

UPDATES AND EXPLANATIONS REGARDING ELIGIBILITY FOR PART C
(to accompany the *July 2006 DEFINITIONS FOR ELIGIBLE INFANTS AND TODDLERS TO BE SERVED UNDER PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT OF 2004 IN DELAWARE*)

Attached is a list of conditions which place children at high risk for developmental delays. Federal requirements of IDEA, Part C mandate that such a list be established in each state. Periodic evaluation of conditions of established risk for eligibility for Part C are conducted through the state's ICC (Interagency Coordinating Council) to adjust for new research and changing definitions of certain medical conditions. Explanations for changes in the previous established condition list (last updated in 1998) are noted below.

Dysphagia and feeding problems are established conditions if they cause child to be a non-safe feeder or are associated with lack of developmentally appropriate weight gain. To define a child as a non-safe feeder, evidence of aspiration during feeding must be documented. This can be a video swallow study showing risk for aspiration, decreasing oxygen saturations during feeding or physical evidence of aspiration as apnea, wheezing, coughing with feedings. Lack of developmentally appropriate weight gain is defined as weight for height at 5% or less under 2 years of age, or BMI less than 5% for two year olds and older.

Sickle cell disease is no longer considered an established condition. These children are followed regularly by Division of Public Health's Kids Kare and hematology clinic at Alfred I. duPont Hospital for Children.

The **birth weight as an established condition** for Part C has been decreased from 1250 grams to 1000 grams. Children with birth weights between 1000 and 1250 grams will continue to have developmental evaluations as needed, but unless there are identified developmental delays no therapeutic services or service coordination will be offered.

Conditions such as microcephaly and torticollis are not established conditions for eligibility unless developmental delays are identified.

Major congenital anomalies such as spina bifida, cleft palate, omphalocele and complex cardiac anomalies for example are established conditions for eligibility.

Delays in expressive speech only with no delays in other areas as receptive speech or cognitive skills do not qualify children for Part C eligibility. Instead they are referred to a newly established program of speech/language enrichment called "Enhanced Watch and See". Development of vocabulary is tracked and if children show no progress in communication, they are re-evaluated on recommendation of the program coordinator and Speech Pathologist.

- ✦ Any child at any time can be referred to Child Development Watch for developmental evaluation by the family, the primary care physician, a child care or educational facility with approval of the family, Division of Family Services or on discharge from an inpatient facility.
- ✦ A child's development can be periodically monitored by Child Development Watch on recommendation of the evaluating team even if they do not qualify for eligibility.
- ✦ Child Development Watch is a program targeted to serving children from birth until their third birthday. Child Development Watch will transition children at three years of age.
- ✦ Based on the results of a child's latest assessment information, transition planning will be with their local school district's program for preschool services for children with disabilities.

Established conditions are documented and listed as ICD9 medical diagnoses in a centralized data base and can be accessed as necessary. Questions regarding IDEA, Part C eligibility can be referred to Child Development Watch Clinic Managers in New Castle County at 302-995-8617 or in Kent/Sussex Counties at 302-424-7300.

Updated on 11/21/2008