



Practice Manual

Chapter 3: Referral, Intake and Evaluation

Missouri Department of Elementary and Secondary Education

Office of Special Education

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3 REFERRAL, INTAKE AND EVALUATION

The System Point of Entry (SPOE) ensures every child and family has equal access to early intervention services regardless of where the family lives in Missouri.

The referral, intake and evaluation processes involve numerous activities related to gathering information on the child and family which lead to the determination of the child's eligibility for First Steps. These activities include: introducing the family to the program, explaining parental rights, obtaining parental consent, collecting pertinent records, conducting any necessary evaluations of the child and reviewing all collected information.

SECTION I: REFERRAL

Missouri Part C State Plan Section IX. (34 CFR 303.303)

Timeliness is critical when referring children for early intervention services; therefore, children suspected of a developmental delay or disability must be referred to First Steps by appropriate referral sources within seven days after identification. Building a strong network between the SPOE and referral sources in a community assists in the early identification and referral of potentially eligible children.

A. Referral Sources

The state regulations outline which individuals and agencies may refer a child to First Steps. These identified individuals and agencies are called "primary referral sources." Primary referral sources are informed about the referral process and procedures through public awareness and child find activities.

1. Primary Referral Sources

The First Steps primary referral sources include:

- Hospitals, including prenatal and postnatal care facilities;
- Physicians;
- Parents;

- Child-care programs and early learning programs;
- Local educational agencies (including special education and Parents as Teachers) and schools;
- Public health facilities;
- Other public health or social service agencies;
- Other clinics and health care providers;
- Public agencies and staff in the child welfare system, including child protective service and foster care;
- Homeless family shelters; and,
- Domestic violence shelters and agencies.

Primary referral sources should consider First Steps eligibility criteria (i.e., newborn condition, medical condition or suspected developmental delay) prior to referring a child to First Steps because the First Steps program does not serve “at risk” children.

A primary referral source who suspects a child has a developmental delay or disability does not need parental permission prior to referral to First Steps. However, primary referral sources are encouraged to talk with families about First Steps before making the referral.

2. Non-Primary Referral Sources

Individuals who are not primary referral sources are other family members, friends and neighbors. Non-primary referral sources cannot make referrals to First Steps on behalf of a parent or child. If a referral is received from any other source than a primary referral source, the Service Coordinator refers the source to the parents so the parents can make the referral directly to the SPOE.

3. Mandated Referral Sources

The Department of Social Services - Children’s Division and health care providers are required to refer to First Steps: (1) children in situations of abuse/neglect; and, (2) children directly affected by illegal substance abuse or withdrawal symptoms as a result of prenatal drug exposure. As primary referral sources, the Children’s Division and health care providers are not required to obtain parental permission prior to making referrals to First Steps.

a) Child Abuse Prevention and Treatment Act

The Children’s Division is required to make a referral to First Steps for any child under the age of three who has been involved in a documented case of child abuse or neglect (i.e., a Preponderance of Evidence). This requirement comes from the Child Abuse Prevention and Treatment Act (CAPTA).

The purpose of CAPTA referrals is to promote early identification of children who have a high probability of developmental delays, including social/emotional skills. CAPTA referrals are not automatically eligible for First Steps. The SPOE responds to CAPTA referrals in the same manner as other referrals to First Steps.

If the referral source or the parent has any concerns about the child's current level of development, or if there is insufficient information to determine the child's current developmental status, then the Service Coordinator moves forward with scheduling an intake visit with the parent.

However, if the referral source and the parent have no concerns about the child's current level of development in any area, then either the parent can withdraw from First Steps or the SPOE may refuse the referral. The SPOE should connect the family to other resources and supports outside of First Steps (e.g., Parents as Teachers). The SPOE may develop a process to contact the family at a later time to see if there are new concerns with the child's development. If the child is in the custody of Children's Division or in foster care, then the SPOE should inform the Children's Division caseworker that the referral was refused.

b) Prenatal Drug Exposure

Primary referral sources (e.g., physicians, Neonatal Intensive Care Unit [NICU], hospital) are required to refer a child under the age of three who has been affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, otherwise known as neonatal abstinence syndrome or NAS. Prenatal drug exposure refers to cases where newborns are exposed to drugs in utero (e.g., illegal drugs such as heroin or prescription drugs like hydrocodone, oxycodone and morphine) and experience withdrawal shortly after birth.

This requirement comes from the Individuals with Disabilities Education Act (IDEA); however, in First Steps, referrals for prenatal drug exposure are not automatically eligible. The SPOE responds to these referrals in the same manner as other referrals.

If the referral source or the parent has any concerns about the child's current level of development, or if there is insufficient information to determine the child's current developmental status, then the Service Coordinator moves forward with scheduling an intake visit with the parent.

However, if the referral source and the parent have no concerns about the child's current level of development in any area, then either the parent can withdraw from First Steps or the SPOE may refuse the referral. The SPOE should connect the family to other resources and supports outside of First Steps (e.g., Parents as Teachers). The SPOE may develop a process to contact the family at a later time to see if there are new concerns with the child's development.

B. Initial Contact with the SPOE

An individual or agency may contact the SPOE to obtain more information about the First Steps program or to provide information about a young child. The SPOE must determine how to proceed based on the information shared with the SPOE.

When contacted by an individual or agency, the SPOE must distinguish if the information shared in the initial contact is an inquiry about the program or a referral. The procedures for each process include the following:

1. Inquiry

An inquiry may occur in a variety of ways. An inquiry may result from an individual entering an online referral or an individual calling the SPOE. The individual may provide information about a child who is over three years of age, ask the purpose of First Steps or request more information about eligibility criteria. If the individual provides the child's name and date of birth, a parent's name, parent contact information and the reason for contacting the SPOE, then the SPOE enters the information into WebSPOE. The SPOE inactivates the child's record with the reason: "Inquiry Only." This contact is stored as inquiry data and not referral data. The SPOE sends an *Inquiry Letter* (see Chapter 3 Letters) to the individual thanking them for his or her interest in early intervention through First Steps.

However, an inquiry may also occur when an individual contacting the SPOE wants general information about the First Steps program. If no personally identifiable information is shared, then SPOE may choose to maintain a record of the inquiry, but it is not required.

2. Referral

A referral occurs when a primary referral source contacts the SPOE with developmental concerns or medical information about a child who is birth to three years old. At minimum, a referral must contain the following:

- the child's name (first and last);
- the child's date of birth;
- a parent's name (first and last);
- parent contact information; and,
- reason for the referral.

To make a referral, primary referral sources may call the local SPOE office or send a referral form via fax, mail or email. Two referral forms are available: the standard *First Steps Referral Form* for use by all primary referral sources, and the *Neonatal Intensive Care Unit (NICU) First Steps Referral Form* (see Chapter 3 Forms) for use by the NICU only.

Once completed, referral forms are sent directly to the local SPOE office. First Steps operates a toll-free number which is available statewide at 1-866-583-2392 to assist primary referral sources in making a referral by phone. Additionally, primary referral sources may make online referrals to First Steps at www.mofirststeps.com.

If the initial contact does not contain enough information for a complete referral, then the SPOE contacts the referral source to obtain the necessary information. The 45-day timeline doesn't begin until the referral is complete.

C. 45-Day Timeline

Once the SPOE determines the initial contact is a referral, the SPOE must follow specific timelines throughout the referral process in order to provide timely, consistent services to all children and families referred to First Steps.

The SPOE has 45 days from the date of referral to the date of the Initial IFSP meeting to complete the intake, evaluation of the child, eligibility determination and IFSP meeting activities. A description of the required activities is outlined in the *Checklist for 45-Day Timeline Activities* (see Chapter 3 Documents).

Documentation of all activities conducted during the 45-day timeline is critical. Case notes must be entered into the child's electronic record to document the activities related to the 45-day timeline, including conversations with or attempts to contact the family or providers.

For information on documenting delays in meeting the 45-day timeline, see Chapter 6.

D. Referral Procedures

Processing the referral is the first step the SPOE conducts in the 45-day timeline.

1. Receipt of the Referral

When the SPOE receives a referral, the referral date is the date the SPOE is made aware of the referral in any manner (e.g., online referral is retrieved, phone call is taken or mail is opened). If a referral is received after SPOE business hours, the date of referral is the next business day.

Once a referral is received, with the exception of a parent referral, the SPOE is responsible for ensuring an *Acknowledgment of Referral Letter* (see Chapter 3 Letters) is sent to the primary referral source in a timely manner. This letter acknowledges the receipt of the referral only. The SPOE cannot share any additional information with the primary referral source, including whether contact with the parent has occurred, unless the parent gives written consent. Any information regarding contacts with the parent, evaluation/assessment

results or early intervention services are considered confidential. For more information on confidentiality, see Chapter 2.

2. Review of the Referral

The SPOE is responsible for completing a preliminary review of referral information to determine if the child is:

- Diagnosed with a medical or newborn condition specifically listed in the Missouri First Steps Eligibility Criteria (see Chapter 4 Documents);
- Diagnosed with a medical condition not specifically listed, but potentially associated with developmental delays or disabilities;
- Referred with information indicating a half-age developmental delay in at least one domain (cognitive, communication, physical, social-emotional, or adaptive); or,
- Referred due to concerns about the child's development.

After the preliminary review of referral information, the SPOE may conduct a follow-up conversation with the referral source to ask questions or acquire any additional information necessary to clarify whether the referral source suspects the child has a developmental delay.

The SPOE cannot conduct phone screenings or use screening tools to determine if there is a suspected delay or disability. This means informal (e.g., checklists, questionnaires) or formal (e.g., Ages and Stages Questionnaire) screening procedures cannot be used. However, the SPOE may use existing screening information that was conducted outside of First Steps (e.g., Parents as Teachers or Early Head Start screening activities) to determine if there is a suspected delay or disability.

Once the SPOE reviews all referral information, if the SPOE:

- Suspects the child may potentially meet medical or newborn condition for eligibility, then the SPOE proceeds with the referral.
- Suspects any level of developmental delay, then the SPOE proceeds with the referral.
- Does not suspect a developmental delay or disability, then the SPOE refuses the referral.

Before proceeding with the referral, the SPOE must determine: (1) the language spoken by the child and parent; and, (2) if the child needs an educational surrogate. For more information on translators/interpreters and Educational Surrogates, see Chapter 2.

3. Proceeding with the Referral

The SPOE is responsible for assigning a Service Coordinator as soon as possible once a referral is received. If the referral was made by a primary referral source other than the parent, an initial contact with the parent is made to explain the reason for the referral. This

initial contact with the parent occurs within two business days of the referral. Generally the initial contact to the parent is made by phone but a letter may be sent in lieu of a phone call to the parent.

The purpose of the initial call is to:

- Introduce the program, briefly;
- Share eligibility criteria;
- Discuss the reason for the referral; and,
- Schedule the intake visit. If time permits, the Service Coordinator may send the **Meeting Notification Generic Letter** (see Chapter 3 Letters) to the parent but this letter is not required.

If the parent does not want to participate in First Steps, the Service Coordinator informs the parent that a new referral has to be made if the parent wants to participate in First Steps in the future. The Service Coordinator sends the parent any applicable resources available in the community along with the **Parent Withdraw Prior to IFSP Letter** (see Chapter 3 Letters). The Service Coordinator includes a Notice of Action (NOA) indicating the action for “parent chose to withdraw from First Steps program” and encloses a copy of the **Parental Rights Statement**. For more information on NOA and parental rights, see Chapter 2.

4. Refusing the Referral

Refusing a referral should not be a common practice of the SPOE and only occurs when there is no reason to suspect a developmental delay, newborn or medical condition. If there is any uncertainty about the child’s developmental status or insufficient evidence to determine if the child has a developmental delay or newborn/medical condition, the SPOE must proceed with the referral.

The SPOE may refuse a referral at any time prior to obtaining parental consent for evaluation of the child to determine eligibility. When refusing a referral, the SPOE:

- Contacts the parent to discuss the refusal;
- Sends the **SPOE Refuse Initial Evaluation Letter** (see Chapter 3 Letters) to the parent indicating the SPOE refused the referral;
- Encloses a completed copy of the Notice of Action (NOA) – Evaluation of the Child Refused by SPOE (see Chapter 2 Forms);
- Encloses a copy of the Parental Rights Statement (see Chapter 2 Documents); and,
- Sends the parent information about other community programs.

E. Late Referrals

Sometimes children are referred to First Steps shortly before their third birthday. In these situations, the SPOE discusses the timelines associated with the First Steps eligibility process with the parent.

1. Child Referred 45 Days or More from Third Birthday

In general, if the child is referred 45 days or more from his or her third birthday and the SPOE has reason to suspect the child has a disability or developmental delay, then the SPOE must proceed with the referral. The SPOE enters the referral in WebSPOE and proceeds with intake activities. Depending on how close the referral date is to child's third birthday, the Service Coordinator may have additional transition activities to complete with the parent. For more information on transition, see Chapter 10.

2. Child Referred Less Than 45 Days from Third Birthday

If the child is referred less than 45 days from his or her third birthday, then the SPOE is not required to proceed with the referral and may follow the procedures for refusing a referral.

However, the SPOE should give consideration to proceeding with a late referral if the child's third birthday falls between April 1 and August 15 (i.e., summer third birthday) because children with summer third birthdays who are eligible for First Steps and pursue Early Childhood Special Education (ECSE) may continue to receive First Steps services throughout the summer. For more information on Summer Third Birthdays, see Chapter 10.

If the SPOE decides to move forward with the late referral, the SPOE enters the referral in WebSPOE and proceeds with intake activities.

Regardless of whether the SPOE proceeds with or refuses the late referral, the Service Coordinator should provide the parent with information about other early childhood programs available in the community, such as Head Start or ECSE services.

F. Unable to Contact or Locate After Referral

If the SPOE is unable to contact the family within two days after the referral was made, then the SPOE may send the *No Contact Two Days After Referral Letter* (see Chapter 3 Letters), to attempt to contact the parent. This letter states the Service Coordinator is trying to contact the parent to discuss the referral to First Steps. A copy of the Parental Rights Statement must accompany this letter.

The Service Coordinator must document all dates and times of attempted contacts in case notes. After documenting three good faith attempts to contact the parent with no response, the Service

Coordinator sends a certified letter, ***Inactivate Record Prior to IFSP Letter*** (see Chapter 3 Letters), stating the child's referral record will be closed if contact is not made within five calendar days from receipt of the letter. This letter must contain detailed descriptions of how the parent can re-establish contact with First Steps if they choose to do so in the future. A copy of the Parental Rights Statement must accompany this letter.

If the parent does not respond by the date given in the certified letter, then the Service Coordinator inactivates the child's electronic record. For more information on inactivating the electronic record, see Chapter 12.

No more than 30 days should pass from the date of the first attempt to contact the family to the date the record is inactivated due to unable to contact/locate. If the child's electronic record is inactivated any time prior to eligibility determination and the parent re-establishes contact with the SPOE, then this is considered a re-referral. The SPOE reactivates the child's electronic record with a new enrollment period and assigns a Service Coordinator to the family. Service Coordinator conducts the referral and intake process again.

SECTION II: INTAKE VISIT

Missouri Part C State Plan Section XI. (34 CFR 303.321)

For every referral the SPOE proceeds with, the Service Coordinator holds an intake visit with the parent. The purpose of the intake visit is two-fold: first, the Service Coordinator introduces the First Steps program to the parent so the parent can decide if the program is appropriate for their family. Second, with parental consent, the Service Coordinator begins the evaluation of the child.

The Service Coordinator prepares for the intake visit and the discussions with the parent based on the reason for referral.

A. Introduction to First Steps

The intake visit begins with the Service Coordinator explaining the early intervention process and First Steps mission and beliefs. A description of the mission statement and each belief is outlined in the *First Steps Belief Statements* document (see Chapter 3 Documents).

Additionally, the Service Coordinator provides the following information to the parent:

- **Voluntary Participation.** First Steps is a voluntary program. It is the parent's decision whether or not to participate in the program and the parent may choose to leave at any time.

If the parent decides to participate, the Service Coordinator is responsible for explaining that the parent is an active participant in all activities. These activities include the evaluation of the child to determine eligibility, home visits and any other First Steps services. Parent participation is critical to the child's development and progress towards goals.

- **First Steps Program Brochure.** The Service Coordinator uses the *Missouri First Steps Program* brochure (see Chapter 3 Documents) to explain the program to the parent, including the First Steps philosophy, the referral process and eligibility criteria. The Service Coordinator also explains how services are family centered and provided in the context of the natural environment.
- **Early Intervention Team Brochure.** The Service Coordinator uses the *Early Intervention Team* brochure (see Chapter 7 Documents) to explain the difference between the IFSP team and the EIT to the parent, including the role of the EIT and parent's role on the IFSP team. The Service Coordinator also explains how services are provided in First Steps. For more information on EITs, see Chapter 7.
- **Parental Rights Statement.** At the intake visit, the Service Coordinator provides the parent with a copy of the Parental Rights Statement (see Chapter 2 Documents) and explains each parental right.

- **System of Payments.** At the intake visit, the Service Coordinator provides the parent with a copy of the *Missouri First Steps System of Payments* policy (see Chapter 5 Documents) and explains the options for using public insurance (i.e., Medicaid), and if the child is eligible, how the monthly fee is determined and any potential ramifications for the use of private insurance.

B. Enrollment Information

If the parent wants to participate in First Steps, the Service Coordinator collects enrollment information from the parent. Some enrollment information is collected during the referral process and the Service Coordinator should review that information with the parent at the intake visit to ensure it is accurate.

The *Intake Information Worksheet* (Chapter 3 Documents) is the preferred document for the Service Coordinator to collect enrollment information. The information collected on Page 1 of the Intake Information Worksheet does not require written consent from the parent.

Enrollment information includes:

- **Child Information.** The child's date of birth, legal name, race, ethnicity, address, school district. There are several documents the parent may use to confirm the child's legal name, including the child's birth certificate, social security card, or private insurance card.

It is critical that the child's legal name is entered in the electronic record in order to ensure Medicaid and private insurance can match the child with their records. For more information on billing and payments, see Chapter 5.

The Service Coordinator must collect both race and ethnicity for each child. When identifying the child's race, the following definitions apply. If the parent identifies with more than one race, then the Service Coordinator selects the related categories. If the parent does not want to identify the child's race, then the Service Coordinator should choose the most appropriate category.

- **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- **Black or African American.** A person having origins in any of the black racial groups or Africa.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent; for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian/Native Alaskan.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

- **Native Hawaiian/Pacific Islander.** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

When identifying the child’s ethnicity, the following definition applies. The Service Coordinator must select yes if the parent identifies the child as Hispanic/Latino or no if the parent does not identify the child as Hispanic/Latino.

- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **Household Information.** The contact information for the primary contact person and any additional contacts including a determination of the head of household and the educational decision maker.

When identifying the head of household, the Service Coordinator explains to the family that the head of household receives all financial mailings from First Steps. The head of household may be different than the primary contact person.

C. Parental Consent

At the intake visit for every family, the Service Coordinator provides the parent with a copy of the Parental Rights Statement and the System of Payments policy. After an explanation of each document, the Service Coordinator presents the parent with the *Notice of Action/Consent*. If the parent wants to participate in First Steps, the Service Coordinator also presents the parent with the *Consent to Use MO HealthNet/Medicaid*.

1. Parent Consent for the Evaluation/Initial Assessment of the Child

After the collection of enrollment information (Page 1 of the Intake Information Worksheet), the Service Coordinator must obtain written parental consent before gathering additional information about the child and family. The Service Coordinator presents the parent with the *Notice of Action/Consent (NOA/C)* for the Evaluation/Initial Assessment of the child (see Chapter 2 Forms) with the following reason for the action:

*“To conduct an evaluation of the child to determine eligibility for First Steps, unless medical or other records confirm eligibility; and,
For an eligible child, to conduct an initial assessment of the child to prepare for an Individualized Family Service Plan (IFSP).”*

The Service Coordinator explains the NOA/C to the parent, including the implications of declining or consenting to the proposed action. After the explanation, there are three possible actions the parent may take: consent, request more time or decline.

a) Parent Signs Consent

When presented with the NOA/C - Evaluation/Initial Assessment of the Child, the parent may be ready to sign the form and to begin the evaluation process to determine the child's eligibility for First Steps. The parent checks the "accept" box, signs and dates the consent form.

b) Parent Requests More Time

When presented with the NOA/C - Evaluation/Initial Assessment of the Child, the parent may need additional time to review the proposed activities before making a decision to give consent. The parent may want to talk with other family members or friends who offer guidance and support. The parent may also need time to consider the information, research, ask questions, and think about the options in order to make an informed decision.

The Service Coordinator allows the parent as much time as needed; however, the Service Coordinator must remember the evaluation of the child cannot begin until the parent signs consent. The Service Coordinator must conduct regular follow ups with the family, as appropriate, and attempt to meet the 45-day timeline even if the parent requests additional time.

c) Parent Declines Consent

When presented with the NOA/C - Evaluation/Initial Assessment of the Child, the parent may choose not to provide consent for evaluation. In this case, the Service Coordinator makes reasonable efforts to ensure the parent is aware of the evaluation, assessment or services available to the child, and understands the child will not receive such services unless consent is given.

In addition, the Service Coordinator provides the parent with NOA/C for the Evaluation/Initial Assessment of the child and a copy of the Parental Rights Statement. The parent checks the "decline" box to document the decision to decline. When a parent declines to participate, the Service Coordinator shares other community resources with the parent, such as the Parents as Teachers program or Early Head Start.

The Service Coordinator mails a copy of the NOA/C to the parent. The Service Coordinator updates the child's record with any new information obtained, and inactivates the child's record with the reason "Withdrawn." For more information on exit procedures, see Chapter 12.

2. Parent Consent for MO HealthNet/Medicaid

At the intake visit, the Service Coordinator must have the parent indicate whether the child has public insurance (i.e., Medicaid), and if so, whether the parent gives consent to use public

insurance. The Service Coordinator assists the parent in completing the *Consent to Use MO HealthNet/Medicaid* form (see Chapter 5 Forms).

The completion of the Consent to Use MO HealthNet/Medicaid is required at the intake visit in order for MO HealthNet/Medicaid to reimburse First Steps for the Developmental Assessment of Young Children - Second Edition (DAYC-2).

The completion of the *Financial Information for Family Cost Participation* and the *Consent to Use Private Insurance* forms are not required until the Initial IFSP meeting if the child is determined eligible for First Steps. For more information on collecting family cost participation (FCP) information and obtaining consent for public or private insurance, see Chapter 5.

D. Medical and Developmental Information

After the parent signs consent, the Service Coordinator begins the evaluation of the child by gathering information about the child's history including medical and developmental information. The Intake Information Worksheet is the preferred document for the Service Coordinator to collect the information. The information collected on Pages 2 and 3 of the Intake Information Worksheet requires written consent from the parent.

1. Medical Information

The Service Coordinator interviews the parent to gather birth and medical history about the child, including vision and hearing. The Service Coordinator also collects contact information for the child's primary physician and any other medical professionals serving the child.

a) Vision

As part of the parent interview about the child's history, the Service Coordinator must ask the parent about any vision tests the child may have had, including:

- Has the child had a vision test?
 - If yes, date of exam, doctor's name and address/phone.
 - If yes, results of test (pass, fail, follow up needed) or unsure of the results.
- Is there a family history of vision problems?
- Does the parent have concerns with the child's vision?

If the parent indicates the child failed a vision test or has a concern with the child's vision, then the Service Coordinator ensures the child's vision is evaluated either by a First Steps provider or outside resource, such as the child's pediatrician or eye doctor. At a minimum, a professional must complete a vision screening to rule out vision concerns.

b) Hearing, including Newborn Hearing Screening

Effective January 1, 2002, state law mandates all infants born in Missouri are screened for hearing, generally prior to discharge from the hospital. The Department of Health and Senior Services operates Missouri's Newborn Hearing Screening Program. The purpose of the newborn hearing program is to identify infants with hearing loss and link them with services, such as First Steps, by six months of age.

The Service Coordinator must ask the parent about any hearing tests the child may have had, including:

- What was the result of the child's newborn hearing screening (pass, fail, follow up needed or unsure of the results)?
- Has the child had any other hearing tests?
 - If yes, date of exam, doctor's name and address/phone.
 - If yes, results of test (pass, fail, follow up needed) or unsure of the results.
- Is there a family history of hearing problems?
- Does the parent have concerns with the child's hearing?

If the parent indicates the child failed a hearing test or has a concern with the child's hearing, then the Service Coordinator ensures the child's hearing is evaluated either by a First Steps provider or outside resource, such as the child's pediatrician, Ear, Nose and Throat (ENT) specialist or audiologist. At a minimum, a professional must complete a hearing screening to rule out hearing concerns.

2. Developmental Information

The Service Coordinator and the parent discuss the child's developmental history, including developmental screenings or tests conducted prior to referral. This discussion helps the Service Coordinator learn about the parent's concerns and other resources such as Parents as Teachers and child care. The Service Coordinator may use the Eco Map, a family-charting diagram, to identify the family's supports and resources. The Eco Map may be used alone during the intake visit or in conjunction with a semi-structured interview (e.g., the Routines-Based Interview™) during IFSP planning. For more information on family assessment, see Chapter 6.

The Service Coordinator may also have a discussion about the child's development and current abilities to help understand the child's strengths and needs and identify the areas of development needing further evaluation or assessment. The discussion of development may include developmental milestones, present level of abilities, and the child's challenges. The Service Coordinator may observe the child during the intake visit to gather developmental information, if the child is available.

E. Release of Information

Through the discussion of medical and developmental information, the Service Coordinator may learn of outside services or programs in which the family is involved (e.g., Parents as Teachers, primary care physician, pediatrician). These individuals outside the First Steps system may have valuable information regarding the child's health or development that may be important in determining the child's current level of development.

The Service Coordinator and parent discuss which individuals outside of First Steps may have relevant information to help with determining the child's eligibility. If the parent wants the Service Coordinator to contact an individual outside of First Steps, the parent must give consent by signing a ***Release of Information (ROI)*** form (see Chapter 2 Forms).

For more information on sharing information with individuals outside the First Steps system, see Chapter 2.

F. Intake Data Entry

After the intake visit is conducted with the parent, the Service Coordinator enters the information collected on the Intake Information Worksheet in the child's electronic record.

When entering child information, the Service Coordinator reviews the child's legal name and date of birth to ensure both are entered accurately on the Child tab in the child's electronic record. If the child was referred to First Steps previously, the Service Coordinator checks if another electronic record exists. If one exists, the Service Coordinator connects the two records by marking the current record as "new" and in the adjacent line for "replaces the record," enter the child's ID from the previous record.

When entering household information, the Service Coordinator reviews the head of household name and address to ensure both are entered accurately on the Family tab in the electronic record. If the child has a sibling who is also in First Steps, the Service Coordinator must combine the FCP household accounts in order to create one monthly fee and one FCP statement for the family. The Service Coordinator connects the households by identifying which child's record was entered first and is still an active record. This record established the family's household account and the Service Coordinator combines any records entered later for siblings to that initial household record.

For more information on where the Service Coordinator enters the child's history, medical and developmental information for children with developmental delays, see Section IV.

SECTION III: REQUEST AND REVIEW RECORDS

Missouri Part C State Plan Section XI. (34 CFR 303.321)

After the intake visit the Service Coordinator requests records per any signed ROI form. The Service Coordinator sends the signed ROI form and the ***Release of Information Letter/Request Records for Eligibility*** (see Chapter 3 Letters) to the individual/agency outside of First Steps to obtain the requested information.

Once collected, the Service Coordinator reviews all information to determine if child is eligible or if additional testing is needed to determine eligibility.

A. Records Confirm Eligibility

If the Service Coordinator obtains information that indicates the child has a newborn/medical condition or a developmental delay that meet eligibility criteria, then the next step is eligibility determination. For more information about documentation for eligibility determination, see Chapter 4.

For a test completed outside of First Steps, the Service Coordinator must review the length of time since the test occurred, compare to the child's chronological age, and determine if the test results can be used for eligibility.

If a hospital discharge summary, medical record or evaluation report confirms eligibility, then an evaluation of the child is not required to be completed. However, once determined eligible, every child receives an initial assessment. For more information on initial assessment, see the ***First Steps Evaluation & Assessment Flow Chart*** in Chapter 6 Documents.

B. Records Do Not Confirm Eligibility

If the Service Coordinator does not obtain records that indicates the child has a newborn/medical condition or a developmental delay that meets eligibility criteria, then an evaluation of the child is necessary to determine the child's eligibility for First Steps. For more information on conducting an evaluation of the child, see Section IV.

SECTION IV: EVALUATION OF THE CHILD

Missouri Part C State Plan Section XI. (34 CFR 303.321)

The evaluation of the child must be multidisciplinary, which means at least two individuals enrolled in the First Steps program have to be involved in the evaluation of the child. In order to be considered multidisciplinary, the Service Coordinator and at least one First Steps provider must be part of every evaluation of the child.

To complete the evaluation of the child, the Service Coordinator and First Steps provider work together to collect all necessary information. Parents are not expected to repeat their “story” multiple times throughout the evaluation process. To reduce duplication, the Service Coordinator shares pertinent information about the child collected during the intake visit with any First Steps providers involved in the evaluation of the child.

There are five components to the evaluation of the child: taking the child’s history; gathering information about the child; reviewing records; administering an instrument; and, identifying the child’s level of functioning.

A. Taking the Child’s History

Taking the child’s history involves obtaining information about prenatal or birth history through an interview of the parent.

1. Service Coordinator Activities

As described in Section II, during the intake visit the Service Coordinator collected information about the child’s history through an interview with the parent. The information collected from the intake visit becomes part of the evaluation of the child, for children who need an evaluation to determine eligibility.

To document the information collected from the parent interview during the intake visit, the Service Coordinator enters a summary of the discussion of development, observations of the child, vision and hearing information on the Intake tab of the child’s electronic record. The Service Coordinator enters any medical and physician information in the Health tab of the child’s electronic record.

2. Provider Activities

The provider conducts an interview with the parent as part of administering an instrument and collecting information about the child’s history.

To document the interview with the parent, the provider includes any information about the child's history in the written evaluation report. For more information on administering an instrument, see Section D.

B. Gathering Information about the Child

Gathering information about the child to understand the child's unique strengths and needs involves requesting information from other sources such as family members, other caregivers, medical providers, social workers, and educators.

1. Service Coordinator Activities

As described in Section III, after the intake visit, the Service Coordinator requests information from sources outside of First Steps per any signed ROI form. This information becomes part of the evaluation of the child, for children who need an evaluation to determine eligibility.

a) Medical Records

With a signed ROI form, the Service Coordinator is required to request medical records from the child's physician or specialist. To complete this requirement, the Service Coordinator may send the *Health Summary* form (see Chapter 3 Forms) along with the *Release of Information Letter/Request Records for Eligibility* (see Chapter 3 Letters) and a copy of the signed ROI to the physician for completion.

First Steps encourages all children, regardless of insurance coverage, to have a primary care physician (or medical home) in the community. A primary care physician may provide health screenings to identify additional medical or developmental concerns that may be important to consider in the child's eligibility determination. If a referred child has not had a recent medical health screening or well-baby check-up, the Service Coordinator encourages and assists the family in obtaining appropriate screenings or check-ups from a physician or the local health department.

To document attempts to request medical records, the Service Coordinator enters a case note for each request in the child's electronic record. The Service Coordinator should make two requests to the child's physician to obtain a completed Health Summary or medical records.

b) Educational and Other Records

In addition to health and medical records, with a signed ROI, the Service Coordinator collects any existing educational records to help identify the child's current level of functioning and progress or lack of progress. Educational records may include screening

and health records from Parents as Teachers, developmental reports from Early Head Start, or observations from a child care or preschool program.

Other reports and documentation from developmental screenings, tests or treatments conducted prior to referral may also serve as valuable sources of information for the Service Coordinator to consider. This is especially true of a child who may have been admitted to a NICU but did not meet a qualifying newborn condition, or a child who received treatment from a hospital or a specialist but did not meet a qualifying medical condition.

To document information requested from sources outside of First Steps, the Service Coordinator enters a case note in the child's electronic record.

2. Provider Activities

The provider is not responsible for this step of the evaluation of the child: gathering information about the child from sources outside of First Steps.

C. Reviewing Records

Reviewing records to understand the child's unique strengths and needs involves analyzing the information from other sources such as family members, other caregivers, medical providers, social workers, and educators.

1. Service Coordinator Activities

As described in Section III, after the intake visit, the Service Coordinator reviews information obtained from sources outside of First Steps to assist with eligibility determination. The records reviewed by the Service Coordinator become part of the evaluation of the child, for children who need an evaluation to determine eligibility.

To document the date records are received from sources outside of First Steps, the Service Coordinator enters a case note in the child's electronic record.

To document the information contained in the records reviewed, the Service Coordinator enters any developmental information on the Eval and Assess tab in the child's electronic record. The Service Coordinator must ensure a copy of the written documentation is placed in the child's paper record, such as the Health Summary completed by the child's physician.

2. Provider Activities

The provider is not responsible for this step of the evaluation of the child: reviewing records collected from sources outside of First Steps.

D. Administering an Instrument

Administering an instrument involves identifying a provider to administer the evaluation and completing the instrument with the child and family.

DESE has identified the Developmental Assessment of Young Children - Second Edition (DAYC-2) as the uniform evaluation instrument to assist in eligibility determination. The DAYC-2 is a norm-referenced tool that evaluates children birth through five years, 11 months in all five developmental domains. Therefore, the DAYC-2 is an appropriate instrument to use when determining First Steps eligibility for children suspected to have a developmental delay.

A variety of disciplines may administer the DAYC-2 as the qualifications are not specific to a particular degree or professional license. However, to administer the DAYC-2 for First Steps, a provider must be selected by the SPOE to complete a DESE-sponsored training on the First Steps requirements for DAYC-2 administration.

After completing the DESE-sponsored training, a provider is assigned the specialty of an Early Intervention (EI) Examiner which allows the provider to administer the DAYC-2 for First Steps. The SPOE office provides a set of protocols to each EI Examiner to be used exclusively as the First Steps evaluation instrument.

1. Service Coordinator Activities

The Service Coordinator selects an EI Examiner to administer the DAYC-2 from the Early Intervention Team serving the area in which the child resides. The Service Coordinator considers the reason for the child's referral, the provider's skill set and experience, and the provider's ability to build rapport when choosing the appropriate EI Examiner.

Once an EI Examiner is selected, the Service Coordinator enters a DAYC Request on the Eval and Asses tab in the child's electronic record. When the Service Coordinator completes the DAYC Request, the electronic system sends an email notification to the provider and generates a case note in the child's record. The Service Coordinator must also enter an authorization for the EI Examiner on the Services tab in the child's electronic record.

If concerns with atypical development were identified through observations, parent interview or other records collected as part of the referral or the intake visit, then the Service Coordinator may consider the need for the EI Examiner to collect supplemental information. The Service Coordinator discusses with the EI Examiner the need to conduct informal activities (e.g., ask the parent additional questions, complete a strand from another instrument); however, the Service Coordinator should remind the EI Examiner it is not appropriate to administer another complete, formal instrument in the same visit with the DAYC-2 because the amount of time is not conducive to the family's responsiveness or the child's attention span.

The Service Coordinator has regular contact with the EI Examiner to ensure the DAYC-2 is completed with the family within the time period specified in the authorization.

2. Provider Activities

Once selected to administer the DAYC-2, the EI Examiner is responsible for scheduling and completing the evaluation with the child and family. The DAYC-2 is administered through observation of the child in the child's natural setting and interviewing the parent for skills that cannot be observed. The EI Examiner completes the DAYC-2 protocol for each developmental domain: adaptive, cognition, communication, physical, social-emotional. While the DAYC-2 does not specifically evaluate vision and hearing as part of the physical domain, the EI Examiner must address the child's vision and hearing in order to determine whether further evaluation or assessment is necessary.

The EI Examiner should watch for any atypical development during observations of the child (e.g., behaviors not easily captured by the evaluation tool) or during the interview with the parent (e.g., regression of skills, lack of progress, significance of delay when considering additional factors).

The EI Examiner may discuss the results of the DAYC-2 with the parent; however, the EI Examiner cannot indicate if the child is eligible for First Steps.

For more information on administering the DAYC-2, including training presentations and documents, see Chapter 3 Links.

To document the administration of an instrument, the EI Examiner must write a report that includes information collected from the interview with the parent, and scores and a narrative for each developmental domain.

In the narrative for each developmental domain, the EI Examiner summarizes the child's current abilities, emerging skills, and skills not yet developed which influence the child's functioning in daily routines. The narrative for the physical domain must contain information on the child's vision and hearing and how it impacts the child's current abilities. Observations of the child or findings from any informal instruments should be summarized in the corresponding domain.

If the EI Examiner observed any atypical development during the administration of the DAYC-2, then the written report must include statements describing the child's development and why it is atypical.

The EI Examiner should also include suggestions for the family in the written report. Suggestions are activities the family can do to help the child in his/her daily routines such as eating, bathing, playing. The report should not contain recommendations for frequency or types of services, but provide an accurate review of the activities conducted during the session.

As soon as possible, the EI Examiner uploads the completed written report to the Eval and Assess tab in the child's electronic record.

Once the report is received by the Service Coordinator, it is the official evaluation report. It is the responsibility of the SPOE to provide a copy of the official report to the parent within a reasonable time.

All EI Examiners are required to return the completed DAYC-2 protocols to the SPOE. Each SPOE develops a process for obtaining completed protocols from EI Examiners in a timely manner.

E. Identifying the Child's Level of Functioning

Identifying the child's level of functioning involves a description of the child's current abilities in each of the five developmental domains.

1. Service Coordinator Activities

For children who need an evaluation to determine eligibility, the Service Coordinator is not responsible for this step of the evaluation of the child: identifying the child's level of functioning.

2. Provider Activities

As part of administering the DAYC-2, the EI Examiner identifies the child's level of functioning in each of the five developmental domains:

- Adaptive development;
- Cognitive development;
- Communication development;
- Physical development, including vision and hearing; and,
- Social/emotional development.

To document each developmental domain, the EI Examiner includes in the written report a narrative and score for each domain. For more information about the written report, see Section D.

Following the completion of the evaluation of the child, the Service Coordinator prepares for eligibility determination. For more information on eligibility determination, see Chapter 4.

SECTION V: FREQUENTLY ASKED QUESTIONS

Question 1: If a parent or other primary referral source calls and leaves a message wanting general information, or if the intention to make a referral is unclear, does the SPOE record this as a referral?

Answer: No. A request for general information is coded as an inquiry. If the intent of a phone message is unclear, the SPOE contacts the caller to clarify the information. If the phone call results in a referral, then the referral date is the date the SPOE confirms the primary referral source would like to make a referral to First Steps.

Question 2: Should EI Examiners take additional considerations when administering the evaluation instrument (DAYC-2) to a non-English speaking child?

Answer: The evaluation of the child must be conducted in the language normally used by the child, unless there is no possible way to use the child's native language. Many evaluation instruments are designed and normed on the English speaking population from the American culture. Often the publisher does not have any research data to determine how children with modifications, such as translation, would perform. Therefore, evaluation tools may be administered to a non-English speaking child/family with the assistance of a translator; however, in these situations, the need for utilizing additional approaches may be examined. The Service Coordinator and the EI Examiner discuss the individual child and family circumstances to determine if additional considerations and evaluation methods are appropriate.

Question 3: Does First Steps require the EI Examiner to administer the evaluation instrument in the natural environment?

Answer: While it is recommended practice for the evaluation instrument to be administered in the natural environment, it is not a requirement under state or federal regulations.