Minnesota Department of Health

Information and Resources for:

High Probability Conditions

The following list of diagnosed conditions that result in automatic eligibility for Minnesota´s Infant and Toddler Intervention services has been developed through a review of current literature and other state´s lists of eligible conditions. Developing an exhaustive list of conditions is not practical. Therefore, the list below should be considered as examples of conditions with a high probability of resulting in a delay. If you are unsure, please view the list of actions you should take in determining eligibility if a specific condition is not listed.

The absence of a specific diagnosis or condition listed on this web page does not automatically rule out a child´s eligibility status. In order to provide a definite "yes" or "no" answer, you may need to obtain additional information from the child´s health care provider, as well as compile available developmental outcome information from various reputable sources. Eligibility technical assistance is available by emailing mde.ecse@state.mn.us.

**** It is important to remember that children with conditions with a high probability of resulting in a delay are eligible for services even if the child is not currently demonstrating a need or delay***.

Conditions or disorders with a high probability of resulting in a delay

1) Chromosomal / genetic
2) Neurodevelopmental
3) Prenatal / perinatal conditions
4) Physical conditions
5) Sensory conditions
6) Social or emotional conditions

1. Chromosomal / genetic

A. Conditions or syndromes that are likely to result in intellectual disabilities such as:

- Angelman Syndrome
- Coffin–Lowry Syndrome
- Cornelia de Lange Syndrome
- Down syndrome
- Fragile X Syndrome
- Hunter Syndrome (Mucopolysaccharidosis II, MPS II)
- Hurler Syndrome (Mucopolysaccharidosis I, MPS I)
- I–Cell Disease (Mucolipidosis II alpha/beta)
- Prader–Willi Syndrome
- Williams Syndrome
- Wolf–Hirschhorn Syndrome / 4p Deletion Syndrome

B. Conditions where life expectancy may be limited such as:

- Tay–Sachs Disease
- Trisomy 13 (Patau Syndrome)
- Trisomy 18 (Edward Syndrome/Trisomy E)

C. Certain metabolic, endocrine and hemoglobinopathies generally identified by the newborn screening program

- Galactosemia (GALT)
- Homocystinuria (HCY)
- Long Chain Fatty Acid Oxidation Disorders (LCHAD)
- Maple Syrup Urine Disease (MSUD)
- Methylmalonic Acidemia Cobalamin Disorders (MMA Cbl A, B)
- Methylmalonic Acidemia with Homocystinuria (MMA Cbl C, D, F)
- Phenylketonuria (PKU)
- Sickle Cell Disease

Back to top of list

2. Neuro–developmental disorders such as:

A. Autism Spectrum Disorders
(may include Autistic Disorder, Childhood Autism, Atypical Autism, Pervasive Developmental Disorder Not Otherwise Specified, Asperger´s Disorder, or other related pervasive developmental disorders)

B. Cerebral palsy

C. Neural Tube Defects
(NTDs – birth defects of the spine and brain) such as:

- Encephalocele
- Spina Bifida

D. Epilepsy

3. Certain prenatal / perinatal conditions

A. Disorders secondary to exposure to toxic substances, such as:

- Fetal alcohol syndrome
- Fetal Hydantoin Syndrome

B. Prenatal infections such as: Cytomegalovirus (CMV)

C. Very Low Birth Weight: Infants born at <1500 grams

D. Grades III and IV intracranial hemorrhage (PVH–IVH, stroke)

E. Hypoxic–Ischemic Encephalopathy (HIE)

F. Congenital Diaphragmatic Hernia (CDH)

4. Physical conditions

A. Neuro–muscular disorders such as:

- Muscular Dystrophies
- Neonatal Adrenoleukodystrophy (NALD)
- Spinal Muscular Atrophy (SMA)

B. Respiratory

Bronchopulmonary Dysplasia (BPD)

C. Toxic Exposures such as:

Elevated blood lead level of ≥ 45 µg/dL (based on
MN Childhood Blood Lead Screening Guidelines

A child with ≥ 15 µg/dL should be automatically referred to:
Minnesota Help Me Grow for a developmental evaluation.

D. Complex Health Conditions which are conditions impacting multiple organs or systems

- CHARGE Syndrome
- DiGeorge, Opitz, Velocardiofacial and Related Syndromes (22q 11.2 deletion syndrome)
- Noonan Syndrome
- Sacral Agenesis (Caudal Regression Syndrome)

E. Musculoskeletal

- Arthrogryposis Multiplex Congenital, TNNT3
- Osteogenesis Imperfecta

5. Sensory

A. Hearing loss as recommended by the Minnesota Early Hearing Detection and Intervention team

B. Vision impairment: A diagnosed vision impairment that is not correctable with treatment, surgery, glasses or contact lenses. CDC Vision Loss Fact Sheet, English and Spanish (PDF 118KB/2 pages)

6. Social or Emotional Conditions

A. Axis I conditions from the Diagnostic Classifications 0–3 including:

- Adjustment Disorders
- Anxiety Disorders of Infancy and Childhood
- Depression of Infancy and Early Childhood
- Deprivation/Maltreatment Disorder
- Disorders of Affect
- Feeding Behavior Disorders
- Mixed Disorder of Emotional Expressiveness
- Post–Traumatic Stress Disorder (PTSD)
- Prolonged Bereavement / Grief Disorder
- Regulation Disorders of Sensory Processing
- Sleep Behavior Disorder
- Disorders of Relating and Communicating
- Multisystem Developmental Disorder (MSDD)

How will I know if a condition is one that meets the eligibility criteria?

In order to help determine if a child has a condition or disorder that has a high probability of resulting in a delay, you will need the following information. You can also visit our Eligibility Decision Guidelines
(birth to 3 years) webpage.

1. Obtain the name of **all diagnoses, conditions or disorders** from the child´s health care or mental health provider.

- Be sure to get a list of **all health conditions** a child has. This information will give the team a complete picture upon which to make an eligibility determination.
- Since many conditions sound similar, make sure to get an accurate spelling.
- Verbal confirmation of the diagnosis/condition/disorder from the appropriately licensed health care professional or clinic is required prior to determining eligibility.

2. Review the literature and available research in order to learn about the condition:

- e–medicine, the U.S. National Library of Medicine, National Organization of Rare Diseases (NORD), GeneReviews™ and Centers for Disease Control and Prevention are all reliable web sites for information regarding specific health conditions.
- Particularly make note of which areas of development are impacted. This will help in long–term planning.
- Note commonly associated conditions.
- Understand the variability in outcomes/impact of a specific diagnosis.
- The Minnesota Department of Health´s web site also has information about some of the more common health conditions and conditions identified through a variety of newborn screening and surveillance programs. View CYSHN´s Diseases and Conditions Identified in Children webpage.
- Look for articles/documentation of outcomes at school–age. Some conditions are very rare; finding recent studies on long–term outcomes may be challenging, but usually not impossible.

3. Solicit input from the child´s health care provider(s) to assist in establishing eligibility by using Informed Clinical Opinion independently:

- What is this child´s prognosis?
- Do you anticipate there will be an impact on development in either the short–term or long–term?
- Has this child been hospitalized frequently? Are frequent hospitalizations anticipated?
- Has this child had other complications?

Eligibility technical assistance is available by emailing mde.ecse@state.mn.us.

What does “conditions or disorders with a high probability of resulting in a delay” mean?

“High probability” means that current research findings indicate that at least 50% of children with a given condition will experience a developmental delay in one or more areas of development at school age.