



Connecticut Birth to Three System

Most children are found eligible due to a **significant developmental delay**. Others have a confirmed diagnosis on the list, and have a high probability of incurring a developmental delay even if no delays currently exist. Please refer children to Birth to Three as soon as the diagnosis is confirmed by a physician or other appropriately licensed health care professional.

DIAGNOSED CONDITIONS LIST

Genetic Disorders

- A. Abnormalities of Chromosome Number and Structure (758._)**
 - All (except Klinefelter Syndrome)
- B. Genetic Conditions with Known Chromosomal Alterations**
 - Angleman Syndrome (759.89)
 - Bardet-Biedl Syndrome (759.89)
 - CHARGE Syndrome (759.89)
 - Cornelia de Lange syndrome (759.8)
 - Fragile X Syndrome (759.83)
 - Jeune Syndrome (756.4)
 - Menkes Syndrome (759.51)
 - Noonan Syndrome (759.89)
 - Opitz Syndrome (759.89)
 - Prader-Willi Syndrome (759.81)
 - Rubenstein-Taybi Syndrome (759.89)
 - Weaver Syndrome (759.89)
 - Williams Syndrome (759.89)
- C. Neurocutaneous Syndromes**
 - Neurofibromatosis (237.70)
 - Sturge Webber Syndrome (759.6)
 - Tuberous Sclerosis (759.5)
- D. Inborn Errors of Metabolism**
 - i. Amino Acidopathies
 - Organic Acidemias (270.3)
 - Glutaric Aciduria type II (270.9)
 - ii. Very long chain fatty acid storage diseases (330.9) All
 - iii. MCAD (medium chain acylCoA dehydrogenase deficiency) (277.85)

Sensory Impairments

- Blindness includes “legal” blindness or 20/200 best achievable acuity with correction (369.__)
- Cortical Blindness (377.75)
- Low vision (20/70 best acuity with correction (369.__ or 389.__) Requires 5 digits
- Retinopathy of Prematurity, grades 4 and 5 (362.21)
- Hearing Impairment (a permanent hearing loss of 25dB or greater in either ear **OR** persistent middle ear effusion that is documented for six months or more with a hearing loss of 30dB or greater) (389.__) Requires 5 digits
- Neural hearing loss (includes auditory neuropathy) (389.12)
- Hearing loss, unspecified (389.9)

Motor Impairments

- Arthrogryposis / Multiplex Congentia (754.89)
- Childhood Apraxia of Speech (784.69)

Neurologic Disorders

- Absence of part of brain (742.2)
- Agyria (742.2)
- Aplasia of part of brain (742.2)
- Arhinencephaly (742.2)
- Brain Malformation (742.9)
- Cerebral Dysgenesis or agenesis of part of brain (742.2)
- Cerebral Palsy (all types) (343._)
- Charcot-Marie-Tooth disease (356.1)
- Congenital Cerebral cyst (742.4)

- Degenerative Progressive Neurological Condition (330.9)
- Encephalopathy (742.2)
- Holoprosencephaly (742.2)
- Hydrocephaly, congenital (742.3), or acquired (331.4)
- Intraventricular Hemorrhage (IVH) – grade 3 (772.13) or grade 4 (772.14)
- Lissencephaly Syndrome (Miller-Dieker Syndrome) (742.2)
- Macrocephaly / Macrogyria / Megalencephaly (742.4)
- Meningomyelocele / Myelomeningocele / Spina Bifida / Neural Tube Defect (741.__)
- Microgyria (742.2)
- Multiple anomalies of the brain, NOS (742.4)
- Myopathy (359.81)
- Peri-ventricular Leukomalacia (PVL) (779.7)
- Porencephalic Cyst (742.4)
- Seizures (poorly or uncontrolled) (345.9)
- Spinal Muscular Atrophy / Werdnig Hoffman Disorder (335.0)
- Stroke (436)
- Ulegyria (742.4)

Significant Neurodevelopmental Disorders

- Autism Spectrum Disorders (299.1)
- Childhood Depression (311)
- Reactive Attachment Disorder (315.8)
- Rett Syndrome (330.8)

Medically Related Disorders

- Cleft Palate (prior to the operation to repair the cleft and up to one year post-operative) (749.0_) and 749.2_) Requires 5 digits
- Congenital Infections – CNS (771.0-771.2)
 - CMV (cytomegalovirus) (771.1)
 - herpes (771.2)
 - rubella (771.0)
 - toxoplasmosis (771.2)
- Congenital or infancy-onset hypothyroidism (243)
- Lead Intoxication (> 45 µg/dL) (up to six months after identification) (984.__)
- Pediatric AIDS (042)
- Prematurity (28 weeks or less gestation, up to 6 months corrected age *only*)
 - less than 24 completed weeks of gestation (765.21)
 - 24 completed weeks of gestation (765.22)
 - 25-26 completed weeks of gestation (765.23)
 - 27-28 completed weeks of gestation (765.24)
- Prenatal Exposures
 - Fetal Alcohol Syndrome (760.71)
 - Fetal Phenytoin (Dilantin) Syndrome (760.79)
- Very Low Birth Weight (<1000 grams at birth, up to 6 months corrected age *only*)
 - if under 500g (765.01)
 - if 500g-749g (765.02)
 - if 750g-999g (765.03)

Acquired Trauma Related Disorders

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



Referral Guide

FOR HEALTH CARE PROVIDERS

REFERRALS: Tel: 1-800-505-7000 • Fax: 860-571-6853 • On-line: www.birth23.org

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

Who is eligible?

A child younger than 3 years who lives in Connecticut and:

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

When should I make a referral?

- your screening of the infant or toddler indicates the need for a complete developmental evaluation
- the child has a confirmed diagnosis that is likely to result in delay (see reverse)
- the parent is concerned that the child may have a delay

Evaluating a young infant's development can be difficult. If an infant or child is found ineligible for any reason, you or the family may re-refer three or more months later if there is still a concern.

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

How do I refer a child?

CONTACT THE CHILD DEVELOPMENT INFOLINE AT:

- PHONE: 1-800-505-7000
- ON-LINE: www.birth23.org/referrals
- FAX: 860-571-6853

YOU MAY ALSO ENCOURAGE THE FAMILY TO USE ONE OF THESE THREE METHODS.

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

What should I discuss with the parent or guardian?

- areas of the child's development that might be delayed
- evaluations are always provided at no cost to the family, but they are asked to allow Birth to Three to bill their health insurance
- the Birth to Three System provides anticipatory guidance, and supports families to promote children's skill development
- frequent practice of new skills during regular routines and activities is more effective than child-focused therapy services
- early intervention services and supports benefit the whole family
- insurance issues: families of eligible children are asked to allow Birth to Three to bill their health insurance (including HUSKY B or Medicaid) to reimburse for early intervention services; annual and lifetime insurance benefit caps are protected under Connecticut law
- costs of operating the Birth to Three System are shared across:
 - state budget
 - federal budget
 - families pay a monthly fee based on family size and income, and are asked for permission to bill their health insurance (including HUSKY B or Medicaid) to reimburse for early intervention services;

How do I know what happened with my referral?

- Child Development Infoline will send you the name of the Birth to Three program chosen to determine the child's eligibility.
- Evaluation results will be sent to you with written parent consent.
- If you are the child's primary physician and the child is eligible, you will be asked to sign the IFSP along with the parents and other members of the team. **Services cannot begin without your signature.**

How can I stay involved?

- Ask the family for their consent to release relevant diagnostic, evaluation, or medical reports from your office to the service coordinator.
- Ask the family to sign a Birth to Three consent to release the developmental evaluation results to you.
- Participate in development of the Individualized Family Service Plan (IFSP). This is the best way to share your recommendations for services.