Part C Early Intervention Eligibility for Infants and Toddlers with Hearing Loss

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp		As Defined by the State Plan, are infants and toddlers with established risk conditions eligible for Part C-funded services? ^{1a}		Is Hearing Loss Noted as a Specific Condition? 1c	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?
Alabama Elizabeth Prince, Part C Coordinator Early Intervention Program 2129 East South Boulevard PO Box 11586 Montgomery, AL 36111-0586 (334) 613-3543 Fax: (334) 613-3541 E-mail: bdprince@rehab.state.al.us http://www.rehab.state.al.us/intervention.html	Yes	criteria applies to conditions with known etiologiesincludes but is not limited to: ? Chromosomal abnormalities ? Genetic or congenital disorders ? Severe sensory impairments (including hearing and vision) ? Inborn error of metabolism ? Disorders reflecting disturbances of the nervous system ? Congenital infections ? Disorders secondary to exposure to toxic substances (incl. fetal Alcohol Syndrome) ? Severe attachment disorders	Yes	Severe sensory impairments (including hearing and vision)	State Plan: No
Alaska Jane Atuk, Part C Coordinator Maternal and Child Health State Department of Health and Social Services 3601 C Street, Suite 934, PO Box 240249 Anchorage, AK 99524-0249 (907) 269-3419 Fax: (907) 269-3465 E-mail: jane atuk@health.state.ak.us http://health.hss.state.ak.us/dph/mcfh/sns/default.htm	Yes	Disabling condition means physical, mental, sensory or physical conditions which have a high probability of resulting in a 50% developmental delay even though [it] may not be exhibited at the time. The team's decision shall be supported by a physician's report documenting the condition.	No	No	State Plan: No

¹ Notes:

Revised: Mar 24, 2003

a) "Are infants and toddlers with established risk conditions eligible for Part C-funded services?" Based on State Plan, answered Yes or No as well as summarizing the relevant criteria and conditions under which children with hearing loss are eligible for Part C services. An established risk condition is defined as a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay or disability.

b) "Are Specific Conditions Listed?" indicates whether the State Plan lists any specific conditions whereby children qualify for services without exhibiting a developmental delay.

c) "Hearing Loss Noted as a Specific Condition?" indicates if the State Plan identifies hearing loss as one of the specific conditions and gives the exact wording used in the State Plan.

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp	As Defined by the State Plan, are infants and toddlers with established risk conditions eligible for Part C-funded services? ^{1a}		Is Hearing Loss Noted as a Specific Condition? ^{1c}	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?
Arizona Molly Dries, Part C Coordinator and Exec Director Arizona Early Intervention Program Department of Economic Security 3839 North 3rd Street, Suite 304 Site Code #801.A-6 Phoenix, AZ 85012 (602) 532-9960 Fax: (602) 200-9820 E-mail: vomm5793@de.state.az.us Web site: http://www.de.state.az.us/azeip/default.asp	 include but are not limited to: ? Chromosomal abnormalities ? Metabolic disorders ? Hydrocephalus ? Neural tube defects (e.g. spina bifida) ? Intraventricular hemorrhage, grade 3 or 4 ? Periventricular leukemia ? Cerebral palsey ? Significant auditory impairment ? Significant visual impairment ? Failure to thrive ? Severe attachment disorders diagnosis by a qualified physician or other qualified professional (e.g., audiologist) and medical records, and will include the use of informed clinical opinion. 	Yes	Significant auditory impairment	Other State Document: Yes "Hearing impairment" means a loss of hearing acuity, as determined by evaluation pursuant to section 15-766, which interferes with the child's performance in the educational environment and requires the provision of special education and related services. Arizona Revised Statutes, Title 15: 15-761 section 9
Arkansas Sherrill Archer, Part C Coordinator DD Services, Dept. of Human Services Donaghey Plaza North 7th and Main Streets PO Box 1437, Slot 2520 Little Rock, AR 72203-1437 (501) 682-8699 Fax: (501) 682-8687 E-mail: sherrill.archer@mail.state.ar.us http://www.ark.org/dhs/ddds/ddscomsup.html	## Action of the control of the brain or spinal condition that has a high probability of resulting in developmental delay. ? Down Syndrome and other chromosomal abnormalities associated with mental retardation ? Congenital syndromes and conditions such as: ? Fetal alcohol syndrome ? Intra-uterine drug exposure ? Prenatal rubella ? Severe microcephaly and macrocephaly ? Hydrocephaly ? Metabolic disorders ? Intra-cranial hemorrage ? Malignancy or congenital anomaly of the brain or spinal cord ? Spinabifida ? Seizure disorder ? Asphyxia ? Respiratory distress syndrome ? Neurological disorder incl. brain trauma or infection ? Sensory impairments including visual and hearing ? Maternal AIDS diagnosed by a licensed physician who uses informed clinical opinion	Yes	Sensory impairments including visual and hearing	State Plan: No Other State Document: No Other Information: Email from Part C Program (3/19/2002): All children diagnosed with hearing impaired are served.

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp	As Defined by the State Plan, are infants and toddlers with established risk conditions eligible for Part C-funded services? ^{1a}		Is Hearing Loss Noted as a Specific Condition? ^{1c}	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?
California Rick Ingraham, Chief, Early Start Children and Family Services Branch Department of Developmental Services 1600 9th Street, MS:3-12 Sacramento, CA 95814 (916) 654-2205 Fax: (916) 654-3255 E-mail: RIngraha@dds.ca.gov http://www.dds.ca.gov/EarlyStart/main/ESHome.cfm	Yes (b) Established Risk 1) An established risk condition exists when an infant or toddler has a condition of known etiology which has a high probability of resulting in developmental delay; or 2) An established risk condition exists when an infant or toddler has a solely low incidence disability. (c) the High Risk of Developmental Delay	No	No	Other State Document: Yes In California a student is eligible for special education services if he or she "has a hearing impairment, whether permanent or fluctuating, which impairs the processing of linguistic information through hearing, even with amplification and which adversely affects educational performance." California Code of Regulations, Title 5, Section 3030(a) (Available from Programs for Deaf and Hard of Hearing Students: Guidelines for Quality Standards)
Colorado Susan Smith, Part C Coordinator Prevention Initiatives Colorado Department of Education 201 East Colfax Avenue, Room 301 Denver, CO 80203 (303) 866-6709 Fax: (303) 866-6662 E-mail: smith s@cde.state.co.us http://www.cde.state.co.us/earlychildhoodconnections	Yesthese conditions include but are not limited to: ? Chromosomal syndromes and conditions ? Congenital syndromes and conditions ? Sensory impairments ? Metabolic disorders ? Prenatal and perinatal infections ? Low birth weight less than 1200 grams Postnatal acquired problems including but not limited to severe attachment disorder	Yes	No	State Plan: No
Connecticut Linda Goodman, Part C Coordinator Birth to Three System Department of Mental Retardation 460 Capitol Avenue Hartford, CT 06106-1308 (860) 418-6147 Fax: (860) 418-6003 E-mail: linda.goodman@po.state.ct.us http://www.birth23.org/	Yes There are two levels of diagnosed conditions: 1) automatic eligibility, and 2) diagnosis of condition along with 1.5 SD below mean in one area of development. 1) List all of conditions that qualify for automatic EI ? 1) Genetic Disorders ? 2) Sensory Impairments ? Congenital or acquired ? Not unilateral ? Hearing Impairments (40 dB loss or greater) ? Audio Neuropathy ? 9) Disorders of growth 2) List conditions that require 1.5 SD delay in 1 domain as well as diagnosis ? 2) Sensory Impairments ? Chronic Otitis Media (more than six months) If documented by a physician's signature (or that of an audiologist in the case of hearing impairment)	Yes	1) Sensory Impairments: Congenital or acquired Not unilateral: Hearing impairment (40 dB or greater) 2) Sensory Impairments: Chronic Otitis Media (for more than six months)	State Plan: Yes 40dB or greater Other State Document: Yes Children with a diagnosed hearing impairment of 40 dB or greater, in both ears, are automatically eligible Although children with unilateral hearing loss or a milder hearing loss are not automatically eligible children who have experienced recurrent middle ear infections, for more than six months, and who are demonstrating a significant delay in speech and language are also eligible Birth to Three System Service Guidelines Other Information: Email from Part C Program (3/19/2002): Children with auditory neuropathy, or chronic otitis media (more than 6 mos.) with 1.5 SD below mean in any developmental area are served.

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp	As Defined by the State Plan, are infants and toddlers with established risk conditions eligible for Part C-funded services? ^{1a}	Are Specific Conditions Listed? ^{1b}	Is Hearing Loss Noted as a Specific Condition? ^{1c}	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?
Rosanne Griff-Cabelli, Part C Coordinator Division of Management Services Department of Health and Social Services 1901 North Dupont Highway, Room 204 New Castle, DE 19720 (302) 255-9135 Fax: (302) 577-4083 E-mail: rcabelli@state.de.us http://www.udel.edu/chep/cds/delAware/spring98/components.html	Yesincluding but not limited to: ? A) Chromosomal (e.g.,) ? ? F) Sensory Disorders: Moderate to severe visual and/or hearing impairment (based on the definitions contained in the Department of Public Instruction's Administrative Manual) ? L) Growth Deficiency	Yes	Moderate to severe hearing impairment (based on the definitions contained in the Department of Public Instruction's Administrative Manual)	Other State Document: Yes A qualified physician or licensed audiologist shall document that a child has a hearing loss such that it makes difficult or impossible the processing of linguistic information through hearing, with or without amplification. Such documentation shall be based upon a formal observation or procedure. Admin. Manual for Special Educ. Services, Regulations of the DOE 925 – Children with Disabilities, section 4.7.1 Other Information: Emails from Part C Program: (1/29/2003) Criteria are the same for children with unilateral or bilateral hearing loss. (3/25/2002) There is no specific dB level that qualifies a child for hearing services in Delaware. A child with a hearing loss identified by a licensed audiologist qualifies for Part C and Part B services.

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Florida Monica Rutkowski, Part C Co-Coordinator Children's Medical Services Department of Health 4252 Bald Cypress Way, BIN A06 Tallahassee, FL 32399-1707 (850) 245-4221 Fax: (850) 921-5241 E-mail: monica rutkowski@doh.state.fl.us http://www9.myflorida.com/cms/cmseipservices.htm	Yesone or more of the following diagnoses that have a high probability of resulting in disability or developmental delay: ? Genetic and metabolic disorders; ? Neurological abnormalities and insults; ? Severe attachment disorder; ? Significant sensory impairmentsbased on licensed physician's written statement of diagnosis or suspected diagnosis.	Yes	No	Other State Document: Yes 1. Evidence of a documented permanent hearing threshold level of (re: ANSI 1996): a) 25 dB or greater based on pure tone average of 500, 1000, and 2000 Hz unaided in the better ear (Air-bone gap not to exceed 10 dB HL) b) Air conduction thresholds, unaided in the better ear, greater than 25 dB HL at two or more frequencies in the high frequency range (2000, 3000, 4000, 6000 Hz) in both ears with air-bone gaps no greater than 10 dB HL. c) Evidence of an anatomical malformation of the outer and/or middle ear in conjunction with a hearing loss > or = 30 dB HL pure tone average of 500, 1000, and 2000 Hz in the better ear (atresia, stenopsis, etc: ABR AC-BC> or = 25 dB HL). d) Sensorineural hearing loss in excess of 50 dB HL in the worse ear based on pure tone average of 500, 1000, and 2000 Hz. Air-bone gap not to exceed 10 dB HL 2. Evidence of a documented unresolved or chronically recurrent conductive hearing loss in combination with at least 4 of the following: a) 4 or more episodes of otitis media in 12 months; primarily occurring in both ears. b) Single episode of otitis media lasting longer than 3 months; primarily occurring in both ears. c) Indication of fluctuating hearing loss (audiological hearing evaluation/s revealing pure tone average of 20 dB or worse in the better-hearing ear; OR caregiver or physician report). d) Caregiver or physician concern over speech and/or language development (i.e., as compare to "Sequence of Development for Infants and Toddlers: Auditory, Language, and Speech") e) Caregiver concern over behavioral response when a child is given a direction or placed in new situations f) Chronological age of 18 months or greater 3. Evidence of auditory dys-synchrony (auditory neuropathy)in both ears characterized by a unique constellation of behavioral and physiologic auditory test results. EI Program Part C Criteria Specifying Hearing Loss

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Georgia Stephanie Moss, Part C Coordinator Office of Children with Special Needs, Babies Can't Wait Program Division of Public Health, Family Health Branch Department of Human Resources 2 Peachtree Street, NE, Suite 11-206 Atlanta, GA 30303-3186 (404) 657-2721 (Moss) Fax: (404) 657-2763 E-mail: skmoss@dhr.state.ga.us http://www.ph.dhr.state.ga.us/programs/bcw/index.s html	Yes Such conditions/disorders include but are not limited to: 1. Major chromosomal abnormalities (e.g., Down Syndrome, Fragile X) 2 3. severe sensory impairment 4 10. pervasive developmental disorders	Yes	No	Other State Document: Yes Definition: Hearing impairment is defined as unilateral or bilateral sensorineural and/or conductive hearing levels of greater than 20 decibels hearing loss. Current methods of screening newborns permits reliable detection of hearing impairments of greater than 30 dB hearing loss. Category 1 Conditions, sec. 389.9
Hawaii Sue Brown, Part C Coordinator Early Intervention Section Department of Health 1600 Kapiolani Boulevard, Suite 1401 Honolulu, HI 96814 (808) 973-9656 Fax: (808) 973-9655 E-mail: suebrown@fhsd.health.state.hi.us	Yes Biological Riskincludes but is not limited to: ? Down Syndrome ? Fetal Alcohol Syndrome ? AIDS ? ? Sensory impairments ? ? Hearing loss resulting from chronic otitis media ?determined based on statement/report signed by a physician	Yes	Sensory impairments Hearing loss resulting from chronic otitis media	State Plan: No Other State Document: No Other Information: Email from Part C Program (3/20/2002): In Hawaii, any laterality or any degree of hearing loss makes a child eligible for Part C services.

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Idaho Mary Jones, Project Manager Infant/Toddler Program Department of Health and Welfare 450 West State Street, 5th Floor PO Box 83720 Boise, ID 83720-0036 (208) 334-5523 Fax: (208) 334-6664 E-mail: jonesm@idhw.state.id.us http://www2.state.id.us/dhw/InfToddler/index.htm	Yes may include but are not limited to ? 1) chromosomal anomalies/genetic disorders (i.e.: Down Syndrome, cystic fibrosis ? ? 7) sensory impairments (i.e.: severe hearing loss or deafness, visual loss or blindness) ? 8) diagnoses reflective of severe toxic exposure	Yes	Severe hearing loss or deafness	Other State Document: Yes a) Deaf-blind means concomitant hearing and visual impairment, the combination which causes severe communication and other developmental and educational problems. b) Hearing impaired – those children with auditory impairments can include: i. Hard of hearing- those children whose hearing is not included under the definition of deaf. ii. Deaf – those children whose hearing impairment is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects communication and development. iii. Hearing loss in any of the degrees listed below (in one or both ears at one or more of the following frequencies500 Hz, 1000Hz and 4000Hz): Mild hearing loss20-40 dB HL; Moderate hearing loss41-55dB HL; Moderately severe hearing loss56-70dB HL; Severe hearing loss 71-90 dB HL; Profound hearing loss 91 or greater dB HL; or iv. Hearing impairment (deaf or hard of hearing that meets legal definition of such an impairment in the State of residence; of v. Chronic Otitis Media, chronic allergies, and /or eardrum perforations which result in temporary or fluctuating hearing loss and may impair listening skills, language development, or articulation. Idaho Infant Toddler Program Eligibility Criteria for Children with Confirmed Sensory Impairments

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp	as of November 13, 2002 as posted at established risk conditions eligible for Part C-funded services? ^{1a}		Is Hearing Loss Noted as a Specific Condition? ^{1c}	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?
Illinois Janet Gully, Bureau Chief Department of Human Services Bureau of Early Intervention 623 East Adams, 2nd Floor, PO Box 19429 Springfield, IL 62794-9429 (217) 782-1981 Fax: (217) 524-6248 E-mail: dhsvr50@dhs.state.il.us http://www.state.il.us/agency/dhs/eisnp.html	Yes Physical or mental condition that typically results in delay (appendix E): ? 1) Anomalies of Central Nervous System: ? Spina Bifida / Mylomeninbolecele ? ? ? 8) Disorders of the Sense Organs ? Sensorineural Hearing Impairment, Bilateral > 40 dB ? Visual Impairment ? Bilateral Amblyopia ? Severe Retinopathy of Prematurity ROP 3+ ? Bilateral Cateracts ? ? 16) Technology Dependent ? Tracheostomy ? Ventilator Dependent or confirmed by a qualified family physician, pediatrician or pediatric sub-specialist as being a condition with relatively well known expectancy for developmental outcomes.	Yes	Sensorineural Hearing Impairment, Bilateral > 40dB	State Plan: Yes Sensorineural Hearing Impairment, Bilateral > 40 dB
Indiana Lanier DeGrella, Part C Director First Steps Bureau of Child Development Division of Family and Children 402 West Washington Street, #W-386, MS02 Indianapolis, IN 46204 (317) 233-9229 Fax: (317) 232-7948 E-mail: jdegrella@fssa.state.in.us http://www.state.in.us/fssa/first_step/	Yes The categories of physical and mental conditions include: ? 1) Chromosomal abnormalities/genetic disorder ? ? 4) Sensory impairment including vision and hearing ? 7) Atypical development disorder	Yes	Sensory impairment including vision and hearing	Other State Document: Yes "There is currently no standard minimal decibel level or distinction between unilateral and bilateral hearing losses. However, Indiana's Department of Health, who is responsible for the Universal Newborn Hearing Screening Program has determined that a 0 to 15 dB is considered the normal range for hearing in children, therefore any greater dB level would indicate a hearing loss." Indiana' Part C Eligibility Criteria for Children with Hearing Loss (available from Indiana School for the Deaf)

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Julie Curry, Interim Part C Coordinator Early ACCESS Iowa Department of Education Grimes State Building, 3rd Floor Des Moines, IA 50319-0146 (515) 281-5437 Fax: (515) 742-6019 E-mail: Julie.Curry@ed.state.ia.us www.state.ia.us/educate/ecese/cfcs/ea/index.html	Yes Examples of these conditions are Down Syndrome and other chromosomal abnormalities; sensory impairments including vision and hearing deficits; inborn errors of metabolism, including phenylketonuria and hypothyroidims Eligibility shall be determined and documented by a multidisciplinary team of qualified personnel. Informed clinical judgement can be used for eligibility.	Yes	Sensory impairments including vision and hearing deficits	State Plan: No Other State Document: No Other Information: Email from Part C Program (5/15/2002): Iowa has a liberal eligibility policy, and does not define specific parameters for hearing loss. Iowa's goal is to serve any child with a condition that has a high probability of delays.
Kansas Peggy Miksch, Coordinator Infant Toddler Program Department of Health and Environment 1000 SW Jackson, Suite 220 Topeka, KS 66612-1274 (785) 296-6134 Fax: (785) 296-8626 E-mail: pmiksch@kdhe.state.ks.us http://www.kdhe.state.ks.us/bcyf/cds/its/index.html	Yesdiagnosed physical or mental condition include but are not limited to: ? Chromosomal disorders (e.g., Down Syndrome) ? Congenital and acquired syndromes and conditions (such as spina bifida, muscular dystrophy, cerebral palsy) ? Sensory impairments such as hearing or vision	Yes	Sensory impairments such as hearing or vision	State Plan: No
Kentucky Trish Howard, Interim Part C Coordinator First Steps Program Commission for Children with Special Health Care Needs 982 Eastern Parkway Louisville, KY 40217 (502) 595-4495 Ext267 Fax: (502) 595-4673 E-mail: trish.howard@mail.state.ky.us http://commissionkids.state.ky.us/	Yes include but are not limited to: ? Chromosome abnormalities (e.g., Down Syndrome, Fragile X Syndrome) ? Recognizable syndromes (e.g., microcephaly, congenital hydrocephalus egenesis of the corpus callosum) ? ? Sensory impairments: significant visual or hearing loss, or a combination of both, interfering with the ability to reapond effectively to environmental stimulus. ? ? Metabolic disease (e.g.,)	Yes	Sensory impairments: significant visual or hearing loss, or a comb ination of both, interfering with the ability to respond effectively to environmental stimulus.	Other State Document: No Other Information: Emails from Part C Program: (2/25/2003) Unilateral hearing loss is not an established risk in Kentucky. Only permanent bilateral hearing loss of >30Db Pure Tone Average (12/6/2002) Kentucky has just changed its hearing loss definition to "Bilateral hearing loss > 30 dB pure tone average" (5/9/2002) a) Bilateral HL > 30 dB pure tone average b) Unilateral HL > 40 dB

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Evelyn Johnson, Section Supervisor Part C and ECSE Division of Special Populations State Department of Education PO Box 94064 Baton Rouge, LA 70804-9064 (225) 342-3730 Fax: (225) 342-5297 E-mail: edjohnson@doe.state.la.us http://www.doe.state.la.us/DOE/specialpop/ITPDisab/ITPDhome.asp	Yes examples are listed below: ? Children born with genetic disorders including bit not limited to: ? Congenital infections, neonatal infections or post-natal infections that affect CNS and/or the immune system including but not limited to: ? Sensory impairments including but not limited to: ? Visual impairment ? Hearing impairment, either permanent or fluctuating, which interferes with normal development(7) psychiatric disturbances including but not limited to	Yes	Hearing impairment, either permanent or fluctuating, which interferes with normal development	Other State Document: Yes Hearing Impairment means a impairment in hearing, whether permanent or fluctuating, that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification, and that it adversely affects a student's educational performance. It includes students who are deaf or hard of hearing or who have unilateral hearing loss or high frequency hearing loss. A) Deafness is a permanent hearing loss with an unaided pure tone average of 70 dB (ANSI) or more in the better ear at 500, 1000, and 2000 Hz. The hearing loss is so severe as to limit significantly the use of the auditory channel for processing linguistic information, with or without amplification. B) Hard of Hearing 1) Permanent or Fluctuating Hearing Loss is a hearing loss with an unaided pure tone average in the better ear at 500, 1000, and 200 Hz between 25 and 70 dB (ANSI). The hearing loss is severe enough to be considered educationally significant, as it will to varying degrees impact the normal development of speech and language skills and/or interfere with learning new information through the auditory channel. 2) Unilateral Hearing Loss is a permanent hearing loss with an unaided pure tone average in the poorer ear at 500, 1000, and 2000 Hz of 40 dB (ANSI) or greater. The hearing in the better ear is within the normal range (pure tone average of 20 dB or better at 500, 1000, and 2000 Hz). The hearing loss in the poorer ear is of sufficient severity to be considered educationally significant because it may affect the person's ability to process linguistic information, particularly in the presence of background noise. 3) High Frequency Hearing Loss is a bilateral hearing loss with an unaided pure tone average of 40 dB or greater at any two of the following frequencies (2000, 3000, 4000 or 6000 Hz). The hearing loss is significant because it is of sufficient severity to impact the person's ability to process linguistic information, particularly in the presence of background noi

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Maine Joanne Holmes, 619 and Part C Coordinator Child Development Services Department of Education State House Station #146 Augusta, ME 04333 (207) 624-6660 Fax: (207) 624-6661 E-mail: jaci.holmes@state.me.us www.state.me.us/education/speced/cdsstaff.htm	Yes	A diagnosed physical or mental condition that has a high probability of resulting in developmental delay	No	No	State Plan: No
Maryland Deborah Metzger, Branch Chief (Part C Coordinator) MD Infant/Toddler/Preschool Services Division Division of Special Education/Early Intervention Services State Department of Education 200 West Baltimore Street Baltimore, MD 21201 (410) 767-0261 Fax: (410) 333-2661 E-mail: dmetzger@msde.state.md.us http://cte.jhu.edu/dse_eis/eis.cfm	Yes	examples of these conditions including: ? chromosomal abnormalities ? genetic or congenital disorders ? severe sensory impairments ? ? (8) severe attachment disordersdiagnosis shall be made and documented by appropriate qualified personnel	Yes	No	State Plan: No
Massachusetts Ron Benham, Part C Coordinator and Dir. of EI Early Intervention Services Department of Public Health, 4th Floor 250 Washington Street Boston, MA 02108-4619 (617) 624-5969 Fax: (617) 624-5990 E-mail: ron.benham@state.ma.us http://www.state.ma.us/dph/bfch/shn/early/ei.htm	Yes	including but not limited to: ? chromosomal ? neurological ? metabolic ? visual ? hearingmultidisciplinary team exercising sound clinical judgement A child found to be eligible based on clinical judgement is eligible for a six month period	Yes	Hearing	State Plan: No Other State Document: No Other Information: Voice mail from EDHI Program (2/13/2003): Children with unilateral and bilateral, mild to profound hearing loss are served.
Michigan Vanessa Winborne, Part C Coordinator Early On Michigan Office of Special Education and EI Services Michigan Department of Education PO Box 30008 Lansing, MI 48909 (517) 335-4865 Fax: (517) 373-7504 E-mail: winbornev@state.mi.us http://www.michigan.gov/mde/1,1607,7-140-6525 6530 659800.html	Yes	a diagnosed physical or mental condition that has a high probability of resulting in developmental delay [including] but not limited to: ? (1) Chromosomal anomaly/genetic disorger; ? ? (5) Sensory disorder ? ? (9) Severe infectious disease Established conditions will be determined by informed clinical opinions, judgements, and diagnoses which result from the review of multiple sources of information [including at minimum] a	Yes	No	State Plan: No

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		developmental history reported by parents, an observational assessment, a recent health status appraisal; and an appropriate formal assessment measure.			
Minnesota Jan Rubenstein, Part C Coordinator Interagency Early Intervention Program Department of Children, Families and Learning 1500 Highway 36 West Roseville, MN 55113-4266 (651) 582-8436 Fax: (651) 582-8494 E-mail: jan.rubenstein@state.mn.us http://cfl.state.mn.us/ecfi/partc.htm	Yes	include but are not limited to: cerebral palsy, chromosome abnormalities, fetal alcohol syndrome, maternal drug use, neural tube defects, neural muscular defects, cytomegalovirus, grades III and IV intracranial hemorrhage, and bronchopulmonary dysplasia (BPD).	Yes	No	Other State Document: Yes Subpart 1. Definition. "Deaf and hard of hearing" means a diminished sensitivity to sound, or hearing loss, that is expressed in terms of standard audiological measures. Hearing loss has the potential to affect educational, communicative, or social functioning that may result in the need for special education instruction and related services. Subp. 2. Criteria. A pupil who is deaf or hard of hearing is eligible for special education instruction and related services if the pupil meets one of the criteria in item A and one of the criteria in item B, C, or D. A. There is audiological documentation provided by a certified audiologist that a pupil has one of the following: (1) a sensorineural hearing loss with an unaided pure tone average, speech threshold, or auditory brain stem response threshold of 20 decibels hearing level (HL) or greater in the better ear; (2) a conductive hearing loss with an unaided pure tone average or speech threshold of 20 decibels hearing level (HL) or greater in the better ear persisting over three months or occurring at least three times during the previous 12 months as verified by audiograms with at least one measure provided by a certified audiologist; (3) a unilateral sensorineural or persistent conductive loss with an unaided pure tone average or speech threshold of 45 decibels hearing level (HL) or greater in the affected ear; or
					(4) a sensorineural hearing loss with unaided

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				pure tone thresholds at 35 decibels hearing level (HL) or greater at two or more adjacent frequencies (500 hertz, 1000 hertz, 2000 hertz, or 4000 hertz) in the better ear.
				B. The pupil's hearing loss affects educational performance as demonstrated by:
				(1) a need to consistently use amplification appropriately in educational settings as determined by audiological measures and systematic observation; or
				(2) an achievement deficit in basic reading skills, reading comprehension, written language, or general knowledge that is at the 15th percentile or 1.0 standard deviation or more below the mean on a technically adequate norm-referenced achievement test that is individually administered by a licensed professional.
				C. The pupil's hearing loss affects the use or understanding of spoken English as documented by one or both of the following:
				(1) under the pupil's typical classroom condition, the pupil's classroom interaction is limited as measured by systematic observation of communication behaviors; or
				(2) the pupil uses American Sign Language or one or more alternative or augmentative systems of communication alone or in combination with oral language as documented by parent or teacher reports and language sampling conducted by a professional with knowledge in the area of communication with persons who are deaf or hard of hearing.
				D. The pupil's hearing loss affects the adaptive behavior required for age-appropriate social functioning as supported by:
				(1) documented systematic observation within the pupil's primary learning environments by a licensed professional and the pupil, when appropriate; and

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp	As Defined by the State Plan, are infants and toddlers with established risk conditions eligible for Part C-funded services? ^{1a}	Are Specific Conditions Listed? ^{1b}	Is Hearing Loss Noted as a Specific Condition? 1c	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?
Minimi		V	G	(2) scores on a standardized scale of social skill development are below the average scores expected of same-age peers. Minnesota Statute 125A.02 Child with a disability defined, Chapter 3525, sec. 1331: DEAF AND HARD OF HEARING
Mississippi Roy Hart, Part C Coordinator Infant and Toddler Program Mississippi State Department of Health 2423 North State Street, Room 105A PO Box 1700, Jackson, MS 39215-1700 (601) 576-7427 Fax: (601) 576-7540 E-mail: rhart@msdh.state.ms.us http://www.msdh.state.ms.us/OPHS/EARLYINT/home.htm	Yesinclude but are not limited to: ? chromosomal abnormalities ? genetic or congenital disorders ? severe sensory impairments, including hearing and vision ? inborn errors of metabolism ?	Yes	Severe sensory impairments, including hearing and vision	State Plan: No
Missouri Paula Goff, Part C Coordinator and Director Early Childhood Special Education Department of Elementary and Secondary Education State Department of Education PO Box 480 Jefferson City, MO 65102-0480 (573) 751-0185 Fax: (573) 526-4404 E-mail: pgoff@mail.dese.state.mo.us http://www.dese.state.mo.us/divspeced/earlyinterven tion.html	Yes the following conditions to meet the definition: ? Conditions diagnosed at birth or within 30 days post birth (newborn conditions): Birth weight below 1500 grams and one or more following conditions: ? Neonatal/infant/toddler conditions includ but not limited to: ? Additional conditions including but not limited to: ? ? Deafness, including hearing impairments ? Other conditions based upon informed clinical opinion by Board certified neonatologists, pediatricians, geneticists, and/or pediatric neurologists	Yes	Deafness including hearing impairments	State Plan: No
Montana Richard Van Haecke, Acting Part C Coordinator Developmental Disabilities Program Department of Public Health and Human Services, PO Box 4210 Helena, MT 59604-4210 (406) 444-5647 Fax: (406) 444-0230 E-mail: rvanhaecke@state.mt.us http://www.dphhs.state.mt.us/dsd/	Yesphysical or mental condition that has high probability of resulting in (e.g., sensory impairment, inborn errors of metabolism, microcephaly fetal alcohol syndrome, epilepsy, Down syndrome, or chromosomal abnornalities)	Yes	No	State Plan: No

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp	As Defined by the State Plan, are infants and toddlers with established risk conditions eligible for Part C-funded services? ^{1a}	Are Specific Conditions Listed? 1b	Is Hearing Loss Noted as a Specific Condition? ^{1c}	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?	
Nebraska Charlotte Lewis, Part C Co-Coordinator Nebraska Department of Health and Human Services Special Services for Children and Adults (Early Intervention) 301 Centennial Mall South, PO Box 95044 Lincoln, NE 68509 (402) 471-9329 Fax: (402) 471-6252 E-mail: charlie.lewis@hhss.state.ne.us http://www.nde.state.ne.us/ECH/EARLY/echp.htm	Yesa diagnosed physical or mental condition that has a high probability of resulting in a substantial delay in function in one or more areas.	Yes	No	State Plan: No Other State Document: No Other Information: Email from Part C Program (12/16/2002): In order for a child below age five to be verified as a child with hearing impairments, the evaluation shall include: ? A preliminary audiometric screen; and ? A written report signed by a licensed or certified audiologist documenting a hearing loss. ? The analysis and documentation that the hearing loss h been determined to or can be expected to produce significant delays that would: ? Result in standardized test scores falling 1.3 standard deviations below the mean in one or more of the following areas: receptive language, expressive language, speech production or cognition; or ? Results in a social/behavioral disability.	
Nevada Janelle Mulvenon, Clinical Program Manager Community Connections Division of Child and Family Services 3987 South McCarran Boulevard Reno, NV 89502 (775) 688-2284 Fax: (775) 688-2558 E-mail: jamulven@govmail.state.nv.us http://www.nvcommunityconnections.com/programs /agencies.php?serviceid=4&programid=3	Yes Children will also be eligible who have a diagnosed physical or mental condition that has a high probability of resulting in developmental delays. Note: prematurity must be diagnosed along with other conditions (e.g., Hydrocephalus, Meningitis, etc.)	Yes	No	State Plan: No	
New Hampshire Carolyn Stiles, Part C Coordinator/Program Spec. Family Centered Early Supports and Services Department of Health and Human Services Division of Developmental Services 105 Pleasant Street Concord, NH 03301 (603) 271-5122 Fax: (603) 271-5166 E-mail: cstiles@dhhs.state.nh.us	Yes Criteria: 1) Confirmed sensory impairments a) Deaf-blind b) Hearing impaired c) Visually impaired 2) Physical impairment 3) Neurological 4) Interactive disorders 5) Other health impairments	Yes	Deaf-blind, and Hearing impaired	State Plan: Yes b) Hearing impaired – those children with auditory impairments can include: i. Hard of hearing – those children whose hearing is not included under the definition of deaf. ii. Deaf – those children whose hearing impairment is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects communication and development.	

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp	As Defined by the State Plan, are infants and toddlers with established risk conditions eligible for Part C-funded services? ^{1a}	Are Specific Conditions Listed? ^{1b}	Is Hearing Loss Noted as a Specific Condition? ^{1c}	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?	
New Jersey Terry Harrison, Part C Coordinator Early Intervention Program Department of Health and Senior Services Division of Family Health Services PO Box 364, Trenton, NJ 08625-0364 (609) 777-7734 Fax: (609) 292-0296 E-mail: Terry.Harrison@doh.state.nj.us http://www.njeis.org/	Yes The categories of physical and mental conditions include: ? 1) chromosomal abnormalities ? 2) genetic or congenital disorders ? 3) Severe sensory impairments including vision & hearing ? ? 8) severe attachment disordersbased on a statement/report signed by a physician or psychologist, as appropriate, indicating the condition	Yes	Severe sensory impairments, including vision & hearing	iii. Hearing loss is any of the degrees listed below (in one or both ears at one or more of the following frequencies – 500 Hz, 1000 Hz and 4000 Hz): Mild hearing loss – 20-40 dB Moderate hearing loss – 41-55 dB Moderately severe hearing loss – 56-70 dB Severe hearing loss – 71-90 dB Profound hearing loss – 91 or greater dB iv. Hearing impairment (deaf or hard of hearing) that meets the legal definition of such an impairment in the State of residence; or v. Chronic Otitis Media, chronic allergies, and/or eardrum perforations which result in temporary or fluxuating hearing loss and may impair listening skills, language development, or articulation. State Plan: No	
New Mexico Andy Gomm, Program Manager Long Term Services Division Department of Health 1190 St. Francis Drive, PO Box 26110 Santa Fe, NM 87502-6110 (505) 827-0103 Fax: (505) 827-2455 E-mail: agomm@doh.state.nm.us http://www.health.state.nm.us/ltsd/fit/index.html	Yesinclude but are not limited to: ? 1) Down Syndrome and other chromosomal abnormalities associated with delays in development. ? 2) Congenital and postnatal conditions associated with delays in development, such as sensory impairments (including vision and hearing). ? ? 12) Neurobiological conditions such as autism or other pervasive developmental disorders	Yes	Sensory impairments (including vision and hearing)	Other State Document: Yes Established Condition: Chronic hearing loss > 40 dB. Medical/Biological Risk: Mild and/or intermittent hearing loss e.g. chronic otitis or serous otitis (> 4 months duration). New Mexico School for Deaf: Family Infant Toddler Program	

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp	As Defined by the State Plan, are infants and toddlers with established risk conditions eligible for Part C-funded services? ^{1a}	Are Specific Conditions Listed? 1b	Is Hearing Loss Noted as a Specific Condition? ^{1c}	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?
	diagnosed by a physician or other primary health care provider.			
New York Donna Noyes, Director Early Intervention Program State Department of Health Corning Tower, Room 208, Empire State Plaza Albany, NY 12237-0618 (518) 473-7016 Fax: (518) 473-8673 E-mail: dmn02@health.state.ny.us http://www.health.state.ny.us/nysdoh/eip/index.htm	Yesinclude: ? a) chromosomal abnormalities (e.g., Down Syndrome) ? b) syndromes and conditions (e.g., fetal alcohol syndrome) ? c) neuromuscular disorder (e.g., cerebral palsy, spina bifida, microcephaly or macrocephaly) ? ? e) hearing impairment (a diagnosed hearing loss that cannot be corrected with treatment or surgery) ? ? h) emotional/behavioral	Yes	Hearing impairment (a diagnosed hearing loss that cannot be corrected with treatment or surgery)	Other State Document: Yes Hearing impairment (a diagnosed hearing loss that cannot be corrected with treatment or surgery) Final Regulations Section 69-4.3 Referrals To summarize, all children referred to the Early Intervention Program who are thought to be eligible, must, with parental consent, be evaluated by an approved evaluator The multidisciplinary evaluation is necessary to: ? determine whether the child is eligible for the Early Intervention Program; Early Intervention Memorandum 1999-2
North Carolina Duncan Munn, Program Manager Department of Public Health Early Intervention Branch, DHHS, Womens and Childrens Health Section 1020 Richardson Drive, Royster Building 2302 Mail Service Center Raleigh, NC 27699-2302 (919) 715-7500 X233 Fax: (919) 733-3075	Yes There are two categories of high-risk children: ? High-risk establishedSuch conditions include: ? Chromosomal abnormalities or genetic disorders ? Metabolic disorders ? Infectious diseases ? Congenital malformations ? Sensory disorder (vision and hearing) ? Toxic exposure	Yes	High-risk established: Sensory disorders (vision or hearing), or High-risk potential: Suspected	State Plan: Yes 1) Parents' answers to one or more questions on the "Hear Kit Hearing Development Questionnaire" indicates suspected hearing loss, or the infant: a) fails Hear Kit criteria, b) presents with unresolved chronic otitis media, or c) presents with physical abnormality of the ear or oral-facial anomalies. 2) Failure on Standard Developmental or Sensory Screening Test: Infant has a history of "abnormal" or repeated "suspect" findings and test such as the Denver II

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp	As Defined by the State Plan, are infants and toddlers with established risk conditions eligible for Part C-funded services? ^{1a}	Are Specific Conditions Listed? ^{1b}	Is Hearing Loss Noted as a Specific Condition? ^{1c}	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?
E-mail: duncan.munn@ncmail.net http://www.dhhs.state.nc.us/dcd/icc_par.htm North Dakota Debra Balsdon, Part C Coordinator	? Severe attachment disorders ? High-risk potential there must be at least three diagnosed parental or family, neonatal, or postneonatal risk conditions ? 1) maternal PKU ? ? 16) suspected hearing impairment: (from the TA Bulletin) 1) Parents' answers to one or more questions on the "Hear Kit Hearing Development Questionnaire" indicates suspected hearing loss, or the infant: a) fails Hear Kit criteria, b) presents with unresolved chronic otitis media, or c) presents with physical abnormality of the ear or oral-facial anomalies. 2) Failure on Standard Developmental or Sensory Screening Test: Infant has a history of "abnormal" or repeated "suspect" findings and test such as the Denver II Developmental Screening Test or Hearing Kit Questionnaire. 3) Significant parental concern "I'm worried that my child can't hear me"application of informed clinical opin ion and an interdisciplinary, interagency process is required. Yes "High risk" means a child, from birth through age tw0: (1) Who, based on a diagnosed physical or mental condition,	No	hearing impairment No	Developmental Screening Test or Hearing Kit Questionnaire. 3) Significant parental concern "I'm worried that my child can't hear me". State Plan: No
Developmental Disabilities Unit Department of Human Services 600 South 2nd Street, Suite 1A Bismarck, ND 58504-5729 (701) 328-8936 Fax: (701) 328-8969 E-mail: sobald@state.nd.us	has a high probability of becoming developmentally delayed: or (2) Who, based on informed clinical opinion which is documented by qualitative and quantitative evaluation information, has a high probability of becoming developmentally delayed.			
Ohio Debra Wright, Part C Coordinator Bureau of EI Services Ohio Department of Health 246 North High Street, 5th Floor, PO Box 118 Columbus, OH 43266-0118 (614) 644-8453 Fax: (614) 728-9163 E-mail: dwright@gw.odh.state.oh.us www.odh.state.oh.us/ODHPrograms/EI/earlyint1.htm	Yes have a diagnosed medical disorder or physical or mental condition that has a high probability	No Updating in 2003	No Hearing Loss will be included on the list of specific conditions automatically eligible and	Other State Document: No Hearing loss as defined for screening is: "Hearing impairment" means a loss of hearing in one or both ears in the frequency region important for speech recognition and comprehension. "For the purposes of this rule, a "pass" result is defined as

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp		As Defined by the State Plan, are infants and toddlers with established risk conditions eligible for Part C-funded services? ^{1a}		Is Hearing Loss Noted as a Specific Condition? ^{1c}	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?	
				defined as – "a child with a hearing loss identified by a licensed physician or audiologist qualifies a child for Part C services."	appropriate results to either click stimuli presented at thirty- five decibels (35dB nHL) or appropriate responses from the cochlea to a minimum of three frequencies in the range of one thousand to six thousand hertz (1000 to 6000 Hz) in both ears, depending on the reliable physiologic test used" 2002 Ohio legislation for UNHS Other Information: Email from Part C Program (2/25/2003): Children are not automatically eligible unless the hearing loss is confirmed or they have other disabling conditions.	
Oklahoma Mark Sharp, Part C Coordinator Special Education Office, Dept.of Education Oliver Hodge Memorial Education Bldg, 4th Floor 2500 North Lincoln Boulevard Oklahoma City, OK 73105-4599 (405) 521-4880 Fax: (405) 522-3503 E-mail: mark sharp@mail.sde.state.ok.us http://sde.state.ok.us/pro/ei.html		This includes but is not limited to: chromosomal disorders, neurological abnormalities, inborn errors of metabolism, genetic disorders, congenital malformation of the brain, congenital infections, sensory abnormalities and impairments, or identified syndromes.	Yes	No	Other State Document: No Hearing loss is defined as: ? Mild 25-40 dB ? Moderate 41-65 dB ? Severe 66-95 dB ? Profound 95 dB The DOE Special Education Soonerstart Other Information: Email from Part C Program (5/14/2002): Oklahoma has revised the standards for children with hearing loss to include a documented permanent bilateral hearing loss of 25 dB.	
Oregon Diana Allen, Part C Coordinator Early Intervention /Early Childhood Special Education Oregon State Department of Education Public Services Building		The child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, as documented by a physician licensed by a State Board of Medical Examiners.	No	No	Other State Document: No Oregon Administrative Rules 581-015-005 define hearing loss as follows, but do not specifically address eligibility: ? Definitions:	

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp	Company of the contract of the		Are Specific Conditions Listed? ^{1b}	Is Hearing Loss Noted as a Specific Condition? ^{1c}	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?
255 Capitol Street NE Salem, OR 97310-0203 (503) 378-3600 X2338 Fax: (503) 373-7968 E-mail: diana.allen@STATE.OR.US www.ode.state.or.us/sped/spedareas/eiesce/eiecse2.htm					e. Hearing impairment means a hearing condition, whether permanent or fluctuation, that adversely affects a child's educational performance. The term includes those children who are hard of hearing or deaf. 5) Hearing Impairment: ? The child has a pure tone average loss of 25 dbHL or greater in the better ear for frequencies of 500 Hz, 1000 Hz, and 2000 Hz, or a pure tone average loss of 35 dbHL or greater in the better ear for frequencies of 3000 Hz, 4000 Hz, and 6000 Hz; or ? The child has unilateral hearing impairment with a pure tone average loss of 50 dbHL or greater in the affected ear for the frequencies 500 Hz to 4000 Hz; and ? The loss is either sensorineural or conductive if the conductive loss has been determined to be currently untreatable by a physician. Oregon Administrative Rules 581-015-005
Pennsylvania Maureen Cronin, Part C Coordinator Division of Program Implementation Office of Mental Retardation Department of Public Welfare PO Box 2675 Harrisburg, PA 17105-2675 (717) 783-7213 Fax: (717) 772-0012 E-mail: mshankweil@state.pa.us http://www.dpw.state.pa.us/omr/omrei.asp	abnormalities, g	ese conditions include chromosomal genetic or congenital disorders, severe sensory acluding hearing and vision, inborn errors of	Yes	Severe sensory impairments including hearing and vision	State Plan: No Other State Document: No Other Information: Email from Part C Program: Children with conditions with a high probability of resulting in a delay, which includes sensorineural hearing impairment, are served.
Rhode Island David Hamel, Administrator for EI Services Rhode Island Department of Health 3 Capitol Hill Providence, RI 02908-5097 (401) 222-4632 Fax: (401) 222-1442	? 1) Chrom ? 2) Inborn ?	ed conditions include: losomal anomalies / genetic disorders (e.g.,) errors in metabolism (e.g.,) y disorders (e.g., sensorineural hearing	Yes	Sensorineural hearing loss, Suspected sensory impairment	State Plan: No Other State Document: No Other Information: Email from Part C Program (2/26/2003):

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp	As Defined by the State Plan, are infants and toddlers with <u>established risk conditions</u> eligible for Part C-funded services? ^{1a}	Are Specific Conditions Listed? Is Hearing Loss Noted as a Specific Condition? 1c	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?
E-mail: daveh@doh.state.ri.us http://www.healthri.org/family/ei/home.htm	 ? 7) Other: fetal alcohol syndrome Multiple established conditions means that four or more must be diagnosed include: ? Child centered conditions (e.g., suspected sensory impairment,) ? Parent centered conditions (e.g.,) 		1) 40 dB loss or greater qualifies a child for RI E.I. "automatically"- whether the loss is unilateral or bilateral 2) chronic otitis media or chronic middle ear effusion (lasting more than 6 mos.) with 1.5 SD below mean in any developmental area would also qualify a child, 3) if in additional to chronic otits media or chronic middle ear effusion there are 3 other characteristics likely to impact on development (including a delay of less than 1.5 standard deviations below the mean in any developmental area), a child would also be eligible for RI E.I.
South Carolina David Steele, Part C Coordinator BabyNet Bureau of Matemal and Child Health Department of Health and Environmental Control Mills/Jarrett Complex, Box 101106 Columbia, SC 29211 (803) 898-0591 Referral Number: (800) 868-0404 Fax: (803) 898-0613 E-mail: d.k.steele@att.net http://www.scdhec.net/babynet	Yesinclude but are not limited to: ? 1) Chromosomal abnormalities ? 2) Genetic disorders ? 3) Severe sensory impairments, including hearing and vision ? 4) Inborn errors of metabolism ? 5) Nervous system: ? Pathologic head growth ? ? ? ? 9) Conditions ? Complications of prematurity (less than or equal to 1000 grams or have Grade III or IV IVH or who have had ECMO)	Yes Severe sensory impairments, including hearing and vision	State Plan: No Other State Document: No Other Information: Email from Part C Program (3/20/2002): A) 20db or greater sensorineural or mixed hearing loss; B) 20db or greater conductive hearing loss with medical documentation that the hearing loss is not secondary to a medically treatable condition; C) 20db or greater conductive hearing loss and documentation of persistent middle effusion/disease for greater than 5 months with speech-language delay documented by physician or speech-language pathologist; D) If auditory neuropathy, child is eligible under diagnostic category. The above criteria also apply to unilateral losses
South Dakota Barb Hemmelman, Education Program Assistant Manager Office of Special Education 700 Governors Drive Pierre, SD 57501 (605) 773-4478 Fax: (605) 773-6846 E-mail: barb.hemmelman@state.sd.us	Yes This applies to conditions with known etiologies and developmental consequences. These determinations are based on appropriate medical diagnosis and would include, but are not limited to, Down Syndrome and other chromosomal abnormalities, sensory impairments, including vision and hearing, inborn errors of metabolism, microcephaly, severe attachment disorders	Yes Sensory impairments, including vision and hearing	State Plan: No

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp		As Defined by the State Plan, are infants and toddlers with established risk conditions eligible for Part C-funded services? 1a Co		Is Hearing Loss Noted as a Specific Condition? 1c	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?
http://www.state.sd.us/deca/SPECIAL/oseprogs/Birt					
Tennessee Brenda Bledsoe, Director/Acting Part C Coordinator Office of Special Education State Department of Education Andrew Johnson Tower, 5th Floor 710 James Robertson Parkway Nashville, TN 37243-0375 (615) 741-3537 Fax: (615) 532-9412 E-mail: bbledsoe@mail.state.tn.us http://www.state.tn.us/education/teishome.htm Texas Mary Elder, Executive Director Cindy Martin, Part C Coordinator Texas ECI Program Brown-Heatly State Office Building 4900 North Lamar Austin, TX 78751-2399 (512) 424-6754 Fax: (512) 424-6749 E-mail: mary.elder@eci.state.tx.us E-mail: cindy.martin@eci.state.tx.us http://www.eci.state.tx.us/	Yes	Examples include but are not limited to: ? 1) hearing loss which can be verified or estimated to be significant as indicated through an audiological evaluation ? 2) Visual loss ? 3) Neurological, muscular, or orthopedic impairment ? ? 6) prematurity ? Policy: 2) A child is eligible for ECI services if the child is under three years of age, including those children authorized for services who are visually or auditorially impaired as defined by the Texas Education Code; has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, is documented as developmentally delayed, or who exhibits atypical development. 6.A)have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. (See Medical Diagnosis List in the Appendices.)	Yes	Hearing loss which can be verified or estimated to be significant as indicated through an audiological evaluation Auditorially impaired NO	State Plan: No Other State Document: No Other Information: Email from Part C Program (1/2003): Texas Education Code ,§ 29.003 addresses eligibility/authorization for special education services based on visual or auditory impairment. It does not operationally define hearing loss. As of March 1, 2002, children with auditory impairments qualify for comprehensive ECI services when they meet applicable eligibility criteria for "atypical development". Sensory impairments are no longer listed in the Medical Diagnosis List that "automatically" qualifies children for services. ECI Policy 6.C) Atypical Development – The atypical development category is used to identify those children who may perform within the appropriate range on test instruments but whose sensorymotor responses or behavior patterns are qualitatively different in their execution. The atypical category is also used to identify children who exhibit sensory-motor responses or behavior patterns that are themselves different. Atypical development must be determined by the interdisciplinary team. Observation and documentation of atypical development must involve: 1) Administration of an appropriate testing device and/or 2) Clinical observation during informal assessment procedures in a variety of settings.

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp	Co			Is Hearing Loss Noted as a Specific Condition? 1c	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?	
Utah Susan Ord, Part C Coordinator Baby Watch Early Intervention State Department of Health PO Box 144720 Salt Lake City, UT 84114-4720 (801) 584-8441 Fax: (801) 584-8496 E-mail: sord@utah.gov http://utahbabywatch.org		physical or mental condition that has a high probability of resulting in developmental delay ? ? 13) Sensory loss b. Hearing (list of specific conditions available upon request) To establish eligibility based on a diagnosis not included on the list, providers will (1) include information from the diagnostic work-up, including physician reports and recommendations, (2) include other supporting research or data, e.g., research journal articles, test information, etc.	Yes, 50+ diagnoses	Sensory Loss: Hearing	Other State Document: Yes The following is a list of the most common hearing disorders which qualify an infant/toddler in Part C for either short term consultation or long term direct services from an EI Hearing Consultant (USDB Parent Infant Program). A. Sensorineural Hearing Loss 1. Bilateral mild to profound 2. Unilateral mild to profound B. Conductive Hearing Loss 1. Chronic recurrent middle ear pathology (Chronic ear infections) 2. Structural anomalies C. Mixed Hearing Loss 1. Bilateral mild to profound 2. Unilateral mild to profound D. Auditory Processing Problems These are generally served on a short term basis, however there are exceptions. Documentation of auditory processing problems must include two letters of an informed clinical opinion Eligibility Criteria Birth – 3 USDB Sensory Services	
Vermont Helen Keith, Part C Coordinator Family, Infant and Toddler Project PO Box 70 Burlington, VT 05402 (802) 651-1786 Fax: (802) 863-7635 E-mail: hkeith@vdh.state.vt.us http://www.state.vt.us/health/hi/cshn/fitp/fitp.htm	Yes	 Such conditions include but are not limited to: 1) Chromosomal anomalies / genetic disorders 2) Inborn errors of metabolism 6) Sensory disorders. This includes permanent hearing loss or deafness and visual loss or blindness 10) Chronic medical illness 11) Severe complications at birth – requires at least 2 conditions be present: Birthweight less than 1500 grams 	Yes	Permanent hearing loss or deafness	State Plan: No	
Virginia Anne Lucas, Part C Coordinator	Yes	include but are not limited to: ? 1) Seizures/significant encephalopathy	Yes	Congenital or acquired	State Plan: No	

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Infant and Toddler Program Department of MH/MR/SA Services PO Box 1797 Richmond, VA 23218 (804) 371-6592 Fax: (804) 371-7959 E-mail: alucas@dmhmrsas.state.va.us http://www.dmhmrsas.state.va.us/vababiescantwait/	 ? 2) Significant CNS anomaly ? ? 7) Congenital or acquired hearing loss ? ? 15) Other physical or mental conditions 		hearing loss		
Washington Sandy Loerch, Part C Coordinator Infant Toddler Early Interv. Program Department of Social and Health Services 12th and Franklin Streets, PO Box 45201 Olympia, WA 98504-5201 (360) 902-8490 Fax: (360) 902-8497 E-mail: loercsk@dshs.wa.gov http://www.wa.gov/dshs/iteip/iteip.html	Yesincluding but not limited to: ? 1) Chromosomal abnormalities Down Syndrome ? 2) Congenital CNS birth defects or syndromes such as ? 3) Deaf, blind, or deaf-blind ? ? 8) Microcephaly	Yes	Deaf, blind, or deaf-blind	State Plan: Yes ? Unilateral sensorineural and/or permanent conductive of 45 dB or greater ? Bilateral sensorineural and/or permanent conductive which includes: ? 20 dB or greater ear average of frequencies 500, 1000, and 2000 Hz ? High frequency loss greater than 25 dB at two or more consecutive frequencies or average of three frequencies between 2000 and 6000 Hz in the better ear ? Low frequency hearing loss greater than 30 dB at 250 and 500 Hz in the better ear ? Thresholds greater than 25 dB on Auditory Brainstem Response threshold testing in the better ear Six month history of fluctuating conductive hearing loss or chronic middle ear infection/effusion of three months unresolved past initial evaluation.	
West Virginia	Yesinclude but are not limited to:	Yes	Severe Sensory	State Plan: No	
Pam Roush, Part C Coordinator	? 1) Chromosomal Abnormalities/Genetic Disorders (e.g.:		Impairment:		

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp	As Defined by the State Plan, are infants and toddlers with established risk conditions eligible for Part C-funded services? ^{1a}	Are Specific Conditions Listed? 1b	Is Hearing Loss Noted as a Specific Condition? ^{1c}	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?
Early Intervention Program Office of Maternal and Child Health Department of Health and Human Resources 350 Capital Street, Room 427 Charleston, WV 25301 (304) 558-6311 Fax: (304) 558-4984 E-mail: pamroush@wvdhhr.org) ? 2) Congenital Disorder (e.g.:) ? ? 7) Severe Sensory Impairment ? Bilateral External Ear Anomalies ? Blindness ? Hearing Impairment ? Lebers Ameurosis ? Optic Nerve Atrophy ? Optic Nerve Hypoplasia ? Retinoblastoma ? Vision impairment ? 8) Severe Atypical Developmental Disorders (e.g.:)		Bilateral External Ear Anomalies, and Hearing Impairment	
Wisconsin David Sorenson, Part C Coordinator Birth to 3 Program Department of Health and Family Services 1 West Wilson Street, Room 418, PO Box 7851 Madison, WI 53707-7851 (608) 267-3270 Fax: (608) 261-6752 E-mail: sorendm@dhfs.state.wi.us http://www.dhfs.state.wi.us/bdds/b3.htm	Yesshall be based upon the informed clinical opinion of an interdisciplinary team. The teams decision shall be supported by a physician's report Examples include, but are not limited to: ? 1) Chromosomal disorders, e.g., Down Syndrome ? 2) ? 4) Significant or progressive vision and/or hearing impairment(s) ? ? 13) Other special health care needs, e.g., chronic or progressive conditions	Yes	Significant or progressive vision and/or hearing impairment(s)	State Plan: No
Wyoming Jason Jones, Part C Coordinator Wyoming Department of Health Developmental Disabilities Division 186 East Qwest Building, 6101 Yellowstone Road Cheyenne, WY 82002 (307) 777-6972 Fax: (307) 777-3337 E-mail: jjones1@state.wy.us http://ddd.state.wy.us/Documents/mitch1.htm	Yes Developmental delay means (C) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.	No	No	State Plan: No
Washington D. C. Joan Christopher, Part C Coordinator	Yes High Risk Established: Such conditions ARE limited to the following:	Yes	Sensory disorder (vision	State Plan: Yes Suspected Hearing Impairment: Parent's answers to "Hear

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Office of Early Childhood Development DC-EIP Services 717 14th Street, NW, Suite 730 Washington, DC 20002 (202) 727-1839, Fax: (202) 727-7230 E-mail: jchristopher@dhs.dcgov.org	? Chromosomal Anomaly or Genetic Disorder ? ? Infectious Disease ? Sensory Disorder (vision and hearing) ? Toxic Exposure ? ATOD (alcohol, tobacco and other) ? Exposure to HIV Post-Neonatal Conditions ? ? 2) Suspected Hearing Impairment: Parent's ans wers to "Hear Kit Hearing Questionnaire", or: 1) child fails Hear Kit; 2) presents with unresolved chronic otitis media; or 3) presents with physical abnormality of the ear or oral-facial anomalies. ? ? 7) Lead Exposure: venus blood levels are 15 ug/dl or above.		and hearing). Hear Kit criteria. Chronic otitis media. Physical abnormality of the ear or oral- facila anomalies.	Kit Hearing Questionnaire", or: 1) child fails Hear Kit; 2) presents with unresolved chronic otitis media; or 3) presents with physical abnormality of the ear or oral-facial anomalies.
American Samoa Julia Lyons, Part C Coordinator Department of Health Government of American Samoa Pago Pago, AS 96799 (684) 633-4929, Fax: (684) 633-2167 E-mail: spain5620@yahoo.com	Yes Diagnosed physical and mental condition Down Syndrome, failure to thrive,	Yes	No	State Plan: No

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp	As Defined by the State Plan, are infants and toddlers with established risk conditions eligible for Part C-funded services? ^{1a}	Are Specific Conditions Listed? ^{1b}	Is Hearing Loss Noted as a Specific Condition? ^{1c}	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?
Guam Cathy Tydingco, Part C Administrator Guam UAP College of Education, UOG Station 303 University Drive Mangilao, GU 96923 (671) 475-0575, Fax: (671) 475-0562 E-mail: ctydingco@doe.edu.gu Vince Leon Guerrero, Associate Superintendent Division of Special Education Department of Education PO Box DE Agana, GU 96932 (671) 475-0549, Fax: (671) 475-0562 E-mail: vguerrero@doe.edu.gu	Yes Established Riskinclude but are not limited to: ? Chromosomal Anomalies/Genetic Disorders ? Neurological Disorders ? Congenital Malformations ? Inborn Errors in Metabolism Biological At-Risk Factors Factors include: ? Family history of childhood deafness ? Sensory Disorders ?	Yes	Family history of childhood deafness	State Plan: No
N. Mariana Islands Suzanne Lizama, Coordinator CNMI Public Schools PO Box 1370 CK Saipan, MP 96950 (670) 664-3754 Fax: (670) 664-3796 E-mail: slizama@gtepacifica.net	Yesinclude but are not limited to: ? Chromosomal Anomalies/Genetic Disorders ? Neurological Disorders ? Inborn Errors in Metabolism Informed Clinical Opinion or qualified professionals may establish eligibility a speech pathologist and an audiologist.	Yes	No	State Plan: No

Part C State Coordinator as of November 13, 2002 as posted at www.nectac.org/contact/ptccoord.asp	As Defined by the State Plan, are infants and toddlers with established risk conditions eligible for Part C-funded services? ^{1a}	Are Specific Conditions Listed? 1b	Is Hearing Loss Noted as a Specific Condition? ^{1c}	Does the State Plan or other Official Document Define Eligibility for EI Services in terms of Hearing Loss?
Puerto Rico Naydamar Perez de Otero, Coordinator Part C Program Department of Health Office of the Secretary Call Box 70184 San Juan, PR 00936 (787) 274-5659, Fax: (787) 274-3301	Yes includes but is not limited to: ? Genetic disorders/chromosomal anomalies ? Inborn errors of metabolism ? Neurological disorders/impairments ? Congenital malformations ? Sensory disorders/impairments ? Severe attachments disorders ? Congenital infectious diseasesmultidisciplinary team of certified professionals including informed clinical opinion	Yes	Sensory disorders/impair ments	Hearing capacity: Refers to perception and comprehension of sounds, given certain maturity characteristics and integrity of the auditory system and the psycho-cortical area. a) Impairment: Alterations on the expected levels of sound perception according to age, which adversely affects other areas of development. b) Eligibility: Confirmation of hearing impairment will be based upon quantitative or qualitative criteria. c) Quantitative criteria: 1) Deafness: Hearing loss of 70 dB or greater on the best performing ear, which hinders the progress of linguistic information through hearing, with or without amplification. 2) Hearing Impairment: Hearing loss of 30 to 69 dB on the best performing ear, having a hearing functional residual for communication with or without amplification. Conversation understanding is significantly affected as the hearing loss level increases. Language and speech delays are evident d) Qualitative criteria: are based upon clinical judgement for atypical responsiveness.
Virgin Islands Rene Joseph Rhymer, Director Infant/Toddler Program Estate Contant 78 1-2-3 St. Thomas, VI 00802 (340) 777-8804 Ext 2631, Fax: (340) 774-2820 Note: St. Croix E-mail: topaze@viaccess.net	Yesinclude, but are not limited to, the following: ? 1) chromosomal disorder: (e.g.,) ? ? 6) sensory disorders: moderate to severe visual and/or hearing impairment ? ? 13) other physical impairments: such as severe burns, loss of or defromity of limbs, spinal cord injuries. must be confirmed by certified professionals (such as physicians, audiologists, etc.).	Yes	Sensory disorders: moderate to severe visual and/or hearing impairment	State Plan: No