Technical Assistance Bulletin

TO: WV Birth to Three Practitioners and Service Coordinators
WV Birth to Three Regional Administrative Units

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ISSUE: **Clarification of Requirements for Determining Initial or Annual Eligibility for WV Birth to Three**

In accordance with the requirements of Part C of the Individuals with Disabilities Education Improvement Act (IDEA2004), WV Birth to Three has established a rigorous definition to identify infants or toddlers who may be eligible for Part C services in West Virginia. 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, including the interim and ongoing service coordinators, 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.

In order to determine a child's initial and/or annual eligibility, the multi-disciplinary team must conduct the following activities:

- with parental permission, review of medical records 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);
- review of developmental history;
- parent interview;
- administration of appropriate formal screening/assessment tools; and
- observation of the child within typical daily routines.

In order to be eligible for WV Birth to Three, an infant or toddler must be between the ages of birth through 35 months, and must be demonstrating criteria that meets one or more of the following eligibility categories:

1. **Substantial delay or significant and persistent atypical development in one or more of the following areas of development:**

   - Cognitive Development – how the child thinks, plays, and interacts with others and within his/her environment;
   - Physical Development (motor, vision and hearing) – it is important to have information about a child's vision and hearing status in order to evaluate other areas of development. 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);
   - Communication Development – how the child understands and expresses language;
   - Social/emotional Development – how the child perceives himself/herself, interacts with others, copes with frustration, and expresses his/her emotions;
   - Adaptive Development – how the child performs routine activities such as dressing and eating.

The multi-disciplinary team provides a written description of the child's functional abilities across the five areas of development. The Summary of Child's Present Levels of Development page of the IFSP must include descriptions sufficient to support the team's decision as to whether or not the child has:

a. a substantial difference between expected level of development for his/her chronological age (or adjusted age as appropriate up to 24 months of age) and current level of functioning; **or**
b. significant and persistent atypical development for a child of his/her chronological age (or adjusted age as appropriate up to 24 months of age).

2. **An established physical or mental condition documented 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 following diagnoses to be Established Conditions. Other diagnoses may only be considered to be Established Conditions if the multi-disciplinary team has written documentation of research that demonstrates that the diagnosis results in substantial developmental delay, including information from the child's primary or specialty health care provider. If a child has more than one established condition, all conditions are to be documented on the eligibility form. Diagnoses from 'Section 3, Biological Risk Factors' 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-Willi
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)

CONGENITAL DISORDER
Arthrogryposis
Cleft Palate
Spina Bifida (Myelomeningiocele)
Microcephaly

INBORN ERROR OF METABOLISM
Hunter Syndrome (Mucopolysaccharidoses)
Hurler-Scheie Syndrome
Lesch-Nyhan Syndrome
Maple Syrup Urine Disease (MSUD)
Mucolipidosis
Mucopolysaccharidosis (MPS)
Smith Lemli-Opitz
Tay Sachs Disease

INFECTIOUS DISEASE
Congenital Rubella Syndrome
Poliomyelitis

TOXIC EXPOSURE
Lead Exposure (postnatal) ∃ 15 McG/ml.

NERVOUS SYSTEM
Ataxia
Cerebral Palsy (Athetoid, Spastic, Spastic Dysplegia)
Cerebrovascular Accident (CVA, Stroke)
Infantile Spasms
Intraventricular Hemorrhage (IVH), Grade III or IV
Lennox-Gastaut Syndrome
Leukodystrophies (Degenerative Neurologic Disease)
Mental Retardation
Muscular Dystrophy
Neural Tube Defects (include Spina Bifida, Anencephaly)
Paralysis
Spinal Cord Injury

SEVERE SENSORY IMPAIRMENT
Bilateral External Ear Anomalies
Blindness
Hearing Impairment
Lebers Ameurosis
Optic Nerve Atrophy
Optic Nerve Hypoplasia
Retinoblastoma
Vision Impairment

SEVERE ATYPICAL DEVELOPMENTAL DISORDERS
Attachment Disorder
Autistic Disorder
Pervasive Developmental Disorder

3. **Multiple significant risk factors, that when present in combination, are likely to result in substantial developmental delay if early intervention services are not provided, as defined in policy.**

The evaluation/assessment process must include a description and documentation of any listed risk factor, as well as how the risk factor affects the child's development. In order to be eligible under the At-Risk category in WV Birth to Three, the infant or toddler and their family must be experiencing **at least four or more of the following twenty categories of risk factors** (for example, a family may be experiencing more than one situation under the Family Barrier category, however, one or more situations in the category only constitute one risk category for purposes of the definition):

WV Birth to Three At-Risk Categories

- **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**
- **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 Specific Trauma** (child abuse or acute injury)
- **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)
- **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)

BIOLOGICAL RISK FACTORS THAT CAN BE CONSIDERED UNDER THE AT-RISK CATEGORIES

(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).

CHROMOSOMAL ABNORMALITY/GENETICS DISORDERS
Achondroplasia
Ehlers-Danlos
Klinefelter (XXY) Syndrome
Marfan Syndrome
Noonan Syndrome
Turner Syndrome

CONGENITAL DISORDER
Cleft Lip
Congenital Adrenal Hyperplasia
Dwarfing Syndrome
Hydranencephaly
Hydrocephalus
Vater Association

INBORN ERROR OF METABOLISM
Galactosemia
Glycogen Storage Disease (e.g. Pompe's)
Hyperpituitarism
Hypoadrenocortical Function
Hypopituitarism
Hypothyroidism
Phenylketonuria (PKU)
Wilson Disease

INFECTIOUS DISEASE
Bacterial Meningitis
Congenital Herpes
Cytomegalovirus (CMV)
Encephalitis
Human Immunodeficiency Virus (HIV)
Toxoplasmosis
Viral Meningitis

TOXIC EXPOSURE
Fetal Alcohol Syndrome (FAS) (Prenatal)
Maternal Phenylketonuria (PKU)
Maternal Substance Abuse
Mercury Exposure (Postnatal)

NERVOUS SYSTEM
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)

SEVERE SENSORY IMPAIRMENT
Albinism
Amblyopia
Aniridia
Cataracts (Congenital)
Glaucoma
Melnick-Fraser Syndrome
Retinitis Pigmentosa
Retinopathy of Prematurity (ROP)
Waardenburg Syndrome

PERINATAL FACTORS
Bronchopulmonary Disease (BPD)
Failure to Thrive (FTT)
Maternal Factors (PKU, Teratogen Exposure)
Observed Infant Behavior State Abnormalities

CHRONIC MEDICAL ILLNESS
Cancer (Medical Illness)
Chronic Hepatitis
Congenital Heart Disease
Cystic Fibrosis
Diabetes
Renal Failure
Sickle Cell Disease
Other Hemoglobinopathy
Hemophilia
Alpha Thalassemias
Beta Thalassemias

Note: It is very important that multi-disciplinary team members have information from the child's primary health care provider to describe more specific implications of any biological risk factor, including the type, degree, or other implications for how the diagnosis is impacting the child's developmental status.