

Section 2: Intake/Comprehensive Identification Procedures

Intake: Purpose

Purpose. The purpose of the intake process is to gather information to answer basic questions such as:

- Who is the referral source?
- What are the needs of the child and family?
- What prior records or information are available to review?

The Early ACCESS intake process begins the date of the initial contact to the AEA from the referring source (e.g. physicians, family member). Questions are asked regarding concerns of the child age birth to three.

Note. Any child less than 45 days prior to his/her third birthday is referred to Part B Child Find.

Intake: Gather information

During the intake process, intake personnel are to gather and document the following:

NOTE: 45-DAY TIMELINE BEGINS

| Step | Action |
|------|---|
| 1 | Date the referral was received. |
| 2 | Referral source information. Also, if referral source is parent, how they learned about Early ACCESS. |
| 3 | Reason for referral |
| 4 | Child's demographic information: name, age, family's address, etc. |
| 5 | Prior screenings, if available. |
| 6 | Language spoken in the home |
| 7 | Other important information |

Note. The **DATE the referring source contacts the AEA, is the start of the 45 calendar day timeline** for completion of the evaluation, eligibility determination, and initial IFSP meeting.

Federal indicator of 45- day timeline

√ C7
45-day
time line

Data that measures the timeline between data of referral and the completion of the evaluation and the initial IFSP meeting are collected and reported annually in a federal indicator in order to show Regional and State performance of the 45-day timeline requirement. All states collect data on the number of children whose evaluation and initial IFSP meeting met the 45-day timeline and, if not met, reasons for not meeting the 45-day timeline. Each AEA/Early ACCESS Region is to meet the 100% target, which is reported in the Part C Annual Performance Report available at www.iowa.gov. Iowa collects this information for Indicator C7 on the *IFSP Initial Intake and Meeting Details*.

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**Intake:
Service
Coordinator
assigned**

The assignment of a Service Coordinator within two business days meets guidelines recommended by the state and stakeholder groups to support success of the Early ACCESS system.

Intake personnel within each AEA and Signatory Agency follow web IFSP protocol for assigning service coordination. The practice of putting intakes into web IFSP which results in an email notification provides the timeliest contact.

AEAs and Signatory Partner Agencies will not tell the referral source to call the appropriate regional office.

Note. The assigned Service Coordinator may change following determination of eligibility and development of the IFSP based on needs of the child and family [281 – 120.15(6)].

**Intake:
First contacts**

The following table provides steps to take during the initial contacts with the family. The steps may vary in sequence, locations and times.

| Step | Action |
|------|---|
| 1 | <p>The Service Coordinator contacts the family within two business days, supporting family-centered practices for responsiveness.</p> <p><i>Note.</i> The timelines of the Service Coordinator’s contact with the family is monitored through an annual file review. Contacts made beyond 7 calendar days from date of referral are considered non-compliant.</p> |
| 2 | <p>During first contact, likely a phone call:</p> <ul style="list-style-type: none"> • Introduce yourself and your role with Early ACCESS. • Inquire about the reason for referral. • Schedule first visit. • Offer choices in dates, time of day and locations. |

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**Intake:
First contacts
(continued)**

| Step | Action |
|------|--|
| 3 | During the first visit, listen to the family and explore concerns of the family in order to: <ul style="list-style-type: none">• establish rapport;• identify child and family strengths, interests and needs;• begin anticipating evaluation needs; and• learn of potential outcome needs of the child and family. |
| 4 | Provide an orientation regarding Early ACCESS: <ul style="list-style-type: none">• Purpose;• All families have a Service Coordinator who partners with family and coordinates services across agencies;• Types of services available to infants, toddlers, and families; and• EI services at no cost to families. |
| 5 | Explain eligibility criteria and evaluation/assessment process. |

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**Intake:
First contacts**
(continued)

| Step | Action | | | | | | | | |
|---|--|---------------|----------|---|--|-------------------|----------|---|---|
| 6 | <p>After the parent is well informed, ask the parent to decide whether to proceed with a comprehensive multidisciplinary evaluation or to decline.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Sometimes ...</th> <th style="text-align: center;">Then ...</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">When more information about a child's development is needed for the parent to make an informed decision about proceeding to evaluation...</td> <td style="padding: 5px;">A screening of developmental areas may be conducted to provide that information.</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">If the parent ...</th> <th style="text-align: center;">Then ...</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Agrees to a comprehensive multidisciplinary evaluation,</td> <td style="padding: 5px;"> <ul style="list-style-type: none"> • Review Procedural safeguards • Give parent copy of <i>EARLY ACCESS PROCEDURAL SAFEGUARDS MANUAL FOR PARENTS</i> • Obtain parent signature on the <i>Consent for Evaluation with Prior Written Notice</i> <p><i>Note.</i> The brief Parental Rights handout can be shared as a family-friendly orientation, but the family must receive a copy of the state-approved Parental Rights Manual.</p> </td> </tr> </tbody> </table> | Sometimes ... | Then ... | When more information about a child's development is needed for the parent to make an informed decision about proceeding to evaluation... | A screening of developmental areas may be conducted to provide that information. | If the parent ... | Then ... | Agrees to a comprehensive multidisciplinary evaluation, | <ul style="list-style-type: none"> • Review Procedural safeguards • Give parent copy of <i>EARLY ACCESS PROCEDURAL SAFEGUARDS MANUAL FOR PARENTS</i> • Obtain parent signature on the <i>Consent for Evaluation with Prior Written Notice</i> <p><i>Note.</i> The brief Parental Rights handout can be shared as a family-friendly orientation, but the family must receive a copy of the state-approved Parental Rights Manual.</p> |
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| When more information about a child's development is needed for the parent to make an informed decision about proceeding to evaluation... | A screening of developmental areas may be conducted to provide that information. | | | | | | | | |
| If the parent ... | Then ... | | | | | | | | |
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**Intake:
First contacts**
(continued)

| Step | Action | |
|------|--------------------------|---|
| 6 | If the parent ... | Then ... |
| | Declines the evaluation | Follow procedures in block below: "Intake: Parent declines Evaluation." |

Note. The consent must be signed whether a child is eligible based on a known condition or needs a comprehensive multidisciplinary evaluation to determine a 25% delay.

| Step | Action |
|------|--|
| 7 | <ul style="list-style-type: none"> • Discuss sources of existing records and evaluation/assessment information needed for EA process that have already been obtained and/or need to obtain • Obtain needed Authorization for Exchange of Information and/or Authorizations for Release Health Information. |
| 8 | Clarify how family and team members will communicate in future (e.g. provide contact information; establish preferences for when and how to communicate; etc). |
| 9 | Schedule future times family can meet with the Service Coordinator and evaluators. |

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Inability to contact family

At times, the Service Coordinator is unable to contact parents. The following guidelines describe timelines for considerations of “unable to contact.”

With receipt of new referral, the Service Coordinator:

- makes a minimum of three phone calls to family within seven calendar days from the initial Intake.
- alternates phone calls for time of day and days of week.
- documents all attempts to contact family.

| If ... | Then ... |
|---|---|
| the Service Coordinator is unable to contact the family within seven calendar days... | <p>the Service Coordinator mails a letter to the parents indicating attempts to make contact.</p> <p>The letter states request for parents to call Service Coordinator.</p> |
| the Service Coordinator is unable to contact the family within 14 calendar days... | <p>the Service Coordinator mails a second letter indicating the referral will be closed.</p> <p><i>Note.</i> Service Coordinator may want to contact the referral source, if other than parent, to ask for assistance in contacting the family.</p> |

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Inability to contact family (continued)

| If ... | Then ... |
|---|---|
| the family contacts the Service Coordinator within the 7-21 days from referral and is interested in Early ACCESS | <ul style="list-style-type: none"> • Follow procedures • At Initial IFSP meeting, if 45-day timeline is not met due to delay in contact with family, complete IFSP Meeting Details <i>Reason if not met</i> box: Check <input type="checkbox"/> FA (Family Reason). |
| the family does not contact the Service Coordinator after 21 calendar days from the date of referral... | Close the case. The Service Coordinator will follow web procedures for Case Closure Prior to Completion of Eligibility Determination or Initial IFSP. |
| the family is still interested in Early ACCESS and does contact the Service Coordinator on the 22 nd or more days from the date of referral... | Assure that previous intake has been closed (as instructed above). Then enter a new Intake. |

Note. Upon receipt of the initial referral, the Service Coordinator must document all attempts of contact on the Service Coordinator log, in order to timely close the referral, if necessary.

Note. If the referral was for EHDI follow up services, the pre-Service Coordinator is to assure that an audiologist in their AEA enters required data about this case into eSP (EHDI's state data system). Audiologists are to document that attempts were made to contact the family. They don't have to make an entry each time, but can make one entry after all attempts have been made and they are referring back to State EHDI Office.

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Scenarios of evaluation and signed consent

Service Coordinators may encounter a number of situations related to evaluation and signed Consent for Evaluation with Prior Written Notice. Guidance for these scenarios is provided in the table below.

| If ... | Then ... |
|--|--|
| the parent requests only one or two developmental areas to be evaluated, | the Service Coordinator explains to the family that all areas are required to be evaluated according to federal law. |
| parents have signed consent for a comprehensive, multidisciplinary evaluation and the agency does not provide an evaluation, | the parent was not ‘fully informed’ and there is no informed consent [(281-120(4)] and the agency is considered out of compliance |
| parent signs consent for evaluation w/PWN and cannot be found after that (to schedule or complete the evaluation) | <ul style="list-style-type: none"> • the Service Coordinator follows procedures on Inability to contact family (see previous pages). • Sends a Prior Written Notice with a 2nd letter documenting that the agency will not be conducting an evaluation. <p><i>Note.</i> If the PWN comes back undeliverable, file the returned envelope and PWN in the child’s record.</p> |
| the agency does not provide an evaluation, | <p>the agency must provide Prior Written Notice to the family that an evaluation will not be conducted.</p> <p><i>Note.</i> Screening procedures shall not be considered an evaluation.</p> |

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**Intake:
Decline of
evaluation**

The parent has the right to decline or refuse evaluation for their child. If the parent declines the evaluation, the Service Coordinator makes reasonable efforts to ensure the parent:

- is fully aware of the nature of the evaluation and assessment or the services that would be available;
 - is fully aware that Early ACCESS services cannot be provided without a comprehensive multidisciplinary evaluation. All [10] areas of the child's development are required to be evaluated; and
 - understands that the child will not be able to receive the evaluation or services unless consent is given.
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**Intake: Decline
of evaluation**
(continued)

Service Coordinators are to follow the steps in the table below if a parent declines the evaluation.

| Steps | Description |
|-------|--|
| 1 | Suggest other available community resources and leave contact information for future use, if needed by the family. |
| 2 | Complete a <i>Prior Written Notice</i> indicating: <ul style="list-style-type: none"> • EA is declining to conduct comprehensive evaluation due to parent request. • SC shared above “reasonable efforts” information. • Parent was informed of other community services. |
| 3 | Provide a copy of the <i>Prior Written Notice</i> to the family. |
| 4 | Go to Edit Intake in web IFSP and close the case. |
| 5 | SC completes the following for data entry and record keeping to close-out the file. IFSP and related forms include: <ul style="list-style-type: none"> • <i>Intake/Referral</i> • <i>Authorization to Release Health Information</i>, if used • <i>Authorization for Exchange of Information</i>, if used • <i>Prior Written Notice</i> • <i>Service Coordinator Log Sheets</i> |

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Intake/ Referrals from NICU

It is common for children in the hospital (NICU) to be referred to Early ACCESS prior to discharge. It is recommended that Early ACCESS contacts the parents following the referral and may offer the Early ACCESS evaluation to parents after the child is discharged.

| If | Then | Notes |
|--|---|--|
| <p>Family does not want to proceed until after the child is home</p> | <ul style="list-style-type: none"> • Share Early ACCESS contact information and • Hold the referral until parent contacts Service Coordinator | <ul style="list-style-type: none"> • Document all encounters, activities and decisions in the Notes section of the Intake screen using the Edit Intake function. • Activate the referral after the family contacts the Service Coordinator, obtain Consent for Evaluation with Prior Written Notice and implement initial evaluation procedures. • If 45 day timeline cannot be met for the evaluation and initial IFSP, document family reason for delay. • If applicable, discuss concerns about repeated referrals before discharge with Regional Liaison/Coordinator who will inform State EA Staff. |

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**Intake/
Referrals from
NICU**
(continued)

| If | Then | Notes |
|---|--|--|
| Family does not want to proceed and indicates they would not be interested in Early ACCESS at a later date | <ul style="list-style-type: none"> • Share Early ACCESS contact information and • Follow above procedures for decline of evaluation | |
| Family is interested in service coordination and assistance in identifying needed community resources and transition planning from hospital to home | <ul style="list-style-type: none"> • Sign consent for evaluation with prior written notice, develop interim IFSP, and conduct initial evaluation. | <ul style="list-style-type: none"> • Document all encounters and activities in service coordinator log • If 45 day timeline cannot be met for the evaluation and initial IFSP, document family reason for delay. |