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

- Introductions
- Presentation
- Q & A
  - You can ask a question by pressing the * then # key to request the floor. Questions will be answered in the order they are received.
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Presenters

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Steven Rosenberg, PhD

Discussant

Jeffrey P. Brosco MD PhD
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≈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

Limitations of Estimate Based on Two Domains

- States have very different eligibility criteria. Any national estimate obscures large differences between states.
- Five developmental domains are required to be evaluated when determining a child’s eligibility for Part C services.
- 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.

Proportion of Population Falling under Univariate and Pentavariate Normal Distributions
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


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.
Acknowledgments

- Misoo C. Ellison, Colorado School of Public Health
- Bruce Fast, Office of Information Technology, University of Colorado Boulder
- Radu Lazar, Robert H. Smith School of Business, University of Maryland
- Beth M. McManus, Colorado School of Public Health
- Evelyn F. Shaw, University of North Carolina - Chapel Hill
- Gary O. Zerbe, Colorado School of Public Health
- Duan Zhang, University of Denver
U.S. Department of Education, Office of Special Education Programs (OSEP) Grant No. H324T990026

Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services Grant No. R40 MC 05473

Administration on Developmental Disabilities, University Center of Excellence in Developmental Disabilities Education, Research and Service (UCEDD) Award No. 90DD0632
Q & A

- How to Ask a Question
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Suppose a county Part C program has 1000 children enrolled on a given day in a county with 50,000 children under 3. So on that day about 2% (1000 divided by 50,000) of the children receive Part C services.
What proportion of children receive Part C over a year?

- Suppose 2000 different children are served during the year.
- To compute the proportion of children served during a year do we divide by the number of children who have been under 3 in the past year or by the number of children under 3 on a single day during the year? Over a period of a year a third more of the children will be born into the age range. The proportion is about 3% (i.e., 2000/67000 = .03)
Computing the proportion for a single day and for the year

- Suppose I drink 3 cups of coffee a day, 1 of which I buy at the cafeteria and the other 2 I brew myself. So on any given day I purchase about 33% of the cups of coffee I drink (i.e., 1 divided by 3).

- Suppose I consumed 1000 cups of coffee over the past year, of which I purchased 380. How should I compute the proportion of cups of coffee I bought? Should I divide the number purchased by the total number of cups in a day (380/3) or the total cups for a year (380/1000)?
Commentary

What is our role in early intervention policy decisions?

Jeffrey P. Brosco MD PhD
Mailman Center for Child Development
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

- Yearly prevalence of MR per 100 population from 1912 to 1993.
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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Questions about the SIG?

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