

Chapter 19	<u>General Information/Tools</u>
A. Toxic Exposure Memo B. Home Environment Assessment Form C. CIS Services Client Record Review Process/Tool	

Toxic Exposure Memo	19A
---------------------	-----

TO: Children’s Integrated Service, Coordinators and Early Intervention Service Providers

From: Terri Edgerton, CIS Early Intervention Administrator

Date November 6, 2012

RE: Infants exposed prenatally to toxic substances

The CIS-EI state office received a request for additional clarity related to eligibility for an infant or toddler who is automatically eligible (auto-eligible) for Part C services because s/he has a “diagnosed physical or mental condition that has a high probability of resulting in developmental delay” – **specifically, disorders secondary to exposure to toxic substances**. The request seeks clarity on:

- What constitutes prenatal toxic exposure to drugs
- How ‘severe toxic’ exposure is defined.
- Whether there are specific levels for specific drugs or a report from a doctor that can clarify toxic drug exposure
- Requirements for Part C services

We refer first to the specific Part C federal regulation:

**§ 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.
- (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.

As evident in 303.21, the Part C regulations do not include the word ‘severe’ or define levels of prenatal toxic exposure. The following June 17, 2011 email communication from Vermont’s Office of Special Education Programs contact to Terri Edgerton clarifies:

If a child is eligible under the at substantial risk for developmental delay or what the field refers to as auto-eligible, then children are entitled to services up to age 3 even if they only receive service coordination and family training. There is no statute of limitation. The presumption in the law is that based on research these children have shown to have delays either initially or as they grow and develop and that early intervention is beneficial.

Research has shown that children exposed prenatally to toxins have a greater risk of developmental delays as they grow. Because of this research:

- A. All children are auto-eligible and entitled to Part C services, including evaluation and assessment and a One Plan, if the family provides consent. Reviewing a child’s medical records and obtaining information from all relevant sources is part of the initial assessment process and will factor into the team’s decision in planning the types and extent of services necessary.
- B. All children at a minimum should receive service coordination.
- C. All parents/caregivers should have information regarding developmental milestones and how to encourage their children’s development.

D. Monitoring (e.g., administering the Ages and Stages Questionnaire screening tool) should occur on a regular basis, more often for younger children and decreasing as a child ages.