

Section 2: Referral/Comprehensive Identification Procedures

Referral definition

Referral is a systematic method to link potentially eligible children and families to Early ACCESS [281-120.27(2)].

- An infant or toddler may be referred to Early ACCESS with parent knowledge and approval. Written parental consent is not required.
 - A child may be referred to EA if there is any indication of a concern by a parent or professional.
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Coordination of referrals

Referrals may be coordinated through two resources:

- Iowa Central Point of Contact, Early ACCESS Iowa, and
- Regional (AEA) Early ACCESS offices.

Using established procedures, Early ACCESS Iowa immediately patches the caller directly to Early ACCESS regional AEA staff. Also, referrals may be made directly to the AEAs within each region. Referral data are managed through these centralized points to collect and analyze state and regional data to assess the effectiveness of the system.

Note: Early ACCESS Iowa facilitates referrals and is NOT considered a referral source (see Primary referral sources list below).

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Redirecting referral information

AEA staff must be prepared to take referral information from any referral source and for any region. If a referral call is received for a child who does not live in the region where the call is received, the AEA staff must accept the referral information. Agencies will not tell the referral source to call the appropriate Agency.

Transfer of the referral information to the appropriate region or Signatory Agency is accomplished by **one** of the following:

	If...	Then...	And...
OR	A referral comes into the wrong region	The receiving agency answering the phone takes the information to begin the intake process	<ul style="list-style-type: none"> • The receiving agency enters the information into the web IFSP as a new intake and assigns the child to the appropriate AEA or Signatory Agency • A courtesy call is placed to the appropriate AEA or Signatory Agency to notify them that a new intake has been entered.
	A referral comes into the wrong region	The receiving agency answering the phone takes the information to begin the intake process	<ul style="list-style-type: none"> • The receiving agency faxes the intake information to the appropriate AEA or Signatory Agency • A courtesy call is placed to the appropriate AEA or Signatory Agency to notify them that a new referral has been sent via fax.

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Primary referral sources

Primary referral sources include but are not limited to the following:

- Parent, family, or other persons designated as a parent
- Title V/EPSTDT Child Health includes Title V agencies (ESPDT Care Coordination, 1st Five, etc.)
- Physicians (Pediatric, Family, Sub-specialty or General Practices)
- Local or area education agencies (LEA/AEA)
- Hospitals and hospital-based high-risk follow-up programs
- Health Other, including County Public Health; home health agencies; etc. (not hospital, not primary care, not Title V, not CHSC, not WIC)
- Child Health Specialty Clinics Signatory Agency (Clinical Program)
- Department of Human Services Signatory Agency (child abuse prevention and treatment act (CAPTA) referrals, Foster Care)
- Family Support Services (e.g. ISU Extension; Lutheran Social Services; PAT; HOPES, HOPES-like; Healthy Families; CCR & R, CAPP agencies; programs supported by community empowerment areas, etc.)
- Child Care Program providers (child development homes, centers, etc)
- Head Start programs and Early Head Start programs
- Iowa's Early Hearing Detection and Intervention program at the Iowa Department of Public Health
- Women, Infants and Children (WIC)
- Families and/or provider agencies that are connecting families who have out-of-state IFSPs to Iowa's Part C/Early ACCESS program

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**Referral:
Request for
records**

Referral sources and other agencies may have:

- child health and medical records;
- prior developmental and/or specialty screenings, evaluations; and
- information about prior and current services.

If reports and records are available from the referral source, at the time of intake, the Service Coordinator or designated staff seeks to obtain all existing information. A release/exchange form signed by the parent is required for the exchange of information between agencies.

Due to two differing federal confidentiality laws, there are two types of releases:

Type	Description	Federal Confidentiality Law
1	release of <i>health/medical</i> information and	HIPPA
2	general, non-medical information	FERPA

Both authorizations are valid for up to one year, unless specified otherwise by the parent on the form.

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**Referral:
Follow-up**

Once a referral is received by the AEA or any agency, it is required to follow-up with the referral source. Communication with the source of referral is important to:

- obtain records and prior evaluations (reduce duplication);
- maintain the family's network of support;
- sustain professional courtesy; and
- support future referrals to Early ACCESS.

Service Coordinators communicate with referral sources following the initial contact with the family, after the child assessment or evaluation, and on an ongoing basis to share child progress updates, depending on referral source and family preferences.

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Referral: Communication with referral source

Communication with the initial referral source (e.g. physician) is required and important to the IFSP team and the ongoing system of care and support to the child and family. It can occur in one of several methods:

- Phone call
- Email
- Letter by U.S. mail
- Fax

The Service Coordinator uses the outlined steps to follow-up with referral sources:

Step	Action
1	Obtain a signed <i>Authorization for Exchange of Information</i> form from the parent. (A signed release sent with the referral is acceptable.) <ul style="list-style-type: none"> • No information may be shared without written parental consent. • The information may be sent by mail in a sealed envelope, with written consent; no postcard communication allowed. • In cases when authorization cannot be obtained, only the child's name may be shared with the referral source.
2	Acknowledge receipt of the referral. <ul style="list-style-type: none"> • Provide name of Service Coordinator and contact number. • Invite referral source to indicate level of participation on the IFSP team, with parent consent (<i>LEVEL OF INVOLVEMENT LETTER</i>).
3	Complete Evaluation and IFSP Meeting. Note: The referring source may attend the IFSP meeting if they indicated they want to be part of the team in developing the IFSP. This would require parent consent.
4.	Communicate with Referral source the results. <ul style="list-style-type: none"> • Describe Early ACCESS eligibility status of child and family acceptance or rejection of Early ACCESS services. • Provide copy or summary of the IFSP outcomes and services as indicated by referral source preferences (<i>RESULTS LETTER</i>).

- Note:** There may be two times formal communication is needed with referral source.
1. Determine level of involvement from referral source.
 2. Share results if requested by referral source.

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**Other referral
sources:
DHS / CAPTA**

The Child Abuse Prevention and Treatment Act (CAPTA) is another source of referrals from Department of Human Services (DHS) to Early ACCESS. The Iowa Departments of Education and Human Services have agreed upon Department roles and the process used to refer children with substantiated cases of abuse or neglect to Early ACCESS.

The agreement includes the following:

Step	Action
1	The Department of Human Services provides Early ACCESS Iowa a weekly list of children younger than 3 years of age who have been abused or neglected.
2	Early ACCESS Iowa (Central Point of Contact) sends a letter to the family that describes Early ACCESS and asks if the parents would like to have their child evaluated.
3	Families that respond to the letter are referred to the appropriate Early ACCESS region (AEA).
4	The AEA assigns a Service Coordinator who contacts the family.
5	If the child referred is less than 45 days prior to his/her third birthday, Early ACCESS refers the child to the Area Education Agency Special Education staff.

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**Other referral sources:
Out-of-state**

If a child and family moves to Iowa from another state and currently has an IFSP, this is considered as a source of referral. (States vary in Administrative Rules to implement IDEA-Part C; Iowa's implementation procedure is to consider this as a referral from another source.)

The following steps are used for families moving to Iowa:

Step	Action
1	Intake/Referral is completed, following Intake procedures;
2	Assign a Service Coordinator;
3	Follow Service Coordinator procedures and discuss with the family state to state variation of provision of early intervention services;
4	Review the out of state IFSP and any record(s) available regarding the child;
5	Provide the parent with <i>Prior Written Notice</i> of the proposed action to implement the out of state IFSP to the best of the Region's ability and assign new providers until Iowa eligibility is determined; and
6	Obtain a <i>Consent for Early ACCESS Evaluation with Prior Written Notice</i> to proceed as a new referral.
7	Conduct comprehensive multidisciplinary evaluation to determine Iowa eligibility and follow procedures as a new referral.

Note. The Iowa IFSP team is to use all timely available evaluation and assessment information from the other state as a starting point for evaluation activities (i.e. do not need to re-administer assessments). This would be considered "review of existing records." See RIOT explanation in Comprehensive Identification Section.

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Use of referral source data

Each year, AEAs collect and analyze sources of referral data. AEAs are committed to analyzing Child Find data to study effectiveness in identifying eligible infants and toddlers, including special populations:

- under-representation;
- Native American children;
- Homeless;
- wards of the state;
- children in foster care;
- premature infants; and/or
- children affected by prenatal exposure to drugs.

After analyzing data, AEAs develop activities to increase and seek appropriate sources of referrals to reach all children and families who may be eligible for Early ACCESS.
