# REFERRAL to NEW MEXICO'S FAMILY INFANT TODDLER (FIT) PROGRAM

The New Mexico Family Infant Toddler (FIT) Program is a state and federally funded program for families whose child is under the age of three and has or is at risk for a developmental disability or delay. The mission of the FIT Program is to strengthen the capacity of families to meet the developmental and health-related needs of their infant or toddler. At the FIT Program, we believe that early intervention really can make a lifetime of difference!

### *Who is eligible for the Family Infant Toddler Program?*

Any child under the age of 3 who is a resident of New Mexico may be eligible for the FIT Program. It is not necessary to determine a diagnosis or a delay prior to referral. Simply the fact that you or the family is concerned about the child's development is enough to generate a referral.

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

- **Developmental Delay:** Delays in development of 25 percent in one or more areas including motor, language, cognitive, sensory, adaptive or social-emotional development.
- **Established Condition:** A diagnosed medical condition (such as Down syndrome or autism spectrum disorders) that has a high probability of resulting in a developmental delay (see reverse side of this card for more details).
- **At Risk – Biological/Medical:** A diagnosed medical condition that may produce developmental delay in some children such as prematurity, low birth weight etc. (see reverse side of this card for more details).
- **At Risk – Environmental:** Environments that pose a substantial threat to development, including chronic abuse of drugs or alcohol, child abuse, domestic violence, developmental or psychiatric disability in a caregiver, etc.

### *Who can refer a child?*

Anyone who has a concern about a child's development may make a referral. This includes parents, guardians, foster parents and family members; professionals such as pediatricians, other physicians, social workers, nurses or childcare providers; or others who have contact with the child.

### *How do I refer a child?*

Call BABYNET at **1-800-552-8195** to get the number of the FIT Program early intervention provider in your community, or see the current list of providers on our website – www.fitprogram.org . Or you can fax your referral to our toll-free central **fax line at 1-866-829-8838** and we will direct it to the appropriate provider for you. You will need to provide some basic information such as the name, address and telephone number of the family, along with the reason for referral. Please inform the family that you are making the referral. You can also encourage the family to contact the early intervention provider directly.

### *What happens next?*

A service coordinator (case manager) will arrange a comprehensive multidisciplinary evaluation that looks at all areas of the child's development. If the child is found to be eligible for the FIT Program, the family and a team of professionals will meet to develop an Individualized Family Service Plan, or IFSP, that will detail the supports and services (e.g. developmental instruction, speech, physical or occupational therapy, family counseling, etc.) to meet the outcomes decided by the team. With the family's permission, you may wish to stay involved by participating on the IFSP team either in person, by phone or report/letter.

### *Where can I get more information?*

Visit our website at **www.fitprogram.org** or call us toll-free at **1-877-696-1472.**

NEW MEXICO DEPARTMENT OF HEALTH

## 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 health care 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, fragile X syndrome (in boys)
B. Inborn errors of metabolism such as Hurler syndrome
C. Other syndromes, such as Prader-Willi, Williams

### 2. Perinatal factors

A. Prenatal infections such as toxoplasmosis, rubella, CMV, 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 brain such as holoprosencephaly lissencephaly, microcephaly, hydrocephalus
B. Anomalies of spinal cord such as meningomyelocele
C. Degenerative or progressive disorders such as muscular dystrophies, leukodystrophies, spinocerebellar disorders
D. Cerebral palsy, all types, including generalized, hypotonic patterns
E. Abnormal movement patterns such as generalized hypotonia, ataxias, myoclonus, dystonia
F. Peripheral neuropathies
G. Traumatic brain injury
H. CNS trauma such as shaken baby syndrome

### 4. Sensory abnormalities

A. Visual Impairment or Blindness
   1. Congenital impairments such as cataracts
   2. Acquired impairments such as retinopathy or prematurity
   3. Cortical visual impairment
B. Chronic hearing loss

### 5. Physical impairment

A. Congenital impairments such as arthrogryposis, osteogenesis imperfecta, severe hand anomalies
B. Acquired impairments such as amputations, severe burns

### 6. Mental/psychosocial disorder

Autism spectrum disorders

NEW MEXICO Family Infant Toddler Program

Regarding medical conditions and eligibility determination – please call 1-877-696-1472

## Medical/Biological Risk

Medical conditions that increase the risk of developmental delay. Must be diagnosed by a physician or primary health care 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, fragile X syndrome (in girls)
B. Inborn errors of metabolism such as PKU
C. Other syndromes such as Goldenhar neurofibromatosis, multiple congential anomalies (no specific diagnosis)

### 2. Perinatal factors

A. Prematurity and/or small for gestational age such as <32 weeks or < 1500 gms
B. Prenatal toxic exposures such as alcohol, polydrug exposure, fetal hydantoin syndrome
C. Birth trauma such as seizures, low apgars, intraventricular or periventricular hemorrhage

### 3. Neurologic

A. Anomalies of brain such as absence of the corpus callosum, macrocephaly
B. Anomalies of spinal cord such as spina bifida, tethered cord
C. Abnormal movement patterns such as severe tremor, gait problems
D. Other CNS influences
   1. CNS or spinal cord tumors
   2. CNS infection, e.g. meningitis, abscess, AIDS
   3. CNS toxins, e.g. lead poisoning

### 4. Sensory abnormalities

A. Neurological visual processing concerns, which affect visual functioning in daily activities; as a result of neurological conditions such as seizures, infections such as meningitis, or injuries such as traumatic brain injury (TBI)
B. Mild and/or intermittent hearing loss

### 5. Physical impairment

A. Congenital impairments such as cleft lip/palate, torticollis, limb deformity, club feet
B. Acquired impairments such as severe arthritis, scoliosis, brachial plexus injury

### 6. Mental/psychosocial disorder

Severe attachment disorder, severe behavior disorders, severe socio-cultural deprivation

### 7. Other medical factors and symptoms

A. Growth problems such as severe growth delay, failure to thrive, feeding problems, gastrostomy for feeding
B. Chronic illness/medically fragile such as severe cyanotic heart disease, cystic fibrosis, complex chronic conditions, technology-dependent