

# Rhode Island Early Intervention Certification Standards

## Policies and Procedures

### III. Referral and Intake

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Certified Early Intervention providers must develop policies and procedures to ensure all families who have an infant or toddler suspected of having a disability receive a timely response to referral and the completion of an Intake with the family to gather comprehensive information to plan the multi-disciplinary evaluation/assessment.

#### Referral

#### Referral procedures include:

- EI Providers must select a catchment area ~~of~~ which includes the cities and towns they serve. Each city and town must have at least 2 EI providers. Providers update their catchment areas twice yearly. All changes ~~and~~ must be approved by the lead agency.
- Referrals to EI providers ~~from state and community agencies, health insurers, health care providers, and families~~ must be accepted by telephone, fax, letter, ~~or in person. state and community agencies, health insurers, and health care providers or in person by families.~~ ~~Confirmation~~ Written acknowledgement of the receipt of the referral ~~may~~ must be provided to the primary referral source within one business day of receiving the referral, unless the primary referral source is the parent. (Written acknowledgement is not required when families self-refer.)
- Referrals to the EI provider by primary referral sources are made as soon as possible but in no case more than seven days after the child is identified as needing EI evaluation and assessment.
- Providers must accept all referrals in their catchment area. If there are circumstances that prevent a provider from a timely response to a referral the provider must inform the lead agency and assist the family to access another program.
- Referrals will be accepted by EI providers for children up to 34.5 months. Children referred older than 34.5 months are provided LEA contact information and encouraged to contact the district directly or, with parental consent, referred directly to the LEA and SEA.
- Information from a primary referral source is considered confidential under the Family Educational Rights and Privacy Act (FERPA). With parental consent, the primary referral source will receive timely feedback from the EI provider regarding if the child was found eligible for EI. ~~When parental consent is obtained,~~ feedback must be provided in a written format to the primary referral source within 45 days of referral and must be documented in each child's record.
- ~~If the contact information provided by the referral source is not valid (the phone number is disconnected or belongs to someone else, or mail sent to the address is returned as undeliverable), the~~ ~~if a family is~~

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#### Referral (*continued*)

~~unable to be located the~~ EI provider must contact the primary referral source for updated contact information. ~~If the contact information does appear valid, but the family is not responsive to outreach efforts, this engagement status can only be shared with the referral source when parental consent was obtained at time of referral.~~

- The EI provider must appoint a service coordinator as soon as possible for each referral.
- All information related to a referral must be recorded on the most recent version of the Rhode Island Early Intervention Referral and Demographics form and entered into the Welligent data system.
- A complete referral is defined as information received by a referral source which includes enough demographic information to enable the EI program to contact the family. The referral date is the date of the receipt of a complete referral.
- All complete referrals must be entered into the Welligent data system within 1 business day of receipt.
- All infants and toddlers referred must have a multidisciplinary evaluation/assessment and initial IFSP meeting conducted within 45 days of referral. The only exceptions to the 45-day time line are:
  - exceptional family circumstances which caused a delay that are documented in the child's EI records; or
  - the parent has not provided consent despite documented attempts by the EI provider.
- Procedures related to children referred to Early Intervention for a second time are found in the [RI Early Intervention IFSP Guidebook](#) ~~latest version of the IFSP Guidance Document is available~~ at <http://www.ric.edu/sherlockcenter/ei.html>.

#### **CAPTA Referral**

##### **303.27 Parent**

*Section 303.27 of IDEA defines parent as (A) a biological, adoptive, or foster parent of a child (unless a foster parent is prohibited by State law from serving as a parent); (B) a guardian authorized to act as the child's*

- The EI provider receives referrals for children from the Department of Children Youth and Families (DCYF) who:
  - are the subject of a substantiated case of abuse and neglect or
  - have been directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure or
  - are under three years of age and potentially eligible for Early Intervention

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#### **CAPTA Referral (continued)**

*parent (but not the State if the child is a ward of the State);  
(C) an individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or  
(D) an individual who has been appointed under 303.422 or section 639(a)(5) to be a surrogate parent.*

- **If the biological parent is available and retains rights as primary decision maker:**
  - The EI provider contacts the biological parent and the parent makes all decisions regarding EI services and signs all EI paperwork, including consents, releases, the IFSP and transition. Initial intake conversations should be done with the parent. If the child is in foster placement the EI provider should also visit the foster parent to gather information, but not necessarily with the parent at the same time/location. The confidentiality of the foster parent is protected, when appropriate.
  - If the biological parent is unable to be reached prior to the initial multidisciplinary evaluation/assessment, the DCYF case worker must be immediately informed, and events clearly documented on an SRF. DCYF will locate the biological parent so they can receive prior written notice. Early Intervention proceeds with the evaluation to determine eligibility with the foster parent.
  - If the child is found eligible for EI, IFSP development should be done with both the biological and foster families.
  - If at any time, attempts to contact the biological parent are unsuccessful and will result in a delay of the IFSP process; the foster family may act in the role of parent and make decisions regarding Early Intervention such as signing the IFSP and required consents. The DCYF case worker and DCYF EI liaison must be immediately informed, and events clearly documented on an SRF. The EI provider is notified of any change in the parent's status as decision maker by the DCYF EI liaison.
  
- **If the biological parent is available but the foster parent has been named as temporary decision maker:**
  - Until DCYF indicates otherwise, the foster parent may sign EI documents including Services Rendered Forms, IFSPs and consent forms. Intake conversations should be done with the biological parent and foster parent, but not necessarily at the same time/location. The biological parents should be updated regularly and be included in visits whenever possible. At any time, the biological parent may assume the role as primary decision maker about EI services. The EI provider is notified of any change in the parent's status as decision maker by the DCYF EI liaison.
  - The EI provider proceeds with prior written notice and evaluation/assessment to determine eligibility. If eligible, the IFSP is developed and signed by the foster parent. All information gathered via evaluation and IFSP should be

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#### CAPTA Referral (continued)

- shared with biological parent by whatever means makes sense (mail, phone, visit, etc.).
- When the child is 28 months old if the foster parent is still designated as the decision maker, the EI provider must contact the DCYF worker as a reminder to complete the DCYF Form 061 and submit it to the DCYF Educational Advocate Liaison to begin the process of designating an Educational Advocate. If the biological parent has assumed the role of decision maker, then he/she will participate in the transition process.
- **If the biological parent's whereabouts is unknown or their parental rights have been terminated and the foster parent has been named as decision maker:**
  - The EI provider contacts the foster parent who signs all EI documents including Services Rendered Forms, IFSPs and consent forms. A DCYF representative must sign all medical releases.
  - On or before the 6-month IFSP Progress Review, or an Annual Review of the IFSP, the EI provider must obtain an update regarding the status of the availability of the biological parent by speaking with the DCYF case worker. If appropriate the EI provider contacts the biological parent and is notified of any change in the parent's status as decision maker by the DCYF EI liaison.
  - When the child is 28 months old, EI Service Coordinator contacts the child's DCYF worker as a reminder to complete the DCYF Form 061 and submit it to the DCYF Educational Advocate Liaison to begin the process of designating an Educational Advocate.

#### Intake

#### Policies and procedures related to Intake include:

- The EI provider, upon receipt of a referral, must contact the referred family within five business days.
- All contact with the family must be in the family's chosen language and/or method of communication unless not feasible to do so.
- The intake process must include:
  - providing the parent with an overview of Early Intervention and the service delivery model (see Rhode Island Early Intervention Principles and Practices Policy);
  - gathering information from the family (parent concerns, developmental history, etc.) to assist with planning and individualizing the evaluation/assessment;

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#### Intake (*continued*)

- obtaining information from other sources as appropriate (biological/foster parent; custodial/non-custodial parent, child care provider);
  - explaining steps in the Intake and Evaluation/Assessment process;
  - explaining *Rhode Island Early Intervention Procedural Safeguards and Funding*
  - informing the parent of the Central Directory and providing the parent a copy if requested;
  - explaining the role of RIPIN Family Support Staff (Parent Consultant);
  - completing all intake forms and obtaining signatures, including agency releases to share/obtain information from the referral source and other sources relevant to Early Intervention.
- The most recent versions of paperwork required to be completed at Intake include:
    - Rhode Island Early Intervention Referral and Demographics form
    - Intake Services Rendered Form
    - Income Attestation
    - Consent to Evaluation/Assessment
    - Health Insurance Consent to Release Information
    - KIDSNET Consent to Release Information
    - Prior Written Notice for Evaluation/Assessment
    - Prior Written Notice for Eligibility/IFSP Meeting
    - The pages of the IFSP related to Family Concerns, Supports and Resources
  - A list of other important information required to review with families can be found at: <http://www.ric.edu/sherlockcenter/ei.html>.