

Authority

34 C.F.R. 303.16, 303.300

Purpose

The purpose of this policy statement is to assure that WV Birth to Three has in place a rigorous definition of developmental delay that includes the eligibility criteria and procedures, consistent with Sec. 303.16, which will be used statewide to determine the eligibility of infants and toddlers to receive Part C early intervention services.

2.2.1 Policy

2.2.1.1 The determination of whether a child meets the eligibility criteria of WV Birth to Three must be made by an appropriately qualified multi-disciplinary evaluation/assessment team. The multi-disciplinary evaluation/assessment team is responsible for assuring that evaluation documentation clearly reflects the child's initial and/or annual eligibility in accordance with the WV Birth to Three eligibility definition. This documentation must be present in the child's record.

2.2.1.2 Eligibility cannot be determined based solely on a single test result. In order to determine a child's initial and/or annual eligibility, the multi-disciplinary team must use informed clinical opinion, supported by multiple methods and strategies, including the following:

- A. With parental permission, review of medical records including vision and hearing, and consultation with the child's primary health care provider (it is especially important to determine if the parents' health concerns about the child may be related to any other diagnosis or condition);
- B. Review of developmental history;
- C. Parent interview;
- D. Administration and written results of appropriate screening and/or assessment diagnostic instruments and procedures; and
- E. Observation of the child within typical daily routines.

2.2.1.3 Areas of development to be evaluated for all children:

- A. Cognitive Development – how the child thinks, plays, and interacts with others and within his/her environment;
- B. Physical Development (including motor, vision and hearing) – Motor development includes fine motor abilities (how a child uses his/her small muscles for eye-hand coordination, visual tracking, reaching for and grasping and releasing objects) and gross motor abilities (how a child uses his/her large muscles for rolling, crawling, walking, running and jumping);
- C. Communication Development – how the child understands and expresses language;
- D. Social/emotional Development – how the child perceives himself/herself, interacts with others, copes with frustration, and expresses his/her emotions;
- E. Adaptive Development – how the child performs routine activities such as dressing and eating.

2.2.1.4 In order to be eligible for WV Birth to Three, an infant or toddler must be under three years of age and: be a resident of West Virginia; a Native American child residing on a reservation geographically located in West Virginia; a child who is homeless; or a ward of the state. In addition, the child must be demonstrating criteria that meets one or more of the following eligibility categories:

2.2.1.4.1 *A very substantial delay in one or more areas of development as documented through the methods in 2.2.1.2.*

A very substantial delay indicates that the child is demonstrating the equivalent of a 40% delay in functional abilities/developmental skills from what would be expected for a child of his/her age. This delay is not expected to resolve without the benefit of early intervention services. In addition to reporting formal assessment results, the MDT member is responsible for using informed clinical opinion and the methods identified in 2.2.1.2 to provide a written description of how the child's functional abilities represent a very substantial delay in one or more areas, from what would be expected for a child of his/her age (or adjusted age up to 24 months).

OR

2.2.1.4.2 *A substantial delay in two or more areas of development as documented through the methods in 2.2.1.2.*

A substantial delay indicates that the child is demonstrating the equivalent of a 25% delay in functional abilities/developmental skills from what would be expected for a child of his/her age. This delay is not expected to resolve without the benefit of early intervention services. In addition to reporting formal assessment results, the MDT member is responsible for using informed clinical opinion and the methods identified in 2.2.1.2 to provide a written description of how the child's functional abilities represent a substantial delay in two or more areas, from what would be expected for a child of his/her age (or adjusted age up to 24 months).

OR

2.2.1.4.3 *Substantially atypical development in two or more developmental areas for a child his/her age, even when evaluation does not document a 25% delay.*

This substantially atypical development is determined to likely result in developmental delay without the benefit of early intervention services. In addition to reporting formal assessment results, the MDT member is responsible for using informed clinical opinion and the methods identified in 2.2.1.2 to provide a written description of how the child's functional abilities are substantially atypical from what would be expected for a child of his/her age (or adjusted age up to 24 months), in two or more areas as identified in 2.2.1.3.

Children in this category may have patterns of development different from their peers, such as:

- Atypical sensory-motor development: muscle tone, reflex or postural reaction responses, oral-motor skills and sensory integration
- Atypical language or cognition: state regulation, attention span, perseveration, information processing
- Atypical emotional or social patterns: social responsiveness, affective development, attachment patterns, and self-targeted behaviors

OR

2.2.1.4.4 An established physical or mental condition documented in writing by the child's primary care or specialty physician, which has a high probability of resulting in a developmental delay.

WV Birth to Three considers the diagnoses listed below to be Established Conditions. Other diagnoses may only be considered to be Established Conditions if the multi-disciplinary team has written documentation from the child's primary care or specialty physician that the diagnosis will likely result in substantial developmental delay that is not of a transient or short term nature. If a child has more than one established condition, all conditions are to be documented on the eligibility form. Diagnoses from 'Biological Risk Factors' lists are not considered to be Established Conditions.

WV Birth to Three Recognized Established Conditions

CHROMOSOMAL ABNORMALITY /GENETIC DISORDERS Angelman Syndrome Cornelia De Lange Syndrome Cri-Du-Chat Syndrome Di George Syndrome Down Syndrome (Trisomy 21) Fragile X Syndrome Other Deletion or Duplication of Chrom. 1 through 22 (Not X or Y) Prader-Willis Smith Magenis Syndrome Treacher Collins Trisomy 13 (Patau Syndrome) Trisomy 18 (Edwards Syndrome), E Trisomy Trisomy 8 Mosaicism Trisomy 9 Mosaicism Trisomy 9P William Syndrome (Chromosome 7 Deletion) (Myelomeningiocele) Microcephaly Hunter Syndrome (Mucopolysaccharidoses) Hurler-Scheie Syndrome Lesch-Nyhan Syndrome	Maple Syrup Urine Disease (MSUD)	Muscular Dystrophy
	Mucopolysaccharidosis (MPS)	Neural Tube Defects (include Spina Bifida, Anencephaly)
	Mucopolysaccharidosis (MPS)	Paralysis
	Smith Lemli-Opitz	Leukodystrophies (Degenerative Neurologic Disease)
	Tay Sachs Disease	
	CONGENITAL DISORDER	SEVERE SENSORY IMPAIRMENT
	Arthrogyposis	Bilateral External Ear Anomalies
	Cleft Palate	Blindness
	Spina Bifida	Hearing Impairment
	INFECTIOUS DISEASE	Lebers Ameurosis
	Congenital Rubella Syndrome	Optic Nerve Atrophy
	Poliomyelitis	Optic Nerve Hypoplasia
	TOXIC EXPOSURE	Retinoblastoma
	Lead Exposure (postnatal) * 15 McG/ml.	Vision Impairment
	Fetal Alcohol Syndrome (FAS) (Prenatal)	SEVERE ATYPICAL DEVELOPMENTAL DISORDERS
	NERVOUS SYSTEM	Attachment Disorder
	Ataxia	Autistic Disorder
	Cerebral Palsy (Athetoid, Spastic, Spastic Dysplegia)	Pervasive Developmental Disorder
	Cerebrovascular Accident (CVA, Stroke)	
	Infantile Spasms	
Intraventricular Hemorrhage (IVH), Grade III or IV		
Lennox-Gastaut Syndrome		
Spinal Cord Injury		

OR

2.2.1.4.5 *Five or more risk categories, that when present in combination, are likely to result in substantial developmental delay if early intervention services are not provided, as defined in policy.*

In order to be eligible under the At-Risk category, the infant or toddler and their family must be experiencing at least five or more of the following twenty categories of risk factors. The MDT member is responsible for documenting the category and risk factors that are impacting the child. Other biological risk factors cannot be added unless the multi-disciplinary team has written documentation from the child's primary health care provider, demonstrating that the medical condition is likely to result in substantial developmental delay for this child if early intervention services are not provided.

WV Birth to Three At-Risk Categories

<ul style="list-style-type: none">• Low Birth Weight (1500 gms. or less, considered up to 24 months of age)• Severe asphyxia (5 min. APGAR < 5)• Small for Gestational Age (less than 10th percentile)• Chronic Otitis Media (physician diagnosis required)• Gestational Age (child born at 32 weeks or less gestation) (considered up to 24 months of age)• Technology Dependent (includes ventilator, g-tubes, alternate feeding) (does not include apnea monitors)• Child abuse or neglect substantiated by CPS• Family Barrier To Accessing Support (this factor may include any of the following barriers: a primary caregiver (parent) under age 18, a primary caregiver with educational level less than a high school degree, a family income level which qualifies for Federal assistance, no health insurance coverage, no permanent residence, or recent multiple changes in residence).• Serious Parental Concern (Parent expresses serious concern about their child's possible developmental delay)• Primary Caregiver (individual reports having a chronic mental illness, developmental disability or mental retardation)	<ul style="list-style-type: none">• Family Support Stressor (This factor may include stressors such as single parent with no other adult in household, lack of social support, physical or social isolation, primary caregiver with 4 or more preschool age children, primary caregiver with another child who has a diagnosed disability).• Chromosomal Abnormality/ Genetic Disorder (See examples from the list of biological risk factors)• Congenital Disorder (from the list of biological factors)• Severe Sensory Impairment (from list of biological factors)• Nervous System Impairment (from list of biological factors)• Inborn Error of Metabolism (from list of biological factors)• Infectious Disease (from list of biological factors)• Chronic Medical Illness (from list of biological factors)• Perinatal Factor (from the list of biological factors, not otherwise included here)• Toxic Exposure (from list of biological factors)
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**BIOLOGICAL RISK FACTORS THAT CAN BE CONSIDERED
UNDER THE AT-RISK CATEGORIES**

<p>CHROMOSOMAL ABNORMALITY/GENETICS DISORDERS</p> <p>Achondroplasia Ehlers-Danlos Klinefelter (XXY) Syndrome Marfan Syndrome Noonan Syndrome Turner Syndrome</p> <p>CONGENITAL DISORDER</p> <p>Cleft Lip Congenital Adrenal Hyperplasia Dwarfing Syndrome Hydranencephaly Hydrocephalus Vater Association</p> <p>INBORN ERROR OF METABOLISM</p> <p>Galactosemia Glycogen Storage Disease (e.g. Pompe's) Hyperpituitarism Hypoadrenocortical Function Hypopituitarism Hypothyroidism Phenylketonuria (PKU) Wilson Disease</p> <p>INFECTIOUS DISEASE</p> <p>Bacterial Meningitis Congenital Herpes Cytomegalovirus (CMV) Encephalitis Human Immunodeficiency Virus (HIV) Toxoplasmosis Viral Meningitis</p> <p>TOXIC EXPOSURE</p> <p>Maternal Phenylketonuria (PKU) Maternal Substance Abuse Mercury Exposure (Postnatal)</p>	<p>NERVOUS SYSTEM</p> <p>Closed Head Injury Congenital Malformation of the Brain Encephalocele Fetal Hydantoin Syndrome Huntingtons Disease Intracranial Tumors (Malignancies) Neurofibromatosis (Neurocutaneous Disorder) Seizure Disorder Tuberous Sclerosis (Neurocutaneous Disorders)</p> <p>SEVERE SENSORY IMPAIRMENT</p> <p>Albinism Amblyopia Aniridia Cataracts (Congenital) Glaucoma Melnick-Fraser Syndrome Retinitis Pigmentosa Retinopathy of Prematurity (ROP) Waardenburg Syndrome</p> <p>PERINATAL FACTORS</p> <p>Bronchopulmonary Disease (BPD) Failure to Thrive (FTT) Maternal Factors (PKU, Teratogen Exposure) Observed Infant Behavior State Abnormalities</p> <p>CHRONIC MEDICAL ILLNESS</p> <p>Cancer (Medical Illness) Chronic Hepatitis Congenital Heart Disease Cystic Fibrosis Diabetes Renal Failure Sickle Cell Disease Other Hemoglobinopathy Hemophilia Alpha Thalassemias Beta Thalassemias</p>
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