ELIGIBILITY

I. At-Risk Infants or Toddlers [34 CFR 303.5; 303.501(e)]

Children under the age of three who are at risk of developmental delay for biological or environmental reasons **and** who are **not** experiencing a developmental delay, or who may have been screened but are **not** suspected of a developmental delay, are **not** automatically eligible for early intervention services provided by Kansas Part C funding.

There is a subgroup of infants and toddlers considered at-risk who must be referred to a local tiny-k program to rule out developmental delay. "A referral must be made for any child under the age of three who is involved in a substantiated case of abuse or neglect or is identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal exposure." These children are not automatically eligible for Part C services provided by Kansas Part C funding.

A. Definition of At-Risk for Developmental Delay

Children, under the age of 3, who are at risk* of experiencing a developmental delay because of biological or environmental factors that can be identified and are not otherwise eligible for early intervention services under the statewide Kansas Infant-Toddler Services.

Biological or environmental factors include low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, a history of abuse or neglect, and being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Environmental risk factors should be identified by the multidisciplinary team.

***Note: "At risk" is different from "established risk," as defined on page 3 of this Section.**

B. Tracking and Follow-Up

Kansas recognizes the significant brain development that occurs during a child's first three years of life. Therefore, a follow-up and tracking system for infants or toddlers who are at risk, but are not eligible for early intervention services, is a response to the recognition of the importance of early identification.

Tracking at-risk infants and toddlers is recommended but not mandatory at this time under Kansas Infant-Toddler Services. Local tiny-k programs are encouraged to develop a follow-up system to screen these children at appropriate intervals. Frequency of follow-up will be unique to the needs of the child and family.

Local tiny-k programs are encouraged to initiate, expand, or improve collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public and private community-based organizations, services, and personnel. Many infants can be enrolled in tracking systems by being identified as "at risk" in the hospital (e.g., NICUs). Referrals from hospitals to local tiny-k programs, local health departments, and primary care providers ensure regular contacts are maintained with the departments. And the primary care providers ensure regular contacts are maintained with the

family so the infant or toddler can be monitored to determine if his or her status has changed with respect to the eligibility for early intervention services.

For infants and toddlers who are at risk of developmental delay, follow-up screening

1) helps parents keep their infant or toddler in a primary health care system,

2) promotes early identification of infants and toddlers requiring evaluation,

3) assists parents in becoming better observers of their infant's or toddler's development, and

4) responds to parental concerns.

C. Use of Part C Funds for At-Risk Infants and Toddlers

Part C funds may be used by local tiny-k programs if these funds are used to initiate, expand, or improve collaborative efforts related to at-risk infants and toddlers including establishing linkages with appropriate public and private community-based organizations, services, and personnel for the purposes of

1) identifying and evaluating at-risk infants and toddlers,

2) making referrals for the infants and toddlers identified and evaluated, and

3) conducting periodic follow-up on each referral, to determine if status of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for early intervention services.

Though Kansas does not serve at-risk children, local tiny-k programs may choose to serve this population. If they do, they are required to identify in their Community Service Plan, as part of their Infant-Toddler Services grant application, the eligibility criteria and funding sources used to serve these children.

II. Infants and Toddlers with a Developmental Delay or Established Risk for Developmental Delay [34 CFR 303.21; 303.111; 303.10]

Eligibility criteria have been established by the Kansas Infant-Toddler Services for infants and toddlers with developmental delays and disabilities. It is not the intent of the eligibility criteria to result in an assignment of a specific label/diagnosis for the child. Infants or toddlers change rapidly during the first three years of life, as do family factors. While a label/diagnosis may be selected because of administrative needs (e.g., funding), labeling/diagnosis is not necessary to establish eligibility for early intervention services.

It is the goal of the eligibility criteria to identify all infants and toddlers who are developmentally delayed or who are at established risk for developmental delay as soon as possible, while allowing for developmental differences.

A. Eligibility Criteria

1) Developmental Delay

(a) Children under the age of three who are experiencing a discrepancy of 25% or more between chronological age and developmental age, after correction for prematurity, and as measured by appropriate diagnostic instruments and procedures, in one of the following areas; or

(b) Children under the age of three who are experiencing a discrepancy of 20% or more between chronological age and developmental age, after correction for prematurity, and as measured by appropriate diagnostic instruments and procedures, in two or more of the following areas:

i. Physical development including health and nutritional status, vision, hearing, and motor

ii. Cognitive development

iii. Communication development

iv. Social or emotional development

v. Self-help/adaptive development

2) Professional judgment/informed clinical opinion of the multidisciplinary team (including the professional in the area/s of delay) concludes a developmental delay significant enough for eligibility exists when appropriate tests are not available or when testing does not reflect the child's actual performance. Professional judgment is a necessary safeguard against making eligibility determination based upon isolated information or test scores alone.

B. Established Risk for Developmental Delay

Children under the age of three, with a diagnosed physical, mental or neurobiological condition, and who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided, are at established risk for developmental delay and are eligible for early intervention services. A delay in development may or may not be exhibited at the time of diagnosis. Eligibility under established risk shall be determined by a physician or other appropriate diagnostic team who shall diagnose the presence of an established mental, physical or neurobiological condition. Established risk signifies the infant or toddler is automatically eligible for early intervention services as long as the diagnosis/established condition exists.

C. Informed Clinical Opinion

Infants or toddlers at risk of substantial developmental delay according to informed clinical opinion are eligible for early intervention services. A delay in development may or may not be exhibited at the time of clinical judgment. Activities used to determine eligibility for infants or toddlers at risk of substantial developmental delay according to informed clinical opinion include record review, observation, and parent report. Activities, consultations, reports and procedures used in clinical judgment to determine eligibility must be described in a written evaluation report.

III. Physical and Mental Conditions Resulting in a High Probability of Developmental Delay to Use in Determining Automatic Eligibility

These conditions may include but are not limited to the following:

A. Congenital Anomaly/Genetic Disorders/Inborn Errors of Metabolism

These are children diagnosed with one or more congenital abnormalities or genetic disorders with developmental implications. Some examples are:

1) Fragile X Syndrome
2) Chromosomal Abnormality
3) Down Syndrome
4) Trisomy 21 or 3
5) Patau's Syndrome
6) Trisomy 18
7) Autosomal Deletion Syndrome
8) Antimongolism Syndrome
9) Cri-du-Chat Syndrome

B. Inborn Errors of Metabolism

1) Amino acidopathies
2) Organic acidemias
3) Glutaric aciduria type II
4) Very long-chain fatty acid storage diseases
   All, including Peroxisomal disorders
   Leukodystrophy, Krabbe's disease, Pelizaeus-Merzbacher disease, Sulfatide lipidosis,
5) Cerebral lipases, Batten disease, Jansky-Bielschowshy disease, Kufs disease, Spielmeyer-Voyt disease, Tay-Sachs disease, Glangliosodosis
6) Cerebral degeneration in generalized lipidosis
7) Cerebral degeneration of childhood in other disease classified elsewhere
8) Conditions due to anomaly of unspecified chromosome
9) MCAD (medium chain acylCoA dehydrogenase deficiency)

C. Prenatal Exposures

1) Fetal Alcohol Syndrome

2) Fetal Phenytoin (Dilantin) syndrome

D. Neurocutaneous Syndromes

1) Neurofibromatosis

2) Tuberous sclerosis

3) Sturge Webber syndrome

E. Prenatal Infections/Congenital Infections

1) TORCH

2) Congenital toxoplasmosis

3) Congenital rubella

4) Congenital CMV (Cytomegalovirus)

5) Congenital herpes

6) Pediatric HIV/AIDS

F. Socio communicative Disorders

1) Asperger syndrome/disorder

2) Autism

3) Childhood depression

4) Childhood disintegrative disorder

5) PDD-NOS (pervasive developmental disorder – not otherwise specified)

6) Reactive attachment disorder

7) Rett-syndrome

G. Attachment Disorder

H. Hearing Loss – Congenital or Acquired. These are children diagnosed with unilateral or bilateral permanent hearing loss. This includes auditory neuropathy.

I. Vision Impairment. Congenital or Acquired. These are children diagnosed with a visual impairment that is not correctable with treatment, surgery, glasses or contact lenses. This includes but is not limited to:

1) Blindness ("legal" blindness or 20/200 best acuity with correction)

2) Low vision (20/70 best acuity with correction)

3) Retinopathy of prematurity (grades 4 and 5)

4) Neurological visual impairment

J. Motor Impairments = Developmental apraxia

K. Neurologic/Central Nervous System Disorders. These are children diagnosed with a condition known to affect the nervous system with developmental implications such as:

1) Absence of part of brain

2) Agyria

3) Aplasia of part of brain

4) Arhinencephaly

5) Brain malformation

6) Cerebral dysgenesis or agenesis of part of brain

7) Cerebral palsy (all types)

8) Congenital cerebral cyst

9) Degenerative progressive neurological condition

10) Encephalopathy

11) Epilepsy

12) Holoprosencephaly

13) Hydrocephaly – congenital or acquired

14) Intraventricular hemorrhage (IVH) – Grade 3 and 4

15) Macroencephaly/Macrogyria/Megalencephaly

16) Meningomyelocele/myelominingocele/spina bifida/neural tube defect with hydrocephalus includes Arnold-Chiari syndrome, type II and Chiari malformation, type II

17) Without mention of hydrocephalus [hydromemingocele (spinal)], hydromyelocele, mengocele (spinal) meningomyelocele, myelocele, myemyelocystocele, rachischisis, spina bifica (aperta) syringomylocele

18) Microgryria

19) Microcephaly

20) Myopathy

21) Peri-ventricular Leukomalacia (PVL)

22) Porencephalic Cyst

23) Seizures (Poorly or uncontrolled)

24) Spina Bifida

25) Spinal Muscle atrophy/Werdnig Hoffman disorder

26) Stroke

27) Ulegynia

L. Neonatal Conditions and Associated Complications

1) Gestational age less than 27 weeks or birth weight less than 1,000 grams;

2) Neonatal encephalopathy with neurological abnormality persisting at discharge from the neonatal intensive care unit;

3) Moderate to severe ventricular enlargement at discharge from the neonatal intensive care unit or a ventriculoperitoneal shunt;

4) Neonatal seizures, stroke, meningitis, encephalitis, porencephaly, or holoprosencephaly;

5) Bronchopulmonary dysplasia requiring supplemental oxygen at discharge from the neonatal intensive care unit;

6) Intrauterine growth retardation;

7) Necrotizing enterocolitis requiring surgery;

8) Abnormal neurological exam at discharge;

9) Intraventricular hemorrhage III or IV; or

10) Periventricular leukomalacia

11) **A combination of risk factors that, taken together, makes developmental delay highly probable (including but not limited to a combination of these factors: prematurity <30 233ks, very low birth weight <1500 grams, small or large for gestational age, length of hospital stay in newborn period > 45 days, family history of hearing impairment, apnea, prolonged ventilation, low Apgar scores).**

M. Other Syndromes

1) Angelman syndrome

2) Bardet-Biedl syndrome

3) CHARGE syndrome

4) Comelia de Lange syndrome

5) Fragile X syndrome

6) Jeune syndrome

7) Lissencephaly syndrome (Miller-Dieker syndrome)

8) Menkes syndrome

9) Noonan syndrome

10) Opitz syndrome

11) Prader-Willi syndrome

12) Rubenstein-Taybi syndrome

13) Weaver syndrome

14) Williams syndrome

N. Medically Related Disorders

1) Congenital or infancy-onset hypothyroidism

2) Cleft palate (prior to the operation to repair the cleft and up to one year post-operative)

3) Lead intoxication (>µg/dL) (up to six months after identification)

4) Lead acetate, tetraethyl lead

5) Other lead compounds

6) Unspecified lead compound

O. Acquired Trauma-Related Disorders

1) Traumatic brain injury/TBI without open intracranial wound

(a) with prolonged loss of consciousness and return to conscious level

(b) with prolonged loss of consciousness without return to conscious level

(c) unspecified state of consciousness

2) Traumatic Brain Injury/TBI with open intracranial wound

(a) with prolonged loss of consciousness and return to conscious level

(b) with prolonged loss of consciousness without return to conscious level

(c) with concussion, unspecified

P. Disorders of Growth = Failure to thrive

IV. Additional Considerations to Establish Eligibility

Research suggests there are many medical diagnoses which may impact development, although with a lesser probability than those conditions listed as established conditions. Examples include but are not limited to: Brachial plexus palsy, hand deformity, limb deformity, Torticollis, and Plagiocephaly. These conditions in and of themselves may not point toward eligibility for early intervention. However, there may be other circumstances in the infant's or toddler's life (e.g., health status, family situations, and additional developmental delay) that may influence the course of his or her development. When developmental concerns exist concurrent with these diagnosed conditions, the child's evaluation team shall determine eligibility based on eligibility criteria outlined in Subsection II-A above.