

Eligibility Categories

Introduction

On July 1, 2006, there was a change in the eligibility definition for the Infant-Toddler Program. State and federal approvals were obtained prior to the change. For children referred on or after July 1, 2006, eligibility will be determined under the new definition. For children referred on or before June 30, 2006, eligibility will be determined by the old definition. Children, who are determined eligible and enrolled in the program under the old definition, will continue to have their eligibility determined by that definition until they exit the program. They will not be subject to the “new” definition.

North Carolina's definitions were developed to encourage entry of all children into the Infant-Toddler Program, for whom early intervention services are likely to have the greatest benefit, including Indian infants and toddlers residing on a reservation geographically located in the state, children who are homeless and children who are wards of the state. The provision of such services at a very early age will enhance development and may preclude or diminish the need for services in later years.

To qualify for the Infant-Toddler Program in any eligibility category, there must be an identified condition(s) associated with developmental concern and an identified need for developmental, therapeutic, or educational intervention. This determination may be based on clinical judgment and, not necessarily, on specific test scores.

ELIGIBILITY DEFINITION FOR CHILDREN REFERRED JUNE 30, 2006 OR BEFORE

There are four eligibility categories in the Infant-Toddler Program for children from birth to age three:

- Developmental Delay;
- Atypical Development;
- High Risk Established, and
- High Risk Potential.

In the first two categories listed above (Developmental Delay and Atypical Development), the child shows a measurable delay or exhibits atypical development. However, some children from birth to age three have conditions with a high probability of resulting in developmental delay or atypical development. These conditions are reflected in the High Risk Established and High Risk Potential categories.

Developmental Delay

Children from birth to age three whose development is delayed in one or more of the following areas:

- Cognitive development
- Physical development, including gross and fine motor function
- Communication development
- Social-emotional development
- Adaptive development

The specific delay must be documented by scores 1.5 standard deviations below the mean of the composite score (total test score) on standardized tests or by a 20 percent delay on instruments which determine scores in months in at least one of the above areas of development.

Note: Vision and hearing impairments are referenced in the High Risk Established eligibility category as codes 410 and 411, respectively.

Atypical Development

Children from birth to age three who demonstrate significantly atypical behavioral, socio-emotional, motor, or sensory development such as:

1. Diagnosed hyperactivity, attention deficit disorders, autism spectrum disorders, severe attachment disorders, other pervasive developmental disorders, or other behavioral disorders.
2. Indicators of emotional and behavioral disorders such as:
 - a. delay or abnormality in achieving emotional milestones, such as attachment, parent-child interaction, pleasurable interest in adults and peers, ability to communicate emotional needs, or ability to tolerate frustration;
 - b. persistent failure to initiate or respond to most social interactions;
 - c. fearfulness or other distress that does not respond to comforting by caregivers;
 - d. indiscriminate sociability, for example, excessive familiarity with relative strangers, or
 - e. self-injurious or other aggressive behavior.
3. Substantiated physical abuse, sexual abuse, exploitation, or other environmental situations that raise significant concern regarding the child's emotional well being. Children where neglect has been substantiated and the local Department of Social Services has determined that the child and family are in need of services.

High Risk Established

Children with diagnosed or documented physical or mental conditions known to result in developmental delay or atypical development as the child matures. Such conditions are limited to those listed below.

403 Chromosomal Anomaly or Genetic Disorder Chromosomal Anomaly/Genetic Disorder

Children diagnosed to have one or more familial disorders with developmental implications such as tuberous sclerosis, familial retardation syndromes, Down syndrome, Fragile X, hemoglobinopathies, Fetal Alcohol Syndrome.

404 Metabolic Disorder

Children diagnosed with a metabolic disorder with developmental implications such as diabetes, cystic fibrosis, chronic renal failure, short bowel syndrome.

405 Infectious Disease

Children diagnosed with an infectious disease that interferes with daily functioning for greater than three months a year or is likely to require hospitalization of more than one month a year such as AIDS, CMV, rubella, herpes, toxoplasmosis, syphilis.

406 Neurologic Disease

Children diagnosed to have any disorder known to affect the central nervous system, such as cerebral palsy, spina bifida, microcephaly, macrocephaly, seizures, bacterial or viral infection of the brain, inability to feed orally in a full-term infant or premature infant, persistent hypertonia or hypotonia.

407 Congenital Malformation

Children diagnosed to have any congenital disorder with developmental implications such as congenital heart disease, missing or deformed limbs, anatomic malformations involving the head and neck.

409 Toxic Exposure

Children with a confirmed venous blood lead level of 20 ug/dl or greater. Other toxic exposures may include such toxic materials as lye, medications, kerosene, alcohol (diagnosed Fetal Alcohol Effect) or illegal substances confirmed by a positive drug screen.

410 Vision Impairment

Children diagnosed with a visual impairment that cannot be corrected with treatment, surgery, glasses, or contact lenses.

411 Hearing Impairment

Children with any loss in hearing whether permanent or fluctuating, bilateral or unilateral, sensory or conductive manifested during the developmental period.

High Risk Potential

Children with documented presence of indicators associated with patterns of development, which have a high probability of meeting the criteria for developmental delay or atypical development as the child matures. Documentation will require at least three (3) of the indicators listed below.

100 Maternal Age <15 Years

Mother's age is less than 15 years at time of delivery.

101 Maternal Phenylketonuria (PKU)

Mother whose blood phenylalanine is 10/mg/dl or more, or who has hyperphenylalanemia.

102 Mother HIV Positive

Mother with Human Immunodeficiency Virus (antibodies to HIV) or Acquired Immune Deficiency Syndrome (AIDS).

103 Maternal use of Anticonvulsants, Antineoplastic or Anticoagulant Drugs

This includes such drugs as warfarin (Coumadin R), and heparin.

104 Parental Blindness

Primary caregiving parent is blind.

105 Parental Substance Abuse

Birth mother during pregnancy or primary caregiving parent has been a habitual abuser of alcohol and/or drugs.

106 Parental Mental Retardation

Either parent has been diagnosed with mental retardation or developmental disability.

107 Parental Mental Illness

Either parent has a diagnosed illness such as severe depression, bipolar illness, schizophrenia, or borderline psychotic conditions.

108 Difficulty in Parent-Infant Bonding

Primary caregiving parent shows substantial lack of attention and interest in infant, withdrawal from, avoidance of or over stimulation of the infant or child associated with misreading the infant's early communications or cues; or parent does not give clear cues to the child.

109 Difficulty in Providing Basic Parenting

Substantial evidence that neither one of the child's parents is able to protect the child from injury and/or abuse, provide adequate physical care, form an ongoing, stable relationship with the child, and perceive and respond to the total child's changing needs and communications.

110 Lack of Stable Housing

Child's family lives on the street or in a vehicle, or moves from one dwelling to another with no permanent shelter, indicating a level of family disruption which may result in a non-facilitating environment for the child.

111 Lack of Familial and Social Support

Child and parent(s) have no family, friends, or other means of social support to whom they may turn in crises or to meet routine needs.

112 Family History of Childhood Deafness

Parents, grandparents, siblings, aunts, or uncles have experienced hearing impairment during their childhood.

113 Maternal Hepatitis B

Mother was positive for Hepatitis B at the time of delivery.

115 History of Abuse or Neglect of Parent

Parent reports a history of having experienced abuse or neglect as a child.

200 Birthweight <1500 grams

Infant's birthweight less than 1500 grams.

201 Gestation <32 weeks

Infant's gestational age was less than 32 weeks.

202 Respiratory Distress

Infant experienced respiratory distress requiring mechanical ventilator for more than 6 hours.

203 Asphyxia

Infant had experienced asphyxia (or APGAR score less than 3 at 5 minutes).

204 Hypoglycemia

Infant had serum glucose level under 25 mg/dl.

205 Hyperbilirubinemia

Infant has had a bilirubin blood level of greater than 20 mg/dl.

206 Intracranial Hemorrhage

Infant has had a subdural, subarachnoid, intraparenchymal or intraventricular hemorrhage (Grade II-IV).

207 Neonatal Seizures

Infant has had neonatal seizures.

300 Suspected Visual Impairment

Infant is not able to make eye contact or to track visually after the first few weeks of life.

301 Suspected Hearing Impairment

Parent expresses concerns, the child fails a hearing screening, or presents with unresolved chronic otitis media, or presents with physical abnormality of the ear or oral-facial anomalies.

302 No Well-Child Care by Age 6 Months

No history of well-child care (including immunizations) reported during the infant's first 6 months of life.

303 Failure on Standard Developmental or Sensory Screening Test

Infant has a history of "abnormal" or repeated "suspect" findings and tests such as the Denver II Developmental Screening Test or Hearing Kit Questionnaire.

304 Significant Parental Concerns

Either parent expresses concern about the child's developmental competence, health, or emotional well-being, (e.g., "I'm worried that my child can't hear me" or "She is very hard to console and I never can satisfy her"), for which extended follow-up will be essential to address the presenting problem.

305 Suspected Abuse or Neglect

A local Department of Social Services agency has initiated an investigation on reports that the infant has been physically or sexually abused, or neglected.

306 Chronic Lung Disease

Persistent oxygen requirements beyond six months chronological age.

ELIGIBILITY DEFINITION FOR CHILDREN REFERRED JULY 1, 2006 OR AFTER

There are two eligibility categories in the Infant-Toddler Program for children from birth to age three:

- Developmental Delay; or
- Established Conditions

Developmental Delay

A child is considered to have developmental delay if the child's development is delayed in one or more of the following areas:

- Cognitive development
- Physical development, including gross and fine motor function
- Communication development
- Social-emotional development
- Adaptive development

The specific delay must be:

- documented by scores of 2.0 standard deviations below the mean of the composite score (total test score) on standardized tests in at least one of the above areas of development; or
- documented by a 30 percent (30%) delay on instruments which determine scores in months in at least one of the above areas of development; or
- documented by scores of 1.5 standard deviations below the mean of the composite score (total test score) on standardized tests in at least two of the above areas of development; or
- documented by a 25 percent (25%) delay on instruments which determine scores in months in at least two of the above areas of development.

Note: Vision and hearing impairments are referenced in the Established Conditions eligibility category.

Established Conditions

A child is considered to have an established condition if the child has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay. Specific conditions through which a child may be deemed eligible in the established conditions category are as follows:

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

Children diagnosed with one or more congenital abnormalities or genetic disorders with developmental implications. Some examples are Down Syndrome, Fragile X Syndrome, familial retardation syndromes, and fetal alcohol syndrome.

2. Congenital Infections

Children diagnosed with congenital infections with developmental implications. Some examples are toxoplasmosis, rubella, cytomegalovirus, and HIV.

3. Autism

Children diagnosed with autism or autism spectrum disorders.

4. Attachment Disorder

Children with a diagnosed attachment disorder.

5. Hearing Loss

Children diagnosed with unilateral or bilateral permanent hearing loss.

6. Visual Impairment

Children diagnosed with a visual impairment that is not correctable with treatment, surgery, glasses, or contact lenses.

7. Neurologic Disease/Central Nervous System Disorders

Children diagnosed with a disease or disorder known to affect the nervous system with developmental implications, such as Cerebral Palsy, Spina Bifida, Epilepsy, and Microcephaly.

8. Neonatal Conditions and Associated Complications

These are children diagnosed with one or more of the following neonatal diseases or disorders known to have developmental implications:

- a. Gestational age less than 27 weeks or birth weight less than 1000 grams;
- b. Neonatal encephalopathy with neurological abnormality persisting at discharge from the neonatal intensive care unit.
- c. Moderate to Severe Ventricular Enlargement at discharge from the neonatal intensive care unit or a ventriculoperitoneal shunt;
- d. Neonatal seizures, stroke, meningitis, encephalitis, porencephaly, or holoprosencephaly;
- e. Broncho Pulmonary Dysplasia requiring supplemental oxygen at discharge from the neonatal intensive care unit;
- f. Intrauterine Growth Retardation;
- g. Necrotizing enterocolitis requiring surgery;
- h. Abnormal neurological exam at discharge;
- i. Intraventricular hemorrhage III or IV; or
- j. Periventricular leukomalacia.