Connecticut Birth to Three System

Referral Guide

FOR HEALTH CARE PROVIDERS

A program of the Connecticut Office of Early Childhood

OEC

REFERRALS: Tel: 1-800-505-7000 • Fax: 860-571-6853 • On-line: www.birth23.org

Families don't have to wait for their child to "outgrow" a delay.
Birth to Three helps families enhance their children's development.

Who is eligible?

Families with a child younger than 3 years who live in Connecticut and who:

- shows a 2 SD delay in one area, or 1.5 SD in two or more areas of development including:
  - *cognition*
  - *communication*
  - *adaptive*
  - *social-emotional*
  - *physical (including motor and sensory)*

  or

- has a diagnosed medical condition with a high probability of resulting in developmental delay, such as Down syndrome, autism, extreme prematurity (see reverse for example diagnoses)

When should I make a referral?

- your screening of the infant or toddler indicates the need for a complete developmental evaluation
- the child has a confirmed diagnosis that is likely to result in delay (see reverse)
- the parent is concerned that the child may have a delay

If communication is an area of concern, the child should receive an audiological evaluation to rule out progressive or late-onset hearing loss.

Families of children who will turn three within 45 days are referred to their local school district for evaluation.

How do I refer a child?

CONTACT THE CHILD DEVELOPMENT INFOLINE

- PHONE: **1-800-505-7000**
- FAX: **860-571-6853**
- ON-LINE: **www.birth23.org**

YOU MAY ALSO ENCOURAGE THE FAMILY TO REFER.

Please do not write a prescription for service type or intensity.

What should I discuss with the parent or guardian?

- why you are concerned about their child's development
- evaluations are **free** to the family; consent to bill insurance is requested, including Medicaid
- Birth to Three coaches families to promote their children's early development during regular routines and activities
- Babies learn best when they practice new skills throughout the day with a loving, nurturing parent or familiar caregiver
- Families of eligible children who earn more than $45,000 adjusted gross per year pay a monthly fee based on a sliding scale

What happens next?

- Child Development Infoline will send you contact information for the Birth to Three program chosen to determine the child's eligibility.
- ***Ask the parent for their consent:***
  - for your office to release diagnostic, evaluation, or medical reports to the Birth to Three program. This can help determine eligibility.
  - for the Birth to Three program to release the evaluation report and eligibility result to you for care coordination
- ***If the child is eligible:***
  - Encourage the parent to accept Birth to Three supports! Learning how to improve their child's early development is really important for later success.
  - Participate in developing the Individualized Family Service Plan (IFSP). This is the best way to be a part of the team.
  - If you are the child's PCP, you will be asked to sign the IFSP along with the parents. ***Supports cannot begin without your signature.***
- ***If the child is not eligible:*** encourage the parent to enroll in Help Me Grow and track their child's development. If concerns remain after 90 days or more, re-refer to Birth to Three. The Child Development Infoline will help with both of these steps. Call 1-800-505-7000.

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Referral Guide for Health Care Providers

Most children are eligible for early intervention due to a **significant developmental delay** as measured by standardized testing. Others have a physical or mental condition likely to result in developmental delay, so are automatically eligible, even if no delay is measurable at the time of diagnosis.

Please refer children with these conditions as soon as the diagnosis is confirmed.

SAMPLE DIAGNOSED CONDITIONS

Genetic Disorders

A. Abnormalities of Chromosome Number and Structure

All (except Klinefelter Syndrome)

B. Genetic Conditions Associated with Significant Developmental Delay with Known Genetic Basis

Angleman Syndrome
Bardet-Biedl Syndrome
CHARGE Syndrome
Cornelia de Lange syndrome
DiGeorge Syndrome
Fragile X Syndrome
Jeune Syndrome
Menkes Syndrome
Noonan Syndrome
Opitz Syndrome
Prader-Willi Syndrome
Rubenstein-Taybi Syndrome
Weaver Syndrome
Williams Syndrome

C. Neurocutaneous Syndromes

Neurofibromatosis
Sturge Webber Syndrome
Tuberous Sclerosis

D. Inborn Errors of Metabolism

i. Amino Acidopathies
Organic Acidemias
Glutaric Aciduria type II

ii. Very long chain fatty acid storage diseases - All

iii. MCAD (medium chain acylCoA dehydrogenase deficiency)

Acquired Trauma Related Disorders

Traumatic Brain Injury / TBI with or without open intracranial wound

Motor Impairments

Arthrogryposis / Multiplex Congentia
Childhood Apraxia of Speech
Speech Sound Disorder

Neurologic Disorders

Absence of part of brain
Agyria
Aplasia of part of brain
Arhinencephaly
Brain Malformation
Cerebral Dysgenesis or agenesis of part of brain
Cerebral Palsy (all types)
Charcot-Marie-Tooth disease
Congenital Cerebral cyst
Degenerative Progressive Neurological Condition
Encephalopathy
Holoprosencephaly
Hydrocephaly, congenital, or acquired
Intraventricular Hemorrhage (IVH) – grade 3 or grade 4
Lissencephaly Syndrome (Miller-Dieker Syndrome)
Macroencephaly / Macrogyria / Megalencephaly
Meningomyelocele / Myelomeningocele / Spina Bifida / Neural Tube Defect
Microgryria
Multiple anomalies of the brain, NOS
Myopathy
Peri-ventricular Leukomalacia (PVL)
Porencephalic Cyst
Seizures (poorly or uncontrolled)
Spinal Muscular Atrophy / Werdnig Hoffman Disorder
Stroke
Ulegyria

Significant Neurodevelopmental Disorders

Autism Spectrum Disorder
Childhood Depression
Reactive Attachment Disorder

Medically Related Disorders

Cleft Palate (prior to the operation to repair the cleft and up to one year post-operative)
Congenital Infections – CNS
CMV (cytomegalovirus)
herpes
rubella
toxoplasmosis
Congenital or infancy-onset hypothyroidism
Lead Poisoning (≥25 µg/dL) (up to six months after identification)
Pediatric AIDS
Prematurity - less than 28 completed weeks gestation (up to 6 months adjusted age
Prenatal Exposures
Fetal Alcohol Syndrome
Fetal Phenytoin (Dilantin) Syndrome
Neonatal Abstinence Syndrome (up to 3 months of age only)
Very Low Birth Weight (<1000 grams at birth, up to 6 months adjusted age)

Sensory Impairments

Blindness
Cortical Blindness
Low vision (20/70 best acuity with correction)
Retinopathy of Prematurity, grade 4 or 5
Hearing Impairment (a permanent hearing loss of 25dB or greater in either ear OR persistent middle ear effusion that is documented for six months or more with a hearing loss of 30dB or greater)
Neural hearing loss (includes auditory neuropathy)
Hearing loss, unspecified

This list is NOT exhaustive and is subject to change.
Please check the Birth to Three website "Referrals" page for updates.