

## Referral

### Introduction and Intent

*Early On* Michigan and the Individuals with Disabilities Education Act (IDEA) require that certain activities occur once a referral is received. Referral is defined as the process by which a local lead agency, typically the Intermediate School District (ISD), is notified of a suspected developmental delay or established condition for an infant or toddler, birth to age three. Infants and toddlers develop very quickly therefore it is critical to identify children and respond to referrals as soon as there is a suspicion of a developmental delay or established condition.

This section includes information regarding:

- Primary Referral Sources
- Receipt of Referrals
- Timelines
- Acknowledgement
- Notification
- Service Coordinator
- Referral without Clear Suspicion of Delay
- Service Area Boundaries
- Exceptional Circumstances
- Late Referrals
- Related Forms, Documents and Resources

### Primary Referral Sources

A primary referral source is an individual or agency that is most likely to be interacting with infants and toddlers and in a position to notice that a child might have a developmental delay or disability. Primary referral sources to *Early On* include:

- Hospitals, including prenatal and postnatal care facilities;
- Physicians;
- Parents;
- Child care programs and early learning programs;
- LEAs and school;
- Public health facilities and social service agencies, including child protective service and foster care;
- Homeless family shelters; and
- Domestic violence shelters and agencies.

A referral from a primary referral source to *Early On* should be made as soon as possible after identification of a suspected developmental delay or established condition, but in no case more than seven days from date of identification.

### Receipt of Referrals

Referrals can be received in a variety of ways, such as email, fax, phone calls, or in person. The local lead agency may have a

specific process to receive referrals. Referrals may come directly from a primary referral source to the local lead agency or through a referral system. Two common systems include the 1-800 *Early On* and the Child Abuse Prevention and Treatment Act (CAPTA) referral system.

The 1-800 *Early On* system is a statewide referral system through which referrals are made to a call center by phone, online, or fax. Call center staff ensure completeness of referrals and forward them to the appropriate local lead agency. More information about how referrals are made can be found in the "Child Find" section of the **Public Awareness, Child Find, and Referral** chapter of this Manual.

The CAPTA referral system mandates referrals of children that are the subject of substantiated child abuse/neglect in categories I and II cases from the Michigan Department of Health and Human Services (DHHS).

### **Timelines**

The family must be notified in writing that a referral has been received. This notification needs to be within **ten (10) calendar days** of receipt by the local lead agency.

The receipt of a referral by the local lead agency (typically an ISD) starts the 45-calendar-day timeline to complete the screening (if applicable), initial evaluation, initial assessments of the child and family, and the initial IFSP meeting. If screening is utilized, the evaluation, assessments, and IFSP meeting for an eligible child must be completed within the 45-calendar-day timeline. More information about screening can be found in the "Screening" section of the **Individualized Family Service Plan (IFSP) Process** chapter of this Manual.

The 45-day timeline begins on the **earliest date** the referral is received in the local service area, either by the local lead agency, local educational agencies (LEA), or by agencies with which the local lead agency has a contract or an agreement.

A referral made through the 1-800 *Early On* system is considered a referral the day it is sent to the local lead agency. A referral made via fax or email is considered received on the date that it is sent to the local lead agency, not the date it is discovered on the fax machine or printed from an email at the local lead agency.

### **Acknowledgment**

The local lead agency is responsible for ensuring that the primary referral source receives acknowledgement of receipt of the referral.

Note: This is only an acknowledgement that the local lead agency has received the referral. Information about evaluation, assessment, or other information should not be shared without a parent(s) providing informed consent as documented on a release of information form.

The referral can be considered acknowledged if it is made directly to a local lead agency and a two-way conversation takes place.

**Notification**

Written notification of the referral must be provided to the family within ten (10) calendar days of the receipt of the referral. This notification also includes:

- Initial notice of procedural safeguards,
- Confidentiality protections, and
- Information about *Early On*.

**Service Coordinator**

Once the referral is received by a local lead agency, a service coordinator is assigned as soon as possible.

**Referrals without Clear Suspicion of Delay**

There may be occasions when, based on the information in the referral, there isn't an established condition or a clear suspicion of a delay. Before proceeding to an evaluation, the service area should gather additional information from the family to help with determining if there is a suspicion of a developmental delay and a need to conduct an evaluation to determine eligibility for *Early On*.

If the service area is not going to conduct an evaluation, the parent must be provided with Prior Written Notice (PWN) explaining why an evaluation is not being conducted.

Additionally, service areas may opt to administer a screening tool to determine whether there is a suspicion of a developmental delay, and therefore a need to conduct an evaluation to determine eligibility for *Early On*. More information about screening can be found in the "Screening" section of the **Individualized Family Service Plan (IFSP) Process** chapter of this Manual. Parents may, at any time, decide not to move forward with an eligibility determination. PWN is not required if the parent decides not to move forward with eligibility determination. Although not required, PWN is beneficial to provide documentation of the decision made by the parent. More information about PWN can be found in the "Prior Written Notice" section of the **Procedural Safeguards** chapter of this Manual.

Although it is not reported in the state data system, it is beneficial for service areas to keep a record of referrals that do not result in an evaluation to assist with local service area planning and evaluation of Child Find activities.

### **Service Area Boundaries**

The geographical boundaries for *Early On* are the same as the ISD. The local lead agency is responsible for providing services for children who reside within the geographical boundaries of the ISD.

### **Exceptional Circumstance**

The 45-calendar-day timeline does not apply when:

- a child or parent is unavailable due to an exceptional family circumstance; or
- a parent has not provided consent for the screening, if applicable, initial evaluations or initial assessment of the child after documented, repeated attempts to obtain that consent.

*Early On* service coordinators must clearly document such circumstances in the child's early intervention record.

Completion of the screening (if appropriate), initial evaluation, initial assessments and initial IFSP meeting must take place as soon as possible after the documented circumstances no longer exist or parental consent is obtained.

Different situations may occur that make it difficult to contact a family regarding a referral. Service areas need to establish procedures about how to handle these and other situations. Written procedures are recommended.

Procedures must include:

- At least two different modes of contact when attempting to reach the family. Possible modes of contact include, but are not limited to; phone call, text message, email and letter.
- At least three attempts to contact the family. If after at least three attempts there has been no response or interaction with the family, the referral can be closed.
- For the final attempt, a letter sent to the family indicating the referral will be closed if there is no response from the family by a set date. The letter must state that *Early On* has been unable to reach the family and include *Early On* contact information. If contact is re-established after the referral has been closed, it would result in a new referral date.

**Late Referrals**

If a child is referred between two (2) years, six (6) months and two (2) years, ten and a half (10 ½) months (30 – 34.5 months):

- The referral is to be considered and handled as a Part C referral.
- It is not permissible to have a policy or practice to bypass the Part C referral.
- If there is a suspicion the child is eligible for special education, the Part C service coordinator must provide parents with information about options including pursuing *Early On* with a Michigan Mandatory Special Education (MMSE) evaluation or pursuing Preschool Special Education evaluation.
- Parents make an informed decision as to which evaluation option best fits their child and family. The Part C service coordinator is responsible for documenting this decision on a PWN form. Please see the PWN section for additional information.
- If parents make an informed decision to pursue an *Early On* evaluation or *Early On* with a MMSE evaluation, all requirements of an initial IFSP must be met. Due to timelines, the transition plan generally would be part of the initial IFSP.

If a child is referred 45 or fewer calendar days prior to the third birthday, the only requirement is for *Early On* to refer to Preschool Special Education if there is a suspicion that the child might be eligible for Preschool Special Education. Although not required, *Early On* may act on these referrals. The short timeframe might not allow sufficient time to complete the eligibility determination, assessments, and initial IFSP meeting.

**Related Forms, Documents and Resources**

[Early On® Parental Consent](#)

[Prior Written Notice: Birth to Three Years](#)

[ECTA Center Transition Requirements for Late Referrals to Part C](#)

**Federal Statute**

[§ 635\(a\)\(5\) Comprehensive child find system](#)

**Federal Regulations**

[§ 303.303 Referral procedures](#)

[§ 303.321\(a\)\(1\) Evaluation of the child and assessment of the child and family](#)

[§ 303.342\(a\) Meeting to develop initial IFSP - timelines](#)

**State Level Expectations/Guidance****Early On Michigan Part C of IDEA State Plan**

## **Section A General**

Referral is defined as the process by which the local lead agency is notified of a suspected developmental delay or established condition for an infant or toddler, birth to age three. Receipt of this notification denotes the beginning of the post-referral timeline under 303.310.

## **Section D Child Find, Evaluations and Assessments, and Individualized Family Service Plans**

### **Referral procedures (§ 303.303)**

Referral procedures and clarification of aligned regulatory responsibilities have been developed. Referral is the process by which the local lead agency is notified of a suspected developmental delay or established condition for an infant or toddler, birth to age three. Referrals can be made by contacting the child find or *Early On* coordinator at a local lead agency by contacting 1-800-EARLYON or via web ([Early On](#)). Procedures are in place to immediately route referrals to the local lead agency in which the family resides. The referral from a primary referral source to *Early On* should be made as soon as possible after identification of a suspected developmental delay or established condition, but in no case more than seven days from date of identification. The 45-day timeline from referral to evaluation/assessment and initial IFSP meeting begins with this notification.

#### *Primary referral sources*

Primary referral sources include:

- A. Hospitals, including prenatal and postnatal care facilities;
- B. Physicians;
- C. Parents, including parents of infants and toddlers;
- D. Child care programs and early learning programs;
- E. LEAs and schools;
- F. Public health facilities;
- G. Other public health or social service agencies;
- H. Other clinics and health care providers;
- I. Public agencies and staff in the child welfare system, including child protective service and foster care;
- J. Homeless family shelters; and
- K. Domestic violence shelters and agencies.

Primary referral sources are informed about referral procedures through *Early On* child find.

## **III. Post-Referral Procedures**

Once a referral is received by a local lead agency, a service coordinator is assigned as soon as possible and the family is provided with information about *Early On*. The following actions will occur:

- A. Acknowledge receipt of the referral to primary referral sources (as defined in IDEA). This will ensure referral sources that their referral has been received and assist in developing a collaborative relationship between *Early On* and its collaborative partners.
- B. Notify the family in writing of the referral, including initial notice of procedural safeguards and confidentiality protections, per § 303.404, within ten calendar days of the receipt of the referral by *Early On*. Parents will also receive information about *Early On*.
- C. Provide parents with prior written notice of the recommendation for an evaluation.

*Post-referral timeline (45 days) (§ 303.310)*

Within 45 calendar days after the receipt of the referral, screening (if applicable), assessment and evaluation activities are completed. If the child is eligible, an IFSP meeting is also held within the 45-day timeline. The 45-day timeline does not apply when a child or parent is unavailable due to an exceptional family circumstance or when a parent has not provided consent after documented repeated attempts to obtain that consent. *Early On* service providers are instructed to clearly document such circumstances in the child's early intervention records. Completion of the screening, initial evaluation, initial assessment, and/or initial IFSP meeting must take place as soon as possible after the documented circumstances no longer exist or parental consent is obtained. An interim IFSP should be developed and implemented, to the extent appropriate and consistent with § 303.345, as addressed later in Section D.