

# North Carolina Infant-Toddler Program Procedural Guidance

Reference: Infant-Toddler Program Services Policy

## *Referrals*

### **Introduction**

In order to receive services provided by the North Carolina Infant-Toddler Program, children must be referred and deemed eligible. Children between birth and age three (regardless of the child's age at the time of referral) are entitled to the full range of Infant-Toddler Program services, including referral, eligibility determination, Individualized Family Service Plan development, and service delivery. The North Carolina Infant-Toddler Program (ITP) must ensure that evaluation and assessment activities are completed and, where the child is found eligible, a meeting to develop the initial Individualized Family Service Plan must be conducted within forty-five (45) calendar days after a child is referred to the Infant-Toddler Program, unless the parent indicates otherwise. The CDSA must carefully document any reasons for delays in the early intervention record. There is a flow chart of the process for "Entry into North Carolina's Infant-Toddler Program" at the end of this procedural document.

The CDSA is responsible for developing procedures for managing referrals, designating a Service Coordinator, determining eligibility, and making arrangements for the initial Infant-Toddler Program evaluation, if needed. Any child who appears to meet the eligibility criteria for the Infant-Toddler Program must be referred. (*For additional information, see the Evaluation, Eligibility Determination and Eligibility Categories Procedures.*)

### **Procedures**

#### **1. Referral Sources**

- A. Referral sources are required to notify the CDSA as soon as possible, but in no case more than seven (7) days of identifying children who may be eligible (i.e., would meet one of the eligibility categories and, therefore, be entitled to the rights and services of the Infant-Toddler Program). Any source or method may be used to make referrals to the Infant-Toddler Program for infants and toddlers who may be eligible. Referral sources are strongly encouraged to inform families that they are making a referral and, whenever possible, obtain written parental authorization to share relevant information beyond 'required child find information' (*see child find requirements below in section B*). Thereby, families are more likely prepared to receive a contact regarding Infant-Toddler Program services. State child find laws require the referral source to make a child who may be eligible for the Infant-Toddler Program known to the CDSA even if the parent does not want the child to be referred. The fact that the parent is not interested in pursuing the child's eligibility and enrollment must be shared with the CDSA, who will document the notification, but take no action.

B. According to federal regulations, referral sources include hospitals, physicians, the parent, childcare programs, public schools, public health facilities, other social service agencies, other health care providers, and any other public or private agency receiving public funds. Written authorization by the parent is not required before the referral source notifies the CDSA of the child. North Carolina child find requirements allow the person or agency making the referral to share the child's name, date of birth, address, telephone number, parent's name, and the general fact that the child may be eligible for the Infant-Toddler Program. This information is needed to determine if the child is already receiving services from any local agencies and to make contact with the family. The information shared should only be basic facts that would aid in an initial conversation with the family. Details of specific diagnostic information about the child, family situations, sensitive issues, and information not relevant to the referral cannot be discussed without the parent's written authorization. Beyond the initial referral, the parent gives written parental consent to proceed with the process of determining the child's eligibility for the Infant-Toddler Program and before any further discussion about the child and family can take place. The Children's Developmental Services Agency should notify referral sources about the status of their referrals to the Infant-Toddler Program using the *NC ITP Referral Update Form*. (For additional information, see *Policy on Procedural Safeguards and the Confidentiality and Prior Written Notice Procedures*.)

## 2. Visual or Hearing Disability

If there is a diagnosed or suspected visual or hearing disability, the CDSA must discuss the referral with the appropriate Office of Early Learning, Sensory Support program. This discussion must include a review of any existing evaluations and the planning of additional evaluations/assessments.

## 3. Service Coordinator Assignment

Within two (2) working days of receiving a referral, the CDSA will assign a Service Coordinator to assist the child and family. In designating this Service Coordinator, the CDSA should assign the most appropriate person in order to minimize the need for a change to a different Service Coordinator in the future. The assigned Service Coordinator must contact the parent immediately to introduce the Infant-Toddler Program.

**Initial encounters with families by Service Coordinators include (but are not limited to):**

- listening to the parent's concerns and preferences;
- gathering relevant demographic information;
- completing relevant sections of the *NC ITP Referral Form*;
- explaining the Infant-Toddler Program;
- providing parent with a copy of the *NC ITP Parent Handbook* and explaining pertinent rights and safeguards;
- reviewing the *NC ITP Notice of Child and Family Rights* with the parent(s);
- discussing the initial multidisciplinary evaluation and obtaining the parent's signature on the *NC ITP Prior Written Notice and Consent for Evaluation and Assessment Form* indicating the parent's consent to proceed with the initial eligibility determination, and acknowledgement that

the parent has received a copy of the ***Parent Handbook*** and that the ***Notice of Child and Family Rights*** has been received and reviewed with the parent(s);

- obtaining the parent’s written authorization on the ***NC ITP Authorization to Disclose Health Information Form*** to request information that will assist with eligibility determination and intervention planning (e.g., medical reports, previous evaluation reports) and to establish on-going communication with the referral source and the child’s primary physician;
- obtaining the parent’s written authorization on the ***NC ITP Request for Restrictions on Use and Disclosure of Health Information Form***, if the parent wishes to place any such restrictions;
- completing the ***NC ITP Financial Data Collection Form*** used by the Infant-Toddler Program; and
- outlining with the parent the supports needed to proceed through the eligibility process.

#### 4. NC ITP Parent Handbook

The ***Parent Handbook*** explains the role and philosophy of the NC Infant-Toddler Program in family-friendly terms. It includes, but is not limited to:

- a description of the referral and eligibility determination process;
  - information about intervention planning and Infant-Toddler Program services and supports;
  - information about transition planning; and
  - a summary of child and family rights and procedural safeguards.
- A. A copy of the ***Parent Handbook*** should be given to and reviewed with parents at the time of referral to the Infant-Toddler Program, prior to the initial multidisciplinary evaluation or assessment. The ***Parent Handbook*** is a tool to help explain key steps in the process throughout a child’s enrollment in the Infant-Toddler Program. For example, some information in the ***Parent Handbook*** may be helpful to review with families during an annual IFSP meeting or during transition planning.
- B. The ***Parent Handbook*** includes a summary of child and family rights and procedural safeguards information. An official notice of rights and detailed definitions of these rights is available for families in the ***Notice of Child and Family Rights***.
- C. It is recommended that Service Coordinators help parents to keep a notebook on their child that can help organize important documents such as the ***Parent Handbook***, ***Notice of Child and Family Rights***, health records, evaluation results, medical reports, letters, notices of meetings, the Individualized Family Service Plan, and other essential materials.
- D. The ***Parent Handbook*** is available in English, Spanish, Arabic, Chinese (Traditional), French, Hmong, Korean, Swahili, and Vietnamese. These translations may be downloaded from <https://bearly.nc.gov/index.php/staff/translations>.

## 5. Referrals Deemed Inappropriate

The CDSA may occasionally receive a referral that is deemed inappropriate for the North Carolina Infant-Toddler Program prior to conducting an initial Infant-Toddler Program evaluation. The only reason that a referral to the ITP is deemed inappropriate is when the referral is for children over the age of three. For referrals that are received for children over the age of three, information should be shared about other program(s) or community resources and/or providers, including LEA, as appropriate. These referrals should not be entered in HIS.

### **Referrals Unrelated To Developmental Concerns**

When referrals are received unrelated to developmental concerns, the referral should be processed, and ITP services discussed with the family. If the family declines to move forward with determining eligibility for the Infant-Toddler Program, the record is closed and documented in Health Information System (HIS) as “family declines eligibility determination.” The decision to decline eligibility determination should be communicated in writing to the family using the *NC ITP Rights at Referral Letter* and to the referral source using the *Referral Update Form*, if applicable. Written authorization from the parent is required to make referrals to other programs or community providers.

### **Referrals Received with Incomplete Child Find Information**

When referrals are received with incomplete child find information, the CDSA should contact the referral source and request the missing information. These referrals are only entered in HIS when the referral information is complete. The date of referral will be the date that all children find information is obtained.

### **Referrals That Are Not Within the Appropriate CDSA Catchment Area**

The CDSA may occasionally receive referrals that are not within their catchment area. When a referral is initially received by the CDSA and it is determined that the referral is not within the appropriate catchment area, the CDSA should accept the referral and document the receipt of the referral into HIS on the Referral screen. The date of receipt would serve as the official date for the child’s referral to the North Carolina Infant-Toddler Program regardless of whether or not the receiving CDSA is the appropriate agency to serve the child for Infant-Toddler Program services.

The CDSA receiving the initial referral should initiate the transfer process as soon as possible by sending the original referral form to the appropriate CDSA and entering the referral disposition into HIS as child transferred to another CDSA and note within documentation that they have transferred the child to the appropriate CDSA. The CDSA in the appropriate catchment area should honor the original referral date to the NCITP when calculating the 45-day timeline.

The CDSA that accepted the referral should inform the referral source that the referral was received and notify them of the appropriate CDSA, and that the referral has been transferred to the CDSA that will be serving the child.

### **Post-Referral Timeline (45-Day Timeline)**

The post-referral timeline, more commonly referred to as the 45-day timeline, begins on the day the CDSA receives a referral on a child who may be eligible for Infant-Toddler Program services. The timeline consists of forty-five calendar days within which an initial evaluation of the child, initial assessments of the child and family, and the initial Individualized Family Service Plan meeting (where

applicable) should occur. For example, if a child is referred to a CDSA on June 3rd, an evaluation, assessments, and the Individualized Family Service Plan meeting must be held by July 18th.

### **Families' Right to Proceed at Their Own Pace**

Service Coordinators must ensure that each parent understands their rights related to the processes of completing the initial evaluation of the child for eligibility determination purposes, initial assessments of the child and family for care planning purposes, and completion of the initial Individualized Family Service Plan meeting. Related safeguards are in place, enabling parents to proceed at their own pace.

Parents dictate the pace at which any action occurs according to their family's unique needs and circumstances. The intention of the post-referral timeline is to expedite necessary actions in order to serve the best interests of the child and family.

A parent may alter the pace and timeframe for completion of requirements by requesting (or otherwise initiating) a delay in the process. A parent's request for (or initiation of) delay does not negate the 45-day timeline; instead, the process is extended beyond the 45-day expectation as a result of circumstances impacting the family's desire or ability to move forward. The CDSA will not be held responsible when exceptional family circumstances cause a delay in the post-referral timeline. In some instances, families may specifically request a delay in the process. In other instances, and often due to circumstances beyond their control, a family cannot be located or does not respond to a CDSA's reasonable attempts to contact them. All such instances must be documented and filed in the child's record at the time of the notation.

The expectation of the Infant-Toddler Program to complete the initial evaluation of the child, initial child and family assessments, and the Individualized Family Service Plan meeting within the 45-day timeframe remains unless the parent changes this expectation by verbal or written request or by other exceptional circumstances.

A parent who chooses not to enroll a child in the Infant-Toddler Program should be informed that the law does not protect them should the parent feel that a particular service or entitlement under the Infant-Toddler Program has been denied them. The parent must be fully informed of the consequences of the choice not to enroll and the right to request services at a later date. For example, a child who is not enrolled in the Infant-Toddler Program is not granted the transition assurances for Preschool Program placement entitled to children enrolled in the Infant-Toddler Program, including guaranteed placement, if eligible, on the child's third birthday.

If the parent chooses not to enroll their child in the Infant-Toddler Program or the child ceases to be enrolled at some point, the CDSA should discuss the need for other services or supports with the parent and make a referral to other programs(s) or community provider(s), as appropriate. Written authorization from the parent is required to make such referrals. The CDSA should share information with the parent about other community resources, as appropriate.

## Special Considerations

### A. When the Parent is Not Engaged in the Referral and Eligibility Determination Process

When a parent is not engaged in the Infant-Toddler Program referral and eligibility determination process, the Service Coordinator must make numerous and varied attempts to contact the parent (e.g., phone calls, home visits, mail, requesting assistance from the referral source, the child's physician, relatives, or other community resources). The **Referral Update Form** should be used to solicit the referring program's help in contacting the family. If unsuccessful in contacting the parent or resolving issues related to the parent's lack of participation, the Service Coordinator must send the parent a letter by mail that:

- i. reviews what the Infant-Toddler Program is and how it may be beneficial to the child and family;
- ii. states who referred the child and why;
- iii. includes a copy of the **Notice of Child and Family Rights** under the Infant-Toddler Program;
- iv. states that attempt to involve the parent have been unsuccessful and briefly describes these attempts;
- v. requests that the parent contact the Service Coordinator within ten (10) calendar days, if the parent wishes to discuss continued involvement and the receipt of services; and
- vi. informs the parent that he may contact the CDSA at any time in the future about resuming participation in the Infant-Toddler Program.

If the parent does not respond to this letter, the Service Coordinator must document the lack of response in the child's record and stop the referral and eligibility determination process. The Service Coordinator must inform the family of their rights regarding confidentiality and the referral using the **Rights at Referral Letter**. If the parent does respond, but states that he does not want to proceed with the referral and eligibility determination process at the present time, the Service Coordinator must document the parent's decision in the child's record and send the family the **Rights at Referral Letter**. A copy of all written communication to the parent and notes of any other attempts to communicate with the parent must be filed in the child's record. The **Referral Update Form** should be used to notify the referring program of any decisions made regarding eligibility.

### B. Initiation of Urgent Interventions

Under certain circumstances, Infant-Toddler Program services may commence for an eligible child and family before the completion of the initial Infant-Toddler Program evaluation and the development of the initial Individualized Family Service Plan. The parent, the Service Coordinator, and the service providers who have initiated such services must develop an Interim Individualized Family Service Plan. (*For additional information, see Individualized Family Service Plan Procedures.*)

### **C. Children with Extended Hospital Stays**

A child under age 3 who is hospitalized has the same Infant-Toddler Program rights to referral, eligibility determination, Individualized Family Service Plan development, and service delivery as a child living with his or her family in the community. The CDSA must work with hospitals to ensure mechanisms are in place for making referrals, sharing information with families, maintaining effective and efficient communication, conducting evaluations, planning, and delivering appropriate services to the child and family, and ensuring appropriate implementation of Infant-Toddler Program requirements. While all Infant-Toddler Program assurances must be met for these children and their families, services cannot be billed to third party payers or public/private insurance by non-hospital providers while the child is an inpatient in the hospital.

If extended hospitalization occurs at the time of the birth of the child, upon establishing reasonable expectation that the child will survive, hospitals are required to make a referral to the appropriate CDSA within seven (7) working days of identifying a child who may be eligible. The CDSA in the child's county of residence is responsible for ensuring that all aspects of the Infant-Toddler Program are implemented. If personnel are available in the hospital to help facilitate the referral and eligibility processes, the assigned Service Coordinator may enlist their help with the activities that are a part of initial encounters with the parent. The CDSA must work with hospitals to ensure that the parent is provided with information about the Infant-Toddler Program, including the child's and family's rights, so that the parent can make an informed decision regarding the pursuit of eligibility determination.

### **D. When a Family Moves within the CDSA Catchment Area**

If a family moves during the referral and eligibility determination process, the CDSA must ensure that this process continues without interruption and proceeds as smoothly as possible for the child and family. The 45-day timeline requirement remains. If it is necessary to change the designation of the Service Coordinator, this must be done with sensitivity to the family's needs and with the least amount of disruption possible.

### **E. When a Family Moves from One CDSA Catchment Area to Another During the Referral Process**

If a family moves into a different CDSA catchment area during the referral and eligibility determination process, both Children's Developmental Services Agencies must ensure that this process continues as smoothly as possible for the child and family. Staff at the **sending CDSA** should inform the **receiving CDSA** that the family will be transferring as soon as possible once informed by the family. All information collected related to referral and eligibility determination must be copied by the **sending CDSA** and the copies sent immediately to the **receiving CDSA**. A new Service Coordinator must be designated at the **receiving CDSA** and must contact the parent immediately to develop and implement plans for proceeding with eligibility determination. All efforts to coordinate between the sending and receiving CDSA EISCs and evaluation teams should be made, with continuous shared and transparent information with the family. The initial 45-day timeline for referral does not change because a family moved and should be honored to the greatest extent possible. The CDSAs must coordinate and articulate a plan to ensure each CDSA knows its responsibility toward completing eligibility and, if appropriate, developing the IFSP.

**F. When a Child Moves from Another State**

If a child moves into North Carolina from another state where he was eligible for Part C of the Individuals with Disabilities Education Act, it is necessary to go through the North Carolina Infant-Toddler Program referral and eligibility determination process, as described in this procedural document because states have different eligibility criteria or definitions. If the evaluation and assessment information from the other state is less than six months old, is complete, and available for use, the requirements to complete an initial Infant-Toddler Program evaluation may not be necessary. *(For additional information, see Evaluation, Eligibility Determination and Eligibility Categories Procedures.)*

**G. When Children are Referred to the Infant-Toddler Program Close to Their Third Birthday**

**Children referred 45 – 90 days prior to third birthday**

Children referred to the Infant-Toddler Program close to their third birthday (typically 45 to 90 days prior to the child’s third birthday) are entitled to Infant-Toddler Program enrollment, including Individualized Family Service Plan development and service delivery. These referrals will be accepted and entered into HIS. When referral does occur close to the third birthday, it is recommended that the Infant-Toddler Program fully explain to the parent the following: the eligibility determination process, available services, and child and family rights, including rights to transition and service availability on the third birthday and similar information regarding LEA/Part B.

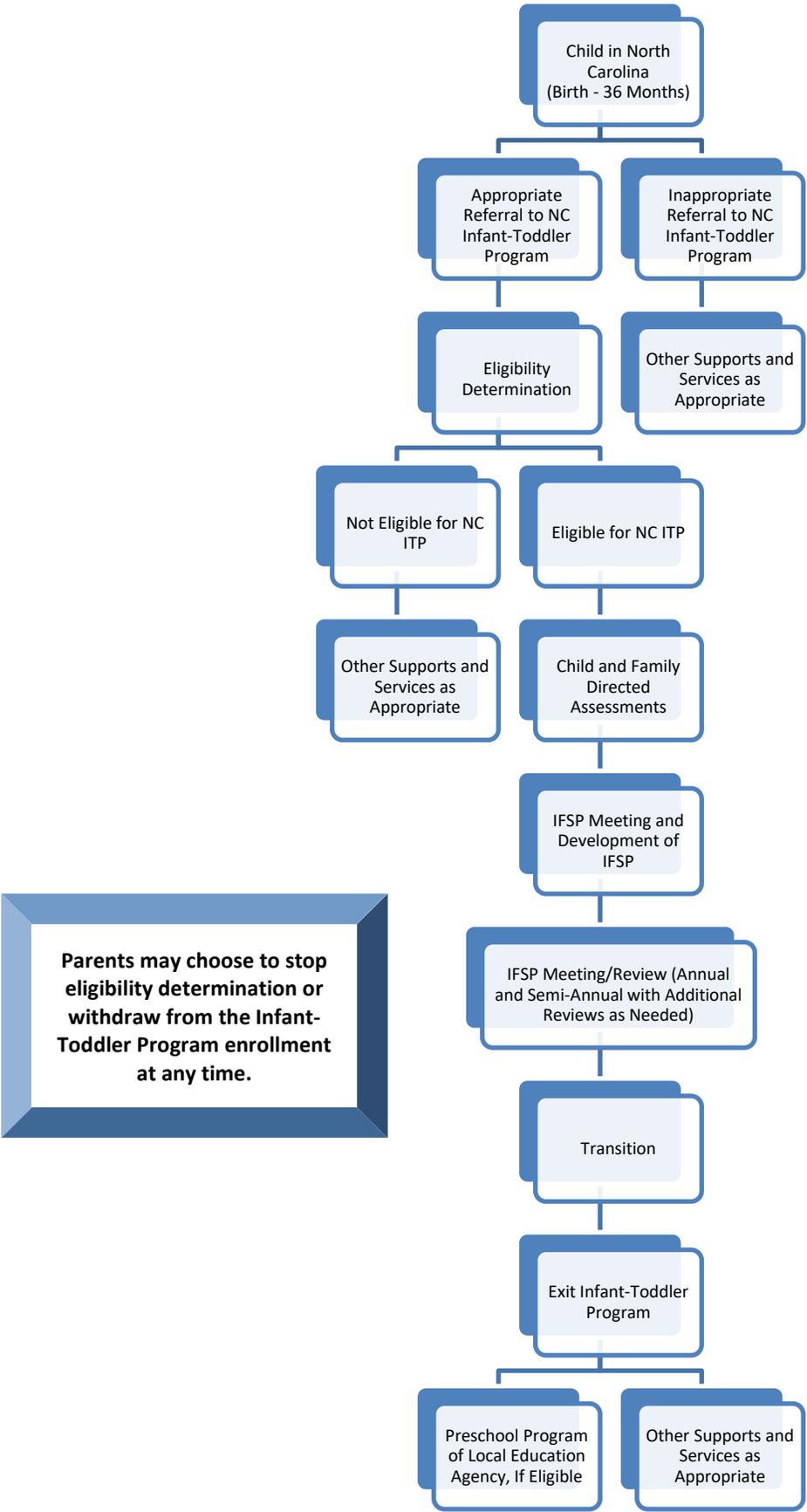
If the parent decides not to pursue eligibility determination for the Infant-Toddler Program but does wish to pursue Preschool Program services, the established Preschool Program referral procedures, including planning for necessary evaluations, should be initiated instead of those for the Infant-Toddler Program. (If the parent decides not to pursue eligibility for the Infant-Toddler Program and the Preschool Program, the parent must be informed of the CDSA’s requirement for Child Find reporting to the Local Education Agency.) If the parent wishes to be considered for participation in the Infant-Toddler Program, the existing Infant-Toddler Program eligibility determination procedures are to be followed. Evaluation planning should consider the Preschool Program entry requirements to avoid subsequent duplicative evaluations. Because of the child's age, transition will be a major intervention focus on the Individualized Family Service Plan. *(For additional information, see Policy on Transition from the Infant-Toddler Program, Transition Procedures, Addendum to Procedure for Transition from the Infant-Toddler Program, and the current Guiding Practices for Early Childhood Transitions in NC.)*

The CDSA should discuss the need for services and supports after age three with the parent and make a referral(s) to other supports and services, as appropriate. Written authorization from the parent to make appropriate referral(s) is required.

**Children referred less than 45 days before third birthday**

If a child is referred to the lead agency fewer than 45 days before that toddler’s third birthday, the lead agency is not required to conduct the initial evaluation, assessment, or IFSP meeting,

However, the CDSA is required to participate in a variety of activities for purposes of child find to identify children potentially eligible for receiving Part C services. This requirement includes entering and documenting all referrals received (including children referred less than 45 days from their 3rd birthday) into HIS. Entering referrals for children referred less than 45 days from their 3rd birthday in HIS does not obligate the CDSA to determine the child's eligibility for the Infant-Toddler Program. Attempts to reach the family, conversations with the family regarding viable options, and assisting the family in linking with the LEA by providing the family with appropriate contact information or sharing contact information for other appropriate community programs, are to be documented in HIS. If the child may be eligible for preschool services or other services under Part B, the CDSA, with parental consent, is required to refer the toddler to the SEA and appropriate LEA.



# Data Entry Instructions for Referrals

## 1. Process for entering referrals in HIS (applies to new referrals, re-referrals, and transfers between CDSAs during the referral process)

- A. Children who have not been referred to a CDSA in the past will need to be registered in HIS using the Registration screen.
  - i. Both the MPI (Master Patient Index) and CNDS (Common Name Data Service) searches are required when registering a child.
  - ii. CDSA staff should enter as much information as possible for the CNDS search using one of the following combinations:
    - Last Name, First Name, and Sex
    - Last name, First Name, Sex, and Date of Birth
    - Social Security Number
    - CNDS/ID number
  - iii. The following demographic fields are required at registration:
    - Name
    - Sex
    - Date of Birth
    - County of Residence
    - Preferred Language
    - Ethnic Origin
    - Race
  - iv. Race and Ethnicity data entry:
    - When entering Race and Ethnicity information, these fields may not be left blank. Ethnicity information **MUST** be entered, whether the child is Hispanic/Latino or not. This is required for Federal reporting purposes. Race information may only be entered as “Unknown” for children whose Ethnicity is listed as Hispanic/Latino and whose families do not identify with any of the Race categories. Even for Hispanic/Latino families, Race should be entered whenever possible.
    - When entering “Other Race(s)” data – the race you select as the child’s Primary Race should not be re-entered under “Other Race(s).” This causes issues in determining multi-race children for federal reporting purposes.
  - v. The following fields are not required, but should be entered as available:
    - Client Physical Address fields

- Client’s Mailing Address fields (ONLY if different from Physical Address – do not re-enter Physical Address data in these fields)
  - Client Confidential Address data (if applicable)
  - Phone contact information – home phone, work phone, cell phone, alternative phone
  - Other fields may be entered where required locally. Many of these fields are available in the Client Services Data Warehouse for use in queries.
- vi. Once registered, the child’s referral information must be entered on the Incoming Referral screen.
- a) The following are required fields for the Incoming Referral Screen:
- Date Referral Received
  - Referral Status – Active vs Closed (all required fields must be completed prior to marking status as Closed)
  - Referral Source Type
  - Referral Source Name (for Established Referral Sources)
  - Name of Person Making Referral and/or Agency/Office for which Referral Person Works (for Other Referral Sources)
  - Referral Source Category (for Other Referral Sources)
  - Program Referral To
  - Parent/Legally responsible party and their Name
  - Reason for Closure

The screenshot shows a web-based form for entering referral information. The form is titled "Input Referral Information" and is part of the "Incoming Referrals" section. It contains several sections of fields:

- Date Referral Received:** 03/27/2017
- Referral Status:** Active (selected), Closed
- Reason for Closure:** Does not meet eligibility criteria for ITP
- Other Reason for Closure:** (empty text field)
- Referral Source Type:** Established Referral Source
- Referral Source Name:** Wilkes Pediatrics (PHY601)
- Name of Person making referral:** (empty text field)
- Phone:** (empty text field)
- Agency/Office for which Referring Person Works:** (empty text field)
- CSC Referral Risk Factor(s):**
  - 100 Maternal age < 15 years
  - 101 Maternal PKU
  - 102 Mother HIV positive
  - 103 Maternal use of anticonvulsant, antineoplastic or anticoagulant d
  - 104 Parental blindness
- Parent / Legally responsible party:** Parent (selected), Legally responsible party
- Name:** Jessica Jones
- Street 1:** (empty text field)
- Street 2:** (empty text field)
- City:** (empty text field)
- State:** (dropdown menu)
- ZIP Code:** (empty text field)
- Program Referred To:** Other Services (dropdown menu)
- County:** (dropdown menu)
- Referral Source Category:** (dropdown menu)
- Other:** (empty text field)

The form is displayed in a browser window with a taskbar at the bottom showing the date 02/08/2018 09:00:39.

Information may be entered in other fields on the Incoming Referral screen. Most of these fields are also available in the Client Services Data Warehouse for use in queries if CDSAs choose to enter data in these fields.

- b) Additional information will need to be entered based on whether staff select an Established Referral source or “Other” Referral source. Established Referral sources have additional information entered in HIS on the Referral Source Maintenance screen, most importantly the Referral Source Category.

When selecting “Established Referral Source,” the Referral Source Name field becomes available. Staff must select a Referral Source in this field, or they will not be allowed to close and save their work.

The screenshot shows a web-based form titled "Incoming Referrals". On the left, there is a sidebar with a "Submit" button and several icons. The main form area is divided into several sections:

- Reason for Closure:** A dropdown menu with the selected option "Does not meet eligibility criteria for ITP".
- Other Reason for Closure:** An empty text input field.
- Referral Source Type:** A dropdown menu with the selected option "Established Referral Source".
- Referral Source Name:** A text input field containing "Wilkes Pediatrics (PHY601)".
- Name of Person making referral:** An empty text input field.
- Phone:** An empty text input field.
- City:** An empty text input field.
- State:** A dropdown menu.
- ZIP Code:** An empty text input field.
- Program Referred To:** A dropdown menu with the selected option "Other Services".
- County:** A dropdown menu.
- Referral Source Category:** A dropdown menu.
- Other:** An empty text input field.

When selecting “Other Referral Source,” staff must enter the name of the person/agency making the referral and select a Referral Source Category from the available drop-down menu.

c) Closure Reason and definitions

- Adoption with SSN Change – used for adoptions where the child’s SSN and CSND ID change and the HIS and paper file must be closed, and a new file opened on the child. *(See Procedures for Records of Adopted Children for additional details.)*
- Attempts to contact the parent and/or child were unsuccessful – used when staff were unable to contact or locate the family or child after repeated, documented attempts.
- Deceased – used if child passed away during the referral process.
- Does not meet eligibility criteria for ITP – the child has been evaluated and found not eligible.
- IFSP Developed – the child has been found eligible and an IFSP has been developed and signed and the child is enrolling in the ITP.
- Late Referral (Referred less than 45 days prior to their third birthday)
- Moved out-of-state – used when a child moved out-of-state during the referral process.
- Parent declined eligibility determination – used when parents choose not to have their child evaluated for eligibility.
- Parent declined enrollment although eligible – the child has been evaluated and found eligible, but the parents decline to enroll in the ITP.

- Transfer to another CDSA – used when children transfer to another CDSA during the referral process.
- vii. List of additional screens that must be completed.
  - a) Cross-Episode Financial Eligibility (Guarantor Information)
  - b) Financial Investigation (used for Sliding Fee Scale)
  - c) Assign Service Coordinator
  - d) Caseload Assignment (if using)
  - e) Diagnosis
- B. Children who have been referred at the CDSA but not enrolled.
  - i. No re-registration is required.
  - ii. Children who were referred but not enrolled should not have the Discharge screen completed in HIS upon re-referral.
  - iii. Open a new Incoming Referral screen and enter the child’s referral information as described in section 1.A.iii. above.
  - iv. Update child demographic and contact information on Update Client Data screen.
- C. Children who have been previously enrolled at a CDSA require additional steps.
  - i. Open the Discharge screen in HIS and discharge the child. This completely closes out the child’s previous episode in HIS and ensures that any information you enter for the current episode is clearly separated when viewing the child’s information in HIS.
    - a) Enter the date the client was excited from the I-TP in the Date of Discharge field.
    - b) Click the Current button to enter a time into the Discharge Time field.
    - c) Select Other from the Type of Discharge field.
    - d) Enter the practitioner’s name or ID that authorized the discharge in the Discharge Practitioner field.
  - ii. After the discharge screen has been completed, open a new Incoming Referral screen, and enter the child’s referral information as described in section 1.A.iii. above.
  - iii. Update child demographic and contact information on Update Client Data screen.
- D. Data entry for transfers during the referral process
  - i. The sending CDSA should ensure that a progress note is entered in HIS indicating that the child is transferring to another CDSA.
  - ii. The sending CDSA should close the referral in HIS with the Referral Closure Reason of “Transferred to another CDSA.”
  - iii. The receiving CDSA must complete the Registration module to get the client into its CDSA root system code (RSC) in HIS, unless the child has been previously registered at the receiving CDSA.

- a) If the child has been previously referred but not enrolled at the receiving CDSA, follow the instructions in 1.B. above for entering the new referral and updating the child’s demographic and contact information.
  - b) If the child has been previously enrolled at the receiving CDSA, follow the instructions in 1.C. above for discharging the child, entering the referral, and updating demographic and contact information.
- iv. The receiving CDSA should enter in the same referral date and referral source information that was entered at the sending CDSA. (The receiving CDSA should not enter the date they received the referral from the sending CDSA as the referral date. The receiving CDSA should not enter the referral source as “Other CDSA.”)
  - v. Other HIS modules that are completed for referrals are also required for transfers during the referral process, such as Assign Service Coordinator, Caseload Assignment (if using), Cross Episode Financial Eligibility, Financial Investigation, Diagnosis, and other modules necessary for documenting the provision of services and billing for services. These should all be completed by the receiving CDSA.
  - vi. If the child is transferred after the evaluation has been completed by the sending CDSA, and the receiving CDSA is using that evaluation for eligibility determination, the receiving CDSA may enter the evaluation in the Evaluation/Assessment module in HIS. Staff at the receiving CDSA should complete the required values (in red) based on the child’s initial eligibility (which was determined by the sending CDSA), including start date, evaluation date, and eligibility determination date. When searching for staff name use Practitioner ID “999” (Default Practitioner) for both fields. This will indicate that the staff at the receiving CDSA did not determine program eligibility for the child.
  - vii. Staff at the receiving CDSA should complete the referral and evaluation process as they would for any other child, selecting the appropriate referral closure reason in HIS once the process is complete.