

Addendum to First Steps Policy & Procedure Manual
Relates to: X Records and 911 KAR 2:120 Section 1 (8)(a)
III Evaluation and Eligibility 911 KAR 2:120 Section 1 (10)(a)(8)
and Section 2 (4)(b)

January 19, 2005

First Steps Delay Ranking Scale

“In accordance with KRS 200.664(7), in order to determine continuing program eligibility and the effectiveness of services provided to the child, a delay ranking by developmental domain shall be assigned in the progress review report by each therapeutic interventionist using the delay ranking scale.”

Beginning on January 19, 2005, within the report of any Primary Level Evaluation or Initial Five-Area Assessment, subsequent Progress Reports that a provider of therapeutic intervention prepares prior to an IFSP Review, as well as within any Discharge Summary report there must be a section that addresses delay status for each of the five areas (Cognitive, Motor, Communication, Social/Emotional, Adaptive) that has been initially evaluated or assessed by a Primary Level Evaluator or addressed in outcomes by an intervention provider. Additionally, the delay status section must also provide written justification for the delay ranking that has been assigned.

Delay will be ranked on a four-point scale from 0 to 3 with
0 = no delay; child has developmentally appropriate skills for that area
1 = mild delay; child is slightly behind same age peers for that area
2 = moderate delay; child is markedly behind same age peers for that area
3 = severe delay; child is significantly behind same age peers for that area

Note, adjustments will be made for prematurity per 911 KAR 2:120 Section 2 (5)(a)(b)

The evaluator or therapeutic interventionist will assign a delay ranking based on informed clinical judgment, the child’s response to the therapeutic intervention provided over the previous period, any formal or informal testing appropriate for the domain(s) that was administered, observation, and/or parent/caregiver report. The use of standardized test instruments in this process is recommended. Therefore, if one is not used in this process, the report will contain a justification for excluding standardized measures along with an explanation justifying the ranking that was assigned.

Appropriate test instruments to obtain valid scores may include, **but are not limited to:** Peabody Developmental Motor Scales, Second Edition (PDMS-2); Mullen Scale of Early Learning (MSEL); Batelle Developmental Inventory (BDI); Vineland Adaptive Behavior Scales (VABS); Bayley Scales of Infant Development (BSID-III); Rossetti Infant-Toddler Language Scale; Preschool Language Scale IV (PLS-IV).

While the therapeutic interventionist will assign the delay ranking based on their testing, observations and professional informed clinical judgment; the following can serve as informal guidelines that the interventionist may choose to use in their decision-making process. As always, adjustments for prematurity should be made per regulation.

- The “0 = no delay” category would represent those children who score within normal limits on any test instrument appropriate for that area; or who have demonstrated age appropriate developmental milestones in that area.
- The “1 = mild delay” category would represent those children who score from more than 1 up to and including 1.5 standard deviations below the mean on testing.
- The “2 = moderate delay” category would represent those children who score from more than 1.5 up to and including 2.0 standard deviations below the mean on testing.
- The “3 = severe delay” category would represent those children who score more than 2 standard deviations below the mean on testing. This would also include those children whose pattern of development is significantly different than what would normally be expected.

While the categories listed above rely heavily on standard scores, it is also recognized that additional factors (e.g. muscle tone; quality of movement; oral-motor functioning; sensory processing; attention/impulsivity; atypical phonology, etc.), **may** impact developmental delay ratings and should be reflected in the written rationale for the rating assigned within the report.

Continuing program eligibility will be determined at each IFSP review using the Delay Ranking Scale. A child will continue to be eligible if he/she has a score of 1 or above in any area.

How the Service Coordinator will record/report data:

There will be a table on a CBIS form that lists the areas and has cells to record the current ranking. The Service Coordinator will get the rank numbers from the evaluation, assessment or progress report and record those in the appropriate cell. If there is no ranking for a domain because there is no therapeutic intervention in that domain, the PSC will record a number “9” in that space. There should be no empty cells in the table. Continued eligibility will be recorded by checking “Currently enrolled with continued developmental delay” on the Child Eligibility Status section of the CBIS form.

If more than one interventionist is working in the same developmental domain and they have **not** assigned the same number rank in that domain in their progress report, the PSC will meet/talk with the interventionists and bring them to consensus about a single ranking in that area – there can be only one number in the cell for each domain.

Delay Ranking Scale

Developmental Area	Current Rank
Cognitive	
Adaptive	
Motor	
Communication	
Social/Emotional	

Continued Eligibility: ___yes ___no

