Chapter 5: Initial Eligibility Determination

This chapter describes the steps in the process to determine initial eligibility for a child to enter EarlySteps. Annual eligibility redetermination is covered in Chapter 7.

Louisiana's State-identified Measureable Result:

The EarlySteps system will improve child outcomes through supports that are focused on Family concerns, priorities and resources and provided through a team-based approach.

Summary of Chapter 5 changes:

2023 Changes/Updates Chapter 5: Initial Eligibility Determination
Added references to DEC Recommended Practices
Adjusted informal internal timelines for the evaluation process to allow for family decisions and team discussion
Revised the requirement to close case if family circumstances or system issues cause eligibility determination to exceed 60 days
Identified “touchpoints” for collecting CPRs resulting in the Family Assessment
Added requirements to upload documents in EarlySteps Online
Added requirements for SPOE to enter autism screening results in Screening Tab in EarlySteps Online.
Added child care staff as a team member
Clarified initial and ongoing eligibility for prematurity
Updated ICD-10 codes for Established Medical Condition Criteria
Added Cleft Palate post-operative as ongoing eligibility criteria.
Added General Supervision Performance Expectations
In 2022-23, EarlySteps is researching a replacement tool for the BDI-2. After selection and implementation of the new tool, references in this chapter to the BDI-2 will apply to the newly selected tool until this chapter is updated.

Eligibility Determination for EarlySteps

IDEA 2004 requires "a timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the State, and a family-directed identification of the needs of each family of such an infant or toddler, to assist appropriately in the development of the infant or toddler."

Eligibility Determination Forms:

- **Consent to Release and Share Information**
- **Request for Authorization**
- **Notice of Action**
- **Team Meeting Notice and Minutes Form**
- **Freedom of Choice Provider Selection**
- **Change Form**
- **Eligibility Information for OCDD, Human Service Authority/District or Medicaid Waiver Registry**
- **Eligibility Information Form for OCDD**
- **Family Rights Handbook**
- **Family Assessment of Concerns, Priorities, and Resources**
- **Early Intervention Services Transition Notification (for children 2 years 3 months and older)**
- **Eligibility Determination Process Report**
- **BDI-2 Evaluation Report**
- **Autism Screening**
- **Informed Clinical Opinion Report**

EarlySteps Eligibility Determination Overview

The intake and evaluation components of the EarlySteps system are the first experiences families have with the early intervention service system. Information gathered through the process should be used to support the family and all team members in the decision-making process. Practices should be integrated and individualized to support good decision-making, minimize duplication of requests to the family, and result in accurate eligibility determination.

A focus for this chapter is to reflect the DEC Recommended Practices (DEC RP) which address the Assessment (A), Family (F), and Teaming (T) topic areas. A few of the relevant practices addressed in this chapter include:

DEC RP A1: early interventionists work as a team with the family and other professionals to gather assessment information
DEC RP A6: early interventionists use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.
DEC RP A7: early interventionists obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.

The regulations which govern the implementation of IDEA, Part C incorporate the following definitions for evaluation and evaluation:

"b) Definitions of evaluation and assessment. As used in this part--
(1) **Evaluation** means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of ``infants and

toddlers with disabilities'' including determining the status of the child in each of the developmental areas in paragraph (c)(3)(ii) of this section.

(2) **Assessment** means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify--

(i) The child's unique strengths and needs and the services appropriate to meet those needs; (34 CFR 303)"

EarlySteps utilizes these definitions and distinguishes these terms:

Evaluation refers to procedures used for eligibility determination.

Assessment refers to procedures used for program planning and outcomes development.

In addition, the regulations require that:

Each statewide system of early intervention services must include the eligibility criteria and procedures that will be used by the State in carrying out programs under this part.

(a) The State shall define developmental delay by--

(1) Describing, for each of the areas listed in Sec. 303.16(a)(1), the procedures, including the use of informed clinical opinion, that will be used to measure a child's development; and

(2) Stating the levels of functioning or other criteria that constitute a developmental delay in each of those areas. (Developmental Delay criteria)

(b) The State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to determine the existence of a condition (Established Medical Condition criteria) that has a high probability of resulting in developmental delay under Sec. 303.16(a)(2).

The table below illustrates the process for eligibility determination in the EarlySteps System:

Initial	IFSP Implementation	Annual Re-Determination of Eligibility	Transition/Exit
ASQ—all children referred for developmental delay. BDI-2 and autism screening (for children 18 months and older) if child proceeds to eligibility determination & IFSP	Ongoing assessment of progress towards outcomes including single domain assessment, progress summaries from service contacts,	BDI-2—prior to annual eligibility determination and IFSP and autism screening if child is 18 months and older.	Exit BDI-2 and autism screening completed between 2.9 and 3 years for Children who have received at least 6 months of services prior to transition/exit

Step 1: Review of referral information and decision to proceed:

Following the review of the referral information provided to EarlySteps, the screening with the ASQ and/or review of the child's medical information, the intake coordinator and family make the decision to proceed to the eligibility determination process. All children who have a medical diagnosis that is on the established medical condition eligibility criteria list which follows or have a concern or borderline concern on any area of the ASQ will proceed to eligibility evaluation. The eligibility determination process includes testing with the Battelle Developmental Inventory, 2nd Edition (BDI-2) or replacement tool (2022-2023) and an autism screening if the child is 18 months and older.

CPR Touchpoint: information collected from families following the referral and from the ASQ are added to the information which contributes to the family assessment and priorities for IFSP outcomes.

The BDI-2 is a norm-referenced test measuring the child's development in all 5 developmental domains (cognition, communication, physical, social/emotional and adaptive). The BDI-2 is the tool utilized for the eligibility determination process and/or measurement of child outcomes.

The measures used to screen for autism is the *Baby and Infant Screen for Children with Autism Traits* (BISCUIT). Children ages 18 months and older are screened as part of their evaluation for eligibility determination and if eligible, at 24 and 36 months. Children enrolled in EarlySteps prior to age 18 months are screened once they reach 18 months of age and at 24 and 36 months.

The eligibility determination process includes opportunities to engage in family conversations regarding their concerns, priorities, and resources (CPRs) which constitute the family assessment and contribute to eligibility determination and outcome development.

CPR Touchpoint: All of the information collected from the BDI-2 and BISCUIT in interaction with the family can be used to identify and prioritize their CPRs and focus the development of IFSP outcomes if the child is eligible.

Step 2: Selecting Provider for Eligibility Evaluation

The Part C regulations require that evaluation and assessment activities must be conducted by appropriately qualified personnel. Providers who are enrolled as Eligibility Evaluators in EarlySteps must be fully licensed and certified in their specific disciplines. In addition, they must have completed all required EarlySteps training, completed the *Making Informed Decisions* Face-to-Face Module, the BDI-2 training including instructions on writing the BDI-2 **Evaluation Report** and other required paperwork and timelines, and the Autism Screening Training. Providers who wish to conduct eligibility evaluations and meet requirements must enroll as an evaluator with the Regional Coordinator following determination of needs in a region.

Assistant level personnel who must practice under the license and supervision of another professional *may not* conduct eligibility evaluations in EarlySteps. This includes:

- Certified Occupational Therapy Assistant (COTA)
- Physical Therapy Assistant (PTA)
- Speech Language Assistant (SLPA)
- Graduate Social Worker (GSW)

Family Support Coordinators (FSC) and SPOE Intake Coordinators (IC) are members of the evaluation team, but may not conduct eligibility evaluations. SPOE Early Intervention Consultants (EIC) may conduct eligibility evaluations. However, an EIC may not provide intake activities and eligibility evaluations for the same child.

The intake coordinator will provide the family with a list of available providers to select for the evaluation. It is appropriate to select providers who are most appropriately qualified to address the referral and family concerns.

Providers selected by the family to conduct eligibility testing will receive an authorization that includes payment for BDI-2 testing, Autism Screening (18 months and older), and the submission of the eligibility evaluation report. More information can be found in Chapter 7.

For more information on qualifications for providers conducting eligibility evaluations, see Chapter 13.

Step 3: Conducting the Eligibility Evaluation

The evaluation provider/team will assess the child in the child's natural environment. If the evaluation cannot be conducted in the child's natural environment it may be conducted in another setting, if the family agrees. Reimbursement rates for evaluation will differ, depending upon the environment selected. The provider **must** also observe the child during regular routines to see how the child functions within the context of family activities.

If a selected provider cannot conduct the evaluation within the timeframe, the provider **must** contact the IC immediately. The IC may be able to allow the provider a few additional days to conduct the evaluation if this does not delay the 45 day initial IFSP or annual IFSP timeline. If the IC decides to choose another provider due to

delay in testing, the original evaluation authorization **must** be cancelled before initiating another authorization for an evaluation.

Conducting an Eligibility Evaluation at a Child Care Center

When an evaluation will be conducted at a Child Care Center, the provider **must** obtain permission to conduct the evaluation at the facility. In addition, the provider **must** make arrangements with the facility for a convenient time and location to conduct the evaluation. **The parent/guardian must be present for the evaluation at the Child Care Center. Evaluators are required to provide evidence of their up-to-date background check (CCCBC) online information to gain entry to child care centers.**

CPR Touchpoint: Interaction with caregiver(s) in child care contribute to concerns and priorities which can be used to support IFSP outcomes and service delivery to support these priorities for eligible children.

Step 4: Reporting Evaluation Results

Providers who conduct evaluation testing **must** complete required reports and upload to EarlySteps Online as outlined in "BDI-2 Evaluation Report Instructions" (revised 2017). The BDI-2 results are recorded on this form.

Providers **must** submit the completed, signed originals of:

- The BDI-2 scoring booklet ("Comprehensive Report, not screener")
- BDI-2 Evaluation Report;
- Complete Autism Screening Packet (if applicable)

The Eligibility Evaluation Report and front page of the evaluation scoring booklet (BDI-2 or "Comprehensive Report") may be faxed, if necessary, to facilitate the Eligibility Determination meeting. However, originals of these forms, including the entire scoring booklet/"Comprehensive Report", **must** be uploaded to EarlySteps Online immediately. All scores from the BDI-2, including raw scores for all domains, domain quotients, scaled scores, developmental quotients, standard deviations, etc. must be submitted.

Evaluators who conduct autism screenings must follow the autism screening procedures detailed in two documents provided at the autism screening training:

- EarlySteps Assessment and Autism Screening Procedures
- Summary of Early Autism Screening Procedures

These documents include the procedures, forms, scripts for families, referral resources, timelines and reporting requirements. The EarlySteps regional coordinator is a resource for these resources and questions about the autism screening process and requirements.

SPOE staff are responsible for entering the autism screening results in the Screening Tab in EarlySteps Online.

Providing Evaluation Results to Family

DEC RP A11: Early interventionists report assessment results so that they are understandable and useful to families

It is not the role of the evaluation provider to *inform* a family member of the child's *eligibility* after the BDI-2 evaluation. Eligibility determination in Part C is a team decision and is not determined solely by the evaluator or solely by the results of the BDI-2. If a family member requests the results of the BDI-2 at the end of the test administration, the provider may share information on how the child performed in each domain and the "scores" to families prior to the Eligibility Determination Meeting. Families are informed that the provider will submit a full report to the IC *and* that the team, including the family, will determine eligibility based on all information obtained following referral.

"Because most families involved in this process are learning about the evaluation process and the early intervention service system for the first time, team members must be thorough, explicit, sensitive, and patient communicators. Even if family members have been active partners in the process and are aware of all the details, it is still critically important to communicate results sensitively and thoroughly. Family members need time to digest results and often they need an additional meeting to talk seriously about intervention planning (DEC, 2007)"

Federal Performance Indicator # 7: Percent of eligible infants and toddlers with IFSP for whom and evaluation and evaluation and an initial IFSP meeting were conducted within Part C's 45-day timeline. Target = 100%

Timelines

The entire process from Intake to IFSP development **must** be completed within 45 calendar days of the initial contact with the EarlySteps system. The 45-day timeline requirement is an Office of Special Education Services compliance indicator with a target of 100%. Any delays **that cause the 45-day timeline to be exceeded must be documented and fall into one of two categories: family circumstances or "system issues."**

Acceptable "family" reasons for extending the 45-day timeline:

- Child is ill or hospitalized
- Family requests delay

"System circumstances" for exceeding the 45 day timeline and result in a finding to the agency include:

- waiting for a completed Health Summary;
- waiting for a copy of an evaluation from another provider; or,
- being unable to contact family because they do not have a telephone
- absenteeism of staff

Delay reasons **must** be clearly documented. The 45-day timeline does not "restart" at Day One following a delay. Therefore, the timeline will seem shortened; due to the "restarted" activities, the SPOE will have fewer days before reaching the 45-day timeline. (For example, child is referred May 1 and 45 days later is June 14. The child is hospitalized on day 8 for two weeks. On May 22, the intake activities resume with the 45-day timeline ending on June 14th).

System reasons for delays, such as delays in receiving and processing information, are not acceptable reasons to close the case. System reasons for delay will result in issuing findings for non-compliance to the SPOE.

Generally, the eligibility determination process should be completed by the **35th** calendar day after referral. This timeline allows for adequate time to have a completed IFSP by day **45** for children who are determined eligible. It is not necessary to close cases that exceed the 45-day timeline unless the family requests closure. However, any case closure requires an appropriately documented reason.

Step 5: Eligibility Determination

Any information obtained during referral, intake, evaluation may be used if the family re-applies for services following closure, if the information is current within 45 days.

The process for eligibility determination is established partially by the type of eligibility for which a child is referred:

- Suspected developmental delay in two areas of development
- Established medical condition associated with developmental delay

Following the administration of the BDI-2, the multidisciplinary eligibility team will meet to review all of the collected information and make the eligibility determination.

EarlySteps Eligibility Criteria

There are 2 areas by which eligibility for EarlySteps is determined:
1. **Developmental Delay**—suspected developmental delay in at least two areas of development
2. **Established Medical Condition**—diagnosis of a medical condition associated with developmental delay

1. Definition of Developmental Delay

The following rigorous definition of developmental delay identifies infants and toddlers with disabilities who are eligible for EarlySteps, including, Native American infants and toddlers and children who are homeless, in foster care and wards of the state and their families.

Children under the age of three who have a developmental delay of at least 1.5 standard deviations (SD) below the mean on the Battelle Developmental Inventory, 2nd edition (BDI-2) in two of the following developmental areas are eligible for EarlySteps:

a. cognitive development
b. physical development (motor), including vision and hearing
c. communication development
d. social or emotional development (personal social)
e. adaptive skills development (also known as self-help or daily living skills)

ICD-10 Codes for Developmental Delay are located in the ICD-10 Code list at the end of this chapter.

Use of Informed Clinical Opinion to Determine Eligibility

DEC RP A8: Early interventionists use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction.

If a child does not qualify solely under the developmental delay criteria using the BDI-2 or with an Established Medical Condition from the list at the end of the chapter, the child may qualify by *informed clinical opinion* of delay in an area of development and if one of the following conditions apply:

1) Abnormal sensory-motor response):
    i) abnormal tone
    ii) limitations in joint range of motion
    iii) abnormal reflexes or postural reactions
    iv) oral-motor skills dysfunction, including feeding difficulties

To use informed clinical opinion for an abnormal sensory-motor issue, evaluation/ evaluation providers must document that the condition is due to central nervous system or brain dysfunction and not due to a temporary medical condition, such as broken bone, septic arthritis, etc.

2) Affective or social disorder/condition):
    i) persistent failure to initiate or respond to most social interactions
    ii) persistent fearfulness that does not respond to comforting by caregivers
    iii) self-injurious or extremely aggressive behaviors
    iv) extreme withdrawal
    v) unusual and persistent patterns of chronic sleep disturbances
    vi) significant regressions in functioning
    vii) inability to communicate emotional needs

To use informed clinical opinion for an affective or social disorder/condition, evaluation/evaluation providers must document that the condition is atypical for a child this age, interferes with normal functioning and makes day-to-day care of the child difficult.

Concern regarding the child's development which establishes eligibility using Informed Clinical Opinion must document that the behavior is occurring in at least two settings. See Instructions for **Informed Clinical Opinion Report.** EarlySteps uses a checklist to document the team discussion and decision for eligibility using Informed Clinical Opinion**: Eligibility Team Decision Process: Informed Clinical Opinion Tool.**

To establish eligibility using informed clinical opinion the following procedures must be utilized:

Initial Eligibility Determination:

- The child must be assessed by two (2) or more qualified professionals:
    - The initial evaluation must include the BDI-2 results.
    - A single domain assessment must include an assessment specific to the child's area of concern.
- Evaluation providers must document that the behavior/condition is likely to worsen and interferes with normal development.
- The behavior/condition must be observed by the evaluation providers during the course of administering their evaluations.
- The behavior must be substantiated by parent, caregiver, or physician report.
- The evaluators use the Informed Clinical Opinion Report for the team's use
- Eligibility team must use the Informed Clinical Opinion Tool to determine eligibility

Providers for all evaluations should have competence in the area(s) of concern for the child. The informed clinical opinion assessment must be performed by a professional with expertise in the developmental domain of concern that was identified.

Re-Determination of Eligibility Using Informed Clinical Opinion:
Criteria and procedures are the same as for initial eligibility: if the child is to continue to be eligible by informed clinical opinion, a single domain assessment in the area of concern must be completed by the same provider that is administering the BDI-2 or by the ongoing service provider. All of the following **must** be considered for re-determination of eligibility using informed clinical opinion.

- FSC will inform ongoing service provider of BDI-2 scores which may affect ongoing eligibility prior to eligibility determination meeting
- A single domain assessment must be conducted to establish ongoing eligibility using informed clinical opinion. The results of the assessment must be included in the Informed Clinical Opinion Report and with the ICO Tool.
- Lack of progress documented in provider monthly progress reports
- Documentation of additional child and family needs by ongoing service provider and/or family
- IFSP outcomes still unmet
- Family CPR information identifies ongoing needs
- The team must use the Informed Clinical Opinion Tool to determine the child's ongoing eligibility.

The provider for all evaluations/assessments should have competence in the developmental domain of concern that was identified in the first evaluation. More information on Annual Redetermination follows in Chapter 7.

ICD-10 Codes for Informed Clinical Opinion:

ICD-10 codes for informed clinical opinion may include those used for developmental delay—see the list under developmental delay. The more specific codes indicated for abnormal sensory-motor response or affective or social disorder or condition are also listed under the abnormal sensory-motor response or affective or social disorder/condition section. ICD-10 codes for these conditions are only to be assigned by an appropriately qualified professional.

2. Established Medical Conditions

Children with certain established medical conditions are eligible for EarlySteps based on the association of the condition with a probability of developmental delay.

Diagnosed Conditions List and ICD-10 Codes

If documented by an appropriately credentialed professional, (for example, a physician, an audiologist in the case of hearing impairment or a speech/language pathologist in the case of a child with developmental apraxia of speech) children are eligible for EarlySteps as determined by the list of diagnoses recognized for eligibility. These diagnoses have a high probability of resulting in developmental delays.

Some ICD-10 code categories may contain both pediatric and adult diagnosis; however, adult diagnosis codes are not used for EarlySteps eligibility. The ICD-10 codes were implemented as of 10/1/2015. In some cases the code may represent a "general" diagnosis category and a more specific diagnosis may be given later by a physician when a more specific diagnosis is made. ICD-10 codes are updated regularly and the specific code may not appear on the list but may fall under one of the categories below. Always use the most descriptive code available. The general categories of eligibility using Established Medical conditions are:

A. Chromosomal Abnormality Syndromes

B. Pre-natal Exposures

C. Neurocutaneous Syndromes

D. Inborn Error of Metabolism

E. Cerebral degenerations of the central nervous system

F. Prenatal Infections

G. Other Syndromes

H. Sensory Impairment—Vision

I. Sensory Impairment-Hearing

J. Orthopedic and Neurological Disorders

K. Social Emotional Disorders

L. Pervasive Developmental Disorders

M. Medically Related Disorders

N. Prematurity

The specific list of medical conditions with ICD-10 codes associated with eligibility for EarlySteps follows at the end of the chapter**.** If there is a question about eligibility with an established medical condition, contact the regional coordinator for clarification.

Redetermination of Eligibility Using Established Medical Conditions:

Eligibility under the definition of Established Medical Conditions continues as long as the condition exists within the Part C age limits. If at the time of redetermination, it is found that the risk of developmental delay associated with the condition has been eliminated, eligibility also ends. In this case, a child only continues eligibility by meeting the developmental delay criteria. It is also possible, that a child with an established medical condition is developing appropriately and that no early intervention services are required at the annual redetermination. The team will determine the need for ongoing eligibility. In this particular situation, the family will be informed that they

may re-refer the child to EarlySteps at any time a developmental concern is identified prior to the third birthday, provided Notice of Action including appeal rights with the decision.

Prematurity: Infants who qualify based on **Prematurity** will have the following considerations made/discussed by the team:

- At birth, if the child has an established medical condition of preterm birth (32 weeks gestation and fewer), the child will qualify for EarlySteps based on this medical diagnosis if entering EarlySteps anytime from birth until one year (12 months) of age
- At one year of age, the child with an established medical condition of preterm birth (32 weeks gestation and fewer) no longer qualifies for EarlySteps solely with the medical condition of prematurity but instead must also have a developmental delay with the criteria of 1.5 SD in one area of development including the domains of motor, cognitive, communication, personal-social, or adaptive (no subdomains) to be considered eligible for ongoing eligibility or entering EarlySteps anytime from one year of age until two years of age.
- At two years of age the child no longer qualifies for EarlySteps with the medical condition of prematurity but instead must have a developmental delay of 1.5 SD in two areas of development including the domains of motor, cognitive, communication, personal-social, or adaptive (no subdomains) to be considered eligible ongoing or if entering EarlySteps anytime from two years of age until three years of age

Please see Chapter 7 for more information on redetermination of eligibility.

Federal Performance Indicator # 5: Percent of infants and toddlers birth to 1 year of age with IFSPs compared to other states with similar eligibility criteria and national data. Target: 1.45%

Federal Performance Indicator # 6: Percent of infants and toddlers birth to 3 with IFSPs compared to other states with similar eligibility definitions and national data. Target: 3%

Step 6: Preparation for the Multidisciplinary Eligibility Team Meeting

Once all information has been received, including the BDI-2 scores and autism screening if appropriate, the Intake Coordinator:

1. Confers with the family to determine the members of the Eligibility Team for the meeting.
2. Completes all necessary **Consent(s) to Release and Share Information** for team members who will be participating in the Eligibility Team meeting for whom a **Release** has not previously been obtained.
3. Sends a copy of the following documents with the **Team Meeting Notice and Minutes Form** as early as possible and at least 10 days before the eligibility team meets to all invited providers:
    a. Referral Form (initial),
    b. Health History (initial),
    c. Health Summary and other health information must be obtained during initial eligibility and annually,
    d. Completed evaluation(s) including BDI-2 scores and any other evaluation results that the family may have for the child,
    e. Autism Screening Results for children 18 months of age or older
    f. Family CPR information collected during the referral, intake, eligibility periods.
    g. Any other pertinent information that the eligibility team should consider
4. Sends a copy of the **Team Meeting Notice and Minutes Form** to the parent and team members.
5. Completes the **Request for Authorization** for team members and submits timely to the SPOE.

Eligibility Determination Process Report and BDI-2 Evaluation Report

The provider **must** complete the **Eligibility Determination Process Report** and submit with the original BDI-2 booklet within 7 days of receipt of the **Request for Authorization**. All valuation scores **must** be reported for the team to use, including standard deviations (SD) from the mean. The **IFSP Program Planning Report (part of BDI-2 Evaluation Report) must** be submitted to the IC within 25 days of receipt of the **Request for Authorization**.

All results of the BDI-2 are recorded on the **Eligibility Determination Process Report** form for use in the IFSP Section 3b.

CPR Touchpoint: Interactions by the intake/evaluator team with the family during evaluation which identify CPRs should be addressed in the Evaluation Report with recommendations for IFSP outcomes and shared with team members during the eligibility team meeting.

Eligibility Determination Team Members

In selecting the initial eligibility determination team, the Intake Coordinator reviews the primary presenting concerns of the family and information from the initial referral. The Intake Coordinator helps the family choose members of the team. The evaluator who administers the BDI-2 participate on the team throughout the child's eligibility. The family may also choose another professional with expertise in the area of concern for the child. The selection of a team member does not mean that this individual will have an ongoing role or relationship with the family or be a continuing service provider through the IFSP process.

Required Eligibility Determination team members:

- Parent or parents of the child
- Other family members, as requested by the family
- An advocate or person outside of the family, if requested by the parent
- Intake Coordinator
- Eligibility evaluator who conducted the BDI-2 evaluation

  NOTE: If the provider who conducted the evaluation is unable to attend the eligibility determination meeting, their participation requirement **must be** met by:
    - Participating by a virtual platform or telephone conference call;
    - Having a knowledgeable authorized representative attend the meeting; or
    - Having a copy of the IFSP Planning Report or other reports for the family and IC at the Eligibility Determination Meeting so that the information can be reviewed with the team members, including the family.
    - The evaluator will also be responsible for making a visit or making a phone call to the family to discuss the IFSP Planning Report and Scores after the eligibility determination meeting and/or prior to IFSP meeting.

  Only EarlySteps providers attending the meeting in person or via virtual platform will be paid for participation in the eligibility determination team meeting.

- **The EarlySteps EI Consultant is a required member of the eligibility determination team for eligibility using informed clinical opinion.**

The OCDD Regional and Central office staff, EarlySteps EI Consultant, or FSC Nurse Consultant may also participate in any of the meetings either in person or by review of records/information prior to the meeting, as appropriate, to assist in interpreting the medical, developmental, or other information**.** A **Consent to Release and Share Information Form** is not required for the LGE Regional and Central office staff or EarlySteps Early Intervention Consultant to participate on the Eligibility Team.

Information gathered through the eligibility process should be used to support the family and professional team members in the decision-making process. The analysis of information for decision-making goes beyond the generation of labels or scores and the use of d**eficit models and descriptors to a more useful and** functionally meaningful summary. The process seeks to identify the child's needs and family preferences so that specific decisions can be made abou**t** program eligibility,

individualized service development and plans and intervention. In addition, team members must be sensitive regarding communication of assessment results. (DEC, 2007)

Roles of Eligibility Team Members

The following are the eligibility determination team meeting roles of providers who may participate in the eligibility determination process:

Intake Coordinator (initial eligibility determination) --- Required team member
- Coordinate the performance of initial comprehensive developmental evaluation/curriculum-based assessment
- Explain Parent's Rights and responsibilities within EarlySteps
- Assist families in identifying available service providers
- Inform families of the availability of advocacy services
- Coordinate with medical and health providers to obtain information
- Coordinate with referral sources, as appropriate.
- Solicit knowledge of family members regarding their needs and the needs of the child
- Describe the purpose of the process and the titles and roles of all team members
- Identify other community resources in support of identified family needs.

Family Support Coordinator – Required team member for annual redetermination of eligibility
- Coordinate the review of existing ongoing evaluations and evaluations
- Explain Parent's Rights and Responsibilities
- Obtain annual/exit BDI-2 evaluation
- Assist families in identifying available service providers
- Inform families of the availability of advocacy services
- Coordinate with medical and health providers to obtain information
- Coordinate with referral sources, as appropriate
- Solicit knowledge of family members regarding their needs and the needs of the child.
- Describe the purpose of the process and the titles and roles of all team members
- Identify available community resources in support of identified family needs

FSC Nurse Consultant
FSC agencies are required to have a minimum of 16 hours per month of nurse consultation to meet licensure requirements. The FSC Nurse Consultant role includes:
- Consultation on medical diagnoses, including impact of medical diagnosis on development
- Review of medical records to aid in medical eligibility determination
- Support with general child development issues

Early Intervention Consultant
The Early Intervention Consultant is a member of the SPOE staff. The role of the EI Consultant is to:
- Assist with eligibility determination by interpreting and synthesizing child information with the Eligibility Determination team
- Assist staff with identification of additional information needed for eligibility or IFSP development
- Participate in eligibility determination for developmental delay using the informed clinical opinion process.
- Assist SPOE staff to interpret evaluation reports and results for IFSP development
- Support with general child development issues

EarlySteps Evaluation Providers
- Administer BDI-2 and autism screening
- Participate in the multidisciplinary team's evaluation of a child and a child's family, including the Family Assessment
- Facilitate family/ child care center caregiver inclusion in the evaluation process
- Discuss BDI-2 findings and results
- Solicit family members' knowledge of the child and family to increase depth of information provided through the evaluation process

Family Members
- Share information about child's developmental status
- Provide information about the child's preferences for activities, materials, and schedules in play and caregiving routines, and validate findings of other team members
- Enhance team observations by describing discrepancies in performance
- Identify family preferences for their role in the team process

Child Care Center Staff
- Share information from CLASS observations, other assessments, screening
- Identify needs at center
- Discuss role of caregivers with early interventionists
- Participate in team meetings

Non-EarlySteps Providers/Information
The eligibility team is not limited to EarlySteps enrolled providers. Individuals whose reports are included in the eligibility determination process may participate **by report.** This includes:
- Hospital Discharge summaries
- Health Summary
- Hospital or physician office medical records
- Report from an audiologist
- Developmental evaluations completed prior to EarlySteps referral

Any provider/physician of the child who is not an EarlySteps provider may elect to participate in person, if requested by the family. However, they will not be reimbursed for their time by EarlySteps.

Nondiscrimination in Eligibility Determination
All activities conducted as part of eligibility determination and necessary child and family assessment **must** be unbiased, non-judgmental, comprehensive, and individualized according to the presenting needs of the child and family and their individual ethnic and cultural beliefs.

A variety of instruments and procedures, including informed clinical opinion, are used to determine if a child is eligible for EarlySteps. Any standardized instrument or test employed to evaluate eligibility or assess children and families **must** be free from racial/cultural bias.

Native Language

In addition to ensuring that the instruments used in evaluations are non-biased and not discriminatory, the use of interpreters to facilitate accurate communication is required when the family's native language or mode of communication is one other than English. Interpreters should be utilized during all key procedural moments (i.e., intake, eligibility determination, evaluations, and annual eligibility re-determination).

Family Assessment of Concerns, Priorities, and Resources (CPR)

Louisiana Quality Performance Indicator: 100% of families participate in the voluntary Family Assessment of concerns, priorities, and resources. Target: 100%

The IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child. The needs are identified through the family assessment conducted as a series of conversations with the family throughout their time in the intake process and throughout their experience with EarlySteps. Use of information from the family assessment conversations is shared with agreement of the family. The intent of early intervention is to build upon the natural routines and supports of families and children within their communities and to support families in their abilities to meet the health and developmental needs of their child. Integrating services into the naturally occurring activities and routines of the family

promotes the generalization of skills for the child and establishes a continuum of support after the child leaves the early intervention system.

Family assessment is a collaborative activity between the family members and service providers that addresses family resources, priorities, and concerns (CPR). It is not an evaluation that happens to, or is "done to," a family. The primary outcome of this voluntary assessment is to identify outcomes, activities or supports that will help the family promote their child's growth and development within the family context. Although voluntary on the part of the family, the CPR assists significantly with the development of outcomes and completion of the IFSP therefore information that contributes to the development of the IFSP, Section 2 is required. In Louisiana, the family assessment is often referred to as the "CPR."

Principles for Identifying Family Concerns, Resources, and Priorities

- Inclusion of family assessment information on the IFSP is voluntary on the part of families.
- A family's need or concern is **only** a need or concern if it is perceived to be such by the family.
- Families have a broad array of formal and informal options to choose from in determining how they will identify their resources, priorities, and concerns. The Intake Coordinator and eligibility team members should work with the family to identify these supports through the process and incorporate them, into the IFSP. It is not the role or purpose of early intervention to replace the typical supports that exist for families,
- Families should have multiple and continuing opportunities to identify their resources, priorities, and concerns.
- Family confidences will be respected and family-shared information will not be discussed among early intervention providers. Discussions concerning the IFSP planning, development or implementation process on an individual family basis should be planned, strategic and conducted with the prior informed knowledge of the family.
- Identifying family concerns, priorities, and resources **must** lead to development of IFSP outcomes, strategies, and activities that help families achieve what they need from early intervention.
- The expectation is that the family assessment is the best process for identifying family's needs related to enhancing the development of their child.

DEC RP F4: Early interventionists and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.

Team Meeting Notice and Minutes Form

The Louisiana EarlySteps system requires that written minutes of all eligibility team meetings be developed and maintained in the child's EI record and be provided to each team member.

Required components of the notice and minutes are:

1. the purpose of the meeting including proposed/refused action;
2. the name and title of each of the participants;
3. a summary of the discussion; and
4. the consensus and final decisions of the team,
5. procedural safeguards available to the family.

Step 7: Conducting the Team Meeting for Eligibility Determination

Eligibility determination is made by the multidisciplinary team and through review and discussion. This team meets to discuss the information gathered:

- **Health History page 2 of this form becomes Section 3a of the IFSP**
- Health information, including **Health Summary**

- Parent input and **Family assessment of Concerns Priorities and Resources (CPR) Page 8 of this form becomes Section 2 of the IFSP**
- **ASQ** and other developmental screening and assessment information
- BDI-2 results for all domains—**Page 3 of the BDI-2 Evaluation Report becomes Section 3b of the IFSP**
- Results of the autism screening when appropriate
- Other Provider information

The team then synthesizes collected information and applies it to the eligibility criteria (medical diagnosis, developmental delay, including informed clinical opinion). The team members use their knowledge of typical and atypical child development, knowledge of medical conditions and clinical experiences, knowledge of the child and family needs to form an opinion regarding the child's eligibility.

At the team meeting the Intake Coordinator requests a member to record team minutes.

Eligibility Determination Process Report and BDI-2 Evaluation Report

- The provider must complete the Eligibility Determination Process Report and submit/upload with the original BDI-2 booklet within 7 days of receipt of the Request for Authorization and in time for the Eligibility Determination meeting. Providers using the online BDI-2 Data Manager to score must submit the "Comprehensive Report." Those using the paper booklet and scoring either using Scoring Pro or BDI-2 Data Manager must fill out the demographic information on the front of the booklet and the appropriate reports.

- **BDI-2 Evaluation Report**. The evaluation/evaluation provider **must** submit this report to the IC within 10 days of the receipt of the **Authorization.** This report should be a synthesis of the BDI-2 evaluation, autism screening when appropriate, and observation of the child in regular routines. Information should include mastered and emerging milestones, as will as skills not yet able to perform. The report should also provide recommendations for areas of intervention for the child's specific needs. The IFSP team will use page 3 of this report as Section 3b of the IFSP and in program planning.

- The report will include CPRs identified during the evaluation process with recommendations for IFSP outcomes.

Team Meeting Requirements

Participating providers, as appropriate, will receive an authorization to attend the Eligibility Determination meeting. Even though the authorization may allow 150 minutes for team meeting participation, the provider **must** record the actual time spent at the meeting when billing for services. The actual timeframe of the meeting will be recorded in the Team Meeting Minutes. The Team Meeting format provides that each provider will sign in and out to verify their time of participation in the meeting and submit claims for the appropriate participation time.

The Intake Coordinator:
1. Completes all appropriate sections of the **Eligibility Determination Process Report**.
2. Lists the appropriate medical diagnosis and ICD-10 code, if diagnosis is on the EarlySteps Medical Diagnosis list.

<u>If Child Meets Eligibility Criteria</u>

The Intake Coordinator and team members:
1. Review information which leads to the eligibility decision.
2. Discusses all information, including health information, parent report and developmental evaluation results.
3. Completes the **Eligibility Determination Process Report** form
4. List all Eligibility Team members and the method of participation.

5. Record collected information for the **Family Assessment of Concerns, Priorities, and Resources.** After initial eligibility determination, the Intake Coordinator determines the strengths and needs of the family related to the child's growth and development through the completion of the **Family Assessment of Concerns, Priorities, and Resources** (family assessment). **The family assessment is a required component of the IFSP and is voluntary on the part of the family.** The family assessment results from a series of guided interviews that address the family's view of their child's development and the family activities and routines that are concerning for the family. (See more information about the **Family Assessment of Concerns, Priorities, and Resources** in the eligibility section of chapter.**)**

   The family assessment is reviewed with the family prior to the initial IFSP development team meeting and prior to each annual evaluation of the IFSP. If a family first agrees to include this information in the IFSP, and then changes their minds, the information can be removed or modified at their request. Certain provisions of the Family Education Rights and Privacy Act (FERPA) apply to family assessment. The Intake Coordinator has the responsibility to explain these rights to the family, including the right to amend these records and to have copies of their record.

   If an ASQ was conducted with the family as part of the eligibility process, information from the ASQ may be used to supplement additional information from the parent regarding their child's development.

6. At initial Eligibility Meeting, Intake Coordinator assists family to select ongoing support coordinator (FSC). The Intake Coordinator presents the family with the names of the available FSCs and the FSC agency description. These individuals are listed in the Service Matrix. The family's choice of agency is documented on the **Provider Selection** form. This process may happen at the end of the Eligibility Determination meeting. Ultimately, the FSC agency will assign an available FSC to the family.

7. Team members upload required documents to EarlySteps Online and provide the family with copies of the evaluation and IFSP.

<u>If the family of an eligible child declines to move to IFSP development following Eligibility Determination</u>

The Intake Coordinator:
1. Gives family information about community resources including referral to the LEA and LGE at age three.
2. Documents this decision in the child's early intervention record.
3. Provides the family with the Notice of Action, Parent's **Rights** and copies of records**.**
4. Completes the **Change Form**. This **must** be done within 5 calendar days of the date of inactivation.
5. The eligibility evaluator uploads the required documents in EarlySteps Online.

<u>If Child Does Not Meet Eligibility Criteria</u>

If child does not meet eligibility criteria, the Intake Coordinator and team members:
1. Agree to the eligibility decision.
2. Discuss all information, including health information, parent report and developmental evaluation results.
3. Provide the family with the **Notice** form and explain the family's right to appeal the decision and provide the process in the Notice and review page 2 of the **Notice** form for families with Medicaid.
4. Make referral to other services, if appropriate, and enters this on the **Eligibility Determination Process Report** form.

   If a Medicaid-eligible child under the age of 3 years does not meet the eligibility requirements for early intervention services in the EarlySteps system, medically necessary, Medicaid-covered services are available through the Medicaid EPSDT program. Medically necessary services must be prescribed by a physician and prior authorization is required. Covered services can be provided in the home or in a clinic-based setting. The family will contact the child's Healthy Louisiana physician for the referral. The referral process for EPSDT support coordination (case management) for children beginning at age 3 who are on the request for waiver services registry should also be provided.

   The team also shares other resource information including LEA and LGE referral information.

Medicaid Eligibility

Medicaid eligibility can be verified online at no charge at www.lamedicaid.com after a login and password are obtained using the line – Provider Web Account Registration Instructions.

Eligibility Verification

Upon receipt of the login and password, refer to the instructions on using this online Medicaid Eligibility Verification System (e-MEVS) that can be found online at the above mentioned website. Follow the link to "Training" and "Provider Training Packets." The provider will find step by step instructions on registering for this service, signing on, and performing the eligibility verification process along with other functions available with this service.

5. Complete all appropriate sections of the **Eligibility Determination Process Report** form:
6. Inform the family of their right to appeal this decision through the dispute resolution process (file a complaint, ask for mediation, request a due process hearing).
7. Give/mail the family copies of:
    a. **Parent's Rights**
    b. **Notice of Action**
        i. Action(s) taken
            1. Administration of ASQ
            2. Review recent ASQ or CDA
            3. Obtained CDA
        ii. Initial Eligibility or Annual Re-Determination of Eligibility Refused
8. Complete **Change Form** (case closure). This form **must** be completed and sent to the SPOE within 5 calendar days of the date of inactivation. **NOTE:** For children currently receiving EarlySteps services, case closure is completed after the Transition IFSP meeting and after the child's annual IFSP date. No services can be authorized after a case is terminated. Please observe caution and check for any active authorizations prior to selecting and entering a termination date.
9. Services will continue until the end date of the IFSP unless the parent requests case closure.

If a family does not agree with the eligibility team's decision, the family may request dispute resolution through a written formal complaint, mediation, and/or a due process hearing. For children already enrolled and receiving services, until a decision is reached during dispute resolution services continue. For initial eligibility determination, since services had not been started, no services begin until the outcome of the dispute is determined. Families have also asked for an additional evaluation by a different evaluator for a "second opinion."

Step 8: Follow-up Documentation

After the Eligibility Determination Meeting, **for all children eligible at initial** the Intake Coordinator:

1. Collects and/or sends the LDH **Application** to the regional HSA/D (LGE) office if family indicates an interest in referral and documents the family's decision in EarlySteps Online.
2. Documents all information in the child's Early Intervention record and places EarlySteps forms/information obtained from other providers/files shared with other providers in child's record and posts appropriate documents in EarlySteps Online.
3. FSC assumes ongoing support coordination activities from the Intake Coordinator and monitors IFSP to assure that services begin within 30 days of parent consent for services on the IFSP.

Frequently Asked Questions about Eligibility Determination

Do we have to wait 3 days after the family signs the Notice of Action to have the initial Eligibility Determination meeting?

Yes, 3 days **must** pass before *any* actions are taken, including eligibility determination.
At intake, the family must sign the **Notice of Action** in order to give consent to proceed with Part C services. Three (3) days **must** pass before any actions are taken, including evaluation(s) or eligibility determination meeting.

If the child is determined not eligible for Part C services at the initial eligibility meeting, another **Notice of Action** (Initial Eligibility Refused) is given to the family. After referrals for other community services are arranged and opportunities for future screening activities are discussed, no further activities will occur.

How far in advance can the Health Summary be completed for an annual re-determination of eligibility?

The information on the **Health Summary must** be current. The form can be sent to the child's primary care physician 45-60 days prior to the annual re-determination of eligibility.

Can the Eligibility Consultant Statement be signed by someone not on the service matrix and other than the EarlySteps EI Consultant?

Yes. A professional who has conducted a recent evaluation of the child may sign the statement and attach the evaluation to the form as documentation. A qualified medical provider may sign the statement, with documenting information of an evaluation. However, the child must have a comprehensive developmental evaluation in all domains using the BDI-2. A physician may sign the statement for confirmation of a medical diagnosis. However, this information may already be on the **Health Summary** or other medical records.

If the child is determined not eligible at an annual re-determination what is the process for case closure and when do services end?
The end date of the current authorizations will remain in effect, unless the parent requests case closure at that time. The case will be closed after the end date of the authorizations. All team members are notified of the decision so that services end with the end date of the authorization.

When is it appropriate to conduct a single domain assessment?
A single domain assessment should be conducted in the following situation:

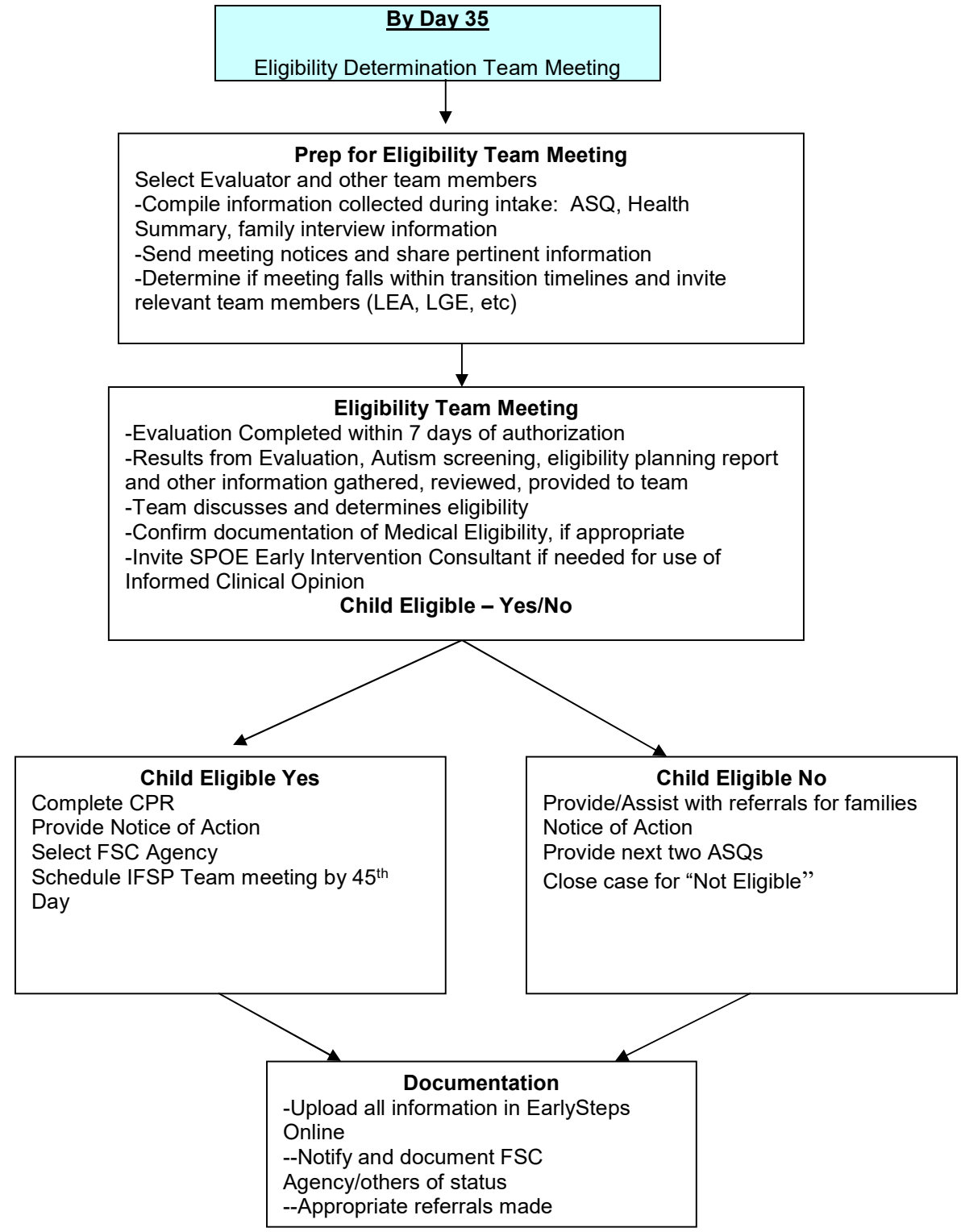
- for a service provider to obtain additional assessment information regarding the child for program planning purposes
- for use to establish eligibility using informed clinical opinion
- to assist in determining the need for changing, adding or removing a service

References and Recommended Reading

DEC Recommended Practices in Early Intervention /Early Childhood Special Education, (2014) The Division for Early Childhood of the Council for Exceptional Children. Retrieved from http://www.dec-sped.org or http://www.ectacenter.org.

Division for Early Childhood (DEC) of the Council for Exceptional Children, *Promoting Positive Outcomes for Children with Disabilities: Recommendations for Curriculum, Assessment, and Program Evaluation*, December 2007, retrieved from www.dec-sped.org.

Initial Eligibility Determination Process



Weight Conversion Table

Ounces	Pounds												
	0	1	2	3	4	5	6	7	8	9	10	11	12
0	0	454	907	1361	1814	2268	2722	3175	3629	4082	4536	4990	5443
1	28	482	936	1389	1843	2296	2750	3203	3657	4111	4564	5019	5471
2	57	510	964	1417	1871	2325	2778	3232	3685	4139	4593	5046	5500
3	85	539	992	1446	1899	2353	2807	3260	3714	4167	4621	5075	5528
4	113	567	1021	1474	1928	2381	2835	3289	3742	4196	4649	5103	5557
5	142	595	1049	1503	1956	2410	2863	3317	3770	4224	4678	5131	5585
6	170	624	1077	1531	1984	2438	2892	3345	3799	4252	4706	5160	5613
7	198	652	1106	1559	2013	2466	2920	3374	3827	4281	4734	5188	5642
8	227	680	1134	1588	2041	2495	2949	3402	3856	4309	4763	5216	5670
9	255	709	1162	1616	2070	2523	2977	3430	3884	4337	4791	5245	5698
10	284	737	1191	1644	2098	2551	3005	3459	3912	4366	4819	5273	5727
11	312	765	1219	1673	2126	2580	3034	3487	3941	4394	4848	5301	5755
12	340	794	1247	1701	2155	2608	3062	3515	3969	4423	4876	5330	5783
13	369	822	1276	1729	2183	2637	3091	3544	3997	4451	4904	5358	5812
14	397	850	1304	1758	2211	2665	3119	3572	4026	4479	4933	5386	5840
15	425	879	1332	1786	2240	2693	3147	3600	4054	4508	4961	5415	5868

EarlySteps Eligibility Criteria

ICD-9 to ICD-10 Crosswalk

Purpose: To assist early interventionists in identifying ICD-10 diagnosis codes using the EarlySteps eligibility criteria. The ICD-10 codes are required for documentation and for billing for Medicaid-paid services for dates of service beginning 10/1/2015. The list below replaces the eligibility criteria list found in earlier versions of the Practice Manual in Chapter 5 (July, 2010 version). The nature of ICD-10 allows for increased specificity in the use of diagnosis coding, therefore the most specific applicable code should always be used. The sequence of the criteria in the list generally follows the sequence of the "general categories" Practice Manual Chapter 5 with some additional categories added to assist in locating codes. If you have questions about specific criteria, please contact your regional coordinator.

Criteria Description	ICD 9	ICD 10	Criteria Description
I. Developmental Delay			
General Category—Specific delays in development	315		
Developmental speech/language disorder	315.3	F80.89 F80.9	Other developmental disorders of speech and language Developmental disorder of speech and language not otherwise specified
Expressive language delay	315.31	F80.1	Expressive language disorder
Mixed receptive and expressive language delay	315.32	F80.2 H93.25	Mixed receptive-expressive language disorder Central auditory processing disorder
Speech and language delay due to hearing loss	315.34	F80.4	Speech and language development delay due to hearing loss
Developmental Coordination Disorder	315.4	F82	Specific Developmental Disorder: Motor Function
Mixed Developmental Disorder	315.5	F82	Specific Developmental Disorder: Motor Function
Other specified delays in development	315.8	F88	Other disorders of psychological development
II. Use of Informed Clinical Opinion to Determine Eligibility			
Abnormal sensory-motor response Affective or social disorder/condition	783.42	R62.0	Delayed milestone in childhood
Oral-motor skills dysfunction, including feeding difficulties	783.3	R63.3	Feeding difficulties
III**. Established Medical Conditions**			
Genetic Disorders			
B. Chromosomal Abnormality Syndromes – General Category	758		
Down syndrome	758.0	Q90.9 Q90.2 Q90.0 Q90.1	Down syndrome, unspecified Trisomy 21, translocation Trisomy 21, nonmosaicism (meiotic nondisjunction) Trisomy 21, mosaicism (mitotic nondisjunction)
Trisomy 13	758.1	Q91.7	Trisomy 13, unspecified (Patau's syndrome)
Trisomy 18	758.2	Q91.3	Trisomy 18, unspecified
General Category Autosomal deletion syndromes	758.3_		
Cri-du-chat	758.31	Q93.4	Deletion of short arm of chromosome 5
Velo-cardio-facial syndrome (VCFS)	758.32	Q93.81	Velo-cardio-facial syndrome

Criteria Description	ICD 9	ICD 10	Criteria Description
Other micro-deletion syndromes: include Miller-Dieker and Smith-Magenis syndromes	758.33	Q93.88	Other microdeletions
DiGeorge Syndrome	279.11	D82.1	Di George's syndrome
Fragile X	759.83	Q99.2	Fragile x chromosome
Prader-Willi	759.81	Q87.1	Congenital malformation syndromes predominantly associated with short stature
Other conditions due to autosomal anomalies	758.5	Q92.8	Other specified trisomies and partial trisomies of autosomes
Other conditions due to chromosomal anomalies Conditions due to sex chromosome anomalies	758.8_ 758.81	 Q97.0 Q97.1 Q97.2 Q97.8 Q98.4 Q98.5 Q98.7 Q98.8 Q98.9 Q99.8	 Karyotype 47, xxx Female with more than three x chromosomes Mosaicism, lines with various numbers of x chromosomes Other specified sex chromosome abnormalities, female phenotype Klinefelter's Syndrome (XXY) Karyotype 47, xyy Male with sex chromosome mosaicism Other specified sex chromosome abnormalities, male phenotype Turner's Syndrome (XO) Other specified chromosome abnormalities
Conditions due to anomaly of unspecified chromosome (includes Williams Syndrome)	758.9	Q99.9	Chromosomal abnormality, unspecified
C. **Pre-natal exposures**			
Fetal alcohol syndrome	760.71	P04.3 Q86.0	Newborn affected by alcohol affecting fetus or newborn via placenta or breast by maternal use of alcohol Fetal alcohol syndrome (dysmorphic)
Fetal hydantoin syndrome/Other	760.79	P04.8	Newborn (suspected to be) affected by other maternal noxious substances
Narcotics exposure	760.72	P04.49	Newborn (suspected to be) affected by maternal use of other drugs of addiction
Hallucinogenic agent exposure	760.73	P04.49	Newborn (suspected to be) affected by maternal use of drugs of addiction
Cocaine exposure	760.75	P04.41	Newborn (suspected to be) affected by maternal use of cocaine
Anticonvulsant exposure	760.77	P04.1	Newborn (suspected to be) affected by oth maternal medication
Other Noxious influences affecting fetus or newborn via placenta or breast milk	760.79	P04.8 P04.40	Newborn (suspected to be) affected by other maternal noxious substances Newborn affected by maternal use of unspecified drugs of addiction
Drug Withdrawal Syndrome	779.5	P96.1 P96.2	Neonatal withdrawal symptoms of maternal use of drugs of addiction Withdrawal symptoms from therapeutic use of drugs of newborn
D. **Neurocutaneous Syndromes**			
Congenital pigmentary anomalies of the skin	757.33	Q82.1 Q82.2	Xeroderma pigmentosum Mastocytosis
Neurofibromatosis	237.70	Q85.00	Neurofibromatosis, unspecified

Criteria Description	ICD 9	ICD 10	Criteria Description
Other Neurofibromatosis	237.79	Q85.09	Other neurofibromatosis
Sturge-Weber syndrome	759.6	Q85.8	Other phakomatoses, not elsewhere classified
Tuberous sclerosis	759.5	Q85.1	Tuberous sclerosis
D. Inborn Error of Metabolism			
Disorders of amino-acid transport and metabolism	270.0	E72.00 E72.01 E72.04 E72.09	Disorders of amino-acid transport, unspecified Cystinuria Cystinosis Other disorders of amino-acid transport
Phenylketonuria (PKU)	270.1	E70.0	Classical phenylketonuria
Other Disturbances of aromatic amino-acid metabolism	270.2	E70.21 E70.29 E70.30 E70.5 E70.8	Tyrosinemia Other disorders of tyrosine metabolism Albinism, unspecified Disorders of tryptophan metabolism Other disorders of aromatic amino-acid metabolism
Maple Sugar Urine Disease	270.3	E71.0 E71.120 E71.19 E71.2	Maple-syrup-urine disease Methylmalonic acidemia Other disorders of branched-chain amino-acid metabolism Disorder of branched-chain amino-acid metabolism, unspecified
Disturbances of Sulpher-bearing amino acid metabolism	270.4	E72.10	Disorders of sulphur-bearing amino-acid metabolism Homocystinuria Other disorders of sulphur-bearing amino-acid metabolism
Disorder of Urea cycle metabolism	270.6	E72.20 E72.22 E72.23 E72.29	Disorder of urea cycle metabolism, unspecified Arginosuccinic aciduria Citrullinemia Other disorders of urea cycle metabolism
Other disturbances of straight-chain amino-acid metabolism	270.7	E72.3 E72.8	Disorders of lysine and hydroxylysine metabolism Other specified disorders of amino-acid metabolism
Other specified disorders of amino-acid metabolism	270.8	E72.03 E72.8	Lowe's syndrome Other specified disorders of amino-acid metabolism
Unspecified disorder of amino acid metabolism	270.9	E72.9	Disorder of amino-acid metabolism, unspecified
General Category Disorders of Carbohydrate Metabolism Glycogenosis	271.0	E74.00 E74.01 E74.04 E74.09	Glycogen storage disease, unspecified von Gierke disease McArdle disease Other glycogen storage disease
Galactosemia	271.1	E74.21	Galactosemia
General Category Disorders of Lipid Metabolism	272.0	E78.0	Pure hypercholesterolemia
Lipidoses Fabry's disease - Gaucher's disease - Niemann Pick - sphingolipidoses	272.7	 E75.21 E75.22 E75.249 E77.0 E77.1	 Fabry (or Anderson-Fabry) disease Gaucher disease Niemann-Pick disease, unspecified Defects in post-translational modification of lysosomal enzymes Defects in glycoprotein degradation
Other disorders of lipid metabolism	272.8	E78.81 E78.89 E88.89	Lipoid dermatoarthritis Other lipoprotein metabolism disorders Other specified metabolic disorders

Criteria Description	ICD 9	ICD 10	Criteria Description
Mucopolysaccaridoses	277.5	E76.01 E76.03 E76.1 E76.219 E76.22 E76.29 E76.3	Hurler's syndrome Scheie's syndrome Mucopolysaccharidosis, type II-Hunter's syndrome Morquio mucopolysaccharidoses, unspecified Sanfilippo mucopolysaccharidoses Other mucopolysaccharidoses Mucopolysaccharidosis, unspecified
E. General Category: Cerebral degenerations of the central nervous system—usually manifested in childhood	330.__		
Leukodystrophy	330.0	E75.23 E75.25 E75.29	Krabbe disease Metachromatic leukodystrophy Other sphingolipidosis
Cerebral lipidoses such as TaySach's	330.1	E75.02 E75.19 E75.4	Tay-Sachs disease Other gangliosidosis Neuronal ceroid lipofuscinosis
Cerebral degeneration in generalized lipidoses	330.2	G93.89	Other specified disorders of brain
Cerebral Degenerations of childhood in other diseases	330.3	G93.9	Disorder of brain, unspecified
Other specified degenerations in childhood	330.8	F84.2 G31.81 G31.82	Rett's syndrome Alpers disease Leigh's disease
Unspecified cerebral degenerations in childhood	330.9	G94	Other disorders of brain in diseases classified elsewhere
F. Prenatal Infections			
TORCH" infections, including: Congenital rubella	771.0	P35.0	Congenital rubella syndrome
Congenital cytomegalovirus infection (CMV)	771.1	P35.1	Congenital cytomegalovirus infection
Congenital herpes simplex Congenital toxoplasmosis	771.2	P35.2 P37.1 P37.2 P37.8	Congenital herpesviral [herpes simplex] infection Congenital toxoplasmosis Neonatal (disseminated) listeriosis Other specified congenital infectious and parasitic diseases
G. Other Syndromes			
Cerebral gigantism	253.0	E22.0	Acromegaly and pituitary gigantism
General Category: Other and unspecified congenital anomalies	759.__		
Prader-willi syndrome Marfan syndrome Fragile x syndrome	759.81 759.82 759.83	Q87.1 Q87.40 Q99.2	Congenital malformation syndromes predominantly associated with short stature Marfan's syndrome, unspecified Fragile X chromosome
Other specified chromosome abnormalities	759.89	Q99.8 E78.71 E78.72 Q87.1 Q87.2 Q87.3 Q87.5 Q87.81	Other specified chromosome abnormalities Barth syndrome Smith-Lemli-Opitz syndrome Cornelia de Lange Congenital malformation syndromes predominantly involving limbs Congenital malformation syndromes involving early overgrowth—Beckwith Wiedemann Other congenital malformation syndromes with other skeletal changes Alport syndrome

Criteria Description	ICD 9	ICD 10	Criteria Description
		Q87.89 Q89.8	Other specified congenital malformation syndromes, not elsewhere classified Other specified congenital malformations
General Category: Congenital anomaly, unspecified	759.9	Q89.9	Congenital anomaly, unspecified
H. Sensory Impairment - Vision			
Vision--Impairment can be congenital or acquired (369—general category—more specific diagnosis obtained from physician) Profound impairment, both eyes (369.0-)	369.00	H54.0	Blindness, both eyes
Moderate or severe impairment, better eye, profound impairment lesser eye Blindness one eye; low vision other eye	369.01- 369.18	 H54.10	 Blindness, one eye, low vision other eye, unspecified eyes
Moderate or severe impairment, both eyes Low vision both eyes not otherwise specified	369.2- 369.20	 H54.2	 Low vision, both eyes
Better eye: severe vision impairment; lesser eye; impairment not further specified	369.21- 359.24	H54.10	Blindness, one eye, low vision other eye, unspecified eyes
Better eye: moderate vision impairment; lesser eye: moderate vision impairment	369.25	H54.2	Low vision, both eyes
Unqualified vision loss, both eyes	369.3	H54.3	Unqualified vision loss, both eyes
Legal blindness, as defined in USA	369.4	H54.8	Legal blindness, as defined in USA
Retrolental fibroplasia or retinopathy of prematurity ROP Stage 4	362.26	H35.159	Retinopathy of prematurity, stage 4, unspecified eye
ROP State 5	362.27	H35.169	Retinopathy of prematurity, stage 5, unspecified eye
Bilateral retrolental fibroplasia	362.21	H35.179	Retrolental fibroplasia, unspecified eye
Cortical Blindness	377.75	H47.619	Cortical blindness, unspecified side of brain
I.Sensory Impairment - Hearing-- Hearing impairment (25dB loss or greater) unilateral or bilateral General Category	389		
Conductive hearing loss, unspecified—includes: Conductive hearing loss external ear Conductive hearing loss tympanic membrane Conductive hearing loss middle ear Conductive hearing loss inner ear Conductive hearing loss, unilateral Conductive hearing loss, bilateral Conductive hearing loss of combined types	389.00 389.01 389.02 389.03 389.04 389.05 389.06 389.08	H90.2 H90.11 H90.12 H90.0 H90.2	Conductive hearing loss, unspecified (Conductive hearing loss, unilateral, right ear with unrestricted hearing on contralateral side Conductive hearing loss, unilateral, left ear with unrestricted hearing on contralateral side Conductive hearing loss, bilateral Conductive hearing loss, unspecified
Sensorineural hearing loss	389.10	H90.5	Unspecified sensorineural hearing loss
Sensory Hearing loss, bilateral Neural Hearing loss, bilateral Sensorineural Hearing loss, bilateral Sensorineural Hearing loss, left or right	389.11 389.12 389.18 389.15	H903 H90.41 H90.42	Sensorineural Hearing loss, bilateral Sensorineural Hearing loss, right ear Sensorineural Hearing loss, left ear
Mixed conductive and sensorineural hearing loss	389.20	H90.8	Mixed conductive and sensorineural hearing loss, unspecified

Criteria Description	ICD 9	ICD 10	Criteria Description
Hearing loss unspecified	389.9	H91.90	Unspecified hearing loss, unspecified ear
Central hearing loss	389.14	H90.5	Unspecified sensorineural hearing loss
J. **Orthopedic and Neurological Disorders**			
Anoxic brain damage	348.1	G93.1	Anoxic brain damage, not elsewhere classified
Anterior horn cell disease Werdnig-Hoffmann disease	335.— 335.0	 G12.0	 Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
Spinal muscular atrophy unspecified	335.10	G12.9	Spinal muscular atrophy, unspecified
Kugelberg-welander disease	335.11	G12.1	Other inherited spinal muscular atrophy
Other spinal muscular atrophy	335.19	G12.8	Other spinal muscular atrophies and related syndromes
Amyotrophic lateral sclerosis	335.20	G12.21	Amyotrophic lateral sclerosis
Progressive muscular atrophy	335.21	G12.21	Amyotrophic lateral sclerosis
Progressive bulbar palsy	335.22	G12.22	Progressive bulbar palsy
Pseudobulbar palsy	335.23	G12.8	Other spinal muscular atrophies and related syndromes
Primary lateral sclerosis	335.24	G12.29	Other motor neuron disease
Other motor neuron diseases	335.29	G12.29	Other motor neuron disease
Other anterior horn cell diseases	335.8	G12.8	Other spinal muscular atrophies and related syndromes
Anterior horn cell disease unspecified	335.9	G12.9	Spinal muscular atrophy, unspecified
General Category: other specified muscle disorders			
Arthrogryposis	728.3	M62.3 M62.89	Immobility syndrome (paraplegic) Other specified disorders of muscle
Arthrogryposis multiplex, congenita	754.89	Q74.3	Arthrogryposis multiplex, congenita
Injury to the Brachial plexus—birth trauma	767.6	P14.0 P14.1 P14.3	Erb's paralysis due to birth injury Klumpke's paralysis due to birth injury Other brachial plexus birth injuries
Brachial plexus—post perinatal origin	953.4	S14.3XXA	Injury of brachial plexus, initial encounter
Cerebral cysts	348.0	G93.0	Cerebral cysts
Cerebral palsy (all types)- General Category	343.__		
Congenital diplegia	343.0	G80.1	Spastic diplegic cerebral palsy
Congenital Hemiplegia	343.1	G80.2	Spastic hemiplegic cerebral palsy
Congenital Quadriplegia	343.2	G80.0	Spastic quadriplegic cerebral palsy
Congenital Monoplegia	343.3	G80.8	Other cerebral palsy
Infantile hemiplegia	343.4	G80.2	Spastic hemiplegic cerebral palsy
Other specified infantile cerebral palsy	343.8	G80.8	Other cerebral palsy
Infantile cerebral palsy unspecified	343.9	G80.9	Cerebral palsy, unspecified
Cleft hand	755.58	Q71.60	Lobster-claw hand, unspecified hand
Congenital anomalies of the central nervous system – General Category	742.--		
Encephalocele	742.0	Q01.9	Encephalocele, unspecified
Microcephaly	742.1	Q02	Microcephaly
Congenital reduction deformities of brain	742.2	Q04.1 Q04.2 Q04.3	Arhinencephaly Holoprosencephaly Other reduction deformities of brain
Congenital hydrocephaly	742.3	Q03.0 Q03.1 Q03.8 Q03.9	Malformations of aqueduct of Sylvius Atresia of foramina of Magendie and Luschka Other congenital hydrocephalus Congenital hydrocephalus, unspecified
Other specified congenital anomalies of brain	742.4	Q04.5 Q04.6 Q04.8	Megalencephaly Congenital cerebral cysts Other specified congenital malformations of

Criteria Description	ICD 9	ICD 10	Criteria Description
			brain
Other specified congenital anomalies of spinal cord—general category	742.5		
Diastematomyelia	742.51	Q06.2	Diastematomyelia
Hydromyelia	742.53	Q06.4	Hydromyelia
Other specified congenital anomalies of spinal cord	742.59	Q06.0 Q06.1 Q06.3 Q06.8	Amyelia Hypoplasia and dysplasia of spinal cord Other congenital cauda equina malformations Other specified congenital malformations of spinal cord
Other specified congenital anomalies of nervous system	742.8	G90.1 Q07.8	Familial dysautonomia [Riley-Day] Other specified congenital malformations of nervous system
Unspecified congenital anomaly of brain spinal cord and nervous system	742.9	Q07.9	Congenital malformation of nervous system, unspecified
Other congenital musculoskeletal anomalies - General Category	755.__		
Reduction of deformities of upper limb Transverse deficiency of upper limb Longitudinal deficiency of upper limb	755.20 755.21- 755.22	Q71.899 Q71.90 Q71.00	Other reduction defects of unspecified upper limb Unspecified reduction defect of unspecified upper limb Congenital complete absence of unspecified upper limb
Longitudinal deficiency combined involving humerus	755.23- 755.24	Q71.10	Congenital absence of unspecified upper arm and forearm with hand present.
Longitudinal deficiency , radioulner, complete or partial	755.25	Q71.20	Congenital absence of both forearm and hand, unspecified upper limb.
Longitudinal deficiency radial, complete or partial	755.26	Q71.40	Longitudinal reduction defect of snspecified ratius
Longitudinal deficiency, radial, complete or partial	755.27	Q71.50	Longitudinal reduction defect of unspecified ulna
Longitudinal deficiency ulnar, carpals or metacarpals, phalanges, finger	755.28- 755.29	Q71.30	Congenital absence of unspecified hand/finger
Reduction of deformities of lower limbs Longitudinal deficiency of lower limb, not classified elsewhere	755.30 755.32	Q72.899	Other reduction defects of unspecified lower limb
Transverse deficiency of lower lime	755.31	Q72.00	Congenital complete absence of unspecified lower limb
Longitudinal deficiency combined involving tibia and fibula	755.33	Q72.10	Congenital absence of unspecified thigh and lower leg with foot present
Longitudinal deficiency femoral, complete/incomplete	755.34	Q72.40	Longitudinal reduction defect of unspecified femur
Longitudinal deficiency tibiofibular complete or partial	755.35	Q72.20	Congenital absence of both lower leg and foot, unspecified lower limb
Longitudinal deficiency, tibia, complete/partial	755.36	Q72.50	Longitudinal reduction defect of unspecified tibia
Longitudinal deficiency, fibular, complete/partial	755.37	Q72.60	
Longitudinal deficiency, tarsals or metatarsals complete/partial Longitudinal deficiency, phalanges, complete/partial	755.38 755.39	Q72.30 Q72.70	Congenital absence of unspecified foot and toes Split foot, unspecified lower limb
Reduction deformities, unspecified limb	755.4	Q73.0 Q73.1 Q73.8	Congenital absence of unspecified limb(s) Phocomelia, unspecified limb(s) Other reduction defects of unspecified limb(s)
Congenital cleft hand	755.58	Q71.60	Lobster-claw hand, unspecified hand

Criteria Description	ICD 9	ICD 10	Criteria Description
Anomalies of skull and face bone Premature closure of cranial sutures	756.0	Q75.0 Q75.2 Q75.9	Craniosynostosis Hypertelorism Congenital malformation of skull and face bones, unspecified
Absence of vertebra, congenital	756.13	Q76.49	Other congenital malformations of spine, not associated with scoliosis
Chondrodystrophies	756.4	Q77.1 Q77.4 Q77.8 Q78.4	Thanatophoric short stature Achondroplasia Other osteochondrodysplasia with defects of growth of tubular bones and spine Enchondromatosis
Osteodystrophies, unspecified	756.50	Q78.9	Osteochondrodysplasia, unspecified
Osteogenesis imperfecta	756.51	Q78.0	Osteogenesis imperfecta
Other symbolic dystunction-general category Developmental apraxia of speech	784.6 784.69	 R48.2 R48.8	 Apraxia Other symbolic dysfunctions
Encephalopathy Not Otherwise Specified	348.30	G93.40	Encephalopathy, unspecified
Hypoxic Ischemic Encephalopathy	768.70 768.73	P91.60 P91.63	Hypoxic Ischemic Encephalopathy Hypoxic Ischemic Encephalopathy, severe/Grade 3
Fracture of vertebral column with spinal cord injury (806) General Category—include additional diagnosis from physician	806.00	S12.000A S12.001A S12.100A S12.101A S12.200A S12.201A S12.300A S12.301A S14.101A S14.102A S14.103A S14.104A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture Unspecified displaced fracture of second cervical vertebra, initial encounter for closed fracture Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture Unspecified displaced fracture of third cervical vertebra, initial encounter for closed fracture Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture Unspecified displaced fracture of fourth cervical vertebra, initial encounter for closed fracture Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture Unspecified injury at C1 level of cervical spinal cord, initial encounter Unspecified injury at C2 level of cervical spinal cord, initial encounter Unspecified injury at C3 level of cervical spinal cord, initial encounter Unspecified injury at C4 level of cervical spinal cord, initial encounter
General Category: Hemiplegia and hemiparesis	342.--		
Flaccid hemiplegia	342.00	G81.00	Flaccid hemiplegia affecting unspecified side
Flaccid hemiplegia and hemiparesis affecting dominant side	342.01	G81.01 G81.02	Flaccid hemiplegia affecting right dominant side Flaccid hemiplegia affecting left dominant side
Flaccid hemiplegia and hemiparesis affecting nondominant side	342.02	G81.03 G81.04	Flaccid hemiplegia affecting right nondominant side Flaccid hemiplegia affecting left

Criteria Description	ICD 9	ICD 10	Criteria Description
			nondominant side
Spastic hemiplegia	342.10	G81.10	Spastic hemiplegia affecting unspecified side
Spastic hemiplegia and hemiparesis affecting dominant side	342.11	G81.11 G81.12	Spastic hemiplegia and hemiparesis affecting right dominant side Spastic hemiplegia and hemiparesis affecting left dominant side
Spastic hemiplegia and hemiparesis affecting nondominant side	342.10	G81.10	Spastic hemiplegia affecting unspecified side
Other specified hemiplegia	342.80	G81.90	Hemiplegia, unspecified affecting unspecified side
Hemiplegia, unspecified	342.90	G81.90	Hemiplegia, unspecified affecting unspecified side
General Category: Hereditary\degenerative diseases of the central nervous system	331.__		
Communicating hydrocephalus	331.3	G91.0	Communicating hydrocephalus
Obstructive hydrocephalus	331.4	G91.1	Obstructive hydrocephalus
Cerebral degeneration in diseases classified elsewhere	331.7	G94	Other disorders of brain in diseases classified elsewhere
Werdnig-Hoffman disease	335.0	G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
Other Cerebral Degeneration	331.8	G31.89	Other specified degenerative diseases of the nervous system
Infantile spasms with intractable epilepsy-not including febrile seizures (R56.00, R56.01)	345.60	G40.401 G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
Infantile spasms with intractable epilepsy	345.61	G40.411 G40.419	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
Intraventricular hemorrhage (IVH) – Grade 3 Grade 4	 772.13 772.14	 P52.21 P52.22	 Intraventricular (nontraumatic) hemorrhage, grade 3, of newborn Intraventricular (nontraumatic) hemorrhage, grade 4, of newborn
General Category--Spina Bifida/Neural Tube Defect	741.00	Q05.9 Q05.4 Q07.01 Q07.02 Q07.03	Spina bifida, unspecified Unspecified spina bifida with hydrocephalus Arnold-Chiari syndrome with spina bifida Arnold-Chiari syndrome with hydrocephalus Arnold-Chiari syndrome with spina bifida and hydrocephalus
Spina Bifida, Cervical region with Hydrocephalus	741.01	Q05.0	Cervical Spina Bifida with hydrocephalus
Spina Bifida, dorsal (thoracic) region with hydrocephalus	741.2	Q05.1	Thoracic Spina Bifida with hydrocephalus
Spina Bifida, lumbar region with hydrocephalus	741.03	Q05.2 Q05.3	Lumbar spina bilfida with hydrocephalus Sacral spina bifida with hydrocephalus
Meningomyelocele	741.90	Q05.8	Sacral spina bifida without hydrocephalus
Myelomeningocele Spina Bifida with hydrocephalus	741.90 741.91 741.92 741.93	Q05.8 Q05.5 Q05.6 Q05.7	Sacral spina bifida without hydrocephalus Cervical spina bifida without hydrocephalus Thoracic spina bifida without hydrocephalus Lumbar spina bifida without hydrocephalus

Criteria Description	ICD 9	ICD 10	Criteria Description
General Category: Congenital hereditary muscular dystrophy	359.__		
Muscular dystrophies and other myopathies	359.0	G71.2	Congenital myopathies
Hereditary progressive muscular dystrophy	359.1	G71.0	Muscular dystrophy
Myotonic muscular dystrophy	359.21	G71.11	Myotonic muscular dystrophy
Myotonia, congenita	359.22	G71.12	Myotonia congenita
Myontic chondrodystrophy	359.23	G71.13	Myotonic chondrodystrophy
General Category—other paralytic syndromes	344.__		
Quadriplegia and quadriparesis -- unspecified	344.00	G82.50	Quadriplegia, unspecified
	344.01	G82.51	Quadriplegia, C1-C4 complete
Quadriplegia c1-c4 complete	344.02	G82.52	Quadriplegia C1-C4 incomplete
Quadriplegia c1-c4 incomplete	344.03	G82.53	Quadriplegia, C5-C7 complete
Quadriplegia c5-c7 complete	344.04	G82.54	Quadriplegia, C5-C7 incomplete
Quadriplegia c5-c7 incomplete	344.09	G82.50	Quadriplegia, unspecified
Other quadriplegia	3441	G82.20	Paraplegia, unspecified
Paraplegia	344.2	G83.0	Diplegia of upper limbs
Diplegia of upper limbs	344.30	G83.10	Monoplegia of lower limb affecting unspecified side
Monoplegia of lower limb affecting unspecified side	344.31	G83.11	Monoplegia of lower limb affecting right dominant side
Monoplegia of lower limb affecting dominant side		G83.12	Monoplegia of lower limb affecting left dominant side
	344.32	G83.13	Monoplegia of lower limb affecting right nondominant side
Monoplegia of lower limb affecting nondominant side		G83.14	Monoplegia of lower limb affecting left nondominant side
	344.40	G83.20	Monoplegia of upper limb affecting unspecified side
Monoplegia of upper limb affecting unspecified side	344.41	G83.21	Monoplegia of upper limb affecting right dominant side
Monoplegia of upper limb affecting dominant side		G83.22	Monoplegia of upper limb affecting left dominant side
	344.42	G83.23	Monoplegia of upper limb affecting right nondominant side
Monoplegia of upper limb affecting nondominant side		G83.24	Monoplegia of upper limb affecting left nondominant side
	344.5	G83.30	Monoplegia, unspecified affecting unspecified side
Unspecified monoplegia	344.60	G83.4	Cauda equina syndrome
Cauda equina syndrome without neurogenic bladder	344.61	G83.4	Cauda equina syndrome
Cauda equina syndrome with neurogenic bladder	344.81	G83.5	Locked-in state
Locked-in state	344.89	G83.81	Brown-Sequard syndrome
Other specified paralytic		G83.84	Todd's paralysis (postepileptic)
Syndrome		G83.89	Other specified paralytic syndromes
	344.9	G83.9	Paralytic syndrome, unspecified
Paralysis unspecified			
Paraplegia	344.1	G82.20	Paraplegia, unspecified
Diplegia of upper limbs	344.2	G83.0	Diplegia of upper limbs
Monoplegia of lower limb	344.30	G83.10	Monoplegia of lower limb affecting unspecified side
Monoplegia of upper limb	344.40	G83.20	Monoplegia of upper limb affecting unspecified side

Criteria Description	ICD 9	ICD 10	Criteria Description
Unspecified monoplegia	344.5	G83.30	Monoplegia, unspecified affecting unspecified side
General Category— Spinal cord injury without evidence of spinal bone injury	952		
Cervical, Dorsal Range of Codes based on location of injury	952.0- 952.1	S14.101A- S34.139A	Unspecified injury at C1 level of cervical spinal cord, initial encounter
Unspecified site of spinal cord injury without spinal bone injury	952.9	S14.109A S24.109A S34.109A S34.139A	Unspecified injury at unspecified level of cervical spinal cord, initial encounter Unspecified injury at unspecified level of thoracic spinal cord, initial encounter Unspecified injury at unspecified level of lumbar spinal cord, initial encounter Unspecified injury at unspecified level of sacral spinal cord, initial encounter
General Category--Occlusion of cerebral arteries or stroke	434		
cerebral thrombosis without cerebral infarction	434.00	I66.09 I66.19 I66.29	Occlusion and stenosis of unspecified middle cerebral artery Occlusion and stenosis of unspecified anterior cerebral artery Occlusion and stenosis of unspecified posterior cerebral artery
cerebral embolism with cerebral infarction	434.01	I63.40	Cerebral infarction due to embolism of unspecified cerebral artery
Cerebral embolism without cerebral infarction	434.10	I66.09 I66.19 I66.29 I66.9	Occlusion and stenosis of unspecified middle cerebral artery Occlusion and stenosis of unspecified anterior cerebral artery Occlusion and stenosis of unspecified posterior cerebral artery Occlusion and stenosis of unspecified cerebral artery
Cerebral artery occlusion unspecified without cerebral infarction	434.90	I66.9	Occlusion and stenosis of unspecified cerebral artery
General category--Cerebral laceration and contusion or traumatic brain injury Includes range of codes for intracranial injury	851.00- 854.00	S06.330A- S06.339A	Contusion and laceration of cerebrum, unspecified, without loss of consciousness, initial encounter —range of codes for specific diagnoses
Shaken Infant Syndrome	995.55	T74.4XXA	Shaken Infant Syndrome
K. Social Emotional Disorders			
Social Emotional Disorders Childhood Depressive disorders, not elsewhere classified	311	F32.9	Major depressive disorder, single episode, unspecified
Reactive attachment disorder	313.89	F93.8 F94.1 F98.8	Other childhood emotional disorders Reactive attachment disorder of childhood Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
L. Pervasive Developmental Disorders			

Criteria Description	ICD 9	ICD 10	Criteria Description
Pervasive Developmental Disorders General Category including:			
Autistic disorder current or active state	299.00	F84.0	Autistic disorder
Autistic disorder residual state	299.01	F84.0	Autistic disorder
Childhood disintegrative disorder current or active state	299.10	F84.3	Other childhood disintegrative disorder
Childhood disintegrative disorder residual state	299.11	F84.3	Other childhood disintegrative disorder
Other specified pervasive developmental disorders current or active state	299.80	F84.5 F84.8	Asperger's syndrome Other pervasive developmental disorders
Other specified pervasive developmental disorders residual state	299.81	F84.5 F84.8	Asperger's syndrome Other pervasive developmental disorders
Unspecified pervasive developmental disorder current or active state	299.90	F84.9	Pervasive developmental disorder, unspecified
Unspecified pervasive developmental disorder residual state	299.91	F84.9	Pervasive developmental disorder, unspecified
Asperger syndrome / disorder	299.80	F84.5 F84.8	Asperger's syndrome Other pervasive developmental disorders
M. Medically Related Disorders			
Congenital or infancy-onset hypothyroidism	243	E00.9	Congenital iodine-deficiency syndrome, unspecified
Cleft Palate- eligibility may continue post-operative repair	V136.4	Z87.730	Personal history (corrected) cleft lip and palate
Cleft palate —unspecified	749.00	Q35.9	Cleft palate, unspecified
unilateral, complete	749.01	Q35.9	Cleft palate, unspecified
unilateral, incomplete	749.02	Q35.7 Q35.9	Cleft uvula Cleft palate, unspecified
bilateral, complete	749.13	Q36.0	Cleft lip, bilateral
bilateral, incomplete	749.14	Q36.0	Cleft lip, bilateral
Cleft palate with cleft lip —unspecified	749.20	Q37.9	Unspecified cleft palate with unilateral cleft lip
unilateral, complete	749.21	Q37.9	Unspecified cleft palate with unilateral cleft lip
unilateral, incomplete	749.22	Q37.9	Unspecified cleft palate with unilateral cleft lip
bilateral, complete	749.23	Q37.8	Unspecified cleft palate with bilateral cleft lip
bilateral, incomplete	749.24	Q37.8	Unspecified cleft palate with bilateral cleft lip
Toxic effects of lead and its compounds (including fumes) General category	984.0	T56.0X1A T56.0X2A T56.0X3A T56.0X4A	Toxic effect of lead and its compounds, accidental (unintentional), initial encounter Toxic effect of lead and its compounds, intentional self-harm, initial encounter Toxic effect of lead and its compounds, assault, initial encounter Toxic effect of lead and its compounds, undetermined, initial encounter
unspecified lead compound effects	984.9	M1A.10X1 T56.0X1A T56.0X2A T56.0X3A T56.0X4A	Lead-induced chronic gout, unspecified site, with tophus (tophi) Toxic effect of lead and its compounds, accidental (unintentional), initial encounter Toxic effect of lead and its compounds, intentional self-harm, initial encounter Toxic effect of lead and its compounds, assault, initial encounter Toxic effect of lead and its compounds, undetermined, initial encounter
Non-organic failure to thrive	783.41	R62.51	Failure to thrive (child)
Chronic respiratory failure or ventilator dependence	518.83	J96.10	Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia

Criteria Description	ICD 9	ICD 10	Criteria Description
N. Prematurity			
Bronchopulmonary Dysplasia (BPD)	770.7	P27.0 P27.1 P27.8	Wilson-Mikity syndrome Bronchopulmonary dysplasia originating in the perinatal period
Disorders relating to short gestation and low birth weight General Category—include 5 digit code	765.00	P07.00 P07.10	Extremely low birth weight newborn, unspecified weight Other low birth weight newborn, unspecified weight
Other preterm infant's birth weight of 1000-2499 grams —unspecified weight—an EarlySteps eligibility criterion is <1500 grams at birth:	765.10	P07.00 P07.10	Extremely low birth weight newborn, unspecified weight Other low birth weight newborn, unspecified weight
less than 500 grams	765.11	P07.01	Extremely low birth weight newborn, less than 500 grams
500 to 749 grams	765.12	P07.02	Extremely low birth weight newborn, 500-749 g
750 to 999 grams	765.13	P07.03	Extremely low birth weight newborn, 750-999 grams
1000 to 1249 grams	765.14	P07.14	Other low birth weight newborn, 1000-1249 grams
1250 to 1499 grams	765.15	P07.15	Other low birth weight newborn, 1250-1499 grams
Please refer to weight conversion table at the end of the chapter. --Weeks of gestation –unspecified gestation--General Category—	765.20	P07.20 P07.30	Extreme immaturity of newborn, unspecified weeks of gestation Preterm newborn, unspecified weeks of gestation
EarlySteps eligibility criteria is 32 weeks gestation or less Less than 24 weeks of gestation	765.21	P07.21 P07.22	Extreme immaturity of newborn, gestational age less than 23 completed weeks Extreme immaturity of newborn, gestational age 23 completed weeks
24 complete weeks of gestation	765.22	P07.23	Extreme immaturity of newborn, gestational age 24 completed weeks
25-26 weeks of gestation	765.23	P07.24 P07.25	Extreme immaturity of newborn, gestational age 25 completed weeks Extreme immaturity of newborn, gestational age 26 completed weeks
27-28 weeks of gestation	765.24	P07.26 P07.31	Extreme immaturity of newborn, gestational age 27 completed weeks Preterm newborn, gestational age 28 completed weeks
29-30 weeks of gestation	765.25	P07.32 P07.33	Preterm newborn, gestational age 29 completed weeks Preterm newborn, gestational age 30 completed weeks
31-32 weeks of gestation	765.26	P07.34 P07.35	Preterm newborn, gestational age 31 completed weeks Preterm newborn, gestational age 32 completed weeks

Additional information about Prematurity eligibility criteria, please see page 10.

General Supervision Performance Expectations

Initial Eligibility Determination

Performance expectations are used to determine compliance with EarlySteps procedures. When noncompliance is identified, findings are issued and corrective action and/or sanctions are imposed. Some eligibility performance expectations may also be found in the Intake chapter.

Performance Expectation	Monitoring/Source	Responsibility
Referral information, ASQ, family concerns used correctly to determine decision to proceed to eligibility determination	-Referral, intake, evaluation/assessment information -ASQ administered and interpreted correctly -ASQ results entered in EarlySteps Online with accuracy	SPOE staff Evaluators
Family offered and select eligibility evaluator of their choice	Freedom of Choice documentation	SPOE staff
Documentation Requirements met	Required documents included in chart and uploaded to EarlySteps Online	SPOE staff Eligibility evaluator
Parent Rights	-Rights provided -Notice of action for screening and eligibility evaluation -Freedom of choice offered and results documented -Interpreter selected and authorized as needed -Consent obtained	SPOE staff
Eligibility determination decision reflects EarlySteps policy and process.	--Referral information documented and used for eligibility decision-making --ASQ results --Health information and history --Family CPRs --BDI-2 results --BISCUIT results and follow up --Informed clinical opinion used according to policy --Eligibility determination team meeting notes --Eligibility “diagnosis” ICD code appropriately entered in EarlySteps Online for developmental delay and established medical condition(s) --Prior written notice provided if child not eligible, including right to dispute decision	SPOE staff
Eligibility determination and IFSP (if child is eligible) completed within 45 days of referral.	-Referral to IFSP Report from EIDS Documentation of reasons for delay: --system reason or family reason -Development of interim IFSP according to policy if necessary	SPOE staff IFSP team members
Services start within 30 days of parent consent on the IFSP.	IC/FSC contact notes Provider billing records	-Intake Coordinator if providing ongoing support coordination -FSC -Service providers