OTHER HEALTH IMPAIRMENT

ELIGIBILITY GUIDANCE

AUGUST 2018

Lenawee Intermediate School District

TABLE OF CONTENTS

PREFACE

Acknowledgements

This guidance is largely adapted from Kent Intermediate School District's *Other Health Impairment Eligibility Guidelines* (June 2016). In the absence of state level guidance for learners ages 3-26, we thank Kent's committee members for their informative and practical guidance regarding OHI eligibility. The LISD Special Education Department has edited Kent's guidance where appropriate based on LISD and member district needs.

State level guidance from the Michigan Department of Education is available for younger learners ages 0-3. Therefore, we have also included eligibility guidance for Michigan Mandatory Special Education and *Early On* infants and toddlers. This guidance is presented without editing.

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 impairment, a physical 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 under "Other Health Impairment" (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 the LISD, where OHI eligibility rates have increased consistently over the past several years. 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, and 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. Special education evaluations and reevaluations are intended not only for eligibility determinations, but also to identify special education needs; therefore, it is important for evaluation reports and IEP team documentation to be specific in describing educational impact.

OHI ELIGIBILITY AGES 3-26

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.)

Federal Rule on OHI Definition and Determination

IDEA §300.8(c)(9):

i. 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--

ii. 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

iii. Adversely affects a child's educational performance.

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

[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).

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 and 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.

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:[2]
        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:[3]
    a. An orthopedic surgeon.
    b. An internist.
    c. A neurologist.

[2]Although 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.

[3] 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.

d. A pediatrician.
e. A family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et. seq.

Essential Components of OHI 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

Clarification of Terminology

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 case law, and OHI Guidelines from various ISDs/State Departments.

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.[4]

Chronic

Health problems that are chronic:

- are long term and either incurable or have residual features resulting in limitations of daily living functions requiring special assistance or adaptations, or

[4] 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.

- 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 are acute:

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

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 or physician assistant
- completion of OHI documentation form by treating physician or 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:

- School attendance
- Written questionnaires and oral interviews with parents, treating physicians/physician assistants, teachers, and students, as appropriate.
    - *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.

- *Treating physician/physician assistant*
  - What reported/observed symptoms did you rely upon in making diagnosis?
- *Parent and/or treating physician/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?

3. Adverse Impact on Educational Performance[5]

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 the 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?
- 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?

[5]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" (#5 in the Evaluation Process section of this document) 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 (#6).

- 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*
  - How strength, vitality and alertness issues present across school settings for child with health problem in comparison to a randomly selected student.
- *Data*
  - Used to determine whether health-based limitations of strength, vitality and alertness are producing adverse impact on key indicators of educational performance.
- *Academic achievement information*
  - standardized achievement tests,
  - curriculum-based evaluations,
  - classroom assessments,
  - state or district tests, and
  - work samples.
- *Productivity and organizational issues (work habits) information*
  - 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.
- *Social/behavior performance information*
  - 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.
- *Other information*
  - 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. …To the Point that the Student Requires Special Education.

Making this determination requires the following information:

1. an understanding of what the term "special education" means
2. data on MTSS strategies already deployed to address student needs and their efficacy, and
3. 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:

- 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.)
- travel training
- 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: 1) special education, 2) related services (special education in Michigan), 3) supplementary aids and services, and 4) 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). For more information, see “Section 504 Primer” later in this document.

Evaluation Process

1. Review of Existing Evaluation Data

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 this document.

Although 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 Impairment 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:

- The *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.
- The *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.
- The *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. Observe 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 the Impact of the Documented Health Problem

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. Consider the 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.

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 involving the impact of health problems in the school setting are sometimes confusing for educators and non-educators alike. ADHD situations illustrate why. 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. Because 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. Although 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.

OHI Eligibility

Determining the 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:

- 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.
- 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.
- 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
- 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:

1. 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 1) identify student needs attendant to the health problem's impact on educational performance and 2) determine whether supplementary aids and services can fully and appropriately address these student needs.

2. 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 reestablish 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 reestablish 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 reevaluation by medical personnel to document its continuing presence. Reevaluations 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:

1. 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;
2. The physician's statement is reviewed to assure that additional information is not needed from the student's health care providers;
3. The student continues to demonstrate limited strength, vitality, or alertness that adversely impacts his/her educational performance; and
4. 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:

1. The medical condition has stabilized to the extent that the student may no longer need special education support related to his/her health condition;
2. 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;
3. 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; or
4. 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.

Health Conditions and Related Information

The following links are from the Minnesota Department of Education and are located at https://education.mn.gov/MDE/dse/sped/cat/ohd/info/. Each 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 under the Other Health Impairment category. Refer to MARSE R 340.1709a for eligibility requirements.

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

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[6] 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.
- An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

[6] 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.

- 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.

OHI OBSERVATION FORM

Student____________________Date__________Time__________Observer______Activity/Setting______________

***Partial Interval 15-Minute Observation**: 45 intervals each for a student and comparison peer.*

***Coding**: Use O=On-task if no other relevant codes the entire 10 second interval. Use all other relevant codes if the behavior occurs at least 3 seconds during the interval (I=Inattentive but not disruptive X=Disruptive F=Fidgeting TA=Teacher Attn. PA=Peer Attn. OOS=Out of Seat).*

***Scoring**: Count the intervals for each code and divide by 45 for the percentage.*

1. Student	2. Peer	3. Student	4. Peer	5. Student	6. Peer	1. Student	2. Peer	3. Student	4. Peer	5. Student	6. Peer
O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS
O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS
O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS
O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS
O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS
O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS
O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS
O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O I X F TA PA OOS	O=____ = ____% TA=____ = ____% I=____ = ____% PA=____ = ____% X=____ = ____% F=____ = ____% OOS=____ = ____% (STUDENT)			O=____ = ____% TA=____ = ____% I=____ = ____% PA=____ = ____% X=____ = ____% F=____ = ____% OOS=____ = ____% (PEER)		

Comments

OHI PHYSICIAN LETTER

Student_____DOB_____Date_____
Staff_____Position_____
Dear _____,

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 one required component 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 allow us to complete the evaluation within state timelines. If you have questions, please contact me using the contact information below. Thank you for your help with 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. If the student has multiple medical diagnoses, please indicate which diagnosis is responsible for the impact:

- ☐ Strength_____
- ☐ Vitality_____
- ☐ Alertness_____

Restrictions, if any_____

Physical Adaptations, if any_____

Medications, if any_____

Is this a lifelong condition? ☐ Yes ☐ No ☐ Uncertain

Physician Name (print) _____Physician Signature_____Date_____

Please return by fax to_____Fax_____

OHI WORKSHEET

Student_____DOB_____Grade_____School/Program_____

Teacher(s)_____

Medical Diagnosis_____Physician_____Diagnosis Date_____

Person(s) Interviewed_____Interviewed by_____Date_____

Observation Settings_____Observed by_____Date_____

This form supports information gathering only and is not to be used to determine eligibility. OHI eligibility criteria may be found in MARSE R 340.1709a.

Student Strengths

Student Needs

Sources of Information (check all that apply):

- ☐ Educational Records
- ☐ Medical Records and Reports
- ☐ Parent Interview or Questionnaire
- ☐ Treating Physician/Physician Assistant Interview or Questionnaire (Release of Information required)
- ☐ Teacher or Other Staff Interview or Questionnaire
- ☐ Student Interview or Questionnaire
- ☐ School-based Observations (strength, vitality, alertness, academic work, productivity, organization, social skills, behavior, communication, etc.)
- ☐ Cognitive Assessment
- ☐ Achievement Assessment (standardized assessment, curriculum-based assessments, state or district tests, work samples, etc.)
- ☐ Functional or Adaptive Behavior Assessment (productivity, organization, off-task behaviors, social skills, behavior, communication, etc.)
- ☐ Comparison to Peers
- ☐ Other (assistive technology evaluation, "trial" accommodations, etc.)

Evaluation Summary

On the following pages, summarize relevant sources of information in the OHI evaluation. Include a description of any accommodations/interventions as well as a description of any significant discrepancy from peers. Then, indicate the level of concern about each area using the following levels:

(1) Grade Appropriate

(2) Grade Appropriate with Accommodations and/or Interventions (e.g., with Multi-Tiered Systems of Support/MTSS or 504 plan)

(3) Area of Concern

The level of concern is for information gathering only and is not determinative of eligibility.

Note: The evaluation team should consider each item within age-appropriate contexts. For younger learners, the team may consider age-appropriate developmental activities and natural environments as well as educational activities and environments (ages 0-5).

Domain	Accommodations	Student Description	Peer Comparison	Level of Concern
1. Limited Physical Strength (resulting in decreased capacity to perform school activities)				
2. Limited Endurance (resulting in decreased stamina and decreased ability to maintain performance)				
3. Level of Pain (resulting in decreased ability to perform or maintain performance)				
4. Prioritizing Environmental Stimuli				
5. Maintaining Focus and Sustaining Effort				

Domain	Accommodations	Student Description	Peer Comparison	Level of Concern
6. Attendance (absences from educational environment due to an acute/chronic health problem)				
7. Specialized health care procedures needed that impact ability to perform school activities				
8. Accuracy of Work Produced				
9. Materials (has materials when needed, physical organization of space and materials)				
10. Written Work (organized on page in sequential manner, proper capitalization and use of paragraphs)				
11. Tells thoughts and stories with a beginning, middle, and end, and stays on topic				
12. Self-Initiates (ability to independently begin a task)				

Domain	Accommodations	Student Description	Peer Comparison	Level of Concern
13. On-task behavior (ability to continue working on a task)				
14. Follows Directions (directions given to the entire class without individual assistance)				
15. Homework (independently keeps tracks of assignments, completes them, and turns them in on time)				
16. Indicate the number of Assignments Given_____ Turned in_____ Late_____				
17. Participates in Group Activities				
18. Moves Through the School Environment to a Destination				

Domain	Accommodations	Student Description	Peer Comparison	Level of Concern
19. Manages Age-Appropriate Self-Care Activities (clothing, bathroom, lunchroom, etc.)				
20. Physically Manipulates School Tools and Materials (books, notes, writing utensil, desk, locker, etc.)				
21. Self-Advocacy (requests help when needed)				
22. Reading Decoding				
23. Reading Fluency				
24. Reading Comprehension				
25. Math Computation				

Domain	Accommodations	Student Description	Peer Comparison	Level of Concern
26. Math Reasoning				
27. Written Language in Reading				
28. Written Language in Math				
29. Written Language in Reading				
30. Other Academic area (describe)				
31. Presence of Appropriate Peer Relationships				
32. Initiates and Maintains Appropriate Social Interaction with Peers				

Domain	Accommodations	Student Description	Peer Comparison	Level of Concern
33. Communication Skills (ability to comprehend, detect or apply language and speech with others)				
34. Distracting to Self or Others				
35. Impulsive Behavior				

OHI ELIGIBILITY AGES 0-3

Overview of MMSE and Part C *Early On* Services

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.

Determination of Eligibility for Michigan Mandatory Special Education for Infants and Toddlers, Birth to Age Three Introduction

Purpose

In Michigan, *Early On*® early intervention services for infants and toddlers, birth to age three, with a significant developmental delay and/or a disability, are governed by the regulations of Part C the Individuals with Disabilities Education Act (IDEA) (34 CFR part 303) and the Michigan Administrative Rules for Special Education (MARSE). This document is intended to provide clarity for the determination of eligibility of infants and toddlers for Michigan Special Education. Guidance for use of specific categories of eligibility under MARSE is provided for practitioners, administrators, and monitors.

Procedural Requirements

MARSE R 340.1862 requires:

1. Evaluations conducted to determine eligibility for Michigan special education services shall meet the requirements of 34 CFR part 303 and R 340.1705 to R 340.1717.
2. Determination of eligibility for Michigan special education services, for a child birth to 3 with a disability shall follow all time lines and requirements pursuant to 34 CFR part 303.

Accordingly, the Michigan State Plan for Part C requires the following for every determination of eligibility, ***regardless of the type of suspected developmental delay or eligibility category***:

- Administering an evaluation instrument or instruments that include all developmental domains, i.e., cognitive, physical, communication, social/emotional and adaptive development.
- Taking each child's history (including a parent interview).
- Identifying each child's level of functioning, or child assessment, in each of the statutorily-established developmental areas.
- Gathering information from other sources such as family members, other caregivers, medical providers, social workers, and educators, if necessary, to understand the scope of the child's unique strengths and needs.
- Reviewing medical, educational, or other records.

Details about these requirements, specific to each category of eligibility, are provided in the following chapters.

Evaluation Team Members

According to MARSE R 340.1701b(b), evaluations to determine eligibility for special education must be conducted by a multidisciplinary evaluation team of at least two people. The expertise required of each team member is defined in MARSE and differs according to the needs of each eligibility category.

For example:

- *Speech Language Impairment*: The team shall include a teacher of students with speech and language impairment under R 340.1796 or a speech-language pathologist qualified under R 340.1792.
- *Early Childhood Developmental Delay*: Team members should be selected based on the child's suspected areas of disability.

Parent Involvement

Particularly for infants and toddlers, parents play an essential role in the assessment, planning and service delivery related to their child's developmental progress and eligibility determination. Written and dated parental consent must be obtained before conducting the initial evaluation and assessment of a child and any subsequent reevaluation or ongoing assessment.

Practitioners are required to provide prior written notice to parents at a reasonable time before proposing or refusing to initiate or change the eligibility, evaluation or placement of a child or the provision of services to the child and the child's family.

Parent/family support and engagement are crucial to the achievement of desired outcomes.

For additional information, please reference Michigan's Part C State Plan (http://www.michigan.gov/documents/mde/Michigan_State_Plan_-_Final_3-2016_518546_7.pdf) and/or the Michigan Alliance for Families Note web page (http://www.michiganallianceforfamilies.org/education/notice/).

Table of Contents

Determination of Eligibility for Michigan Mandatory Special Education for Infants and Toddlers, Birth to Age Three Other Health Impairment Guidance

Purpose

The purpose of this document is to provide guidance for the determination of Michigan Mandatory Special Education (MMSE) eligibility for infants and toddlers, birth to age three, exhibiting an "Other health impairment" (OHI) as defined by the Michigan Administrative Rules for Special Education (MARSE).

Persons who will be able to utilize this guidance include:

- Part C personnel (including special education personnel) considering a referral of an infant or toddler.
- Multidisciplinary evaluation team members including parent or guardian.
- Individualized Family Service Plan (IFSP) team members, including parent or guardian.
- Administrators.

This document serves to clarify the eligibility process to ensure:

- Consistent practice among Intermediate School Districts within the state.
- Compliance with Michigan special education law and administrative rules.
- Implementation of best practices.
- Appropriate determination of eligibility within this category.

Acronyms

ADHD - Attention Deficit Hyperactivity Disorder

ED - U.S. Department of Education

ESA – Educational Service Agency

ICO – Informed Clinical Opinion

IDEA – Individuals with Disabilities Education Act

IEP - Individualized Education Program

IFSP – Individualized Family Service Plan

ISD – Intermediate School District

MARSE – Michigan Administrative Rules for Special Education

MMSE – Michigan Mandatory Special Education

OHI - Other Health Impairment

Applicable Regulations

Individuals with Disabilities Education Act (IDEA), Part C, 34 CFR §303 (2011)

§ 303.21 Infant or toddler with a disability.

(a) Infant or toddler with a disability means an individual under three years of age who needs early intervention services because the individual—

(1) Is experiencing a developmental delay, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
  (i) Cognitive development
  (ii) Physical development, including vision and hearing
  (iii) Communication development
  (iv) Social or emotional development
  (v) Adaptive development

(2) Has a diagnosed physical or mental condition that—
  (i) Has a high probability of resulting in developmental delay, and
  (ii) Includes conditions such as chromosomal abnormalities, genetic or congenital disorders, sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the development of the nervous system, congenital infections, severe attachment disorders, and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.

§ 303.321 Evaluation of the child and assessment of the child and family.

(a) *General.*

(1) The lead agency must ensure that, subject to obtaining parental consent in accordance with § 303.420(a)(2), each child under the age of three who is referred for evaluation or early intervention services under this part and suspected of having a disability, receives –
  (i) A timely, comprehensive, multidisciplinary evaluation of the child in accordance with paragraph (b) of this section unless eligibility is established under paragraph (a)(3)(i) of this section; and
  (ii) If the child is determined eligible as an infant or toddler with a disability as defined in § 303.21—
    (A) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs;
    (B) A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of that infant or toddler. The assessments of

the child and family are described in paragraph (c) of this section and these assessments may occur simultaneously with the evaluation, provided that the requirements of paragraph (b) of this section are met.

§ 303.321 Evaluation of the child and assessment of the child and family.

(3)

(i) A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child) under this part if those records indicate that the child's level of functioning in one or more of the developmental areas identified in § 303.21(a)(1) constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability under § 303.21. If the child's Part C eligibility is established under this paragraph, the lead agency or EIS provider must conduct assessments of the child and family in accordance with paragraph (c) of this section.

(ii) Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. In addition, the lead agency must ensure that informed clinical opinion may be used as an independent basis to establish a child's eligibility under this part even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility under paragraph (b) of this section.

Michigan Administrative Rules for Special Education (MARSE) (October 2015)

R 340.1709a "Other health impairment" defined; determination. Rule 9a.

"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:

1) Asthma
2) Attention deficit disorder.
3) Diabetes.
4) Epilepsy.
5) A heart condition.
6) Hemophilia.
7) Lead poisoning.
8) Leukemia.
9) Nephritis.

MMSE Guidance Birth to Three – OHI – January 2018 Page 4

10) Rheumatic fever.

11) 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 one 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.

Federal Part C Regulations defines a child with a disability as one with a physical or mental condition that can lead to a developmental delay. *Early On* Michigan list of Established Conditions can be found in the resource section.

R 340.1862 Individualized family service plan; timelines; eligibility. Rule 162.

(1) Eligibility for Michigan special education services for all children with a disability birth to age three shall be determined by and documented in an individualized family service plan.

(2) Evaluations conducted to determine eligibility for Michigan special education services shall meet the requirements of 34 CFR part 303 and R 340.1705 to R 340.1717.

(3) Determination of eligibility for Michigan special education services, for a child birth to three with a disability shall follow all timelines and requirements pursuant to 34 CFR part 303.

(4) Special education services for children birth to three with disabilities shall be all of the following:

(a) Determined by the child's individual needs and specified in an individualized family service plan.

(b) Provided by an approved or endorsed early childhood special education teacher or approved related services staff.

(c) Provided for not less than 72 clock hours over one year. The time line begins upon receipt of signed parental consent to provide services.

(d) Provided in an appropriate early childhood setting, school setting, community setting, or family setting.

(e) Have a parent participation and education component.

(5) Approved related services staff shall work under the educational direction of an approved or endorsed early childhood special education teacher.

Considerations

The purpose of this section is to discuss considerations specific to determination of Other Health Impairment (OHI) eligibility for infants and toddlers, birth to three years of age, where special education would be incorporated into an *Early On* individualized family service plan (IFSP).

Michigan is a "Birth Mandate" state, making it somewhat unique in requiring the provision of special education for MMSE/MARSE eligible children from birth instead of age three.

"Other health impairment" (OHI) is defined as having limited strength, vitality or alertness to due chronic or acute health problems. If OHI is suspected, the evaluation and determination must be predicated on the essential components; having limited strength, vitality or alertness; for OHI eligibility.

Clarification of Terminology

This section includes clarification of terminology for Michigan's OHI definition and determination rule, as well as implications for evaluation planning.

- **Chronic or acute health problem:** Both IDEA and MARSE are silent on the duration required to constitute a "chronic" or "acute" health problem. The following can be used as guidance to help determine if a condition is chronic or acute:
  a. **Health Problem:** Both IDEA and MARSE contain a list of health problems associated with limitations in strength, vitality, and alertness. The specific examples given could represent archetypal categories for OHI. For example, lead poisoning could be thought of as representing exposure to one or more environmental 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 problems that can lead to limited stamina, etc.

     Public comments to the 2006 U.S. Department of Education (ED) proposed IDEA rule included requests that additional health conditions be added to the OHI list of health problems. The ED 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 rules require that a multidisciplinary evaluation team, including a physician, conduct the full and individual evaluation for suspected OHI.

     The following definitions are from the Kent ISD OHI guidance, as well as many other ISD guidance from across the state:

  b. **Chronic Condition:** A health problem that is long term and may be one or more of the following:
     i. Incurable;
     ii. Have residual features resulting in limitations of daily living functions requiring special assistance or adaptations;
     iii. 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.
  c. **Acute Condition:** A health problem that is one or more of the following:
     i. Begins abruptly and with marked intensity, then subsides;
     ii. Has a rapid onset, severe symptoms, and a short course. The residual effects of the acute health problem may be short-term or persistent.
- **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 at the federal or state level. However, based on dictionary definitions, symptomatology of the specific health

problems as listed in the Federal law, and infant and toddler developmental milestones, these three terms are presented as follows to help determine eligibility for OHI:

a. **Strength**: Bodily or muscular power; capacity for physical exertion; mental power, force, or exertion; the ability to resist force, strain, wear, etc.
    i. Child may exhibit:
        1. Need for moderate to maximum assistance for sitting or standing balance;
        2. Need for moderate to maximum assistance for transitions into and out of positions; or
        3. Need for adaptive equipment.
b. **Vitality:** Although similar to strength, strength presents as an objective measure or capacity, while vitality can be thought of more as a qualitative measure. Vitality is, sufficient energy to fully participate in daily routines and capacity for endurance, energy, and animation.
    i. Child may exhibit:
        1. Moderate to severe fatigue with activity;
        2. Inactive physiological state resulting from limited vitality and alertness;
        3. Lack of initiation of gross and fine motoric movements and motor processes that would typically precede active engagement; or
        4. Need for adaptive equipment.
c. **Alertness:** Attentiveness; awareness; keenness; ability to be observant/ready in the moment; able to direct attention, concentration; responsiveness; engagement.
    i. Child may exhibit:
        1. Moderate to severe sensory processing challenges demonstrated by hyper or hypo sensitivity to environment; or
        2. Cognitive capacities appearing to lack sharpness, acuity, and rigor with decreased active processing and mental shifting of awareness surrounding attention, orientation, and memory functions.

- **Resulting in adverse impact** on ability to participate in age appropriate activities: 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, for older students the data sought in the evaluation process should help determine whether the health problem limitations in strength, vitality or alertness, individually or collectively, produce the MARSE required adverse impact on educational performance.

  For an infant or toddler birth to age three, "functional performance" is an appropriate substitution for "educational performance", which is interpreted as how the impairment adversely impacts the child's functioning. Since infants and toddlers are not in an educational school-based setting, consideration of the child's ability to function within the child and family's daily routine, including respect for

the family culture, is used instead. A child's natural environment may be his/her home, childcare setting, or any other place where similar aged children without disabilities participate.

The following questions may help with consideration of a child's functional performance during an OHI evaluation process.

- Strength:
  - Does the child have the strength to roll, hold head, sit, stand, or move about as these activities occur in the natural environment?
  - Is the child able to hold toys, utensils, or other tools?
  - Do limitations in strength require so much compensatory effort as to cause fatigue that in turn affects vitality and alertness for participation in daily routines and family activities?
- Vitality:
  - Does the child fall asleep or require frequent rest due to the health problem?
  - Is the child lethargic, unable to sustain physical or mental exertion despite apparently adequate strength?
- Alertness:
  - Does the child respond to social initiations, playful engagements, etc. in an appropriate manner?
  - Does the child appear overly responsive to extraneous stimuli, or under-responsive to relevant stimuli, throughout the course of the day?

Determining Eligibility for OHI

The information-gathering process to determine eligibility includes the following:

- Evaluation;
- Data Collection; and
- Data analysis.

Evaluation

Evaluation is the procedure used by qualified personnel to determine a child's initial and continuing eligibility (IDEA §303.321). A multidisciplinary evaluation team, consisting of a minimum of two persons, is responsible for completing a full and individual evaluation when a child is suspected of having a disability. While specific disciplinary team members are not identified in MARSE, team members should be selected based on the child's suspected areas of disability.

According to the Michigan Part C State Plan, adjusting for prematurity is needed for every child born earlier than 37 weeks' gestation. This adjustment should continue until the child reaches the chronological age of 24 months. After the child is two years old (chronologically), adjustments for prematurity will be discontinued.

For all children ages birth to three, the evaluation must be multidisciplinary and include all of the following domains:

- Physical development (including vision and hearing)
- Cognitive development (thinking, learning and playing)
- Communication development (talking, listening, understanding)
- Social or emotional development (feelings, getting along with others), and
- Adaptive development (self-help skills, coping)

Data Collection

A full and individual evaluation for Other Health Impairment (OHI) begins with the collection, review, and analysis of existing data. Data sources may include health records, information provided by the parents, observations, and previous evaluations. A review of existing data may indicate that either enough information is available to make a recommendation for eligibility or that additional information is needed. If additional information is needed, the best way of gathering the information must be determined, which may include completing additional evaluation tools or gathering additional information in another way.

Evaluations must contain data from multiple sources, including:

- Physician and Outside Evaluation Reports

  Michigan eligibility criteria for OHI requires medical documentation of a chronic or acute 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. Ideally, along with listing the diagnosed health problem, the physician will indicate possible effects to strength, vitality and/or alertness and how such impact manifests itself. An example form for documentation of physician input is included in the resource section.

  A medical diagnosis alone is not sufficient for determining OHI eligibility. The IFSP team will determine eligibility based on the federal regulations and state rules regarding OHI. The IFSP team must include all relevant personnel for determining eligibility, as well as consider information, diagnoses, and recommendations presented in reports from outside agencies. While the presence of a medical diagnosis is the domain of a physician, the determination of adverse impact and need for special education services is made by the IFSP team. The evaluation team members must thoroughly understand the features of the diagnosed health condition so that they are able to recognize the symptoms and effects in the natural environment, seeking clarification when necessary.

- Input from Family, Caregivers, Service Coordinator/Providers

  For a comprehensive understanding of the medical diagnosis and impact on the child's daily activities, input should be sought from family, caregivers, and providers using routines based interviews, rating scales, or a variety of other methods.

a. Family/Caregiver – Provides information about the child through informal and formal means, e.g., outside agency records regarding assessments/services, developmental history, relevant medical history, and information relating to the child's participation in functional activities across all domains. Parents provide their perspective on the impact of the health problem at home, in community settings, and their concerns about the impact on daily activities/routines.
b. Service Coordinator/Provider – Service Coordinators/Providers share professional input regarding the impact of the child's diagnosis on daily activities at home and in community settings. In addition, they may be able to provide child's functional level, strategies used at home, and resources.

- Observation of Child's Performance in their Natural Environment

  Observations are an essential component of the evaluation process. Observations should occur over time, during activities, and in settings relevant to the areas of concern. Focus of the observations should be on strength, vitality or alertness, including a heightened alertness to environmental stimuli. The observations are documented and summarized in the evaluation report.

Eligibility under OHI does not require a developmental delay, but rather that a medical diagnosis exists and the child's ability to fully participate in age appropriate activities is adversely impacted.

Data Analysis

The IFSP team will analyze the data gathered to determine whether the child's diagnosis adversely affects the child's ability to fully participate in daily activities due to limited strength, vitality, or alertness to the extent that special education is recommended.

Rather than focusing on educational performance, the OHI evaluation should consider the impact the health condition has on the child's ability to participate/function in age appropriate activities. A chronic or acute health condition can impact multiple areas of a young child's development and learning, including self-care, motor skills, language, social, and behavior.

Eligibility Recommendations

The MARSE R 340.1709a "Other health impairment" defines OHI eligibility as having a diagnosed chronic or acute health condition that results in limited strength, vitality, or alertness (including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment) and has an adverse impact on educational performance.

R 340.1709a(1)(a) provides a list of examples of chronic or acute health problems. *Early On* Michigan also has an approved list of Established Conditions which would be considered chronic or acute health conditions. Medical documentation of the health condition from an orthopedic surgeon, an internist, a neurologist, a pediatrician, or a family physician (or other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.) must be available. The medical professional providing this documentation would be a member of the multidisciplinary evaluation team.

Typically, infants and toddlers do not attend school, therefore the components considered for OHI eligibility should reflect the child's natural environment. A child's natural environment may be his/her home, childcare setting, or any other place where similar aged children without disabilities participate.

Limited vitality and alertness for a child who is under the age of three presents as an inactive physiological state, a lack of initiation of gross and fine motoric movements and/or motor processes that would typically proceed active engagement. Cognitive capacities appear to lack sharpness, acuity, and rigor with decreased active processing and mental shifting of awareness surrounding attention, orientation, and memory functions. The need for assistance to aid in sitting and balance, as well as transitioning into and out of positions, should be considered. It should be noted if there is fatigue associated with the activity or issues with sensory processing.

Standardized assessments are only one source of data. Standard scores are not necessarily a true assessment of impact on a young child's ability to participate in age appropriate activities. Age equivalent scores, percentage of delay, family impact, functional checklists, and observation of child in natural environments, medical reports, and information about the diagnosis are all valid sources of data. Eligibility determination is based on an analysis of comprehensive data from a variety of sources.

Termination of Eligibility

If the IFSP Team (including at least one current medical professional providing documentation) suspects that the health problem no longer limits strength, vitality, or alertness or adversely impacts the child's functional performance to the point of requiring special education, a reevaluation should be conducted. Parent consent must be obtained before conducting a reevaluation to terminate eligibility under the OHI category.

Termination of MMSE eligibility under OHI would be appropriate if:

1) The medical condition has stabilized to the extent that the child no longer needs special education support related to his/her health condition;
2) The medical condition has changed (i.e. is no longer a factor, has lessened, or progressed) to the extent that the child's functional performance has significantly changed and the need for and/or intensity of special education is in question; or
3) The child is showing ability to adequately participate (socially, behaviorally, and

physically) in family and community, and for these reasons no longer need special education support related to his/her health condition.

If data supports that the health problem no longer results in limited strength, vitality or alertness and therefore no longer adversely impacts functional performance to the point that special education is required, OHI eligibility may be terminated. Prior to terminating OHI eligibility, consider if the child might qualify for MMSE under any other category. If not, the child should be exited from MMSE, but may continue to be eligible for Part C, but only under either an established condition or developmental delay.

Appendix/Resources

Early On Established Conditions document

Sample OHI Physician letter developed for Kent ISD local service area

Acknowledgements

We would like to thank Genesee ISD, Kent ISD and their teams whose work is the basis of this document. In addition, we thank the workgroup participants for sharing their input and expertise.

Workgroup participants included the following:

- Andy Claes; Delta-Schoolcraft ISD
- Christa Conroy, St. Joseph ISD
- Beth Cooke; Michigan Department of Education, Office of Special Education
- Pat Curtin; Grosse Pointe Public Schools
- Joanne Cwiklinski; Macomb ISD
- Karen Gray, Allegan Area ESA
- Kelly Hurshe, Michigan Department of Education, Office of Great Start/Early Childhood
- Rachel Kopke, Livingston ESA
- Dawn Koger, Oakland Schools
- Jorri Novak, Bay Arenac ISD
- Colleen O'Connor; Michigan Department of Education, Office of Great Start/Early Childhood Development and Family Education
- Kelly Pallett; Grand Rapids Public Schools
- Mary Rickard; Genesee ISD

Facilitators:

- Criss Hickey; Clinton County RESA, Office of Innovative Projects; *Early On* Training & Technical Assistance Specialist
- Jean Wassenaar; Clinton County RESA, Office of Innovative Projects; *Early On* Training & Technical Assistance Specialist

Resources:

- Sherri Boyd, Michigan Alliance for Families
- Jessica Brady; Michigan Department of Education, Office of Special Education
- Christy Callahan; Clinton County RESA, Office of Innovative Projects
- Karen Fales, Blue Heron Consulting
- Emily Houk, Research To Practice Consulting
- Nancy Surbrook; Clinton County RESA, Office of Innovative Projects
- Vanessa Winborne; Michigan Department of Education, Office of Great Start

Part C *Early* On Eligibility Ages 0-3

Eligibility for *Early On*®

Eligibility criteria for *Early On* fall under two categories: 1) developmental delay, and 2) established conditions. Children are evaluated by a multidisciplinary team using a comprehensive evaluation. Children are found eligible under developmental delay if they have a delay of 20 percent or 1 standard deviation below the mean in one or more developmental domains. A child is found eligible under established conditions when there is documentation of the diagnosis provided by a health or mental health care provider who is qualified to make the diagnosis.

Early On must have clear written evidence that matches one of the eligibility category definitions. Evidence may include test scores, levels on developmental checklists, genetic reports, ophthalmology, or audiology reports. *Early On* uses informed clinical opinion, in addition to the documented evidence, when deciding if the identified conditions for the child and/or family are associated with developmental concern and there is a need for developmental, therapeutic, or educational intervention.

If a child has an established condition, he/she is eligible for *Early On* as long as that diagnosis is current.

Part C *Early On* Establishing 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

Friday, March 9, 2018 1

Note: The Endocrine/Metabolic Disorders Category also includes all disorders tested for in the Michigan Newborn Screening Program. TKJanuary 2016

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:

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

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 (20/70)
- 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

Note: The Endocrine/Metabolic Disorders Category also includes all disorders tested for in the Michigan Newborn Screening Program. TKJanuary 2016

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:

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 Program. TKJanuary 2016