**MEDICAL CONDITIONS RESULTING IN HIGH PROBABILITY OF**

**DEVELOPMENTAL DELAY AND DSCC SCREENING INFORMATION**

**(Not an exclusive list)  
Rev. 08/2020**

| **Eligible EI Diagnoses** | | **Eligible/Non-Eligible and/or Description of DSCC Diagnoses** |
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| Children with medical conditions which are not listed may be determined eligible for EI services by a qualified family physician, pediatrician or pediatric subspecialist (pediatric neurologist, geneticist, pediatric orthopedic surgeon, pediatrician with special interest in disabilities) who provides written verification that the child’s medical condition is associated with a high probability of developmental delay as listed in eligibility criteria. | | Any specific diagnosis alone (except cystic fibrosis and hemophilia) is not eligible for DSCC unless there are associated impairments in the following categories:  Orthopedic, nervous system, cardiovascular, external body, hearing, organic speech disorders, inborn errors of metabolism leading to severe neurological, mental and physical deterioration, eye and urinary system. |
| **Anomalies of Central Nervous System** | | |
| Spina Bifida/Myelomeningocele | | DSCC eligible. |
| Spina Bifida with Hydrocephaly | | DSCC eligible. |
| Encephalocele | | DSCC eligible. |
| Hydro Encephalopathy | | DSCC eligible. |
| Microencephaly | | Not DSCC eligible. |
| Congenital Hydrocephalus | | DSCC eligible. |
| Reduction deformities of brain, including:  Absence Holoprosencephaly  Agenesis Hypoplasia  Agyria Lissencephaly  Aplasia Microgyria  Arhinencephaly | | None of these would be DSCC eligible on their own; treatable motor/orthopedic impairments or seizures could be DSCC eligible for these deformities. |
| Schizencephaly | | Only treatable motor/orthopedic impairments are potentially DSCC eligible. |
| Anomalies of the Spinal Cord | | DSCC eligible. |
| Birth weight: <1000 gm. | | Not DSCC eligible by itself. |
| **Chromosomal Disorders (most common, not to be used as an exclusive list)** | | |
| Trisomy 21 (Down Syndrome) | | Not DSCC eligible but typically cover the cardiac and hearing impairments. |
| Trisomy 13 | | Craniofacial, limb deformities, cardiac are DSCC eligible. |
| Trisomy 18 | | Cardiac impairments would be DSCC eligible. |
| Autosomal Deletion Syndromes | | Not typically DSCC eligible unless causing cardiac, hypospadias or other DSCC eligible conditions. |
| Fragile X Syndrome  Williams Syndrome | | Not DSCC eligible. |
| Angelman’s Syndrome | | Not usually DSCC eligible unless causing cardiac impairments or strabismus. |
| Prader-Willi Syndrome | | Seizures, scoliosis and strabismus would be DSCC eligible, if present, for either syndrome |
| **Chromosomal Disorders - continued** | | |
| Toxoplasmosis  Rubella  Cytomegalovirus  Herpes Simplex with CNS involvement | Only treatable chronic motor/orthopedic, hearing loss and eye impairments (defects of eyeball or eye muscle) are DSCC eligible for these congenital infections. |
| Neonatal Meningitis | Only treatable chronic motor/orthopedic, hearing loss and eye impairments (defects of eyeball or eye muscle) are DSCC eligible for these congenital infections. |
| Cerebral Palsy | DSCC eligible. (motor and neuro impairments) |
| Craniofacial Anomalies (Major) | DSCC eligible. |
| Cleft Palate | DSCC eligible. \* (See further instructions on referring to DSCC, listed on last page) |
| **Disorders of the Sense Organs** | |
| Hearing loss of 30dB or greater at any 2 of the following frequencies: 500, 1000, 2000, 4000 and 8000 Hz; or hearing loss of 35 dB or greater at any one of the frequencies 500, 1000 and 2000 Hz; involving one or both ears. | DSCC eligible – hearing loss of 30dB or greater at any 2 of the following frequencies: 500, 1000, 2000, 4000 and 8000 Hz; or hearing loss of 35 dB or greater at any one of the frequencies 500, 1000 and 2000 Hz; involving one or both sides. |
| Visual Impairment | Potentially DSCC eligible eye muscle imbalance- DSCC eligible. |
| Bilateral Amblyopia | DSCC eligible when requires forced patching treatment |
| Severe Retinopathy of Prematurity ROP 3+ | DSCC eligible. |
| Bilateral Cataracts | DSCC eligible. |
| Myopia of 3 diopters or more | Not DSCC eligible. |
| Albinism | Not DSCC eligible. |
| **Disorders of the Central Nervous System** | |
| Hypsarrhythmia | Not DSCC eligible. |
| Acquired Hydrocephalus | DSCC eligible. |
| Stroke | Motor and speech problems may be DSCC eligible. |
| Traumatic Brain Injury  Intraventricular Hemorrhage – Grade III, IV | Neither are automatically DSCC eligible but either could cause DSCC eligible motor, speech or orthopedic conditions. |
| Hypoxic Ischemic Encephalopathy (with organ failure, seizures, renal failure, cardiac failure) | Not DSCC eligible by itself but seizures, renal impairments, cardiac impairments are DSCC eligible. |
| Spinal Cord Injury | Only treatable motor/orthopedic impairments are DSCC eligible. |
| Neonatal Seizures (secondary to asphyxia or hypoglycemia) | Acute seizures are not DSCC eligible. |
| Central Nervous System Cysts | Potentially DSCC eligible if not cancerous. |
| Central Nervous System Tumors | Potentially DSCC eligible if not cancerous. |
| Periventricular Leukomalacia | Not DSCC eligible by itself. If causing Cerebral Palsy, this is DSCC eligible. |
| **Inborn Errors of Metabolism** | Those causing physical and/or neurological impairment, if left untreated, are DSCC eligible. |
| **Neuromuscular Disorders** | |
| Congenital Muscular Dystrophy  Myotonic Dystrophy  Werdnig-Hoffman (Spinal Muscular Atrophy)  Congenital Myopathy  Duchenne | Motor and orthopedic conditions are potentially eligible for these conditions. |
| **Pervasive Developmental Disorder/ Autistic Spectrum** | Not DSCC eligible. |
| **Syndromes** | Syndromes are not DSCC eligible by themselves but may include DSCC eligible conditions. |
| Cornelia de Lange | Orthopedic and craniofacial impairments are DSCC eligible. |
| Lowe’s | Cataracts and kidney problems are DSCC eligible. |
| Rett | Not DSCC eligible. |
| Rubinstein-Taybi | Causes DSCC eligible hip dislocation and joint problems. |
| CHARGE (Multiple anomalies) | DSCC eligible: eye, kidney, cardiac, nervous, hearing and external body impairments. |
| VATER | DSCC eligible urinary, cleft palate and esophageal atresia. |
| Fetal Alcohol Syndrome  (Not just exposure to alcohol in utero or fetal alcohol effects, but a diagnosis of the syndrome) | Not DSCC eligible, but could cause some DSCC eligible motor/orthopedic impairments. |
| **Orthopedic Abnormalities** | |
| Brachioplexus at birth | Potentially DSCC eligible. |
| Caudal Regression | Not DSCC eligible. |
| **Orthopedic Abnormalities - continued** | |
| Acquired Amputations | DSCC eligible. |
| Arthrogryposis Multiplex Congenita | DSCC eligible. |
| Holt-Oram | Potentially DSCC eligible. |
| Partial Amputations | DSCC eligible. |
| Proximal Focal Femoral Deformities | Potentially DSCC eligible. |
| Osteogenesis Imperfecta | DSCC eligible. |
| **Technology Dependent** | |
| Tracheostomy | Potentially DSCC eligible if secondary to structural defect of upper airway and/or chronic lung disease. |
| Ventilator Dependent | Potentially DSCC eligible for IDHFS/DSCC Home Care Program (waiver). |

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| --- | --- | --- |
| **Social Emotional Disorders** | |
| Attachment or Relationship Disorder | Not DSCC eligible by itself. |
| **Other** |  |
| Lead Poisoning: Elevated Blood Lead Level of 5 micrograms per deciliter (µg/dL) of whole blood confirmed by a venous blood test | Not DSCC eligible by itself. |

Children with undiagnosed medical conditions or who may require further medical evaluation may be referred for a medical diagnostic evaluation. If you have any questions regarding these eligible medical conditions or medical diagnostic services, please contact your developmental pediatrician consultation contractor.

**Referring to DSCC\*** – Children with cleft palate, orthopedic abnormalities, or other potential DSCC eligible diagnoses associated with physical disabilities are to be referred with written consent to the Division of Specialized Care for Children (DSCC) prior to IFSP development. DSCC may provide medical diagnostic support at no cost to the family. Simultaneously Child and Family Connections should complete the Intake process as usual. DSCC will determine the type of ongoing assistance they can provide.