



Connecticut Birth to Three System

DIAGNOSED CONDITIONS LIST

Automatic Eligibility

These diagnoses have a high probability of resulting in developmental delay even if no delays currently exist, and therefore entitle children to Birth to Three supports when documented by a physician (or other appropriately licensed health care professional).

Genetic Disorders

A. Abnormalities of Chromosome Number (758._)

All (except Klinefelter Syndrome)

B. Genetic Conditions with Known Chromosomal Alterations (759._ _)

Angelman Syndrome (759.89)

Autosomal deletion syndromes:

antimongolism syndrome, Cri-du-Chat Syndrome (758.3)

Bardet-Biedl Syndrome (759.89)

CHARGE Syndrome (759.89)

Cornelia de Lange syndrome (759.8)

Fragile X Syndrome (759.83)

Jeune Syndrome (756.4)

Menkes Syndrome (759.51)

Noonan Syndrome (759.89)

Opitz Syndrome (759.89)

Prader-Willi Syndrome (759.81)

Rubenstein-Taybi Syndrome (759.89)

Weaver Syndrome (759.89)

Williams Syndrome (759.89)

C. Pre-natal exposures

Fetal Alcohol Syndrome (760.71)

Fetal Phenytoin (Dilantin) Syndrome (760.79)

D. Neurocutaneous Syndromes

Neurofibromatosis (237.70)

Sturge Webber Syndrome (759.6)

Tuberous Sclerosis (759.5)

E. Inborn Errors of Metabolism

i. Amino Acidopathies

Organic Acidemias (270.3)

Glutaric Aciduria type II (270.9)

ii. Very long chain fatty acid storage diseases (330.9)

All, includes Peroxisomal Disorders (330._)

iii. MCAD (medium chain acylCoA dehydrogenase deficiency) (277.85)

F. Pre-natal Infections

Pediatric AIDS (042)

TORCH:

congenital toxoplasmosis (771.2)

congenital rubella (771.0)

congenital CMV (cytomegalovirus) (771.1)

congenital herpes (771.2)

Sensory Impairments

Blindness ("legal" blindness or 20/200 best achievable acuity with correction) (369._ _)

Low vision (20/70 best acuity with correction (369._ _ or 389._ _)) Requires 5 digits

Retinopathy of Prematurity, grades 4 and 5 (362.21)

Neurological Visual Impairment (377.75)

Hearing Impairment (a permanent hearing loss of 25dB or greater in either ear OR persistent middle ear effusion that is documented for six months or more with a hearing loss of 30dB or greater) (389._ _)

Neural hearing loss (includes auditory neuropathy) (389.12)

Hearing loss, unspecified (389.9)

Motor Impairments

Arthrogryposis / Multiplex Congentia (754.89)

Childhood Apraxia of Speech (784.69)

Neurologic Disorders

Absence of part of brain (742.2)

Agyria (742.2)

Aplasia of part of brain (742.2)

Arhinencephaly (742.2)

Brain Malformation (742.9)

Cerebral Dysgenesis or agenesis of part of brain (742.2)

Cerebral Palsy (all types) (343._)

Charcot-Marie-Tooth disease (356.1)

Congenital Cerebral cyst (742.4)

Degenerative Progressive Neurological Condition (330.9)

Encephalopathy (742.2)

Holoprosencephaly (742.2)

Hydrocephaly, congenital (742.3), or acquired (331.4)

Intraventricular Hemorrhage (IVH) – grade 3 (772.13) or grade 4 (772.14)

Lissencephaly Syndrome (Miller-Dieker Syndrome) (742.2)

Macrocephaly / Macrogyria / Megalencephaly (742.4)

Meningomyelocele / Myelomeningocele / Spina Bifida / Neural Tube Defect (741._ _)

Microgyria (742.2)

Multiple anomalies of the brain, NOS (742.4)

Myopathy (359.81)

Peri-ventricular Leukomalacia (PVL) (742.4)

Porencephalic Cyst (742.4)

Seizures (poorly or uncontrolled) (345.9)

Spinal Muscular Atrophy / Werdnig Hoffman Disorder (335.0)

Stroke (436)

Ulegyria (742.4)

Sociocommunicative Disorders

Asperger Syndrome / Disorder (299.0)

Autism (299.0)

Childhood Depression (311)

Childhood Disintegrative Disorder (299.1)

PDD-NOS (299.00)

Reactive Attachment Disorder (315.8)

Rett Syndrome (330.8)

Medically Related Disorders

Congenital or infancy-onset hypothyroidism (243)

Cleft Palate (prior to the operation to repair the cleft and up to one year post-operative) (749.0_) and 749.2_) Requires 5 digits

Lead Intoxication (> 45 µg/dL) (up to six months after identification) (984._ _)

Prematurity (28 weeks or less gestation, up to 6 months corrected age *only*)

- less than 24 completed weeks of gestation (765.21)

- 24 completed weeks of gestation (765.22)

- 25-26 completed weeks of gestation (765.23)

- 27-28 completed weeks of gestation (765.24)

Very Low Birth Weight (<1000 grams at birth, up to 6 months corrected age *only*)

- if under 500g (765.01)

- if 500g-749g (765.02)

- if 750g-999g (765.03)

Acquired Trauma Related Disorders

Traumatic Brain Injury / TBI with or without open intracranial wound (854.0_ or 854.1_) Requires 5 digits



Referral Guide

FOR HEALTH CARE PROVIDERS

REFERRALS: Tel: 1-800-505-7000 • Fax: 860-571-7525 • On-line: www.birth23.org

**Children don't have to wait to "outgrow" a delay.
The Birth to Three System helps families enhance their children's development.**

Who is eligible?

A child (under the age of 36 months) of any Connecticut resident who:

- has a diagnosed medical condition such as Down syndrome, spina bifida, autism, blindness, deafness, or others that have a high probability of resulting in a developmental delay (see reverse side for more specific information), or
- shows significant delay in one or more areas of development including:
 - *cognition* – *communication*
 - *adaptive* – *social-emotional*
 - *physical (including motor and sensory)*

When should I make a referral?

- your developmental screening of an infant or toddler leads you to suspect a delay
- a child has a confirmed diagnosis that is likely to result in delay (see reverse)
- a parent has a concern that their child may have a delay

Evaluating a young infant's development can be difficult. If an infant or child you refer is found ineligible for any reason, you or the family may re-refer three or more months later if you feel it is appropriate to do so.

Progressive or late-onset hearing loss is always a possibility. Mild, unilateral and high frequency hearing losses cannot be detected during a well-child visit and Birth to Three cannot rely on Newborn Hearing Screening results for an older child. If communication is an area of concern, the child must receive an audiological evaluation before you refer to Birth to Three.

How do I refer a child?

- Call the Child Development Infoline at 1-800-505-7000, or fax your referral to 860-571-7525.
- Visit www.birth23.org for a copy of the referral form or to submit an on-line referral.
- You may also give the referral phone number to the family and encourage them to call.

Please do not write a prescription for service type or intensity.

What should I discuss with the parent or guardian?

- areas of the child's development that might be delayed
- the Birth to Three System provides anticipatory guidance, and supports families to promote children's skill development
- frequent practice of new skills during regular routines and activities is more effective than child-focused therapy services
- how early intervention services and supports benefit the whole family
- insurance issues: families of eligible children are asked to allow Birth to Three to access their health insurance (including HUSKY B or Medicaid) to reimburse for early intervention services; annual and lifetime insurance benefit caps are protected under Connecticut law
- parent fees: Evaluations are always provided at no cost to the family. Eligible children and their families will receive two full months of direct services at no cost. After that, parents with an adjusted family gross annual income of \$45,000 or more are billed monthly according to a sliding fee scale, beginning at \$5 per month.

How do I know what happened with my referral?

- Child Development Infoline will contact you with the name of the Birth to Three program chosen to determine the child's eligibility.
- Evaluation results will be sent to you with written parent consent.

How can I stay involved?

- Ask the family for their consent to release relevant diagnostic, evaluation, or medical reports from your office to the service coordinator.
- Ask the family to sign a Birth to Three consent to release the developmental evaluation results to you.
- Participate in development of the Individualized Family Service Plan (IFSP). Connecticut law requires physician involvement in the IFSP. Here is the best place to share your recommendations for services.
- If you are the child's primary physician, you will be asked to sign the IFSP along with the parents and other members of the team. **Services cannot begin without your signature.**

See reverse side for REVISED listing of diagnosed conditions