

Referral and Intake Requirements and Procedures



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Much of the code and regulation cited in this Handbook has been paraphrased for clarity and conciseness. For the full text of legislative code and regulation, refer online to the citation provided.

Notes:

KEY CONCEPTS OF REFERRAL AND INTAKE

- Families may self-refer at any time prior to their child's third birthday. Referrals may also come from many other sources.
- Parent consent is not required to initiate or receive referrals.
- **Receipt of referral initiates the 45-day timeline for completion of evaluation and assessment prior to determining eligibility and planning for services through the individualized family service plan (IFSP) process. The IFSP meeting must be held within the 45-day timeline.**
- All Early Start partners have roles in identifying and referring children who may be eligible for early intervention services:
 - Regional centers and local educational agencies (LEAs) must participate in and coordinate child find activities. Interagency agreements outline their coordination efforts.
 - Early Start family resource centers (FRCs) participate in public awareness activities, disseminate information to families and referral sources, and support families whose children have been referred, as appropriate.
 - Medical professionals provide a large portion of Early Start referrals.
- "Parent" refers to the holder of educational rights.
- Although not required, LEA participation in the transition process is best practice.

Notes:

OVERVIEW OF REFERRAL AND INTAKE

Regional centers and LEAs shall coordinate a comprehensive child find system to locate all infants and toddlers who may be eligible for Early Start.

*Title 17 California Code of Regulations (CCR) Section
52040(a)(c)*

What are 'Child Find' and Outreach Activities?

Child find is a federal requirement for states to actively locate infants and young children who may be eligible for early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA). Child find activities are conducted by state and local early intervention lead agencies; in California, this means child find activities are conducted by regional centers and LEAs.

Outreach is the provision of information or services to groups in society who might otherwise be neglected or underserved. Each community is different and who conducts the outreach varies in each community.

Child find and outreach activities must be ongoing and conducted in collaboration with other agencies. They may include:

- Production and distribution of public service announcements, pamphlets, brochures, and other written materials.
- Coordination with other community organizations that conduct public outreach activities and develop written materials targeting families with young children.
- Coordination with Early Start FRCs to promote the family perspective.
- Dissemination of materials and information in local community newspapers or bulletins.
- Partnering with community groups and organizations to disseminate appropriate information to families and professionals.

What Are Referrals?

A referral is oral or written information that causes a record to be opened for an infant or toddler who may be eligible for early intervention services.

Title 17 CCR Section 52000(b)(52)

A record is the documentation in the infant or toddler's regional center client file and/or the LEA's cumulative file.

Inquiries about available services or an expression of concern about a child are not necessarily a referral. However, referrals that express concern about development or that request early intervention services should be considered a referral.

Referral processes vary across the state. In some communities, referrals are received at the regional center. In other communities, referrals may be received by both the regional center and the LEA. Children with known solely low incidence disabilities are often referred directly to the LEA. In some communities, the Early Start FRC is the agency to receive referrals.

A single point of entry for Early Start referrals minimizes confusion for referring parties and agencies.

Service coordinators should check with their agency's policies and procedures and review interagency agreements.

Who Makes Referrals?

Anyone may make a referral to Early Start. Families may make referrals for their own children at any time prior to a child's third birthday. Typically, referrals come from **primary referral sources**.

Primary referral sources include but are not limited to hospitals, physicians, parents, child care programs, LEAs, public health facilities, other social services agencies, and other health care providers.

Title 17 CCR Section 52040(d)

What is Included in an Effective Referral Form?

The following pieces of information will help expedite the referral process:

- Name of child
- Child's date of birth
- Name of parent
- Contact information of parent
- Reason for referral/areas of concern
- Date of referral

Additional useful information:

- Name of referral source
- Contact information of referral source

Referrals by primary referral sources must be made within two working days of identification of an infant or toddler who is in need of early intervention service.

Title 17 CCR Section 52040(e)(4)

Primary referral sources must refer a child who is under the age of 3 who (1) is the subject of a substantiated case of child abuse or neglect or (2) is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

34 Code of Federal Regulations (CFR) Section 303.303(b)

What Happens Once a Referral Is Received?

All information included in the referral form should be documented in the child's record. It is essential that the date of referral is documented accurately because the receipt of referral initiates a critical timeline. **Regional centers and LEAs have 45 calendar days from the receipt of referral to determine a child's eligibility and complete the IFSP process for eligible children.**

Intake refers to an agency's process for receiving a referral, contacting the family of the referred child, and providing introductory information about early intervention services so that the family may make informed decisions prior to consenting to further evaluation and information sharing. Document all attempts to reach the family.

Title 17 CCR Section 52000(b)(14); Section 52086; and 34 CFR Section 303.310

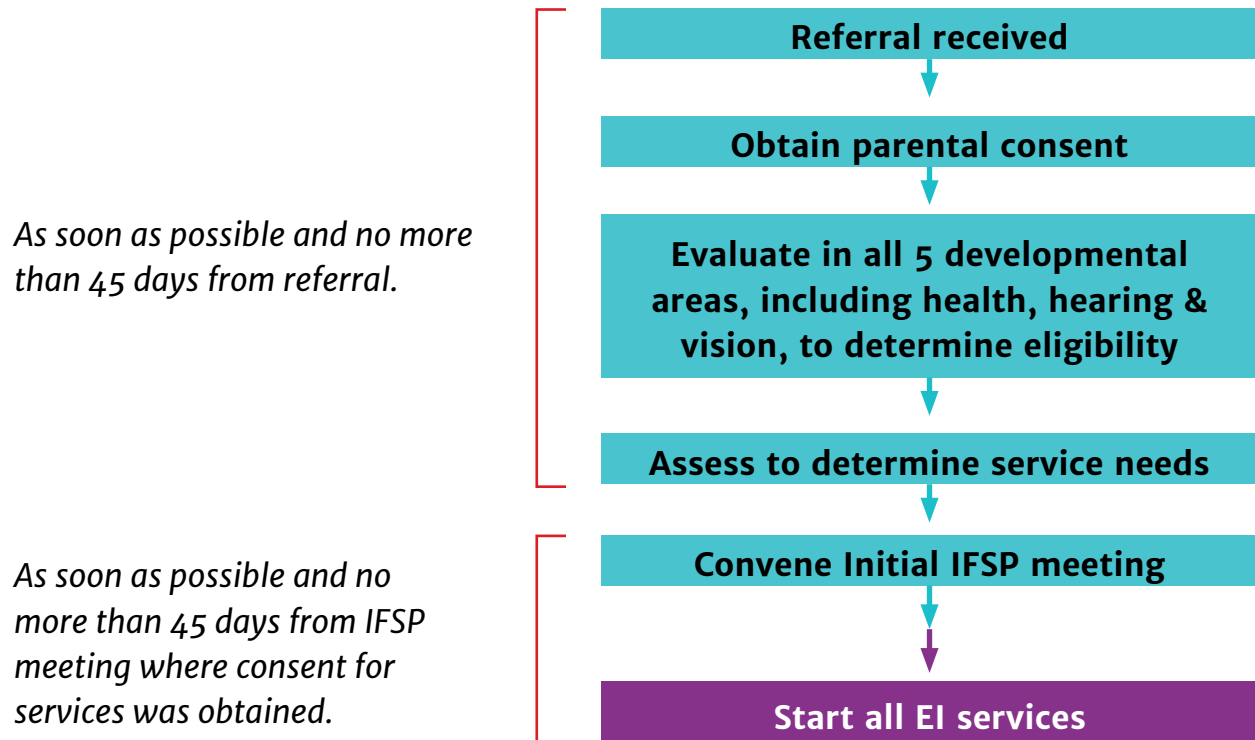
The regional center or LEA that receives a verbal or written referral for early intervention services shall ensure that:

- The date of the referral is documented in the infant or toddler's record;
- A service coordinator is assigned as soon as possible and parents are informed of the service coordinator's identity and contact information;
- Written notice of the proposed evaluation and assessment is provided to the family in their language of choice; and
- Required consent for evaluation and assessment is requested from the holder of educational rights.

Title 17 CCR Section 52060

Some agencies combine notice and consent forms and send them immediately to the family so that the evaluation and assessments can be completed with sufficient time remaining to work with the family and other members of the multidisciplinary team in completing the IFSP process. It is also important to document any immediate service needs and areas of concern on the date the referral is received.

Regional centers and LEAs must initiate the 45-day timeline requirement upon referral. The timeline is in effect whether or not the family makes contact, returns consent forms, or the child is discharged from the hospital.

Figure 1: Early Start Process from Referral to IFSP

Regional centers and LEAs must enter into clear interagency agreements to:

- Coordinate child find efforts;
- Coordinate referrals;
- Coordinate and distribute interagency referral forms; and
- Train staff in documenting essential referral information.

Notes:

SERVICE COORDINATOR RESPONSIBILITIES

The assignment of a service coordinator must be documented on two occasions:

1. At the time of referral and
2. At the time of IFSP development.

Upon receipt of a referral, a regional center or LEA must assign a service coordinator to work with the family and other professionals to identify, arrange, and coordinate needed supports and services. Each child and family must always have an assigned service coordinator, and only one service coordinator at a time is assigned to a family.

Some agencies assign a service coordinator at the point of referral to assist the family through the evaluation and assessment process and assign a different service coordinator to be responsible for implementation of the IFSP. Some agencies assign one service coordinator to work with the family throughout their entire Early Start experience.

Procedures

It is the service coordinator's responsibility to:

- Provide the initial notice to the parent pertaining to evaluation and assessment to determine eligibility.

Title 17 CCR sections 52121(a)(1) and 52161(a)(1)

- Obtain consent before initial evaluation and assessment or, if consent is not given, ensure that
 - The parent has been informed of the nature of the evaluation and assessment or the early intervention services that would have been provided;
 - The parent has been informed that the child will not receive the evaluation and assessment unless consent is given; and
 - The child's record contains documentation of the attempts to obtain consent.

Title 17 CCR sections 52121(a)(2), 52162(a)(1), and 52162(c)

- Document attempts to obtain consent and to determine holder of educational rights.

*Title 17 CCR 52162(a) and 34 Code of Federal Regulations (CFR)
Section 303.27(b)(2)*

- Initiate the coordination of the initial evaluations and assessments.

Title 17 CCR Section 52121(a)(7)

- Initiate and facilitate the exchange of information among service providers including health providers, medical case managers, regional centers, and LEAs.

Title 17 CCR 52121(a)(11)

Timelines and Late Referrals

In general, the assigned service coordinator has 45 calendar days from receipt of an oral or written referral to accomplish each of the following tasks:

- Evaluation, in all five development areas, to determine eligibility
- Assessment(s) in all five development areas, including hearing and vision, for planning purposes
- Family assessment
- Health status review and
- Initial IFSP meeting

But what happens if the referral is received less than 90 days before a child's third birthday? A child may be referred to Early Start at any time prior to their third birthday. Some children enter the program later than two years and six months of age. This is known as a late referral. For a late referral, the initial IFSP may also serve as the transition conference. The IFSP must include steps to ensure transition to LEA or other services as appropriate at age three.

The first step is to determine the child's exact age and the number of days remaining to the child's third birthday. Figure 2 presents the required actions for late referrals.

If the referral occurs **between one and 44 days** prior to the child's third birthday, the Part C program may choose not to act on the referral itself. Early Start must provide the family with information on how to contact the local Part B program, but notification of the LEA, a transition plan, and a transition conference are **not** required. Instead, with written parent consent, the child may be referred directly to the LEA Part B program for evaluation or the original referring source may choose to redirect the referral to the LEA Part B program.

Figure 2: Late Referrals to Part C

EARLY START RESPONSIBILITIES

- For a child made eligible for Early Start **between 45 and 90 days** prior to the child's third birthday, the program is required to:
 - Conduct the initial evaluation and assessment;
 - Conduct the initial IFSP meeting if eligible;
 - Develop a transition plan with the appropriate transition steps and services;
 - Provide notification/referral to the LEA and the SEA.
- For a child referred to Early Start **between one and 44 days** prior to the child's third birthday, the program may, but is not required to, do the following:
 - Conduct an initial evaluation and assessment;
 - Conduct an initial IFSP meeting;
 - Develop a transition plan;

- Provide notification/referral to the LEA and the SEA.
- Early Start is required to make a referral to the SEA and the LEA. A transition conference may be conducted, but is not required.

PART B RESPONSIBILITIES

- For a child served in Early Start who was referred to an LEA less than 90 days before the child's third birthday, the LEA is responsible to:
 - Ensure that an initial evaluation under Part B is completed;
 - Develop an individualized education program (IEP) by the child's third birthday if the child is determined eligible under Part B, even if the 60-day timeline for conducting an initial evaluation expires after the child's third birthday.

If, however, the child referred is **between 45 and 90 days** from reaching his or her third birthday, some differences in the intake process are noteworthy. Evaluation for eligibility, assessment(s) for program planning, family assessment, health status review, and the initial IFSP meeting are all required as are LEA notification and informing the family of Part B service possibilities. In order to be considered a *transition planning conference*, the LEA must be invited unless the parent indicates otherwise. If the LEA is not invited, it is considered a *transition meeting*.

A transition conference is **not** required but may be undertaken in the form of a joint IFSP/individualized education program (IEP) meeting with the LEA Part B program. Coordinating these two events may facilitate a smoother transition from the early intervention program to the preschool program.

Cases in which the child is more than 90 days from turning 3 are handled in the same manner as all other referrals, as 90-plus days is adequate time to complete the events required during the 45-day timeline and expedite a referral to the local Part B program.

Recommended Practices

Follow local procedures as established by the interagency agreement between the regional center and the LEA to respond to late referrals.

- Ensure that notification/referral occurs as soon as possible after Early Start eligibility is determined.
- Support the LEA in the IDEA Part B assessment process by sharing relevant assessments and IFSPs, with parent consent.
- Coordinate joint evaluations between Early Start assessors and LEA Part B assessors when feasible to do so.

QUALITY PRACTICES

Feedback to Referral Sources

In research published by the Tracking, Referral, and Assessment Center for Excellence (TRACE), Carl Dunst (2006a) indicated important factors that promote success with outreach to primary referral sources, including:¹

- Follow up with primary referral sources, answering questions, and providing additional information as needed.

“Ongoing contact with primary referral sources keeps an early intervention . . . program on the ‘radar screen’ of referral sources. These contacts provide opportunities to accept new referrals and update primary referral sources about children who already have been referred.”

Sharing information with a primary referral source regarding eligibility and services for a specific child or family requires written consent from the family.

Title 17 CCR Section 52162(b)(1) and (4)

Dunst (2006b) further suggested five types of feedback that primary referral sources desire:²

1. Acknowledging a referral;
2. Informing the referral source about a child’s developmental status and eligibility for services;
3. Informing the referral source about the services provided for a child;
4. Periodically updating the referral source about the child’s progress; and
5. Keeping the referral source informed about changes in the child’s involvement in the early intervention program.

Clarify with the referral source the manner in which they prefer to be contacted (e.g., telephone, fax, email) and what information they would like to receive. Referral sources may prefer a short, half-page summary to a multi-page

assessment report for ease of review. According to Dunst's research, this is particularly true of physicians.

Intake

The intake period is an important time for building a supportive relationship with a family. Personal contact to review forms and answer questions in the beginning is always a preferred practice. When in-person contact is not possible and forms are mailed, contact the family by telephone to confirm that forms were received and to invite questions or offer assistance to the family to complete the forms.

TIPS FOR SUCCESS

Service coordinators should consult their local interagency agreements for referral procedures specific to their community.

Outreach

- Service coordinators may provide feedback to supervisors regarding issues that arise in the community, the effectiveness of program outreach efforts to medical and other professionals in the area, and community-generated outreach ideas and strategies. Request that your agency:
 - Mail primary referral source information directly to pediatricians and other specialists in private practice.
 - Explore the availability of one-time grants to support the outreach process.
- Service coordinators may be asked to conduct community outreach activities in their specific geographic area, partnering with staff from the local Early Start partner agencies (e.g., regional centers, LEAs, and FRCs) to offer presentations and provide written materials about Early Start to community agency personnel who are very likely to serve as primary referral sources, especially:
 - Hospital social workers;
 - NICU nursing administrators, discharge planners, and high-risk follow-up staff;
 - Other hospital department personnel, including those in genetics, pediatrics, and family practice.

Child Find

- Service coordinators may be assigned as liaisons to facilitate referrals with key medical staff such as social workers or hospital discharge planners.
- Many communities sponsor health fairs and promote health screenings and vaccination programs that are often coordinated with cultural fairs and other events. Service coordinators may get involved with these events and coordinate developmental screenings and information booths about early

intervention services. Information about regional center prevention services and genetic disorders could also be included.

Intake

- Service coordinators should contact the family as soon as possible after the referral is received and document all attempts at reaching the family.
- During intake, ask parents if they would like their child's physician or other specialists to be involved in multidisciplinary team meetings if they are able. With parent consent, keep the physician or other specialists informed about meeting dates.

RESOURCES

Dunst, C., Trivette, C., & Hill, G. (2006). A Universal Checklist for Identifying Infants and Toddlers Eligible for Early Intervention. *TRACE Practical Guide: Referral 2(1)*, 1–6. Available at http://www.puckett.org/Trace/practiceguides/practiceguides_vol2_no1.pdf

Effective Practice in Providing Family Support: Making It Real for Families of Infants and Toddlers with Disabilities (English), available at https://earlystartneighborhood.org/wp-content/uploads/2022/11/EffectivePractice_FamilySupport_final10-1-12_tagged-1.pdf

Explore the Internet for early intervention resources and publications from other states, including available books and journals. Key internet linkages and websites are often found in professional journals.

Learn the signs. Act early.

<https://www.cdc.gov/ncbddd/actearly/index.html>

Referrals for Developmental Evaluation & Early Intervention Services

<http://www.cascreenbto5.org/referrals>

Referring Infants to Early Intervention Services

<http://www.cascreenbto5.org/wp-content/uploads/2018/10/Part-C-Eligibility-Criteria-FINAL-9-2018.pdf>

Trivette, C., & Dunst, C. (2006). A Universal Referral Form for Use by Primary Referral Sources. *TRACE Practical Guide: Referral 1(2)*, 1–6. Available at http://www.puckett.org/Trace/practiceguides/practiceguides_vol1_no2.pdf

ENDNOTES

- 1 Dunst, C. (2006a). Improving outreach to primary referral sources. TRACES Practice Guide 1(3). http://www.puckett.org/Trace/practiceguides/practiceguides_vol1_no3.pdf
- 2 Dunst, C. (2006b). Providing feedback to primary referral sources. TRACE Practice Guide 1(4). http://www.puckett.org/Trace/practiceguides/practiceguides_vol1_no4.pdf

PUBLISHING INFORMATION

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For information about California Early Start, contact DDS at 800.515.BABY, visit www.dds.ca.gov/services/early-start, or email earlystart@dds.ca.gov.

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