

DIAGNOSIS/CONDITIONS LIST

1. Chromosomal/Genetic
 - a. Trisomies, Translocation, deletions
 - i. Down Syndrome
 - ii. Williams Syndrome
 - iii. Cri-du-chat
 - iv. All unbalanced structural chromosome syndrome
 - v. Prader-Willi Syndrome
 - vi. Klinefelter Syndrome
 - vii. Angelman Syndrome
 - viii. Velo-cardio-facial or DiGeorge Syndrome
 - b. Sex-linked
 - i. Fragile X Syndrome
 - ii. Lowe Syndrome
 - iii. FG Syndrome
2. Syndromal
 - a. Cockayne Syndrome
 - b. Bardet-Biedl Syndrome
 - c. Cornelia de Lange Syndrome
 - d. Rubenstein-Taybi Syndrome
3. Neuromuscular Disorders
 - a. Cerebral Palsy
 - b. Muscular Dystrophy
 - i. Duchenne Type
 - ii. Becker Type
 - c. Myopathies
 - d. Anterior Horn Cell Disorders
 - i. Werdnig-Hoffman Syndrome
 - ii. Kugelburg-Wehlander Syndrome
4. Neurocutaneous Disorders
 - a. Sturge-Weber
 - b. Tuberous Sclerosis
 - c. Neurofibromatosis Type 1
5. Spinal Cord Injury with Cord Involvement
6. Musculoskeletal Diseases
 - a. Arthrogyrosis
 - b. Reduction Deformity
7. Central Nervous System
 - a. Congenital Brain Malformation
 - b. Encephalocele
 - c. Spina Bifida
 - d. Hypoxic Ischemic Encephalopathy with seizures
8. Orofacial Abnormalities
 - a. Treacher Collins
 - b. Pierre-Robin Sequence
 - c. Moebius Sequence
 - d. Warrdenburg Syndrome, Types I and II
9. Pervasive Developmental Delay
10. Autistic Spectrum Disorders
11. Sensory Loss
 - a. Vision
 - Albinism
 - Aniridia
 - Anophthalmia
 - Aphakia
 - Cataracts
 - Coloboma
 - Congenital Glaucoma
 - Cone Rod Dystrophy
 - Cortical Visual Impairment
 - Delayed Visual Development/Maturation/Impairment
 - Familial Exudative Vitreoretinopathy (FEVR)
 - Glaucoma
 - Homonymous Hemianopsia
 - Leber's Congenital Amaurosis
 - Microphththalmia
 - Optic Atrophy
 - Optic Nerve Hypoplasia
 - Peter's Anomaly
 - Persistent Hyperplastic Primary Vitreous (PHPV)
 - Phthisis Bulbi
 - Pigment Retinopathy
 - Retinal Detachment
 - Retinoblastoma
 - Retinopathy of Prematurity (ROP) Stages/Grades 3, 4, 5
 - b. Hearing
 - Aided or unaided Sensorineural Hearing Loss
 - Bilateral mild to profound
 - Unilateral moderate to profound
 - Aided or unaided Conductive Hearing Loss
 - Chronic recurrent middle ear pathology (Chronic ear infections)
 - Structural anomalies
 - Aided or unaided Mixed Hearing Loss (Conductive and Sensorineural)
 - Bilateral mild to profound
 - Unilateral moderate to profound
 - Cochlear Implant
 - c. Deafblind-The term "infants and toddlers with deafblindness" means individuals under the age of 3 who are experiencing developmental delays in hearing **and** vision, or have a diagnosed physical or mental condition that has a high probability of resulting in developmental delays in hearing **and** vision. The following are guidelines, provided through the national deafblind census, for use in determining if any early intervention child is deafblind, e.g. the child has both a vision and hearing impairment.
 - Visual Impairment
 - Low vision (visual acuity of 20/70 to 20/200 in the better eye with correction)
 - Legally Blind (visual acuity of 20/200 or less or field restriction of 20 degrees or less in the better eye with correction)
 - Light Perception Only

- Totally blind
- Cortical Visual Impairment
- Diagnosed Progressive Loss
- Hearing Impairment
 - Mild (26-40 dB loss)
 - Moderate (41-55 dB loss)
 - Moderately Severe (56-70 dB loss)
 - Severe (71-90 dB loss)
 - Profound (91+ dB loss)
 - Diagnosed Progressive Loss

- Unable to come to a quiet-alert state, persisting throughout hospitalization
- Severe sleep disorder—unable to maintain deep sleep for 2 hours or more

12. Abnormalities of Metabolism

- a. Amino Acid
 - i. Maple Syrup Urine Disease
 - ii. Untreated PKU
- b. Carbohydrate
 - i. Infantile Gaucher Disease
 - ii. Methylmalonic acidemia
- c. Lipid
 - i. Niemann-Pick Disease
 - ii. Tay-Sachs Disease
- d. Purine/Pyrimidine
 - i. Lesch-Nyhan Syndrome
- e. Thyroid
 - i. Untreated Hypothyroidism
- f. Mucopolysaccharidosis
 - i. Hunter Syndrome
 - ii. Hurler-Scheie Syndrome
 - iii. Sanfilippo Syndrome
 - iv. Sly Syndrome

13. Ventilator Dependent

14. Congenital Infections

- a. Cytomegalovirus
- b. Herpes
- c. HIV
- d. Rubella
- e. Syphilis
- f. Toxoplasmosis

15. Failure to Thrive

16. Environmental Agents

- a. Fetal Alcohol Syndrome
- b. Fetal Valproate Syndrome
- c. Fetal Hydantoin Syndrome

17. NICU Graduate with one or more of the following conditions:

- NG or G tube feedings required either full or partial to maintain adequate nutrition
- Unable to take 100% of nutrition by mouth
- Difficulty pacing and/or coordinating suck-swallow-breathe, especially if 38-40 weeks or older
- Long, difficult time to learn to eat
- Unusually high tone
- Unusually low tone
- Significant tremors when at rest
- Fluctuating tone: such as, low tone when resting and high tone when over stimulated
- Inconsolability not attributable to typical premature irritability, GER, or other medical conditions
- Neurologically based significant irritability

This list is not all-inclusive. New disorders are being identified all of the time. The following procedure allows a child's diagnosis to be considered for inclusion:

1. Document information from a diagnostic work-up including physician reports and recommendations.
2. Include supportive data from research journals, text information, etc., which supports that a child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Clinical opinion may be used to suspend eligibility following at least 1 yr. of enrollment in BWEI program