

ELIGIBILITY

Any child under the age of three who is a resident of New Mexico may be eligible for the Family Infant Toddler (FIT) Program. It is not necessary to determine a diagnosis or a delay prior to referral. Simply the fact that you or the family are concerned about the child’s development is enough to generate a referral.

Upon referral, the FIT Program will conduct a comprehensive multidisciplinary developmental evaluation with the child to determine eligibility based on one or more of the following criteria:

Environmental Risk >> The child lives in an environment that poses a substantial threat to development including chronic abuse of drugs or alcohol, child abuse or neglect, domestic violence, developmental or psychiatric disability in the caregiver, etc.

Developmental Delay >> The child has a delay in development of more than 25% in one or more areas including motor, language, cognitive, sensory, adaptive or social-emotional.

Established Medical Condition >> The child has a diagnosed medical condition (such as Down syndrome or meningomyelocele) that has a high probability of resulting in a developmental delay. (Physicians, please see “Established Condition” criteria on page 2:

Medical/Biological Risk >> The child has a diagnosed medical condition that increases the risk of developmental delay such as prematurity, low birth weight and prenatal drug exposure. (Physicians: Please see “Medical/Biological Risk” criteria on page 3.



ESTABLISHED CONDITION

Medical conditions that have a high probability of resulting in a developmental delay (even if no delays currently exist). Must be diagnosed by a physician or other primary healthcare provider. Examples include but are not limited to the following:

1. Genetic Disorders with high probability of developmental delay

- a. Chromosomal anomalies such as Down syndrome or fragile X syndrome (in boys)
- b. Inborn errors of metabolism such as Hurler syndrome
- c. Other syndromes such as Prader-Willi or Williams

2. Perinatal Factors

- a. Prenatal infections such as toxoplasmosis, rubella, CMV or herpes (TORCH)
- b. Prenatal toxic exposures such as fetal alcohol syndrome (FAS)
- c. Birth trauma such as neurologic sequelae from asphyxia

3. Neurologic

- a. Congenital anomalies of the brain such as holoprosencephaly lissencephaly microcephaly
- b. Anomalies of the spinal cord such as meningomyelocele
- c. Degenerative or progressive disorders such as muscular dystrophies, leukodystrophies or spinocerebellar disorders
- d. Cerebral palsy, all types, including generalized, hypotonic patterns
- e. Abnormal movement patterns such as generalized hypotonia, ataxias, myoclonus or dystonia
- f. Peripheral neuropathies
- g. Traumatic brain injury

4. Sensory Abnormalities

- a. Blindness (legal blindness 20/200 uncorrected or 20/70 with best correction)
 1. Congenital impairments such as cataracts
 2. Acquired impairments such as retinopathy or prematurity
 3. Cortical visual impairment
- b. Chronic hearing loss (>40dB)

5. Physical Impairments

- a. Congenital impairments such as arthrogryposis, osteogenesis imperfecta or severe hand anomalies
- b. Acquired impairments such as amputations or severe burns

6. Mental/Psychosocial Disorders

Autism spectrum disorders

Family Infant
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FIT Program Eligibility

FOR MORE
INFORMATION
ABOUT MEDICAL
CONDITIONS,
PLEASE CALL
1-877-696-1472

MEDICAL/BIOLOGICAL RISKS

Medical conditions that increase the risk of developmental delay. Must be diagnosed by a physician or primary healthcare provider. Examples include but are not limited to the following:

1. **Genetic Disorders with increased risk for developmental delay**
 - a. Chromosomal anomalies such as Turner syndrome or fragile X syndrome (in girls)
 - b. Inborn errors of metabolism such as PKU
 - c. Other syndromes such as Goldenhar neurofibromatosis or multiple congenital anomalies (no specific diagnosis)
2. **Perinatal Factors**
 - a. Prematurity and/or small for gestational age — <35 weeks or < 2500 gms
 - b. Prenatal toxic exposures such as alcohol, polydrug exposure or fetal hydantoin syndrome
 - c. Birth trauma such as seizures, low apgars or intraventricular or periventricular hemorrhage
3. **Neurologic**
 - a. Anomalies of the brain such as absence of the corpus callosum, hydrocephalus or macrocephaly
 - b. Anomalies of the spinal cord such as spina bifida or tethered cord
 - c. Epilepsy (except febrile seizures) Abnormal movement patterns such as severe tremor or gait problems
 - d. Other CNS influences
 1. CNS or spinal cord tumors
 2. CNS infection such as meningitis, abscess or AIDS
 3. CNS toxins such as lead poisoning
 4. CNS trauma such as shaken baby syndrome
4. **Sensory Abnormalities**

Low vision after correction such as severe strabismus or visual field defects Mild and/or intermittent hearing loss such as chronic otitis or serous otitis (> 4 months duration)
5. **Physical Impairments**
 - a. Congenital impairments such as cleft lip/palate, torticollis, limb deformity or club feet
 - b. Acquired impairments such as severe arthritis, scoliosis or brachial plexus injury
6. **Mental/Psychosocial Disorders**

Severe attachment disorder, severe behavior disorders or severe sociocultural deprivation
7. **Other Medical Factors and Symptoms**
 - a. Growth problems such as severe growth delay, failure to thrive, feeding problems or gastrostomy for feeding
 - b. Medical factors such as hypothyroidism or severe chronic anemia
 - c. Chronic illness/medically fragile such as severe cyanotic heart disease, cystic fibrosis, complex chronic conditions or technology-dependent

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