Regulations and other acts

Gouvernement du Québec

O.C. 1480-99, 17 December 1999

An Act respecting family benefits
(R.S.Q., c. P-19.1)

Allowance for handicapped children
Family benefits
— Amendments

Regulation respecting the allowance for handicapped children and the Regulation to amend the Regulation respecting family benefits

WHEREAS under section 7 of the Act respecting family benefits (R.S.Q., c. P-19.1) the Government may specify, by regulation, the information and documents that must be submitted with an application for family benefits;

WHEREAS under the first paragraph of section 11 of the Act an allowance for handicapped children shall be granted for a handicap within the meaning assigned by government regulation;

WHEREAS under the aforementioned paragraph the Government may determine, by regulation, notably the degree or duration of a disorder or impairment giving rise to the handicap, what is or is not considered to be a handicap, the criteria governing the assessment of the nature or extent of the cause of the handicap, the information or documents to be provided and the circumstances in which and time at which the entitlement to the allowance ceases;

WHEREAS under the third paragraph of section 11 of the Act the Government may determine, by regulation, the amount of the allowance for handicapped children;

WHEREAS under the third paragraph of section 61 of the Act, the provisions of sections 6 and 6.1 of the Regulation respecting family assistance allowances made by Order in Council 1498-89 dated 13 September 1989 pertaining to allowances for handicapped children continue to apply until the coming into force of the regulatory provisions made under the first paragraph of section 11;

WHEREAS the Regulation respecting family benefits, made by Order in Council 1018-97 dated 13 August 1997 and its amendments, determines the information and documents that must be submitted with an application for an allowance for handicapped children and determines the amount of such allowance;

WHEREAS it is expedient to replace these provisions;

WHEREAS in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1) the draft Regulation respecting the allowance for handicapped children and the draft Regulation to amend the Regulation respecting family benefits were published in Part 2 of the *Gazette officielle du Québec* dated 12 May 1999, with a notice that they may be made upon the expiry of 45 days following that publication;

WHEREAS it is expedient to make these regulations, with minor amendments, taking into account the comments made by interested persons;

IT IS ORDERED, therefore, upon the recommendation of the Minister of Child and Family Welfare and the Minister for Child and Family Welfare:

THAT the Regulation respecting the allowance for handicapped children and the Regulation to amend the Regulation respecting family benefits, attached to this Order in Council, be made.

MICHEL NOËL DE TILLY,
Clerk of the Conseil exécutif

Regulation respecting the allowance for handicapped children

An Act respecting family benefits
(R.S.Q., c. P-19.1, s. 7 and s. 11, 1st par. and 3rd par.)

DIVISION 1
CONDITIONS OF ENTITLEMENT

1. The allowance for handicapped children shall be granted to a child with an impairment or a development disorder which considerably restricts the child's everyday activities and has a foreseeable duration of at least one year.

Everyday activities are the activities in which a child participates, according to his age, with respect to personal care and social life. They include eating and getting dressed, moving about, communication, learning activities, and going to and moving about the places where the activities take place.

2. A child, whose condition corresponds or compares to the cases specified in the Schedule and has a foreseeable duration of at least one year, shall be considered handicapped within the meaning of section 1. In other cases, the extent of the child's handicap shall be assessed in accordance with the following criteria:

(1) disabilities that subsist in spite of facilitating factors;

(2) obstacles in the child's environment;

(3) restrictions imposed upon the child's family.

Facilitating factors are devices such as corrective lenses, hearing aids, ortheses, medication administered by the natural routes, free technical aids or services accessible in the region in which the child lives.

Obstacles in the environment include having to alter the layout of the home, day care centre or school and to adapt devices and everyday tools or transportation.

Restrictions imposed upon the child's family, as a result of the impairment or development disorder, are restrictions that significantly complicate the task of caring for and educating the child. They include having to frequently accompany the child to care providers, to have the child accompanied to the day care centre or to school, and having to provide constant supervision or special assistance.

3. A child whose condition corresponds to the exclusions in the Schedule may not be considered handicapped within the meaning of section 1.

4. An impairment is a persistent loss or abnormality of a metabolic, cellular, histological, anatomical or physiological structure or function.

The loss or abnormality must be confirmed by objective signs through a physical examination, biological test or medical imaging or, for sight or hearing, a recognized measurement of sight or hearing. The results must be attested to by an expert who is a member of a professional order.

5. A development disorder means a persistent psychological and emotional disturbance or cognitive impairment that hinders or delays the integration of learning experiences and jeopardizes the child's adaptation.

An expert who is a member of a professional order must attest to the disorder in a report that describes the child's abilities and disabilities and the support measures and treatment selected, and that contains the expert's recommendations.

Where the cognitive functions, including language, are assessed other than with a developmental scale or a standardized test, data must be given in the expert's report so that the selected method's reliability and margin of error may be ascertained. The results must allow the child's assessment in relation to the most directly comparable standardized group.

Where a standardized test or a developmental scale is used, the derived score must be expressed in centiles, standard deviations, quotients, or equivalent age groups, and the confidence interval must be given in the expert's report.

A standardized test is a test where the raw score is converted into a relative measure that ranks the child with respect to the norms for his age group. The norms are established by representative samples.

6. Impairments or developmental disorders are not considered handicaps before the beginning of diagnostic procedures or treatment, or if they affect a function that is not yet developed in a healthy child.

If required for assessing a premature infant's condition, the age of the infant is adjusted by subtracting the number of weeks of prematurity.

7. An application for the allowance for handicapped children shall include, in addition to the expert's report on the child's condition, the following information:

(1) the applicant's name, date of birth, social insurance number, address and telephone number at home and at work;

(2) the status of the applicant in accordance with section 2 of the Act respecting family benefits (R.S.Q. c. P-19.1);

(3) the name, date of birth, sex and address of the child;

(4) the date on which the applicant became mainly responsible for the child's care and education and began to live regularly with the child.

Where it is the applicant's spouse who has the status required by section 2 of the aforementioned Act rather than the applicant himself, the applicant shall provide the following information:

(1) the name, date of birth, social insurance number, address and telephone number at home and at work of the applicant's spouse;

(2) the status of the spouse in accordance with section 2 of the aforementioned Act;

(3) the date of beginning or end, if applicable, of the applicant's spousal status.

The application shall be accompanied with the applicant's attestation that the information it contains is accurate, complete and authentic. The spouse shall likewise attest to the information provided.

The applicant may disregard the requirements of subparagraphs 2 and 4 of the first paragraph and those of the second paragraph if the child is receiving the family allowance.

A first-time applicant is not required to provide the expert's report referred to in the first paragraph where the child for which the applicant becomes responsible is already receiving the allowance for handicapped children.

A first-time applicant who becomes responsible for a child receiving the allowance for handicapped children is not required to file a new application for that allowance if an application for the family allowance for the child has been made.

8. The allowance for handicapped children shall be $119.22 a month.

DIVISION II
CESSATION OF ENTITLEMENT

9. Entitlement to the allowance for handicapped children ceases in the following cases:

(1) the condition that gave rise to the child's entitlement to the allowance has so improved the latter no longer meets the conditions of entitlement;

(2) improvements in assessment methods for the handicap or in diagnostic methods now show that the child does not meet the conditions of entitlement;

(3) improvements in treatment for the child's impairment or in the developmental disorder are such that the child no longer meets the conditions of entitlement;

(4) a reassessment of the child's condition shows that the latter no longer meets the conditions of entitlement.

10. Entitlement to the allowance for handicapped children is suspended if treatment or measures likely to improve the child's condition are not applied or continued without a valid reason.

Entitlement ceases in case of refusal or omission to comply with a request for information or a test to assess the child's condition.

DIVISION III
TRANSITIONAL AND FINAL PROVISIONS

11. A child who was receiving the allowance for handicapped children under the former Regulation shall continue to do so until a decision is made regarding the child under this Regulation.

12. This Regulation comes into force on 1 February 2000.

SCHEDULE
(ss. 2 and 3)

TABLES OF CASES CONSIDERED SERIOUS HANDICAPS

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1. IMPAIRMENTS

1.1 SIGHT

Cases considered serious handicaps

A child is considered handicapped within the meaning of section 1 in the following cases:

(1) the child is less than four years old and wears contact lenses because of bilateral aphakia;

(2) the child has a visual acuity of 6/60 or less;

(3) the child's field of vision for both eyes is less than 30 degrees at the widest diameter, measured when focusing on a central point;

(4) one of the cases in A and one of the cases in B below both apply to the child:

A Cases	**B Cases**
A.1 the child has a visual acuity of 6/21 or less;	B.1 special services are required to stimulate and maximize the child's visual potential;
A.2 the child's field of vision for both eyes is less than 60 degrees at the widest diameter, measured when focusing on a central point;	B.2 assistance is required to move about in an unfamiliar environment or to go to school or move about there;
A.3 the child has a loss of sight of 30 % or more, calculated in accordance with the method and tables of the American Medical Association and taking into account loss of central vision, field of vision and eye motility.	B.3 adapted learning tools are required, particularly special school books, audio recordings, magnifying devices or documents in braille.

Assessment methods

Visual acuity shall be measured in both eyes simultaneously following correction by adequate refraction lenses.

The method used to measure visual acuity must be specified in the expert's report. If measured other than with a Snellen chart, the Allen method or by ocular fixation, data must be given in the report so that the selected method's reliability and margin of error may be ascertained.

1.2 HEARING

Cases considered serious handicaps

A child is considered handicapped within the meaning of section 1 in the following cases:

(1) the average threshold for the better ear is more than 90 decibels before correction, with equivalent results in air and bone conduction tests;

(2) the use of a hearing aid does not reduce the average threshold of pure sound below 40 decibels for the better ear, with equivalent results in air and bone conduction tests;

(3) one of the cases in A and one of the cases in B below both apply to the child:

A Cases	B Cases
A.1 the child is less than five years of age and the average threshold of pure sound before correction is 25 decibels or more for the better ear;	B.1 in spite of the use of a hearing aid, the child has delayed language development and requires professional services for learning his native language or an adapted language;
A.2 the child is five years of age or older and the average threshold of pure sound before correction is 40 decibels or more for the better ear.	B.2 the average threshold of pure sound after correction is 25 decibels or more for the better ear;
	B.3 in spite of the use of a hearing aid, speech discrimination is less than 60 %;
	B.4 in spite of the use of a hearing aid, the child cannot use ordinary apparatus—in particular the telephone and television—unless they are adapted to his needs.

Assessment methods

Hearing loss is measured by taking into account the average threshold of pure sound at 500, 1 000 and 2 000 hertz. Where the child's average is near the selected criterion, the expert's report must show the child's level of hearing in the 4 000 or 6 000 hertz frequency range. If the hearing is not measured with an audiogram, data must be given in the expert's report so that the selected method's reliability may be ascertained.

Speech discrimination shall be measured in a quiet environment, for the better ear, by a standardized test. The assessment must show the child's usual level of hearing; it should not be carried out for a temporary conduction deafness, such as a middle ear otitis. The sound intensity used must be given in the expert's report.

If the child does not wear a hearing aid because of lack of improvement or because of an intolerance, the expert must specify this in his report.

Exclusion

A child who is presumed to have a central auditory processing disorder is not deemed to be handicapped unless an assessment of the child's difficulties, using standardized tests, shows results comparable to those referred to in Tables 2.1 to 2.5 on developmental disorders.

Specific rule

The allowance for handicapped children may not be granted before the first reliable measurement of hearing loss is carried out.

1.3 MUSCULOSKELETAL SYSTEM

Cases considered serious handicaps

A child is considered handicapped within the meaning of section 1 in the following cases:

(1) the child has a total paralysis of the brachial plexus;

(2) the child is two years of age or less and requires several surgical procedures for clubfoot;

(3) the child is more than three years of age and requires a wheelchair or a walker because of limited motor skills;

(4) the child is achondroplastic and his height is less than the third percentile;

(5) one of the cases in A and one of the cases in B below both apply to the child:

A Cases	B Cases
A.1 the child has a deformity or agenesis affecting the musculoskeletal system;	B.1 the child is less than five years of age and his ability to maintain sitting and standing positions, handle objects and move about is less than that of the average healthy child half his age;
A.2 the child has a type of dwarfism;	
A.3 the child has a neuromuscular disease;	B.2 the child is two years of age or older and has an upper limb impairment resulting in inefficient prehension in one hand or hindering everyday activities that require both hands;
A.4 the child has cerebral palsy;	
A.5 the child has myopathy;	B.3 the child is five years of age or older and is unable to walk about in places to which he would normally go, to walk there or use public transportation to get there; the abnormalities and limitations described in the expert's report imply that the child requires the assistance of another person, special apparatus or devices, adapted transportation or an adapted learning environment;
A.6 the child has anrthropathy;	
A.7 the child has sequelae of disease or trauma that limits his motor skills.	B.4 the child is five years of age or older and his prehension and coordination skills are such that he cannot feed or dress himself or needs an excessive amount of time to do so, thus requiring another person's help or a special apparatus or device;

A Cases	B Cases
	B.5 the child must undergo several specialized therapeutic interventions because of his limited skills, thus entailing more than two specific care treatments per month outside the home.

Assessment methods

The expert's report must include a diagnosis, confirmed by significant observations during a physical examination, by biological tests or medical imaging, as well as an assessment of the child's motor abilities and disabilities, in accordance with his age.

It must describe any abnormality in muscular tone, motor control, articular amplitude, coordination and balance, muscular strength and endurance and contain comments on the limitations they entail in maintaining posture and in motor, exploratory and manipulatory activity.

1.4 RESPIRATORY FUNCTION

Cases considered serious handicaps

A child is considered handicapped within the meaning of section 1 in the following cases:

(1) the child receives daily oxygen therapy at home;

(2) the child has bronchopulmonary dysplasia requiring the daily use of a bronchodilator;

(3) the child has a deformity of the thorax or a restrictive syndrome that reduces vital capacity by 50 % or more compared to the normal vital capacity based on his size; vital capacity must be measured when the child's condition is stable and free from any acute infection or decompensation;

(4) one of the cases in A and one of the cases in B below both apply to the child:

A Cases	B Cases
A.1 the child is less than two years of age and has been treated for at least the past three months as recommended by the committee on asthma of the Canadian Thoracic Society;	B.1 the child is less than two years of age and receives daily medication six months a year or more administered by wet nebulization, where a metered-dose inhaler is medically contraindicated;
A.2 the child is two years of age or more and has been treated for asthma for at least the past six months as recommended by the committee on asthma of the Canadian Thoracic Society.	B.2 in spite of adequate preventive treatment, the child has had at least three severe decompensation episodes in the last twelve months, requiring treatment in hospital for more than 48 hours or oral corticosteroids treatment for more than seven days;
	B.3 in spite of inhaled beclomethasone in doses of 1 000 µg/day or 20 µg/kg/day with a metered-dose inhaler or its equivalent, the child's asthma cannot be controlled and he has symptoms, at least six months a year, that limit his activities, or a condition that requires a higher dose of inhaled steroids or the addition of another medication the potential side effects of which require close medical supervision.

Assessment methods

The medical report must indicate the prescribed medication, dosage, frequency of medical visits, decompensation episodes, weight and height of the child, and the presence of avoidable respiratory irritants in the child's environment. Where respiratory allergens complicate control of the asthma, the allergy test results must be attached to the medical report.

If control of the asthma is not achieved, it must be demonstrated in the medical report, in accordance with any applicable measures given the child's age, through information concerning frequency of nocturnal symptoms, frequency of use of bronchodilators, variations in peak expiratory flow rates, results of bronchial and respiratory function challenge tests done when no infections or allergies are active. A preventive dose of a bronchodilator before exercise may not be considered in the assessment of daily needs.

A pharmaceutical record confirming the various medications and quantities purchased during the previous year must be attached to the medical report.

Where a nebulizer must be used, the medical report must describe the problems related to using a metered-dose inhaler or other method.

1.5 CARDIOVASCULAR FUNCTION

Cases considered serious handicaps

A child is presumed handicapped within the meaning of section 1 in the following cases:

(1) the child is three years of age or less, has cardiopathy and requires digitalis;

(2) from birth to two full years following surgery, where the child was born with hypoplastic left heart syndrome, transposition of the great vessels, pulmonary atresia or a tetralogy;

(3) the child has a valvular disease and is taking anticoagulants;

(4) the child has a pacemaker, and complications related to the implant site require two surgical procedures or more during the year;

(5) one of the cases in A and one of the cases in B below both apply to the child:

A Cases	B Cases
A.1 the child has a surgically uncorrected malformation of the heart;	B.1 the child, in spite of medication, has symptoms at rest or with low effort that hinder everyday activity;
A.2 the child has a malformation of the heart surgically treated with a palliative procedure;	B.2 the child has seriously retarded growth: weight or height less than the third percentile or persistent weight or height loss of more than 15 percentiles;
A.3 the child has arrythmia;	
A.4 the child has cardiac insufficiency.	B.3 the progressive deterioration of the child's cardiovascular function requires surgery and his everyday activity is affected, or the required care imposes significant restrictions on his family;
	B.4 the child requires medical follow-up at least once a month to adjust his medication according to his response to treatment and variations in weight.

Assessment methods

The medical report establishing the cardiovascular insufficiency must indicate the diagnosis, the level of activity that triggers cyanosis, dyspnea or tachycardia and must include a height and weight graph.

Exclusion

A child who has a malformation or cardiac disease with no active treatment and that requires only medically prescribed restrictions or limits for the practice of sports, shall not be considered handicapped.

1.6 NERVOUS SYSTEM ABNORMALITIES

Cases considered serious handicaps

A child is considered handicapped within the meaning of section 1 in the following cases:

(1) the child has Lennox-Gastaut syndrome;

(2) one of the cases in A and one of the cases in B below both apply to the child:

A Cases	B Cases
A.1 the child has epilepsy and has been undergoing anticonvulsive therapy for more than six months;	B.1 in spite of medication, the child has more than one partial seizure a week;
A.2 the child has Tourette's disorder;	B.2 in spite of medication, the child has more than one episode of generalized seizures every two months;
A.3 the child has suffered a craniocerebral injury resulting in a coma.	B.3 in spite of medication, the child has persistent tics that significantly affect everyday activity;
	B.4 the side effects of the medication significantly affect everyday activity;
	B.5 the child cannot attend a day care centre or school without being accompanied.

Assessment methods

The diagnosis of nervous system impairments must be confirmed by a description of the objective abnormalities detected by a physical examination, analysis of diagnostic specimens, medical imaging or electrophysiology.

In case of Tourette's disorder, the expert's report must describe the tics observed, stating at what age they began and how often they occur. A psychiatric assessment must be attached to the report.

Specific rules

Where a central nervous system dysfunction is the presumed cause of a cognitive, behavioural or communication disorder, or of dislexia, the provisions of Tables 2.1 to 2.5 on developmental disorders shall apply.

Where the nervous system impairment causes global development delay, the provisions of Table 2.1 on global development delay shall apply.

Where the nervous system impairment involves mainly motor skills, the provisions of Table 1.3 on impairments of the musculoskeletal system shall apply.

1.7 NUTRITION AND DIGESTION

Cases considered serious handicaps

A child is considered handicapped within the meaning of section 1 in the following cases:

(1) the child is fed by naso-gastric hyperalimentation;

(2) the child has a gluten-free diet;

(3) the child has a colostomy or ileostomy;

(4) the child has congenital anal imperforation and is two years of age or less;

(5) one of the cases in A and one of the cases in B below both apply to the child:

A Cases	B Cases
A.1 the child has a malformation or disease of the digestive tract;	B.1 the child's diet imposes significant restrictions on his family;
A.2 the child has oropharyngeal dyspraxia;	B.2 deglutition and mastication functions are such that the child requires the services of an occupational or speech therapist;
A.3 the child has an inflammatory intestinal disease.	B.3 the child's illness is not controlled by medication and he has digestive problems, a deteriorated general condition or symptomatic anemia that restricts everyday activity for more than three months a year;
	B.4 the total period of hospitalization because of the inflammatory intestinal disease and its complications is more than one month a year;
	B.5 the child must go to a health care facility or a doctor more that ten times a year because of decompensation due to the inflammatory intestinal disease, extradigestive manifestations, endoscopy, biological tests or therapeutic adjustments.

Assessment methods

The diagnosis of an impairment related to nutrition must be confirmed, as the case may be, by a report from the occupational therapist or speech therapist, by dated results of the abnormal biological tests, by the attending physician's notes on its course, hospitalization dates and the height and weight graph.

Exclusion

A child who has lactose intolerance or cow's milk protein intolerance is not considered handicapped.

1.8 RENAL AND URINARY FUNCTIONS

Cases considered serious handicaps

A child is considered handicapped within the meaning of section 1 in the following cases:

(1) the child has a chronic renal insufficiency and undergoes dialysis;

(2) the child uses a urinary catheter daily;

(3) the child has had a vesicostomy or a urethrostomy;

(4) the child is five years of age or more and his diurnal incontinence requires daily care and sanitary products.

Exclusion

A child who receives antibiotics for preventive purposes because of vesicourethral reflux is not considered handicapped.

1.9 METABOLIC OR HEREDITARY ABNORMALITIES

Cases considered serious handicaps

A child is considered handicapped within the meaning of section 1 in the following cases:

(1) the child has a hemoglobinopathy of type SC, SS OR Sß thalassemia with sickle cell anemia and is less than seven years old;

(2) the child has a phenylalanine-reduced diet due to phenylketonuria and is less than seven years old;

(3) the child has mucopolysaccharidosis of the Hunter or Hurler type;

(4) the child has Gaucher's disease;

(5) the child has galactosemia;

(6) the child has tyrosinemia;

(7) the child has classic severe maple sugar urine disease;

(8) the child has lactic acidosis;

(9) the child has cystic fibrosis and pulmonary and digestive complications and is under continuous treatment with enzymes;

(10) the child is a hemophiliac with Factor VIII or IX activity of less than 1 %;

(11) the child receives daily insulin therapy;

(12) one of the cases in A and one of the cases in B below both apply to the child:

A Cases	B Cases
A.1 the child has a metabolic illness resulting in an essential metabolite deficiency; A.2 the child has a metabolic illness resulting in an accumulation of toxic metabolites; A.3 the child has a metabolic illness resulting in an insufficient energy production.	B.1 the child could experience severe decompensation after fasting for a few hours, with a fever or benign infection, a condition which requires specific care under medical supervision; B.2 the child must consume proteins, lipids or glucides of a specific type or in closely supervised portions, which prevents him from consuming the same food as his family; B.3 the child requires at least every month a medical or paramedical follow-up because of his illness, decompensations or to prevent his development from being affected; B.4 the child's fatigability restricts everyday activity.

Exclusion

A child who has a metabolic abnormality that is compensated by medication, vitamin therapy, food supplements or by excluding a food is not considered handicapped.

Specific rules

Where the metabolic or genetic impairment causes global development delay, the provisions of Table 2.1 on global development delay shall apply.

1.10 IMMUNE SYSTEM ABNORMALITIES AND NEOPLASIA

Cases considered serious handicaps

A child is considered handicapped within the meaning of section 1 in the following cases:

(1) the child is receiving chemotherapy or radiation therapy for leukemia or cancer;

(2) the child has AIDS and his condition imposes significant restrictions on his family;

(3) the child is undergoing immunosuppressive treatment for an autoimmune disease or following an organ transplant;

(4) the child has multiple food allergies to at least three different food groups consumed daily and the severity of the allergic reactions requires that emergency treatment be constantly available.

Assessment methods

The diagnosis must be confirmed by information on the type of tumour, the stage of the disease and the abnormal biological test reports.

For allergies, the medical report must describe any previous allergic reactions and include the allergy test results.

Exclusions

A child who is allergic to one food only, to pollens or to animals is not considered handicapped.

A child whose tumour has been totally removed by surgery without any sequelae is not considered handicapped.

1.11 CONGENITAL MALFORMATIONS AND CHROMOSOMAL ABNORMALITIES

Cases considered serious handicaps

A child is considered handicapped within the meaning of section 1 in the following cases:

(1) until the child is two years of age, if born with a cleft lip and cleft palate that are complete and either unilateral or bilateral;

(2) the child has a trisomy involving the autosomes without mosaicism;

(3) the child has a monosomy involving the autosomes without mosaicism.

Assessment methods

The diagnosis must be confirmed by a description of the malformation. In the case of a syndrome in which the malformation or its degree varies from one subject to another, the child's abnormalities and functional limitations must be specified in the expert's report.

For the chromosomal abnormalities specified above, the results of the karyotype are sufficient.

Exclusion

The child who has a fissure of the soft palate or a cleft lip with an alveolar notch is not considered handicapped.

2. DEVELOPMENTAL DISORDERS

2.1 GLOBAL DEVELOPMENT DELAY

Cases considered serious handicaps

A child is considered handicapped within the meaning of section 1 if one of the cases in A and one of the cases in B below both apply to the child:

A Cases	B Cases
A.1 the child has a delay in most areas of development which requires a specialized stimulation program;	B.1 under the age of two, the child's skills in at least two areas of development are the same as those acquired by a child half his age, based on the mean age of skill acquisition;
A.2 the child has a delay in most areas of development which imposes significant restrictions on his family.	B.2 the child is two to five years of age and his developmental quotient, assessed by an expert in accordance with a recognized development scale, in particular that of Bayley, Griffiths or Gesell, is less than 70;

A Cases	B Cases
	B.3 the child is two to five years of age and his developmental quotient, assessed by a standardized psychometric test, in particular that of Leiter, Brigance or the WPPSI, is less than 70, for a confidence interval of 90 %.

Assessment methods

The diagnosis of global developmental delay must be confirmed by an assessment of skills acquired by the child in the main areas of development, that is, motor skills, autonomy, communication, language and social interaction. The mean age of skill acquisition in these areas of development is the age given in one of the following:

WEBER, M. L., Dictionnaire de thérapeutique pédiatrique. Montréal / Paris: Les Presses de l'Université de Montréal / Doin éditeurs, 1995, and thereafter the most recent edition;

NELSON, W. E., BEHRMAN, R. E., KLIEGMAN, R. M. and ARVIN, A. M., Nelson Textbook of Pediatrics. 15th ed. Philadelphia: W.B. Saunders Company, 1996, and thereafter the most recent edition.

The expert's report must allow for an assessment of the childs developmental age or to rank the child within intragroup norms.

The developmental quotient shall be determined by multiplying by 100 the ratio of the age of development over the chronological age.

2.2 MENTAL RETARDATION

Cases considered serious handicaps

A child is considered handicapped within the meaning of section 1 in the following cases:

(1) the child is more than five years of age and has an IQ of 50 or less; for a confidence interval of 90 %;

(2) one of the cases in A and one of the cases in B below both apply to the child:

A Cases	B Cases
A.1 the child is more than five years of age and his psychometric assessment shows, for a confidence interval of 90 %, a global IQ equal to or less than 70; A.2 the child is more than five years of age and his psychometric assessment shows, for a confidence interval of 90 %, a percentile of two or less; A.3 the child is more than five years of age and his psychometric assessment shows a standard deviation of two or more below average.	B.1 the assessment of the child's adaptive skills in respect of a recognized scale, namely the Échelle québécoise des comportements adaptatifs (ÉQCA) [Maurice, P. et al. Manuel technique (97,0). Montréal: UQAM, Département de psychologie, 1997, and thereafter the most recent edition] or the Vineland scale, shows a standard deviation of two or more below average; B.2 the child has an impairment in at least two of the following areas of adaptive functioning: communication, personal care, domestic skills, social skills, use of community resources, autonomy, functional academic abilities, leisure activities, work, health and security;

A Cases	B Cases
	B.3 the child's behavioural, emotional and social problems described by the expert significantly restrict everyday activity or impose significant restrictions on his family; B.4 the child is twelve years of age or less and his school achievement is less than that of a child who is less than two thirds his age.

Assessment methods

The diagnosis of mental retardation must be confirmed by standardized psychometric tests done in the year preceding the application and, especially in borderline cases, in accordance with a recognized adaptive behaviour assessment scale, namely the Échelle québécoise des comportements adaptatifs (ÉQCA) [Maurice, P. et al. Manuel technique (97,0). Montréal: UQAM, Département de psychologie, 1997, and thereafter the most recent edition] or the Vineland scale.

Exclusion

A child described as "with handicaps or learning or adjustment difficulties" according to the criteria of the Ministère de l'Éducation is not considered handicapped, unless an assessment shows that the child meets the conditions of this Regulation. The criteria are given in: Ministère de l'Éducation, Interprétation des définitions des élèves handicapés ou en difficulté d'adaptation ou d'apprentissage, 1992, and thereafter the most recent edition.

2.3 PERVASIVE DEVELOPMENT DISORDERS

Cases considered serious handicaps

A child is considered handicapped within the meaning of section 1 in the following cases:

(1) the child cannot attend a day care centre or school without being accompanied;

(2) the child attends a psychiatric centre during the day;

(3) care and tutoring at home impose significant restrictions on his family because of his disorder.

Assessment methods

The diagnosis of a pervasive development disorder must be confirmed by a psychiatric or multidisciplinary assessment that refers to the diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders: DSM-IV. American Psychiatric Association, 4th ed. 1994, and thereafter the most recent edition.

2.4 LANGUAGE DISORDERS

Cases considered serious handicaps

A child is considered handicapped within the meaning of section 1 in the following cases:

(1) the child is less than five years of age and his language skills are those of a child less than half his age;

(2) the child is more than three years of age and does not speak;

(3) the child is more than six years of age and his speech is usually unintelligible to an adult who is not familiar with the child;

(4) the child obtained in the previous year, on standardized assessment tests for phonetic, semantic, morphosyntax and pragmatic aspects, a result below the 2nd percentile and no result above the 10th percentile with respect to comprehension and expression;

(5) the child has a verbal IQ of less than 70, for a confidence interval of 90 %;

(6) assessment of the child's adaptive skills according to the Échelle québécoise des comportements adaptatifs (ÉQCA) [Maurice, P. et al. Manuel technique (97,0). Montréal: UQAM, Département de psychologie, 1997, and thereafter the most recent edition] or the Vineland scale shows a standard deviation of two or more below average in the areas of communication and socialization;

(7) the child is twelve years of age or less and his language disorder hinders his learning in school, which is less than that of a child who is less than two thirds his age.

Assessment methods

The language disorder must be confirmed by standardized tests specific to language. The results must rank the child in relation to his group and the confidence interval must be stated. Where the tests cannot be used, the assessment report must describe the skills acquired and the deviation noted in the acquisition of the language code and give concrete examples of the use of language in the child's everyday activity.

The assessment must show that the language disorder is not a result of a hearing impairment, intellectual disability or a pervasive development disorder. The results of the audiogram and of the intellectual and behavioural assessment must be reported.

If the language disorder is associated with a hearing impairment, an intellectual disability or a pervasive development disorder, the provisions of Table 1.2 on hearing, Table 2.2 on mental retardation or Table 2.3 on pervasive development disorders shall apply.

A neurological assessment that does not show an abnormality on the physical examination or a lesion visible through medical imaging or electrophysiology is not taken into account for determining the extent of the handicap caused by the language disorder.

Exclusions

A child less than six years of age who has not had a multidisciplinary cognitive assessment, in particular of his acquisition of symbolic thought, verbal and non-verbal skills and the integrity of his sensorial functions, is not considered handicapped because of a specific language disorder.

A child aged six years or more who has not had an assessment of verbal and non-verbal aptitudes through standardized psychometric tests selected or adapted to language problems is not considered handicapped because of a specific language disorder.

2.5 BEHAVIOURAL DISORDERS

Cases considered serious handicaps

A child is considered handicapped within the meaning of section 1 in the following cases:

(1) the child has had psychotherapy at least every month for at least six months and the therapist considers that it should continue at a monthly rate for a total duration of at least one year;

(2) the child cannot attend a day care centre or school without being accompanied.

Assessment methods

The behavioural disorder must be confirmed by a psychiatric assessment that describes the nature and the seriousness of the disorder and its consequences on the child's family and in his school and social environment. The description must be sufficiently detailed to enable the Régie to assess the seriousness of the condition. It must include the therapist's recommendations.

Exclusion

A child who has an attention deficit disorder, with or without hyperactivity, and who is treated solely through medication is not considered handicapped.

Regulation to amend the Regulation respecting family benefits*

An Act respecting family benefits
(R.S.Q., c. P-19.1, ss. 7 and 11, 3rd par.)

1. Section 6 of the Regulation respecting family benefits is revoked.

2. Division VII is revoked.

3. This Regulation comes into force on 1 February 2000.

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Extract from the Standing Orders of the National Assembly (Adopted on 13 March 1984)

TITLE III

CHAPTER IV
PRIVATE BILLS

264. Notice and introduction – Any Member may, at the request of an interested person or body of persons, introduce a bill relating to private or local matters.

He shall give notice of his intent not later than the sitting day preceding that on which such bill is to be introduced and shall provide a copy thereof to the President before the sitting at which it is to be introduced.

265. Report from law clerk – Before such bill is introduced the President shall communicate to the Assembly the contents of the report from the law clerk thereon.

266. Preamble – A private bill shall require no explanatory notes; but every such bill shall contain a preamble setting out the facts on which it is founded and the circumstances giving rise to the necessity for it.

267. Referral to committee – When a private bill has been introduced the Government House leader shall move, without notice, that it be referred to a committee; and such motion shall be decided without debate.

The committee shall hear the interested parties, examine the bill clause by clause, and report thereon to the Assembly. The question for concurrence in such report shall be put forthwith and decided without debate.

268. Motions for passage in principle and passage – The passage in principle of the bill shall be set down for a future sitting day. No motion may be made to divide such bill or to defer its passage in principle.

A private bill when passed in principle shall not again be referred to a standing committee but may be passed during the same sitting day, and Standing Order 257 shall apply: Provided that the bill may not then be passed if opposition to its passage is taken by five Members.

269. Debate – During the debates on the passage in principle and the final passage of a private bill, each Member may speak for up to ten minutes: Provided that the Member sponsoring the bill and the leaders of the parliamentary groups may each speak for up to thirty minutes.

270. Procedure – Except as otherwise provided in this chapter of these Standing Orders, the general rules pertaining to bills shall apply to private bills.

* The Regulation respecting family benefits, made by Order in Council 1018-97 dated 13 August 1997 (1997, *G.O.* 2, 4363), was last amended by the Regulation made by Order in Council 825-99 dated 7 July 1999 (1999, *G.O.* 2, 1864). For previous amendments refer to the *Tableau des modifications et Index sommaire*, Éditeur officiel du Québec, 1999, updated to 1 September 1999.