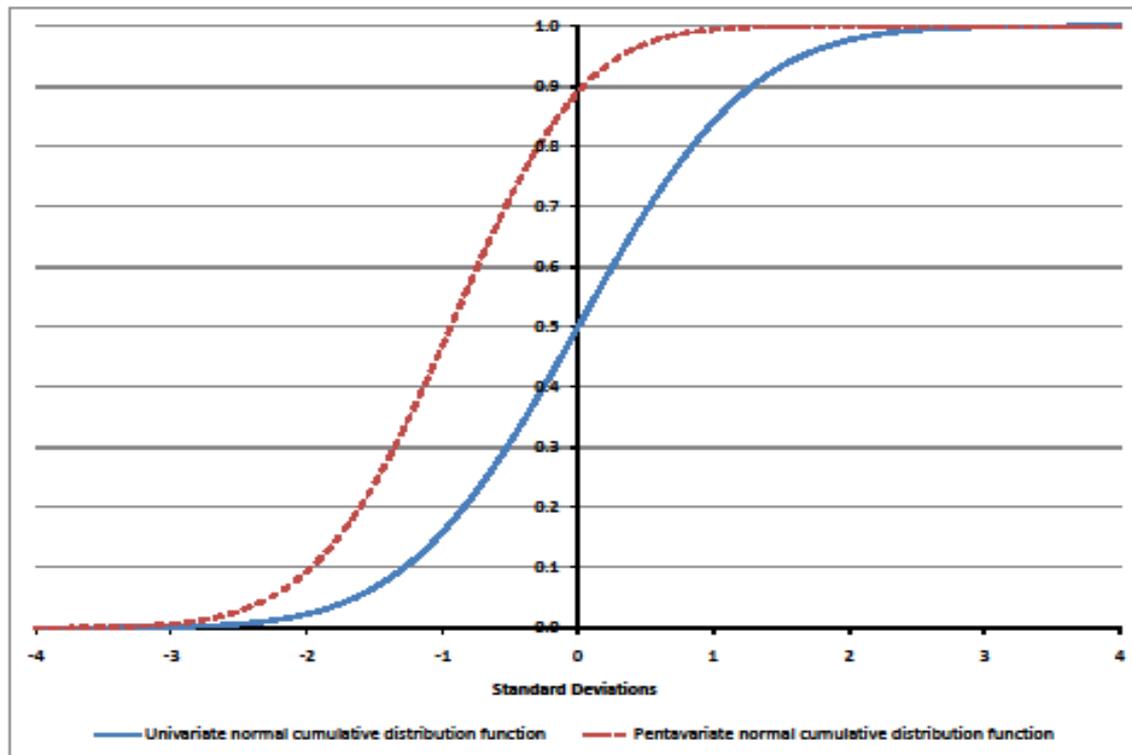
- ① States have very different eligibility criteria. Any national estimate obscures large differences between states
- ① Five developmental domains are required to be evaluated when determining a child's eligibility for Part C services.
- ① Estimates based on 2 domains will be smaller than estimates based on all 5 domains.

Estimation Strategy

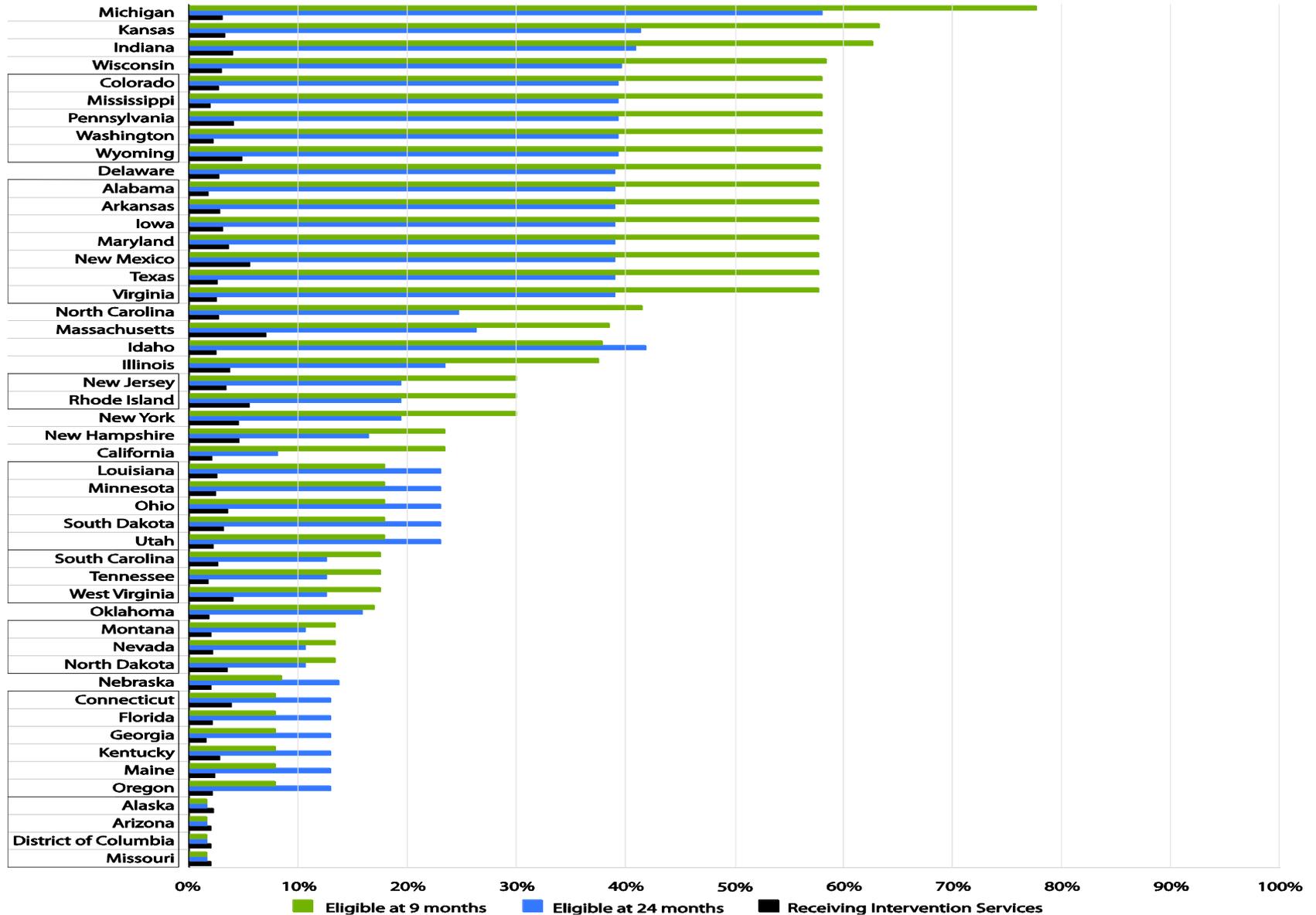
We estimated the proportion of children likely to be Part C eligible for 2 domains using the ECLS-B data and then extrapolated from 2 to the 5 domains required by Part C regulations

Rosenberg SA, Ellison MC, Fast B, Robinson CC & Lazar R. Computing theoretical rates of Part C eligibility based on developmental delays. Maternal Child Health Journal [Epub ahead of print].

Proportion of Population Falling under Univariate and Pentavariate Normal Distributions



Estimated Rates of Eligibility for Part C



Are Too Few Infants and Toddlers Receiving Part C Services?

- If all states set their eligibility criteria to 2 standard deviations below the mean on all 5 developmental domains about 9% of children would be candidates for Part C.
- About 2.8 percent of children received Part C services based on the 2010 Child Count.
- This suggests that many children who are likely to need EI aren't receiving Part C services.

Are Too Many Infants and Toddlers Candidates for Part C Services?

- The answer depends on the State. In some states as few as 2% of children under 3 are likely to be eligible, while in 17 states more than half of the children could qualify at 9 months and over a third at 24 months.
- How useful is it to have definitions of eligibility that make far more children candidates for Part C than can be served?

Implications: Access to Services

- ⦿ A minority of children who are candidates for Part C services receive early intervention
- ⦿ Children who are developing normally may receive early intervention while others with more severe problems may not receive EI services
- ⦿ We need a better understanding of the developmental needs of children who are receiving Part C services

Evidence of Under Enrollment

- About 10 percent of children who are likely to be Part C eligible receive early intervention services. Rosenberg, S., Zhang, D. & Robinson, C. (2008). Prevalence of developmental delays and participation in early intervention services for young children. *Pediatrics*, 121, e1503–e1509.
- About 50 percent of ELBW children never enrolled in Part C services in SC Wang et al (2009). Factors influencing the enrollment of eligible extremely-low-birth-weight children in the Part C Early Intervention Program. *Academic Pediatrics*, 9, 283-287.
- About 17 percent of presumptively eligible maltreated children received Part C services in CO. Robinson CC, & Rosenberg SA. (2004). Child welfare referrals to Part C. *J Early Intervention*, 26,284–291.

Limitations

- ⦿ These findings underestimate the proportion of children who are candidates for Part C services because we included only full-term infants in our ECLS-B sample
- ⦿ Estimates were based on data from the entire nation rather than individual states
- ⦿ Estimates do not reflect decisions about eligibility based on established conditions and clinical opinion
- ⦿ Children may receive services outside of Part C

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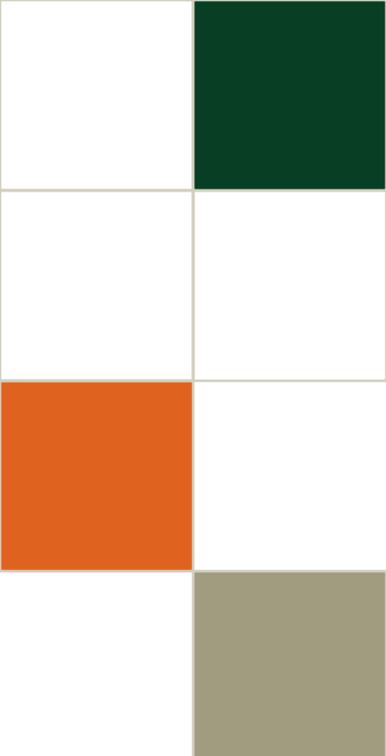
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Q & A

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Commentary

What is our role in early
intervention policy decisions?

Jeffrey P. Brosco MD PhD

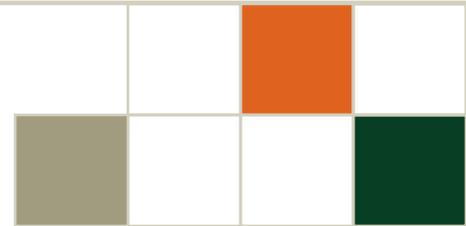
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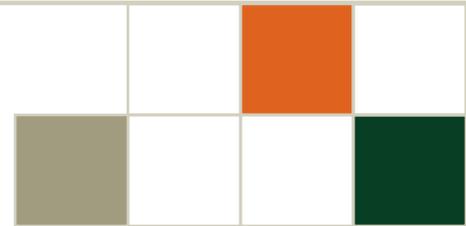
Conclusion from Today's Data

- Corry and Steve have added to the evidence-base that there is wide variability in Part C eligibility standards, who might qualify, and who is enrolled.
- There are methodological issues in any approach to answering these questions, but their results match what most of us see across the states.



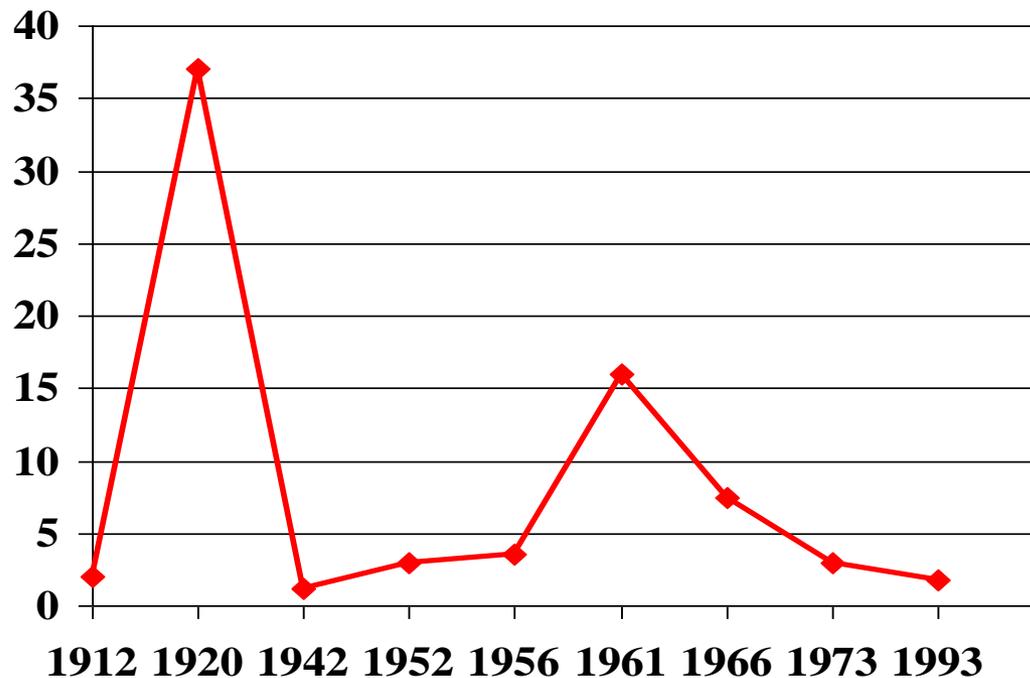
History and Ethics

- Estimates of prevalence vary with place AND with time (e.g. MR)
- Administrative cut-offs for state or voluntary programs (should) represent explicit decisions on how best to serve a population and meet goals.



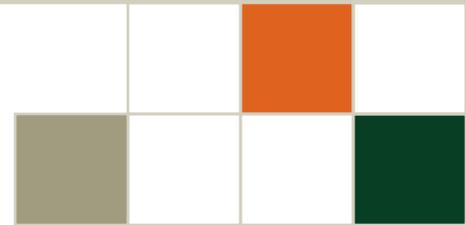
Prevalence of MR (estimated)

Per 100 population



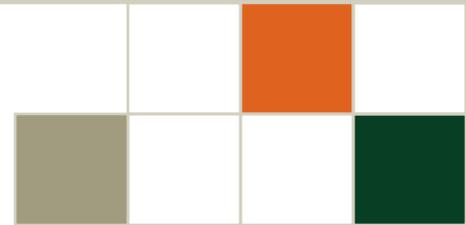
History and Ethics

- Estimates of prevalence vary with place AND with time (e.g. MR)
- Administrative cut-offs for state or voluntary programs (should) represent explicit decisions on how best to serve a population and meet goals.
 - Contrast Part C in CT and GA



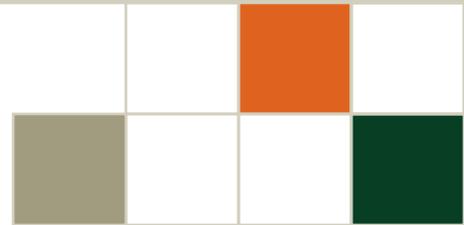
Our Role as Professionals

- Provide evidence base (research)
- Help determine appropriate goals (eg, ready to learn) and how to measure those goals
- Use evidence to help determine best approach to achieving goals
- Advocate for sufficient resources



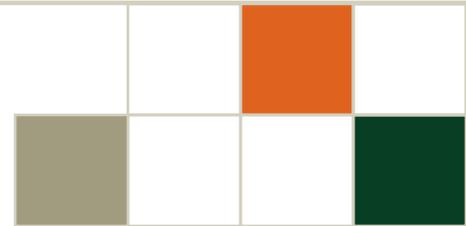
Some Questions

- Does current evidence guide us?
- Population-based approach (high-quality universal early care/education)
- Identify children with delays (and/or at risk) to provide individual services?
- What is the role of response to intervention (RTI) in early childhood?



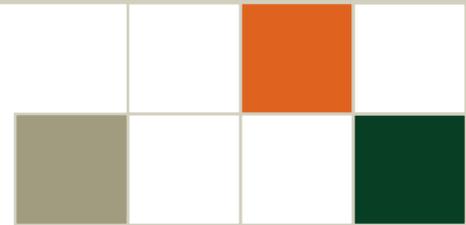
Another Question

- Should screening for early intervention focus even more on high-risk environments, rather than wait until a child is delayed?
 - not just teen mothers or other “high risk” groups, but specific factors such as number of children’s books in the home



Last Question

- Given that the specific goals, evidence base, and social/political circumstances are likely to continue to change (rapidly), is the most important short-term goal to establish a state-level mechanism for on-going dialogue to help ensure that our programs reflect our values and the best evidence?



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- EIEC SIG Website: www.aucd.org/eiec

Questions about the SIG?

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