Nevada Part C: Medical/Auto Eligible list for Nevada Early Intervention Services

The below categories represent a comprehensive list of diagnostic categories which are considered to ensure that certain infants/toddlers are automatically eligible for Part C Early Intervention Services. However, it is the physicians within the Early Intervention System (EIS) who make final determinations. Any referral coming into the EIS must be accompanied by physician documentation to support eligibility.

Auto eligibility categories include:

Arthrogryposis/Major Limb Malformations – Rare condition characterized by stiff joints and abnormally developed muscles and not a specific diagnosis but a clinical finding:

- Amputations
- Amniotic Band Syndrome

Central Nervous System Disorders/Diseases – Affect brain, spinal cord and other nervous tissues throughout the body:

- Encephalopathy
- Infantile Spasms
- Seizure Disorder
- Sensory feeding or other Abnormal neurologic exam
- Bacterial or Herpes Meningitis
- Major brain malformations
- Periventricular Leukomalacia
- Kernicterus Neuro-degenerative Disorder
- Hydrocephalus
- Traumatic Brain Injury
- Shaken baby syndrome
- IVH Grade III or IV and Grade II with atypical tone

Chromosomal Abnormalities -- Existing in the genetic structure of the infant's chromosomes:

- Angelman Syndrome
- Velo-Cardio-Facial
- Klinefelter Syndrome
- Williams Syndrome
- CHARGE Syndrome/Association
- Down Syndrome
- Prader-Willi Syndrome
- Trisomy Syndromes/Deletions (all)
- Cri-du-chat Syndrome
- Fragile X Syndrome
- Unbalanced Translocations

Craniofacial Malformations – Diverse group of deformities in the growth of the head and facial bones:

- Williams Syndrome
- DiGeorge Sequence
- Congenital Aural Atresial/Microtia
- Goldenhar Syndrome
- Treacher-Collins Syndrome
- Cleft Palate: soft or hard (not cleft lip)
- Pierre-Robin Sequence

Neurocutaneous Syndromes – genetic disorders leading to tumor growth in the body which affects development:

- Neurofibromatosis
- Tuberous Sclerosis
- Sturge-Weber Syndrome

Neuromuscular Disorders -- Affects nerves and impairs functioning of muscles:

- Erb's Palsy
- Mitochondrial Disease
- Myopathies
- Extracorporeal Membrane Oxygenation (ECMO)
- Cerebral Palsy
- Spinal Muscular Atrophy
- Diaphragmatic Hernia
- Muscular Dystrophy
- Tracheoesophageal Fistula
- Hemplegia

Other Disorders or Conditions associated with, or has a significant potential of, leading to a developmental delay:

- Autism Spectrum Disorder
- Child Maltreatment Syndrome
- Cyanotic Heart Disease
- Cystic Fibrosis
- Exposure to Toxic Substances
- Fetal Alcohol Syndrome
- Tracheostomy
- Hypoxic Ischemic Encephalopathy
- Inborn Errors of Metabolism
- Perinatal Drug Affect with Microcephaly
- Organic and/or Psychosocial Failure to Thrive
- Extreme Prematurity (</= 1,000 grams/2.20 pounds or <=27 weeks gestation – up to 18 months corrected)

Sensory Impairment – Vision and hearing loss which may lead to learning and other delays:

- Cerebral visual impairment
- Central Visual impairment (Cortical –Cerebral)
- Optic Nerve Hypoplasia (ONH)
- Cortical visual processing disorder
- Septo-Optic Dysplasia (SOD)
- Unilateral or Bilateral hearing loss (permanent) equal to or greater than 40db
- Retinopathy of prematurity (with laser treatment)

NOTE: Failing the newborn hearing screening is not a part c eligible until hearing loss is confirmed.

Spinal Cord Injuries or Defects – Usually in utero and leads to structure defects involving the spine and spinal cord:

- Myelomeningocele
- Tethered Spinal Cord Syndrome
- Spina Bifida with Tethered Cord (unless treated)

TORCH Infections – Perinatal infections which can lead to fetal anomalies:

- CMV
- Herpes
- Other Rubella
- Toxoplasmosis

FURTHER DISTINCTIONS:

The above categories are not a restrictive/inclusive list and rely on doctors, who have the expertise, to make informed clinical decisions to include or exclude similar disorders which have not been included above. This includes symptomatology that leads to, or has significant risk of, a developmental delay, including: Acute Lymphoid Leukemia, Chronic Myelogenous Leukemia, and Cancers.

Some conditions can be ameliorated with medical/surgical attention, at which point the child can exit the program. The above list includes specific disorders or diseases; however, there are treatments which or symptoms may necessitate the infant/toddler be determined auto-eligible if supporting documentation includes appropriate references, including: NG-tube, G-tube dependent upon discharge, cool cap treatment requirements and others. Any time variance from categories is needed, appropriate documentation must be included in the file with the decision.

NOTE: At any point a child is no longer eligible for early intervention, due to lack of supporting documentation to support eligibility (and informed clinical opinion is that the child is not eligible), received appropriate medical/surgical intervention, has met developmental milestones, etc – the infant/toddler is to be discharged from early intervention services.