OTHER HEALTH IMPAIRMENT ELIGIBILITY GUIDELINES

June, 2016

Kent ISD
We Lead Learning

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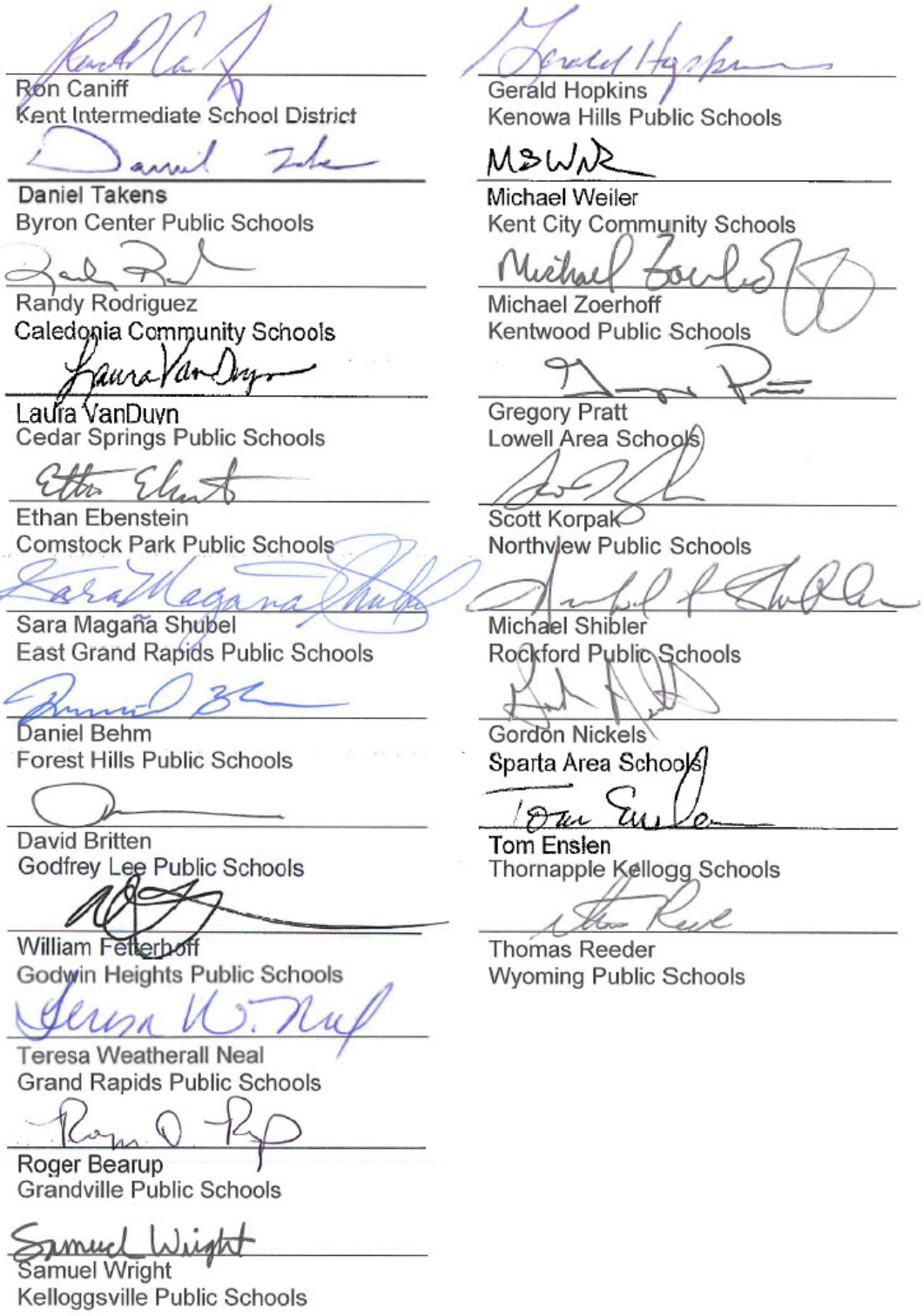

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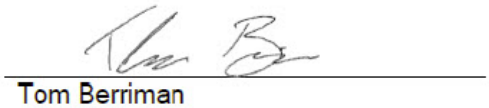

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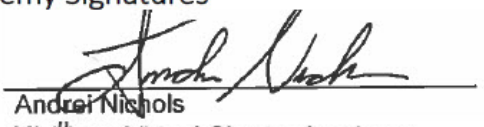

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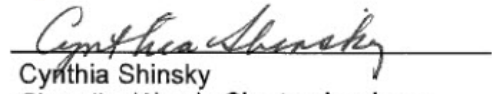

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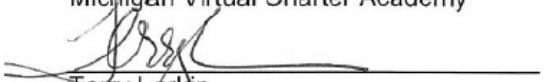

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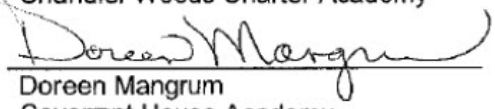

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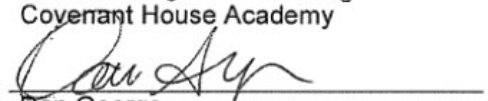

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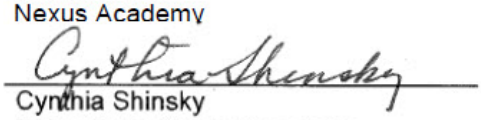

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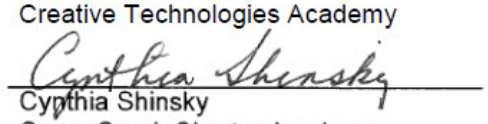

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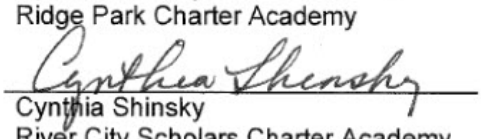

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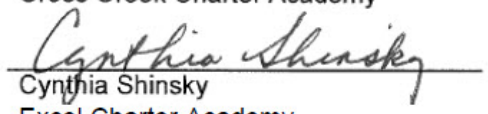

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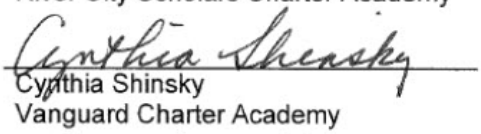

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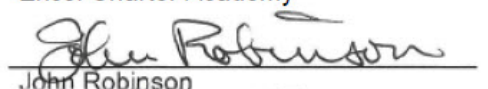

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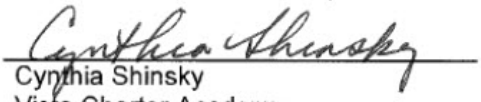

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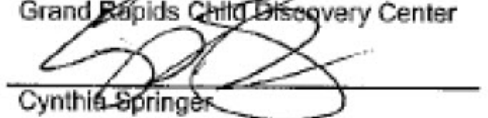

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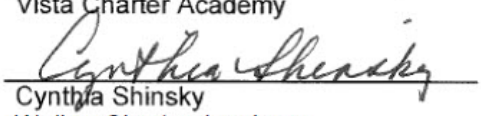

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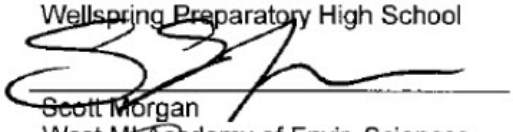

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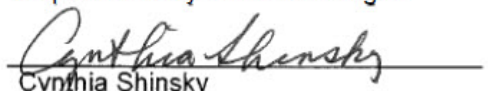

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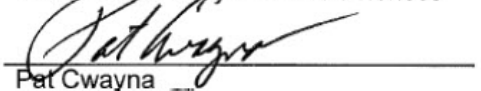

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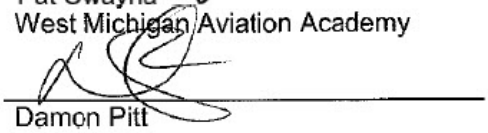

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Preface

This first edition of Kent ISD's Other Health Impairment Eligibility Guidelines took place over the course of a year and is the work of a core committee comprised of School Psychologists, Social Workers, Special Education Administrators, and a Physical Therapist which represented all four regions of the county.

Due to the increased number of children identified as Other Health Impairment (OHI), it has become one of the fastest growing disability categories in Kent ISD and across the state. There is also an increased concern with it resulting in an over-identification of students with an Other Health Impairment. These guidelines will help teams to not misidentify, mislabel or program unnecessarily while continuing to identify ways to meet the unique needs of the students in the least restrictive environment.

A special thank you to all the members of the OHI Guidelines Committee for the research, persistence, dedication and the outcome derived as a result of their work. This work will help develop greater consistency with the appropriate determination of special education eligibility as well as Section 504 eligibility. The results of this work will improve identification and services to the students and families within Kent ISD.

Ron Caniff, Superintendent
Kent Intermediate School District

Introduction

A "child with a disability" under the Individuals with Disabilities Education Act (IDEA) and the Michigan Administrative Rules for Special Education (MARSE) means a child evaluated and identified [per IDEA requirements] as having a cognitive impairment, a hearing impairment, a speech or language impairment, a visual impairment, an emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who by reason thereof, needs special education and related services.

Over the years the identification of children as "Other Health Impaired" (OHI) has expanded exponentially. It is now the third largest primary disability category in Michigan schools, following Specific Learning Disabilities and Speech/Language Impairments. The same trend holds true for Kent ISD, where OHI eligibility rates have increased more than ten percent in the past three years while rates in many other eligibility areas have held steady or have declined. This rapid escalation has raised concerns as to possible over-identification due to 1.) confusion regarding the appropriate application of the OHI definition/eligibility rule in child find, evaluation, identification (eligibility determinations), including what constitutes adverse impact to the point of needing special education and related services; 2.) a practice of using OHI as a default or substitute eligibility in order to provide special education services when the student does not otherwise meet, or the parent objects to, IDEA/MARSE eligibility in another area of impairment.

These concerns are heightened by the contemporaneous impact of the 2009 amendments to Section 504 and the Americans with Disabilities Act, which have required schools to apply expanded rules of construction

regarding who is covered by the term "individual with a disability" under these two laws. The broadness of the 504/ADA disability definition potentially triggering interventions in the school setting (i.e., "a physical or mental impairment that substantially limits a major life activity") sometimes creates confusion as to whether students with health impairments should be referred for evaluation under IDEA or under Section 504.

Purpose

The purpose of this guide is to provide an explanation of the Michigan eligibility criteria for OHI, provide information on appropriate evaluation procedures and techniques, and help individualized education program (IEP) team participants formulate their discussions about OHI eligibility and programming. Since special education evaluations and re-evaluations are intended not only for eligibility determinations, but also to identify special education needs, it is important for evaluation reports and IEP team documentation to be specific in describing educational impact.

Part One: Child Find

Child find includes policies and procedures to ensure that children who are suspected of being a "child with a disability" and in need of special education are identified, located and evaluated, even though they may be advancing from grade to grade. Child find is not synonymous with a conclusion of disability status, but sets in motion a process for making that determination when sufficient "red flags" are noted that raise a reason to suspect a disability.

The foundation for effective child find is having an understanding of the various disability categories covered under IDEA. So when it comes to child find for OHI our starting point is the IDEA definition for OHI, set forth below. (The MARSE definition is almost identical except that it describes the required multidisciplinary evaluation team members. The MARSE rule will be discussed further in Part Two: Components of an OHI Evaluation.)

IDEA-2004, §300.8(c)(9):
Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, [1] that results in limited alertness with respect to the educational environment, that--

i. Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
ii. Adversely affects a child's educational performance.

[1] In its Notice of Proposed Rulemaking published in October 1997 the USDOE proposed a footnote to the existing OHI definition clarifying limitation in alertness to "includ[e] a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment." The USDOE's Notice of Final Rulemaking published in March 1999 indicated that the footnotes to IDEA rules would be eliminated, incorporating such language, as appropriate, into the body of the applicable rule. The change to be made to the final OHI rule was described as, "Following the phrase 'limited strength, vitality, or alertness' and prior to the phrase 'adversely affects educational performance' the words 'including heightened alertness to environmental stimuli that results in limited alertness to the educational environment' have been added to clarify the applicability of the other health impairment definition to children with ADD/ADHD." Unfortunately an extra comma was inserted in the final rule, separating the longer intended phrase into two separate phrases. Given the rule-making history and the USDOE's expressed intent in adding this language, the extra comma is presumed to have no impact (i.e., the rule should be read as if it were not present).

District knowledge of chronic or acute health problems may come directly by way of the parent sharing their child's medical diagnosis with the school. In other instances school personnel may observe limited strength, vitality or alertness in the educational environment which appears to be affecting classroom performance. It is always important to take note of these circumstances. However, neither of these situations necessarily trigger a suspected OHI referral in and of itself. The first situation highlights the fact that a medical diagnosis in and of itself is not synonymous with a suspected IDEA/MARSE educational disability, i.e., a health problem resulting in limited strength, vitality or alertness (including heightened alertness resulting in limited alertness in the school environment), which in turn adversely affects educational performance to the point it is suspected that the student needs special education/related services. In the second situation, there may be a number of non-health problems that affect strength, vitality or alertness, or these issues are just not to the point that the staff is suspecting the need for special education. NOTE: In both instances the district will want to 1) keep an ongoing, watchful eye on whether it has reason to suspect a disability under Section 504, remembering that some health problems are episodic, and all mitigating interventions must be "subtracted out" when looking at whether there is a potential substantial limitation of a major life activity under Section 504; 2) keep another eye on whether there is reason to suspect limitations in strength, vitality or alertness due to a health problem resulting in limitations in alertness in the educational setting to the point that special education may be required.

Most districts employ some variation of a Multiple Tiered System of Supports (MTSS) to address the varying needs of individual students in assisting them to access the school environment and progress in the curriculum. The beauty of MTSS is that it is an umbrella that covers all manner of intervention strategies within its tiers, ranging from differentiated core instruction, to supplementary and intensive interventions, implemented by general education teachers, instructional specialists, assistants, special educators, and related service providers, as the case may be. MTSS is always keeping an "eye on" student progress, increasing general education interventions as appropriate, and initiating referrals in the event of suspected disabilities. It is hoped that fidelity implementation of MTSS will help reduce the frequency of inappropriate referrals to special education, and ensure timely, appropriate data-based referrals under both IDEA and Section 504.

Part Two: Components of an OHI Evaluation

A. Michigan Rule on OHI Definition and Determination

Rule R 340.1709a "Other health impairment" defined; determination.
Rule 9a.
(1) "Other health impairment" means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment and to which both of the following provisions apply:

(a) Is due to chronic or acute health problems such as any of the following:
- (i) asthma.
- (ii) attention deficit disorder.
- (iii) attention deficit hyperactivity disorder.
- (iv) diabetes.
- (v) epilepsy.
- (vi) a heart condition.
- (vii) hemophilia.
- (viii) lead poisoning.
- (ix) leukemia.
- (x) nephritis.
- (xi) rheumatic fever.
- (xii) sickle cell anemia.

(b) The impairment adversely affects a student's educational performance,

(2) A determination of disability shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include 1 of the following persons:*

(a) An orthopedic surgeon.
(b) An internist.
(c) A neurologist.
(d) A pediatrician.
(e) A family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et. seq.

Please note:

While Michigan Rule does not explicitly reference the federal OHI regulation inclusion of Tourette syndrome, the above list is not exhaustive and would encompass this condition. In adding Tourette syndrome to the OHI list of health problems, the USDOE hoped to address the misperception that this syndrome was an emotional disorder.

Per Public Act 210 of 2011, a physician's assistant is also allowed to fulfill the role of the medical member of the multidisciplinary evaluation team.

B. Essential Components of Other Health Impairment Eligibility Criteria

To be considered eligible for OHI, the IEP team must be able to demonstrate that the student has:

1.) a chronic or acute health problem, and
2.) the chronic or acute health problem results in limited strength, vitality, or alertness, and
3.) 1 and 2 result in an adverse impact on the student's educational performance, to the point that
4.) the student requires special education programs and services

C. Clarification of Terminology in Michigan OHI Definition/Determination Rule, Including Implications for Evaluation Planning

1. Chronic or acute health problem: Neither the Federal OHI definition nor the Michigan OHI definition specify any required duration to constitute a "chronic" or "acute" health problem The use of these terms appears to be intended to specifically prevent inclusion or exclusion of any health problem simply because of duration. However, information on the manner in which a given health problem presents from a chronic and/or acute standpoint, may be relevant when examining adverse impact and needed services. The following definitions were extrapolated from Webster's Dictionary, OHI Caselaw, and OHI Guidelines from various ISDs/State Department.

    - Health Problem: The IDEA and MARSE OHI definitions both contain a non-exhaustive list of examples of health problems associated with limitations in strength, vitality and alertness. The specific examples given could be considered archetypal categories of health problems that may result in a child being found eligible under OHI. For example, lead poisoning could be thought of as representing exposure to but one of many substances that could cause an impairing health problem; ADHD could be thought of as representing a category of health problem that may result in limitations in alertness; asthma could be thought of as representing a category of health problem that can lead to limited stamina, etc.

      Public comments to the 2006 USDOE proposed IDEA rule included requests that additional health conditions be added to the OHI list of health problems. The USDOE rejected the addition of dysphagia, fetal alcohol syndrome (FAS), bipolar disorders, and other organic neurological disorders in the definition of OHI because, in its analysis, these conditions are commonly understood to be health impairments.

      IDEA is silent on whether a medical diagnosis is required to document the existence of the health problem, leaving this to the respective states to decide. The Michigan OHI rule requires that the full and individual evaluation for suspected OHI be conducted by a multidisciplinary evaluation team including a physician.[2]

    - Chronic: Health problems that
      1.) are long term and either incurable or have residual features resulting in limitations of daily living functions requiring special assistance or adaptations, or
      2.) develop slowly and persist for a long period of time, often the remainder of the life span.
      Chronic health problems may include degenerative or deteriorating conditions.

    - Acute: Health problems that
      1.) begin abruptly and with marked intensity, then subside, or
      2.) have a rapid onset, severe symptoms, and a short course. The residual effects of the acute health problem may be short-term or persistent.

[2] As mentioned above, Public Act 210 of 2011 allows a physician assistant to fulfill this role. Whether a physician is required for evaluation purposes to determine disability status under Section 504 is a matter left to a district's 504 policies and procedures and the individual evaluation plan for each child suspected of having a disability under Section 504.

Strategies for obtaining information on the existence of a chronic or acute health problem include:
-review of school enrollment records
-review of school health records
-parent interview, including developmental history
-parent-provided medical records/reports
-release to talk to and/or receive medical records from treating physician, physician assistant
-completion of OHI documentation form by treating physician, physician assistant

2. Limited strength, vitality or alertness: Only one of these three limitations must be present in any individual case, though it is possible that more than one will apply. There is no official definition of these terms, either at the federal or state level; however, by reviewing dictionary definitions and the symptomatology of the specific health problems listed in the Federal law, the committee has differentiated the three terms as follows:

   - Strength: Bodily or muscular power; capacity for physical exertion; mental power, force, or exertion; the ability to resist force, strain, wear, etc.

   - Vitality: Although vitality overlaps somewhat with strength, strength presents as a more quantitative measure or capacity, while vitality can be thought of more as a qualitative measure. Vitality reflects, to some degree, sufficient energy to fully participate in educational activities; capacity for endurance; energy; animation; activity. For example, a student might have the strength to sit up and to hold a pen, but might not have the energy or stamina to complete the task at hand.

   - Alertness: Attentiveness; awareness; keenness; ability to be observant/ready in the moment; able to direct attention, concentration; responsiveness; engagement.

   Strategies for obtaining information on limitations in the child's strength, vitality, or alertness due to specific health problem include:
   - Written questionnaires and oral interviews with parents, treating physicians/physician assistants, teachers, and students, as appropriate.

     i. Parent
     -What problems were you observing that led you to consult with a physician on whether there was a medical/health problem?
     -Follow up on whether initial presentation involved symptoms of compromised strength, vitality or alertness.

     ii. Treating physician/physician assistant
     -What reported/observed symptoms did you rely upon in making diagnosis?

     iii. Parent/treating physician or physician assistant
     -How is [health problem] currently affecting [child's] daily life?

-Before symptoms noted and diagnosis made, what kinds of physical activities did [child] enjoy?
-What impact, if any, does [health problem] have on child's current participation in physical activities?
-Does health problem have any current impact on child's energy/stamina?
-Does the health problem affect how child does on activities that require mental focus, paying attention to specific details?
-Under what circumstances might the health problem affect strength? Vitality (energy/stamina)? Alertness?

- School attendance

3. Resulting in adverse impact: educational performance: [3]
The three potential limitations of strength, vitality and alertness emanating from a given health problem could be observed in any number of environments. In this important next step of the OHI analysis, the data sought in the evaluation process should help to tease out whether the health problem limitations in strength, vitality or alertness, singly or collectively, produce the IDEA/MARSE required adverse impact on educational performance.

Although there is no definition of the term "educational performance" in IDEA or MARSE, assessment of adverse impact on educational performance requires looking beyond academic progress. There are two reasons for drawing this conclusion. First, the US Department of Education Office of Special Education Programs (OSEP) has advised school officials "to consider both academic and nonacademic skills and progress in determining whether a child's impairment adversely affects his or her educational progress: 'The assessment is more than the measurement of the child's academic performance as determined by standardized measures.' See, Letter to Pawlisch, 24 IDELR (OSEP 1996). In this same document OSEP opined that the meaning of the terms "educational performance" and "adversely affects" must be established on a case-by-case basis in light of particular facts and circumstances. Secondly, in the MARSE definition of autism spectrum disorder, the Michigan Department of Education specifically described ASD as a disability "that adversely affects a student's educational performance in one or more of the following performance areas: (a) Academic; (b) Behavioral; (c) Social." It would be incongruous to recognize multiple impact areas for ASD, and limit the analysis of educational performance to academics for other impairment categories.

- *Considerations for OHI Evaluation Process:* Does the student have the physical strength to sit, stand, or move about as these activities occur in the school environment? Is the student able to hold a pencil or use other classroom tools? Do limitations in strength require so much compensatory effort as to cause fatigue that in turn affects vitality and alertness for instruction or practice?

[3] IDEA and MARSE require adverse impact to the point that special education is required. Please note that this document separates the collection of data addressing "adversely affecting a child's educational performance" in C.4 from an analysis of that data to determine whether the impact rises to the level of adverse impact to the point of needing special education, which is addressed in C.5.

- *Considerations for OHI Evaluation Process:* Does the student fall asleep or require frequent rest breaks due to the health problem? Is the student lethargic, unable to sustain physical or mental exertion despite apparently adequate strength?

- *Considerations for OHI Evaluation Process*: Does the student respond to directions, stimulation, etc. in an appropriate manner? Does the student appear overly responsive to extraneous stimuli or under-responsive to relevant stimuli throughout the course of the school day?

Strategies for obtaining information on limited strength, vitality and alertness in the school setting:

The IEP team should have sufficient data to describe how the health problem is manifested in the educational setting, as well as to discuss the degree and nature of the impact, including:

- Observation of how strength, vitality and alertness issues present across school settings for child with health problem in comparison to a randomly selected student.
- Data to determine whether health-based limitations of strength, vitality and alertness are producing adverse impact on key indicators of educational performance.

a. Academic achievement

Strategies for obtaining information on academic achievement include:

- standardized achievement tests,
- curriculum-based evaluations,
- classroom assessments,
- state or district tests, and
- work samples.

b. Productivity and organizational issues (work habits)

Strategies for obtaining information on productivity and organizational issues should include:

- behavior observations regarding off-task behaviors (motor, verbal, passive)
- collecting information about the percentage of work completed
- collecting information about the quality of work completed
- comparative information regarding average percentage and quality of work completed by grade-mates.

c. Social/behavior performance

Strategies for obtaining information on social/behavior issues include:

- behavior observations (securing data on frequency, intensity and duration of target behavior vis a vis randomly selected comparison students),
- teacher, parent and student interviews and rating scales.

d. Other

The adverse impact on educational performance component of the OHI evaluation process may also target information related to:

- the need for and response to assistive technology devices (assistive technology evaluation), and

- the efficacy of various "trial" accommodations (functional accommodation assessment) regarding areas of concern.

In summary, what remains to be investigated in the adverse impact on educational performance portion of the evaluation process will depend upon the nature of the health problem, suspected impact areas, and a review of the existing evaluation data. The data may indicate that learning (achievement) is intact, but other impact variables require attention.

4. (Adverse impact on educational performance…) To the point that the student requires special education.

Making this determination requires the following information:

a. an understanding of what the term "special education" means
b. data on MTSS strategies already deployed to address student needs and their efficacy,
c. remaining general education options and their projected fit with unmet student needs.

IDEA defines special education as "specially designed instruction" that is intended to meet the unique needs of a child with a disability including instruction in the classroom, home, hospitals, institutions and in other settings, and instruction in physical education. Special education includes:

1. speech language pathology services and any other related service if the service is considered special education rather than a related service under state standards (In Michigan "related services" are defined as special education.)
2. travel training
3. vocational training

IDEA defines "specially designed instruction" as adapting, as appropriate to the needs of the eligible child, the content, methodology, or delivery of instruction—

1. to address the child's unique needs resulting from the disability, and
2. ensuring the child's access to the general curriculum so that the child can meet the educational standards that apply to all children within the jurisdiction of the public agency. 34 CFR 300.39(b)(3).

The student's needs should be apparent from the full and individual evaluation and should be detailed in the evaluation report so that the IEP Team can discuss the level of need demonstrated by the student and what kinds of supports are necessary. The IEP toolbox for a free appropriate public education in the least restrictive environment has four tools to address student needs: special education, related services (special education in Michigan), supplementary aids and services, and program modifications and supports. The latter two do not constitute special education on their own, but support least restrictive environment. IEP guidance from the Michigan Department of Education suggests that after identifying a student's disability impact and related needs the IEP team consider supplementary aids and services before examining goals and objectives and special education programs and services. The reason for this is that if the student's needs can be fully and appropriately addressed in the general education setting with accommodations, health care plans, or other general education supports, the child would not require special education, and thus, not be IDEA eligible. The caveat here is that the district not over-accommodate as a substitute for proffering special education. If the child does not require special education, the IEP Team would at this point determine ineligibility, close out the IEP process, and the district would convene a 504 team meeting

to look at possible eligibility under this law. Section 504 is administered by the US Department of Education Office for Civil Rights (OCR). See the Resource section at the end of this document for further information.

D. Summary Process Overview of a Full and Individual Evaluation for an Other Health Impairment

1. Review of Existing Data and Determining the Need for Additional Data for Eligibility Determination and/or Intervention Planning
   Existing data may include review of records, including health records (if any), information provided by the parents, attendance records, classroom observations, grades and report cards, work products, and standardized testing, including statewide and district-wide assessments and previous evaluations.

   If additional evaluation is needed, it might include additional testing such as intelligence or achievement tests, rating scales, interviews, and observations. It might be appropriate to collect a health and social history. The IEP team should focus on the educational issues or problems a student presents and evaluate accordingly. For example, if the student struggles with organization, additional evaluation might include classroom observations, interviews with parents, the student and teachers, and review of work products such as an assignment notebook (if any) and how the student organizes his/her locker or backpack. If the student exhibits behavior problems, classroom observations, behavior rating scales, and interviews might be appropriate measures.

2. Role of the Physician and Consideration of Outside Evaluation Reports
   Michigan eligibility criteria for OHI requires that a child has medical documentation of a health problem from a physician or physician's assistant within one year of the evaluation report. This input must be specifically documented as part of the evaluation process. An OHI input form for documentation of physician input is included in the Appendix.

   While a medical diagnosis is required, it is not sufficient for eligibility. While they must take into consideration information, diagnoses, and recommendations presented in reports from outside agencies, and third party evaluations and recommendations are excellent sources of information, IEP teams are not required to make eligibility determinations or implement strategies based upon these reports. Special education eligibility is an educational versus medical/clinical decision and IEP teams must adhere to the federal regulations and state rules regarding OHI. While the presence or absence of a medical diagnosis is the domain of a physician, Other Health Impaired is an educational disability and the determination of educational impact and need for special education programs and services is made by the IEP team. It is possible for a student to have a medical diagnosis and not be eligible for special education because the student is able to benefit from instruction in general education without special education programs and services.

   School personnel need to become familiar with the features of the diagnosed health condition so that they are able to recognize the symptoms and effects in the educational environment. Ideally, the physician multidisciplinary evaluation team input document not only lists the diagnosed health problem, but prompts whether the condition affects strength, vitality and/or alertness and how such

impact manifests itself. School personnel should seek clarification of the disorder and possible impacts if they are uncertain.

3. Input from Parent, Teacher, and Student
   Input may be gathered using a variety of means. Good evaluations seek to validate input by using more than one method of gathering information from each participant. Input may be sought using rating scales, interviews, input forms, or a variety of other methods. Responsibilities of participants in this process are:

   a. Parent – Provides information about the student through informal and formal means, e.g., outside agency records regarding assessments/services, developmental history, educationally relevant medical history, and information relating to the child's social, emotional, and educational progress. Parents provide their perspective on the impact of the health problem at home, in community settings, and their concerns about the impact on educational performance.

   b. Teacher – Identifies and documents the student's instructional level relative to appropriate instructional outcomes, learning progressions, resources and interventions attempted, and the student's performance level relative to classroom peers. This provides evidence of appropriate instruction and documents the student's achievement.

   c. Student – Identifies individual strengths and weaknesses, relative difficulty of classes, and personal perceptions of school. This input is optional and age-dependent, but may prove beneficial to the evaluation.

4. Observation of Student Performance in the Educational Environment
   Observations are a crucial piece of the evaluation process. Observation of operationally defined target behaviors should occur over time, in settings relevant to the referral concerns, and at different times of the day. Target behaviors would focus on strength, vitality or alertness, including a heightened alertness to environmental stimuli. In addition, comparative observation data is obtained from general education classroom peers during the same observation periods to control for environmental factors. The observations need to be documented and summarized in the evaluation report.

5. Assess Impact of the Documented Health Problem on the Student's Educational Performance
   A data-based assessment of the student's educational performance is required. Depending on the specific health problem, the data should include information regarding: work completion and production, grades, attendance, academic skills, interpersonal skills, study skills, classroom engagement, and access to the school environment and activities.

6. Consideration of Adverse Impact
   The data analysis will reveal the extent to which the student's documented health problem limits his/her strength, vitality or alertness, including a heightened alertness to environmental that results in limited alertness with respect to the educational environment to the point that the child's educational performance/access to the general education curriculum is so adversely affected that special education is required.

E. Special Considerations for Specific OHI Evaluation Situations

Evaluations of Infants and Toddlers Ages 0 through 2 Years

The purpose of this section is to discuss considerations specific to determination of OHI eligibility for infants and toddlers birth through two years of age, where special education would be incorporated into an *Early On* Individualized Family Service Plan (IFSP), or for children first evaluated for special education as a result of impending transition from IDEA Part C Early On to IDEA Part B, including an Initial IEP (Individualized Education Program) to take effect in the timeframe between 2 years 6 months and the 3rd birthday.

Michigan is unique from the vast majority of other States in that it mandates the provision of special education to MMSEA/MARSE eligible children from birth instead of the IDEA mandated age of three. Although part of IDEA, Part C does not mandate special education, but rather early intervention services. The evaluation/eligibility determination process for early intervention services under Part C is distinct from special education evaluation/eligibility determination process under MARSE. Part C eligibility is based on a determination that the child needs early intervention services because the child has 1) a developmental delay (present functioning) in one or more of the following areas of development: cognitive, physical (including vision and hearing), communication, social or emotional, adaptive; or 2) a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (but the delay does not need to be actually present at the time of the eligibility determination. In Part C parlance, the latter is otherwise known as an "established condition." Each State is permitted to develop its own list of established conditions. A child is found Part C eligible under an established condition when there is documentation of the diagnosis provided by a health or mental health care provider who is qualified to make the diagnosis. If the child has an established condition, he/she is eligible for Part C Early On as long as that diagnosis is current, even if no actual developmental delay is present.

Given the fact that established conditions include physical conditions that must be diagnosed by a health care provider it is easy to understand how the lines might be blurred between Part C Early On established condition and MARSE OHI determinations. However well-intentioned, it is not permissible to use an established condition diagnosis as a per se OHI health problem, and/or to import Part C "informed clinical opinion" into a MARSE eligibility determination. Under Part C, informed clinical opinion may be used as an independent basis to establish a child's eligibility even when other instruments do not establish eligibility. There is no such authority under MARSE OHI determination protocol. The bottom line is that if dual eligibility is sought to maximize IFSP service options to include both early intervention services and special education services, then both laws will need to be honored. If OHI is suspected, then the evaluation and OHI determination must be predicated on the four essential components for OHI eligibility, adapted to reflect that for the 0-2 year old, the educational environment (school) may be any number of natural environments, and that educational performance would be the performance of age-appropriate activities. To summarize, to be considered eligible for OHI, the IFSP team must be able to demonstrate that the infant/toddler has:

1.) a chronic or acute health problem, and
2.) the chronic or acute health problem results in limited strength, vitality, or alertness, and
3.) the limited strength, vitality or alertness stemming from the health problem singly or collectively result in adverse impact on the student's (infant/toddler's) educational (age appropriate activities) performance, to the point that
4.) the student (infant/toddler) requires special education programs and services to address disability related needs.

Considerations for ADHD

Attention-Deficit/Hyperactivity Disorder (ADHD) is a listed health problem in both the IDEA and MARSE definition/determination language for OHI. IDEA does not require a medical diagnosis for OHI eligibility determinations, but Michigan has added this requirement. Diagnosis of ADHD itself (as compared to determination of OHI eligibility based on the impact of this health condition) may be made by a number of professionals (including but not limited to physicians/physician assistants required per MARSE) using the criteria set forth in the Diagnostic and Statistical Manual-5th Edition (DSM-5).

The DSM-5 describes three subtypes of ADHD: Primarily Inattentive Type, Primarily Hyperactive-Impulsive Type, and Combined Type. Students with ADHD Primarily Inattentive Type may be easily distracted, have short attention spans, lack attention to detail, be disorganized, have difficulty finishing tasks, and have difficulty remembering things. Students with ADHD - Primarily Hyperactive-Impulsive type may be unable to stay seated, may blurt out or talk too much, interrupt, have trouble taking turns or waiting, fidget or move around, and have difficulty controlling their impulses. Students with the Combined Type may exhibit various combinations of each set of these symptoms.

Evaluations and determinations of eligibility under IDEA and Section 504 that involve the impact of health problems in the school setting are sometimes confusing for educators and noneducators alike. ADHD situations illustrate why this is the case. Both IDEA and Section 504 trigger the obligation to identify and evaluate students suspected of having a disability. Students diagnosed with ADHD may present with limitations in the education environment which trigger either a suspected OHI eligibility under IDEA, or a physical or mental impairment that substantially limits a major life activity (e.g., learning, reading, thinking, concentrating, or interacting with others) under Section 504. USDOE technical assistance for IDEA and 504, and case law under both laws are unanimously firm on one point: a diagnosis alone does not assure eligibility. Since an IDEA referral is required when an IDEA disability is suspected, and special education eligibility requires a determination that disability related needs require special education, it is generally the suspected intensity of need that drives the referral route.

Post evaluation, the consideration of disability-related needs and the relative role of special education and supplementary aids and services reminds IEP and 504 team members alike that there may be certain components of ADHD's DSM-5 that are often more appropriately addressed by way of impact mitigation strategies, i.e., accommodations, including positive behavior support plans. For example, if assessment shows that the student is learning grade level curriculum and the primary concerns are that the student is disorganized, does not complete homework, and does not turn in work, a central question facing the IEP team is whether interventions for disorganization and work completion require special education programs and services versus positive behavior supports/accommodations/supplementary aids that can be provided in/by general education.

It is critical in providing such positive behavior supports/accommodations/supplementary aids that the student be an active participant (versus passive "recipient") in all appropriate aspects of the development, implementation, progress monitoring and revision of the positive behavior support plan. In this way the student with ADHD can develop a better understanding of the impact of his/her health problem, and develop a cadre of strategies that can be self-deployed in adult life. While there is a teaching component to implementing positive behavior supports/accommodations/supplementary aids, in most situations this could be addressed as a MTSS tier one differentiated instruction intervention, or as a part of a MTSS tier two small group supplemental general education intervention. As noted previously, if the ADHD-based health problem does not result in alertness limitations affecting educational performance to the point that special education is

required, then Section 504 eligibility should be explored. If a student with ADHD is found to have a disability under Section 504, and the disability requires accommodations/interventions or modifications of policies and procedures to address individual education needs as adequately as the needs of nondisabled students, a 504 Plan will be developed. Student experience with a 504 Plan incorporating such accommodations/ interventions or policy/procedure modifications can also serve as a platform for advocacy development on how and when to seek effective accommodations in postsecondary education and or employment contexts.

More information on ADHD may be found in the Resource section of the Appendix.

Part Three: OHI Eligibility

Guidance for Determining Extent of Adverse Impact on Educational Performance

This section is a reminder that making an appropriate OHI eligibility determination is a function of both process and purpose. The process involves understanding the four essential components for OHI determination, obtaining necessary information and data relative to these components, and then considering and analyzing that data per the OHI rule. The process also involves understanding of what OHI is not.

Students may have a variety of health problems that impact their ability to learn and function within the educational environment. Adverse impact on educational performance to the point that special education is required may present in several ways:

1. Some students' health problems may have symptoms (e.g. fatigue associated with chronic fatigue syndrome; pain associated with sickle cell anemia) that directly result in limitations of vitality and alertness causing an adverse impact on educational performance to the point that learning deficits require special education.
2. Some students' health problems may have symptoms (e.g., impulsivity associated with ADHD) that directly result in limitations of alertness attendant to impulsivity causing an adverse impact on educational performance to the point that social/behavioral issues require special education.
3. Some students' health problems may require medications or treatments that can have deleterious side-effects on alertness causing an adverse impact on educational performance to the point that learning deficits require special education
4. The attendant limitations of strength, vitality or alertness stemming from some students' health problems may require frequent doctor's appointments, repeated hospitalizations, or recuperative time out of school. The resulting absences may trigger learning deficits that require special education programs and services.

There are two important distinctions that evaluation teams and IEP teams should be mindful of:

-First, there is a distinction between *an impact* on educational performance (academic, productivity, and social behavioral) and *an adverse impact*, i.e., whether the impact is so adverse as to require special education. As previously discussed, before closing out the eligibility determination process it is advisable to (a.) identify student needs attendant to the health problem's impact on educational performance and (b.) determine whether supplementary aids and services can fully and appropriately address these student needs.

-Second, when we examine adverse impact on educational performance there is a distinction between academic performance and productivity performance. While productivity is clearly an

important work habit to have in life, poor productivity does not always correlate with what/how much the student is actually learning. The same is true with grades, which are often heavily weighted by such non-competency factors as motivation to do homework or seatwork, behavior in class, etc.

Other Health Impairment IS NOT…

- A default category if the child does not meet eligibility criteria for another impairment.
- Primarily due to emotional concerns.
- Primarily due to a conduct disorder or social maladjustment.
- An automatic entitlement for students with a diagnosed medical condition (e.g., ADHD).
- An automatic entitlement for students with a mental health diagnosis (e.g., Bipolar).
- A way to avoid difficult discussions about eligibility (e.g., labels).
- A lack of progress attributable to motivational concerns not directly linked to the health problem.
- An eligibility category used when there is no causal link between the concerns with educational performance and the identified health problem.
- An eligibility category used when the presenting problem manifests as significant cognitive, motor or behavioral concerns, which may lead the team to consider other eligibility criteria.

Reevaluations and Termination of Eligibility

IDEA requires districts to redetermine special education eligibility at least once every three years. In addition, a reevaluation should be considered any time there is a significant change in circumstances, e.g., if there is another suspected disability, or if the adverse impact of the existing disability has mitigated to the point that the student may no longer require special education and thus termination of eligibility is under consideration.

An IEP Team review of existing evaluation data (REED) is required to determine what additional information is needed by the IEP Team to redetermine eligibility, to determine whether the student has a newly suspected disability, and/or to review and revise the student's IEP to assure a free appropriate public education (FAPE) in the least restrictive environment (LRE).

Under IDEA 2004, some students with a life-long health problem as determined by medical personnel may not need a re-evaluation by medical personnel to document its continuing presence. Re-evaluations for such children would focus on whether the health problem continues to result in limitations in strength, vitality, or alertness adversely impacting educational performance to the point of requiring special education, and whether any additional data is needed for review/revision of the IEP.

A reevaluation may not be required for a continued OHI eligibility if: a) There appears to be no change in the medical condition and the IEP team has data to support the need for continued special education services; b) The physician's statement is reviewed to assure that additional information is not needed from the student's health care providers; c) The student continues to demonstrate limited strength, vitality, or alertness that adversely impacts his/her educational performance; and d) there is consensus after the REED process that no other disability category needs to be considered.

Conversely, a reevaluation may be required for a continued OHI eligibility if: a) The medical condition has stabilized to the extent that the student may no longer need special education support related to his/her health condition; b) The medical condition has changed (i.e. is no longer a factor, has lessened, or progressed) to the extent that the student's school performance has significantly changed and the need for and/or intensity of special education is in question; c) The student is regularly attending school and is

progressing in the area of academics, as well as participating (socially, behaviorally, and physically) to the same extent as his/her general education peers, and for these reasons may no longer need special education support related to his/her health condition; d) Another area of eligibility needs to be considered.

If there is data to support that the health problem no longer results in limited strength, vitality or alertness that adversely impacts educational performance to the point that special education is required, but the health problem still requires individual accommodations/interventions in the educational setting, a 504 plan should be considered.

Appendix A: Section 504 Primer

Section 504 Primer

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against individuals with disabilities by federal fund recipients and requires that those recipients make the programs and activities they offer accessible to individuals with disabilities. Recipients of federal funds from the US Department of Education include public school districts, public school academies and non-public schools.

Under Section 504, the term "individual with a disability" is defined as an individual who

1. has a physical or mental impairment that substantially limits a major life ability; or
2. is regarded as having a physical or mental impairment that substantially limits a major life activity; or
3. has a record of having a physical or mental impairment that substantially limited a major life activity.

All three prongs of the definition protect against discriminatory (adverse) treatment on the basis of disability status. However, sometimes nondiscrimination requires special treatment. This would be true with respect to students with disabilities who may need accommodations/interventions or modifications of policies and procedures to assist them in safely accessing the school environment or to have an equal opportunity to access, and make progress in, the general curriculum. To qualify for these accommodations, interventions, and/or /policy modifications, students must meet the criteria set forth in prong one of the above definition.

Under Section 504, districts have a responsibility to conduct child find to identify resident children with suspected disabilities in elementary through high school, to evaluate these children to determine whether they have a physical or mental impairment that substantially limits a major life activity, and to provide to each qualified student with a disability a free appropriate public education (FAPE). Section 504 defines FAPE as the provision of regular or special education[4] and related aids and services that are designed to meet the individual educational needs of students with disabilities as adequately as the needs of nondisabled students are met, and that fulfill Section 504 least restrictive environment (LRE), evaluation, and procedural safeguard requirements.

Unlike IDEA, where an eligible student will automatically be entitled to an IEP, the decision making process under Section 504 involves two separate questions and two separate determinations. The first question is whether the individual student has a physical or mental impairment that substantially limits a major life activity. Determination of disability status under Section 504 requires implementation of five very important rules of construction enacted by Congress when it amended the Americans with Disabilities Act and Section 504 in December of 2008. These rules of construction include:

- The definition of disability is to be construed in favor of broad coverage.
- The bar for the term "substantially limited" means an "important and material" limitation in comparison to the average person in the population, and is not set so high as to require a threshold of the impairment preventing or severely restricting the performance of the major life activity.
- An impairment that substantially limits one major life activity need not limit other major life activities to be a disability.

[4] If it is suspected that a child has a disability with such an impact as may require special education, the child find referral should be initiated under IDEA. If this is not suspected at the onset, but subsequently during the course of a Section 504 evaluation or at a 504 eligibility team meeting, a request for evaluation under IDEA and/or the convening of an IEP Team meeting to consider special education eligibility should be initiated. For an IDEA eligible child the IEP is the student's 504 Plan.

- An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.
- The determination of whether an impairment substantially limits a major life activity must be made without regard to the ameliorative effects of mitigating measures.

Major life activities include such activities as:

- Caring for oneself
- Performing manual tasks
- Seeing, Hearing, Speaking, Breathing, Eating, Sleeping, Walking, Standing, Lifting, Bending
- Reading, Learning, Concentrating, Thinking, Communicating, Interacting with Others
- Major bodily functions

If the 504 Team determines that a student has a disability under Section 504, the second question is whether the student requires regular education supplementary aids and services (e.g., accommodations) or modifications of policies and procedures in order that the individual educational needs of the student may be met as adequately as the needs of nondisabled peers, in other words if special consideration must be given to afford safe access to the educational environment and to progress in the curriculum. These supplementary aids and services and policy/procedure modifications are documented in a 504 Plan.

Each school district must have a process in place to identify students who may be eligible under Section 504.

Appendix B: Minnesota Department of Education Health Conditions List and Related Information Sheets

Each OHD Health Condition Information Sheet includes specific symptoms, educational implications and resources for the health condition. This is not an exhaustive list of health conditions. A diagnosis does not, by itself, guarantee eligibility for the Other Health Disabilities categorical area.

- Acquired Brain Injury - 4/3/15 PDF
- Asthma - 4/3/15 PDF
- Attention-Deficit/Hyperactivity Disorder (ADHD) - 4/3/15 PDF
- Bronchopulmonary Dysplasia - 4/3/15 PDF
- Burns - 4/3/15 PDF
- Cancer - 4/3/15 PDF
- Cardiovascular Disease - 4/3/15 PDF
- Crohn's Disease - 4/13/15 PDF
- Cystic Fibrosis - 4/13/15 PDF
- Diabetes - 4/13/15 PDF
- Epilepsy - 4/13/15 PDF
- Fetal Alcohol Syndrome - 4/13/15 PDF
- Hydrocephalus - 4/13/15 PDF
- Juvenile Rheumatoid Arthritis - 4/13/15 PDF
- Lead Poisoning - 4/13/15 PDF
- Leukemia - 4/13/15 PDF
- Lupus - 4/13/15 PDF
- Lyme Disease - 4/13/15 PDF
- Metabolic Disorders - 4/13/15 PDF
- Migraine - 4/13/15 PDF
- Neurofibromatosis - 4/13/15 PDF
- Organ Transplant - 4/13/15 PDF
- Prader-Willi Syndrome - 4/13/15 PDF
- Primary Immunodeficiency Disorder - 4/13/15 PDF
- Sickle Cell Disease - 4/13/15 PDF
- Sleep Disorders - 4/13/15 PDF
- Tuberous Sclerosis - 4/13/15 PDF
- Turner Syndrome - 3/2/16 PDF

Appendix C: OHI Observation Form

OHI OBSERVATION FORM

Student Name: _____ Grade: _____

School: _____ Setting: _____

Date: _____ Completed By: _____

Instructions: This form documents the performance of the following behavior in the context of activities across the school day:

1. the physical strength to perform school activities
2. the stamina to maintain performance of school activities
3. knowing what to pay attention to and maintaining focus on it

In classroom situations, please note both work production and work quality of comparison child and observed child.

Time	Expected/scheduled activity(ies) during this time?	Describe how strength, stamina and attention are reflected in the comparison child's performance of the listed activity	Describe how strength, stamina and attention are reflected in the observed child's performance of the listed activity	Note any qualitative differences in performance
Location				

Appendix D: Physician OHI Letter

Staff: _____ Position: Physical Therapist

Student: _____ DOB: _____

Dear Dr. <<Dr. Database::Dr. Last>>:

We are evaluating the above student for eligibility as a student with a disability as defined by the Michigan Administrative Rules for Special Education. The disability we are considering is Other Health Impairment, which is defined by the special education regulations as:

> "(9) Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that - (i) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and (ii) adversely affects a child's educational performance."

A medical diagnosis is a required component of multiple criteria that must be met to determine eligibility. In addition to the medical diagnosis, the multidisciplinary evaluation team will assess if the health problem has a significant impact on the student's educational performance.

Your prompt attention to this request is appreciated to enable the evaluation to be completed within state timelines. If you have questions, please contact me using the contact information listed below.

Thank you so much for your help in this process.

Medical Diagnosis (List): _____

_____

Check below if any of the following areas are affected by the medical condition and describe the nature and degree of impact in each area checked.

_____ Strength _____

_____ Vitality _____

_____ Alertness _____

Restrictions, if any: _____

Physical adaptations, if any: _____

Medications, if any: _____

Is this a life-long condition: _____ Yes _____ No _____ Uncertain

Physician Name: _____
(Print)

Physician Signature: _____ Date: _____

Please return by fax to: Attn: _____ Telephone: _____ Fax: _____

Appendix E: Systematic Interview

SYSTEMATIC INTERVIEW/OBSERVATION WORKSHEET

Student's Name: _____ DOB: _____ School: _____

Medical Diagnosis: _____ Physician: _____ Diagnosis Date: _____

- Information must be gathered from both **Interview (I)** and **Observation (O)**.
- For each item, place the appropriate number in the box:

(1) Grade appropriate
(2) Grade appropriate with accommodations and/or interventions, e.g., per Multi-Tier System of Supports (MTSS) or 504 Plan. If rating of 2 or 3, please describe any current accommodations and/or interventions
(3) Area of concern. If rating of 3, in addition to any accommodations and/or interventions being provided, please describe peer performance in any area of concern as well as the performance of the student being assessed for possible or continuing eligibility as other health impaired.

Interview Date:	Observation Date(s):
Person(s) Interviewed:	Observation Setting:
Completed By:	Completed By:
Title:	Title:

PHYSICAL ABILITY (Document accommodations and comparative discrepancies from peers)		
I	O	
		Limited physical strength resulting in decreased capacity to perform school activities: Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Limited endurance resulting in decreased stamina and decreased ability to maintain performance. Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:

1

		Level of pain results in decreased ability to perform or maintain performance. Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
ALERTNESS Heightened or diminished alertness with respect to: (Document accommodations and significant discrepancies from peers)		
I	O	
		Prioritizing environmental stimuli: Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Maintaining focus/sustaining effort: Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Accuracy of work produced: Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:

ORGANIZATION SKILLS (Document significant discrepancies from peers.)		
I	O	
		Materials (Has materials when needed, physical organization of space and materials): Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Written work (Organized on page in sequential manner, i.e., name at top, items in logical order, capitalization, paragraphs, etc.): Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Thoughts (Tells thoughts / stories sequentially – beginning, middle, end, stays on topic): Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
WORK COMPLETION WITHIN ROUTINE TIMELINES (Document significant discrepancy from peers)		
I	O	
		Self-initiates (Ability to independently begin a task): Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Displays on-task behavior (Ability to continue working on a task): Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:

		Follows directions (Directions given to the entire class without individual assistance): Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Homework (Independently keeps track of assignments, completes them and hands them in on time): Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Participates in group activities: Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Number of: **Assignments given _____ Assignments turned in _____ Assignments late _____** Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:

INDEPENDENCE (Document significant discrepancies from peers)		
I	O	
		Moves through school environment to get to destination. Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Manages age appropriate self-care activities re clothing/bathroom/lunchroom Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Able to physically manipulate school tools/materials (books, notes, pencil, scissors, desk, locker): Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Grade appropriate self-advocacy (Requests help when needed): Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:

FUNCTIONAL LEVEL OF ACADEMIC PERFORMANCE (Daily classroom performance in relation to peers)		
I	O	
		Reading: **Comprehension**: Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Fluency: Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Decoding: Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Math: **Computation**: Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Reasoning: Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:

		Written Language: **Math:** Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Written Language **Language:** Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Other: (list) Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
SOCIAL INTERACTION (Document significant discrepancies from peers)		
I	O	
		Student initiates and interacts appropriately with peers: Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:

INTERFERING BEHAVIORS (Document significant discrepancies from peers)		
I	O	
		Distracting to self or others: Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
		Impulsive behavior: Accommodations: Narrative description of peer: Narrative description of student with suspected OHI:
MAIN STRENGTHS		
I	O	
		Parents:
		General education teacher/other staff:
MAIN CONCERNS		
I	O	
		Parents:
		General education teacher/other staff:

Appendix F: Early On Michigan Established Conditions

Early On® Michigan
Established Conditions

List of Established Conditions that indicate automatic eligibility for *Early On*® supports and services. Conditions must be **diagnosed** by an appropriate health care or mental health provider and include, but are not limited to, the following:

1. Congenital Anomalies

1.1. Central Nervous System
- Agenesis of the Corpus Callosum
- Holoprosencephaly
- Hydrocephalus w/o Spina Bifida
- Microcephalus
- Spina Bifida w/o Anencephaly

1.2. Eye, Ear, Face and Neck
- Anopthalmos/Micropthalmos
- Anotia/Microtia
- CHARGE Syndrome
- Congenital Cataract
- Pierre Robin Sequence
- Treacher Collins

1.3. Heart and Circulatory System
- Aortic Valve Atresia & Stenosis
- Coarctation of Aorta
- Hypoplastic Left Heart
- Patent Ductus Arteriosus (PDA)
- Tetralogy of Fallot

1.4. Respiratory System
- Choanal Atresia
- Lung Agenesis/Hypoplasia

1.5. Cleft Lip & Palate
- Cleft Palate w/o Cleft Lip
- Cleft Lip w/ and w/o Cleft Palate

1.6. Digestive System
- Esophageal Atresia/Tracheoesophageal Fistula
- Hirschsprung's Disease
- Pyloric Stenosis

1.7. Genital & Urinary Organs
- Hypospadias and Epispadias
- Renal Agenesis

1.8. Musculoskeletal System
- Achondroplasia
- Arthrogryposis
- Congenital Hip Dislocation
- Lower Limb Reduction Deformities
- Upper Limb Reduction Deformities
- Other Congenital Anomalies of the Musculoskeletal system

1.9. Other and Unspecified
- Bardet-Beidl Syndrome
- Fragile X Syndrome

2. Chromosomal Anomalies
- Angelman Syndrome
- Cri-du-Chat
- DiGeorge Syndrome (Velo-Cardial-Facial Syndrome)
- Kleinfelter Syndrome
- Prader—Willi Syndrome
- Trisomy 21 (Down Syndrome)
- Trisomy 13 (Patau Syndrome)
- Trisomy 18 (Edwards Syndrome)
- Turner Syndrome
- Williams Syndrome

3. Infectious Conditions

3.1. Congenital Infections
- HIV / AIDS
- Syphilis
- TORCH:
  - Toxoplasmosis
  - Rubella
  - Cytomegalovirus
  - Herpes

3.2. Acquired Infections
- Bacterial Meningitis
- Encephalitis
- Poliomyelitis
- Viral Meningitis

4. Endocrine/Metabolic Disorders

4.1. Mucopolysaccharidosis
- Hunter Syndrome
- Maroteaux-Lamy Syndrome
- Sanfilippo Syndrome
- Scheie Syndrome
- Sly Syndrome

4.2. Enzyme Deficiency
- Biotinidase Deficiency
- Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD)
- Oculocerebrorenal Syndrome (Lowe Syndrome)

4.3. Abnormalities of Amino Acid Metabolism
- Argininosuccinic Aciduria
- Citrullinemia
- Homocystinuria
- Infant Phenylketonuria (PKU)
- Maple Syrup Urine Disease
- Methylmalonic Acidemia (MMA)
- Ornithine Transcarbamylase Deficiency

4.4. Abnormalities of Carbohydrate Metabolism
- Galactosemia
- Glycogen Storage Disease

4.5. Abnormalities of Lipid Metabolism
- Gaucher Disease
- Niemann Pick Disease

4.6. Abnormalities of the Purine/Pyrimidine Metabolism
- Lesch Nyhan Syndrome

4.7. Abnormalities of the Parathyroid
- Untreated Hyperparathyroidism
- Untreated Hypoparathyroidism

4.8. Abnormalities of the Pituitary
- Hyperpituitary
- Hypopituitary

4.9. Abnormalities of Adrenocortical Function
- Congenital Adrenal Hyperplasia
- Hyperadrenocortical Function
- Hypoadrenocortical Function

4.10. Hemoglobinopathies
- Sickle Cell Disease
- Thalassemia (major and minor)

4.11. Abnormalities of the Thyroid Hormone
- Congenital Hypothyroidism

4.12. Peroxisomal Disorders
- Adrenoleukodystrophy (ADL)
- Cerebrohepatorenal Syndrome (Zellweger Syndrome)
- Rhizomelic Chondrodysplasia Punctata

Note: *The Endocrine/Metabolic Disorders Category also includes all disorders tested for in the Michigan Newborn Screening Pro-*

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Early On® Michigan
Established Conditions

List of Established Conditions that indicate automatic eligibility for *Early On*® supports and services. Conditions must be **diagnosed** by an appropriate health care or mental health provider and include, but are not limited to, the following:

5. Other Disorders/Diseases

5.1. Neurological Disorders

Neuromotor/Muscle Disorders
- Cerebral Palsy
- Congenital Myasthenia
- Kernicterus
- Muscular Dystrophies
- Paralysis
- Periventricular Leukomalacia
- Torticollis
- Werdnig Hoffman Disease

Cerebrovascular Disease
- Cerebral Arterial Thrombosis
- Cerebral Embolus Thrombosis
- Cerebral Venous Thrombosis

Brain Hemorrhages
- Intracranial Hemorrhage
- Intraventricular Hemorrhage (grades III & IV)

Degenerative Disorders
- Acute Disseminated Encephalomyelitis
- Cockayne Syndrome
- Friedreich's Ataxia
- Gangliosidosis
- Kugelberg-Welander Syndrome
- Leigh's Disease
- Leukodystrophy
- Schilder's Disease
- Tay Sachs Disease

Neurocutaneous Disorders
- Block-Sulzberger Syndrome
- Neurofibromatosis
- Sturge Weber Syndrome
- Tuberous Sclerosis
- Xeroderma Pigmentosa

Malignancies
- Intracranial Tumors and
- Other Malignancies of the CNS

Head and Spinal Cord Trauma
- Fracture of vertebral column with or without spinal cord lesions
- Shaken Baby Syndrome
- Traumatic Brain Injury

Hypoxic/Anoxic Brain Injury
- Hypoxic Ischemic Encephalopathy (Newborn Encephalopathy)
- Near Drowning

5.2. Vision Impairment
- Amblyopia
- Cortical Visual Impairment (CVI)
- Low Vision (20/700)
- Nystagmus
- Retinopathy of Prematurity (ROP) (Stage 3 - Stage 5)
- Visual Field Loss

6. Hearing Deficiency
- Auditory Neuropathy
- Bilateral or Unilateral hearing loss of ≥ 25 dB at 2+ frequencies between 500-4000 Hz.
- Mixed Hearing Loss
- Permanent Conductive Hearing Loss
- Sensorineural Hearing Loss
- Waardenburg Syndrome

7. Other Fetal/Placental Anomalies
- Twin to Twin Transfusion Syndrome
- Umbilical Cord Prolapse

8. Exposures Affecting Fetus/Child

8.1. Prenatal
- Fetal Alcohol Spectrum Disorders - Diagnosed
- Fetal Drug Exposure - Diagnosed
- Maternal PKU

8.2. Postnatal
- Lead – Venous Blood Lead level at or above reference value recommended by the CDC (currently 5 µg/dL, Jan. 2016)
- Mercury – for recent exposure, blood level of more than 2 micrograms per deciliter (>2 µg/dL); for chronic exposure, urine level of more than 5 micrograms per deciliter (> 5 µg/dL)

9. Chronic Illness

9.1. Medically Fragile
- Renal Insufficiency

9.2. Medical Illness
- Bronchopulmonary Dysplasia
- Cancer
- Chronic Hepatitis
- Connective Tissue Disorders
- Cystic Fibrosis
- Diabetes
- Immune Disorders (ex. Juvenile Arthritis)
- Organic Failure to Thrive
- Renal Failure
- Very Low Birth Weight (<1500 grams or 3.3 lbs.)
- Chronic Asthma – moderate to severe
- Intrauterine Growth Retardation (IUGR)
- Small for Gestational Age (<10% weight for age) (SGA)

10. Developmental Delay

10.1. Pervasive Developmental Disorders
- Autism Spectrum Disorder
- Childhood Disintegrative Disorder
- Pervasive Developmental Disorders (NOS)

10.2. Rett's Disorder

10.3. Regulatory Disorders of Sensory Processing
- Hyposensitive / Hypersensitive
- Sensory-Seeking/Impulsive

11. Mental Health Conditions
- Adjustment Disorders
- Depression of Infancy and Early Childhood
- Maltreatment/Deprivation Disorder (A diagnosis of Reactive Attachment Disorder should be cross-walked to this diagnosis which is listed in the DC:0-3R)
- Disorders of Affect
- Mixed Disorders of Emotional Expressiveness
- Post Traumatic Stress Disorder (PTSD)
- Regulatory Disorders**

** Difficulties in regulating physiological, attentional, motor or affective processes, and in organizing a calm, alert or affectively positive state. These disorders affect the child's daily routines and interpersonal relationships. Must be diagnosed by a qualified professional. (Greenspan, 1992)

Note: *The Endocrine/Metabolic Disorders Category also includes all disorders tested for in the Michigan Newborn Screening Pro-*

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