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## 1.0 PURPOSE AND SCOPE

- 1.1.1. This procedure provides instruction for a single point of intake for referrals of children and families into the Birth to Three System under Individuals with Disabilities Education Act (IDEA) Part C and capacity to track non-eligible children's development.

## 2.0 REFERENCES

### 2.1 Associated References

- 2.1.1. [Ages and Stages Child Monitoring Program](#)
- 2.1.2. Autism Spectrum Guideline
- 2.1.3. Children Who are Deaf or Hearing or Deaf Guideline
- 2.1.4. Children Who are Homeless Procedure
- 2.1.5. Document Control and Records Procedure

### 2.2 Source Information

- 2.2.1. Connecticut Birth to Three Intake Procedure, Revised June 16, 2021

## 3.0 INSTRUCTIONS

### 3.1 Managing Referrals through Child Development Infoline (CDI)


- 3.1.1. **RECEIVE** and **ACCEPT** referrals only through Child Development Infoline (CDI), which is the single point of entry into Connecticut Birth to Three System available 24 hours a day (fifty-two weeks per year) per the following methods:

- Toll Free Number - 1-800-505-7000
- Fax - 1-860-571-6853
- Website referral form - <https://www.birth23.org/referral/referral-form/>.

1. **REDIRECT** referral sources to CDI, as needed.

- 3.1.2. **ENSURE** CDI manages all incoming calls to the 1-800-505-7000 Infoline, including:

- Within United Way of Connecticut 2-1-1 Organization
- Birth to Three
- Various additional organizations

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3.1.3. **ENSURE** CDI adheres to the following maintenance and hours of operation of the Infoline:


1. **ACCEPT** referrals and calls Monday through Friday, 8:00 AM to 6:00 PM EST.
2. **ENSURE** CDI Voicemail is operable 24 hours a day, 7 days a week and accepting messages.
  - Callers may leave their name and number to receive a return call.
3. **ENSURE** outgoing message is maintained and up-to-date with:
  - Birth to Three System and other program and service information accessed via CDI
  - Office hours
  - Holiday hours
  - Hours due to extreme weather conditions

### 3.2 **Enrollment and Processing a Contact**

3.2.1. **ENSURE** enrollment of children in Birth to Three System and case numbers are assigned by Connecticut Development Infoline (CDI) only.

3.2.2. **ENSURE** CDI staff processes calls through intake process to best meet the caller's needs and child's age as follows:

1. Triages Infoline calls across all programs, services and supports for which they are access point, including:
  - Help Me Grow
  - In-Home Supports
  - Birth to Three
  - Early Childhood Special Education
  - Children and Youth with Special Health Care Needs
2. Considers children younger than 34.5 months only with identified developmental concern as a Birth to Three referral.

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### 3.3 Processing Birth to Three Referrals

3.3.1. **ENSURE** Connecticut Development Infoline (CDI) staff triage referrals into the Birth to Three System as follows:

1. Confirms parent's or legal guardian's interest in proceeding with referral when call was made by anyone other than child's parent or legal guardian.
  - a. **IF** a family has **NO** telephone **OR** does **NOT** respond to messages left by CDI staff,

**THEN ENSURE** a Request for Contact Letter is sent to family asking the family to contact CDI to complete intake for Birth to Three, if interested.


    - **REFER TO** Attachment 2, Birth to Three Request for Contact Letter.
  - b. **IF** CDI is **NOT** able to reach family **OR** family declines the Birth to Three referral,

**THEN ENSURE** a Disposition/Status Letter is sent to referral source indicating outcome.

    - **REFER TO** Attachment 3, Birth to Three Disposition/Status Letter.
2. Confirms child lives in state of Connecticut.
  - a. **IF** child is receiving Individuals with Disabilities Act (IDEA) Part C early intervention services in another state **AND** their family are only temporarily visiting Connecticut,

**THEN ENSURE** CDI informs referral source that Connecticut Birth to Three System is **NOT** required to provide Part C early intervention services.
  - b. **IF** family is in process of moving to state of Connecticut,

**THEN ENSURE** CDI informs family to call back when they have established residence in Connecticut.
  - c. **DO NOT APPLY** residency requirements to children who are:
    - Homeless or whose family is highly mobile (e.g. migrant workers).
    - Displaced by a catastrophic event such as a hurricane, earthquake or flood.
    - Wards of the state.
    - Residing on Indian reservation.

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3.3.1 (continued)

3. Gathers **AND** records the following information:
  - a. Child's current abilities from referral source or parent.
  - b. Child's birth history and relevant medical information, such as if the following exams or screenings have been performed, current status, and results:
    - Audiological
    - Developmental
    - Social-emotional
    - Autism screening
  - c. Child's primary health care provider and other medical providers.
  - d. Language(s) spoken and read in the home.
  - e. **IF** child has a diagnosed condition affecting eligibility,
 

**THEN ENSURE** the following:

    - Diagnosis is prominently recorded in the Notes section of the Referral Concerns in the Birth to Three data system (SPIDER).
    - Indicated that Birth to Three eligibility is determined at program level.
4. Informs families of the following planned actions:
  - a. Birth to Three evaluation is provided at **NO** cost to their family.
  - b. **IF** families do **NOT** indicate a choice of program from among those serving their town,
 

**THEN** a rotation process is used to identify the program completing the initial evaluation or assessment.
  - c. All programs are comparable in terms of:
    - Quality of services
    - Types of staff employed
    - Ability to schedule evaluation and services in home or other natural environment.

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### 3.3.1 (continued)

- d. Assigned program will contact family within a few days for:
  - Scheduling initial appointment.
  - Offering a brief description of visit.
- e. Accessing the following website address for further guidance:
  - Family Handbook Guide I - which describes evaluation process and their parents' rights under Part C of IDEA
  - Home Visiting video website [youtu.be/8fOJGmldj0c](https://youtu.be/8fOJGmldj0c).
- f. Any additional questions family may have may be addressed by contacting CDI (For example: have not heard from a program as expected, or are unhappy with the selected program, etc.).

### 3.4 Birth to Three Referral is Assigned to a Program

#### 3.4.1. **ENSURE** Connecticut Development Infoline (CDI) performs the following once referral is assigned to a program:

1. A Parent Welcome Packet is sent to family, including:
  - a. Name and contact information for the Birth to Three program scheduling evaluation visit.
    - **REFER TO** Attachment 1, Birth to Three Intake Letter.
  - b. List of all programs serving families living in their town.
  - c. Welcome to the Birth to Three System letter, including a Family Handbook Guide I website link.
  - d. Additional resources.
2. **IF** referral to CDI was made by someone other than parent or guardian, **THEN** a Referral Source Confirmation Letter is sent to referral source.
  - a. **REFER TO** Attachment 4, Birth to Three Referral Confirmation Letter.
3. **IF** a child is referred who is already in process with Birth to Three, **THEN** a letter indicating the child has already been referred is sent to referral source.

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### 3.5 Parent Requests for Specific Programs

3.5.1. **IF** a parent requests a specific program, that is both:

- Serving their town.
- Open to new referrals or transfers.


**THEN ENSURE** Connecticut Development Infoline (CDI) performs the following:

1. Adds a note in Birth to Three database (SPIDER).
2. Assigns a referral to that program.
  - a. **IF** parents' have any special requests,

**THEN** before assigning referral to any program, the following action steps are taken **PER** Table 1, Child Development Infoline.

Parent Service Request	CDI Action Step(s)
Parent requests a program not serving their town.	1. Contacts the Birth to Three administration for approval for special circumstances.
Parent requests services in both the town of residence and at the child's early care setting in another town outside of the program's catchment area.	<ol style="list-style-type: none"> <li>1. Offers parent a choice from among all program(s) that serve both towns.</li> <li>2. <b>IF</b> there are none, <b>THEN</b> a program to accommodate the request is identified.</li> <li>3. Informs parent they must actively participate and be present during the eligibility determination and at least some service visits regardless of the location.</li> </ol>
Parent requests services be provided by a program serving their town, but is not currently accepting referrals via rotation.	<ol style="list-style-type: none"> <li>1. Contacts the program director to learn if a new referral can be accepted.</li> <li>2. <b>IF</b> the program is <b>NOT</b> able to accept the referral within five calendar days, <b>THEN</b> a referral is sent to the next available program in the rotation cycle.</li> </ol>

**Table 1, Child Development Infoline**

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### 3.6 Family or Child Special Circumstances


3.6.1. **WHEN** Connecticut Development Infoline (CDI) learns of any family or child that falls under any of the following special circumstances:

- Families and children are identified as homeless.
- Child is hospitalized and **NOT** available.
- Child being referred has a diagnosed hearing loss that meets Birth to Three eligibility criteria.
- Parent or referral source indicates child has been diagnosed with an autism spectrum disorder, failed a screen for Autism or if there are concerns regarding autism and child is 12 months or older.
- Referring children are within 45 days of their third birthdays.

**THEN ENSURE** CDI adheres to the following:

1. For Families and children identified as homeless:
  - a. A homeless status is entered in Birth to Three Data System (SPIDER), alerting the receiving program of the following:
    - (1) Family needs to be contacted as soon as possible before there is a possible change in address.
    - (2) Extra measures are to be taken to ensure completion of the following:
      - Evaluation
      - Assessment
      - Individualized Family Service Plan (IFSP) process, for eligible children
  - b. **REFER TO** Birth to Three Children who are Homeless Procedure.
2. For a child that is hospitalized and **NOT** available:
  - a. A "Referral on Hold" status is entered in the notes section of the referral concerns screen in the Birth to Three Data System (SPIDER), (only CDI staff may use this option).



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3.6.1 (continued)

3. For children diagnosed with hearing loss:
  - a. Programs in area serving child diagnosed with hearing loss are identified.
  - b. Consideration of the family's preferred approach to learning language when discussing different programs specializing in hearing.
  - c. The families are sent the following information:
    - Connecticut's Early Hearing Detection and Intervention (EHDI) Handout
    - Guide By Your Side
  - d. **REFER TO** Children who are Deaf or Hard of Hearing Procedure.
4. For children suspected of or diagnosed with autism spectrum disorder:
  - a. **IF** any of the following autism criteria are met:
    - Parent or referral source indicates the child has been diagnosed with an autism spectrum disorder.
    - Failed a screen for autism.
    - There are any concerns regarding autism.
    - The child is 12 months or older.

**THEN** the following information is offered:

    - Information about programs specializing in autism.
    - General programs serving their town.
  - b. **IF** child is 12 months or older **AND** there is a concern about autism,
 

**THEN** the family is referred to a program specializing in autism regardless of whether the MCHAT- RF was administered.
  - c. The family is asked if the child has a sibling with autism's diagnosis.
    - Higher risk for child with sibling previously diagnosed with autism.
  - d. The autism concern box on the referral is checked regardless of age or who expressed concern.

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### 3.6.1 (continued)

- e. Parent readiness and choice are still strong values for selecting a program.
  - f. Parent is directed to the online location of Birth to Three Service Guideline #1, Autism Spectrum Disorder, for more information.
  - g. Referral is forwarded to the parent's chosen program.
  - h. **REFER TO** Autism Spectrum Disorder Procedure.
5. For callers referring children within 45 days of their third birthday are offered the following:
- Responsible local school district information to seek an evaluation for early childhood special education, including the Lead Education Agency (LEA) address and phone number.
  - State Department of Education's Form ED621, Referral for Special Education, website location or copy of form.
  - Connecticut Parent Advocacy Center (CPAC) supports and website address.


### 3.7 Re-entering the Birth to Three System

3.7.1. **UNDERSTAND** families re-enter Birth to Three for a variety of reasons and most are treated as new referrals.

3.7.2. **ENSURE** Connecticut Development Infoline (CDI) (in most cases) refers families back to program that performed previous evaluation **OR** provided service, unless parent requests a different one. **SEE** sample scenarios are listed below:


1. For children who were never evaluated:
  - a. **IF** one of the following occurs:
    - A child was **NOT** evaluated **AND** the family contacts Early Intervention (EI) program within one month of declining evaluation.
    - The program was unable to contact the family.

**THEN** may **CHANGE** determination data to Pending.
  - b. **IF** family or another referral source contacts CDI, after one-month return period,  
**THEN CREATE** a new referral.

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3.7.2 (continued)

2. For children who were **NOT** eligible:
  - a. **IF** it is less than one month since ineligible determination was made,  
**THEN INFORM** referral source to contact CDI to make a new referral in one month.
  - b. **IF** there is a new diagnosis or information warranting a re-determination,  
**THEN PERMIT** families to contact CDI to make a new referral without waiting a month.
    - Programs **EMAIL** CTBirth23@ct.gov for prior authorization to complete an evaluation within one month of previous evaluation.
  - c. **IF** children demonstrating significant developmental delay observed during the tracking and monitoring process (Help Me Grow),  
**THEN CREATE** a new referral.
3. For children eligible for Birth to Three services:
  - a. **IF** family has exited and enrolled in tracking and monitoring process (Help Me Grow) **AND** child is again demonstrating a significant developmental delay.  
**THEN CREATE** a new referral.
  - b. **IF** family of eligible child was exited due to program losing contact and location of them,  
**THEN CREATE** a new referral.
    - (1) **REFER** family back to program that was supporting them prior to losing contact unless parent requests a different one.
  - c. **IF** family requests a different program,  
**THEN ASSIST** program in identifying date of previous evaluation.
  - d. **WHEN** a child re-enters with a new record,  
**THEN BEGIN** timelines anew as if child had **NO** prior enrollment.
  - e. **OBTAIN** prior authorization if annual maximums will be reached and **COMPLETE** a new evaluation.

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### 3.8 Non-eligible Children for Birth to Three System


3.8.1. **IF** a child is found non-eligible for Birth to Three System,

**THEN PROVIDE** families option of enrolling their child in [Ages and Stages \(ASQ\) Child Monitoring Program](#) available for free through Help Me Grow and Office of Early Childhood at Child Development Infoline (CDI).

1. Within one week of determining child is **NOT** eligible, **COMPLETE** ASQ enrollment.
2. **IF** concerns are identified during ASQ's monitoring of child's development over time, **THEN KNOW** a re-referral may be triggered.

3.8.2. Service Coordinator **PERFORM** the following:

1. **EXPLAIN** Ages and Stages (ASQ) Child Monitoring Program process to parents.
2. **PROVIDE** support to parents during enrollment online.
  - Online enrollment link: <http://cdi.211ct.org/program/ages-and-stages/>
  - Questionnaires are available in English and Spanish
3. **OBTAIN** parent's written consent to participate using Help Me Grow/ASQ brochure or enrollment form.
4. **WHEN** signed parent's written consent is received, **THEN MAIL** or **FAX** it to CDI.

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### 3.9 Birth to Three Programs Referral Support

3.9.1. **ENSURE** personnel are available to accept referrals on all business days, fifty-two weeks per year.

3.9.2. **ACCEPT** referrals only through Child Development Infoline (CDI).

3.9.3. **INDICATE** in Birth to Three System (SPIDER) whether accepting new referrals and transfers via rotation OR when new referrals are temporarily closed.

1. **WHEN** program is accepting referrals via rotation,

**THEN ENSURE** to:

a. **ACCEPT** all referrals without regard to referral concerns and move forward with providing evaluation or initial assessment to any child.

b. **ACCEPT** transfer of any child without regard to reason for eligibility or services listed on current Individualized Family Service Plan (IFSP)

(1) **WHEN** accepting a referral or transfer of a child living outside their catchment area,

**THEN** with approval of Birth to Three administration **PROVIDE** all services identified on IFSP without additional compensation from Birth to Three System or family, including transition activities.

(2) **WHEN NO** contracted Birth to Three Systems serving a particular town are accepting new referrals or transfers,

**THEN ENSURE** CDI sends new referrals to each contractor serving the town on a rotation basis.


c. **ENSURE** contractor agrees to accept the referrals.

3.9.4. **CONTACT** assigned families within one business day by telephone or by mail.

1. **PERFORM** introductions with family.

2. **CONFIRM** referral information, including:

- Spelling of names
- Home address
- Name and birthday of child
- Gender, etc.

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3.9.4 (continued)


3. **UPDATE** any new or changed information in Birth to Three data system (SPIDER).
4. **SCHEDULE** first visit.
5. **RETAIN** evaluation information for six years.
  - a. **REFER TO** Birth to Three Records Procedure.
6. **IF** a child will be evaluated by another provider,
 

**THEN** program that completed first evaluation **PROVIDE** evaluation information, or a copy, to second program.

**END of Instructions**

**4.0 REVISION HISTORY**

Location	Description of Change
All	New Human Factored Procedure.

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**Attachment 1, Birth to Three Intake Letter**



**1-800-505-7000**  
**<http://www.birth23.org>**

**Child Development Infoline \*\*\* United Way of Connecticut \*\*\* 1344 Silas Deane Highway Rocky Hill, CT 06067**

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Dear Parent,

Thank you for talking with us about \_\_\_\_\_. The program listed below will call you to schedule a visit for an evaluation.

Name of Program

Address

Phone Number

Contact Person

Please take a moment to read, "Welcome to The Connecticut Birth to Three System!". It contains information about Birth to Three and what to expect at your evaluation. We have also included a list of programs that serve your town and resources for your family.


If you have any questions, please feel free to call us at 1-800-505-7000.

Sincerely,

Birth to Three Intake Staff

Enclosed documents:

*Birth to Three Intake Letter*

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**Attachment 2, Birth to Three Request for Contact Letter**



**1-800-505-7000**  
**<http://www.birth23.org>**

**Child Development Infoline \*\*\* United Way of Connecticut \*\*\* 1344 Silas Deane Highway Rocky Hill, CT 06067**

Dear \_\_\_\_\_:

Your child, \_\_\_\_\_, was referred to the Birth to Three System by \_\_\_\_\_ for an evaluation of his/her growth and development.

We have been trying to reach you to explain in more detail the Birth to Three system, so you can decide if you would like your child to be evaluated. Please call us at 1-800-505-7000.

Until we hear from you, no further action will be taken on this referral. We will notify \_\_\_\_\_ that we have been unable to reach you to complete the referral process.


We hope to hear from you soon. Your call to Child Development Infoline is free and completely confidential.

Thank you.

Sincerely ,

Child Development InfoLine Staff



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**Attachment 3, Birth to Three Disposition/Status Letter**



**1-800-505-7000**  
**<http://www.birth23.org>**

**Child Development Infoline \*\*\* United Way of Connecticut \*\*\* 1344 Silas Deane Highway Rocky Hill, CT 06067**

Dear \_\_\_\_\_,


Thank you for your recent referral to the Birth to Three System for:

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

- \_\_\_\_\_ We do not have sufficient information to process this referral. Please call us with complete information.
- \_\_\_\_\_ The family never responded to our multiple attempts to contact them. Unless we hear from the family, the case will be closed.
- \_\_\_\_\_ When the family was contacted, they indicated they were moving out of state
- \_\_\_\_\_ The family was contacted and indicated they were not interested in our services at this time
- \_\_\_\_\_ The family was contacted and indicated they were not interested in a Birth to Three evaluation at this time. However, they expressed interest in participating in the Ages and Stages Child Monitoring Program (ASQ) and a consent form to enroll in ASQ was mailed to the family.
- \_\_\_\_\_ When we spoke to the family, it appeared that the child was doing well. Since Birth to Three is for children with significant delays, other information/services were offered that better match the child's needs and abilities.
- \_\_\_\_\_ The child's third birthday is within 45 calendar days of this referral, therefore the parent was given information on how to refer their child for preschool special education from their local school district
- \_\_\_\_\_ Other \_\_\_\_\_

Sincerely,

Child Development Infoline Staff

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**Attachment 4, Birth to Three Referral Confirmation Letter**



**1-800-505-7000**  
**<http://www.birth23.org>**

**Child Development [Infoline](#) ♦♦♦ United Way of Connecticut ♦♦♦ 1344 Silas Deane Highway Rocky Hill, CT 06067**

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Dear \_\_\_\_\_:

Thank you for your recent referral to the Birth to Three System for

\_\_\_\_\_ DOB \_\_\_\_\_. This referral was forwarded to the following program on \_\_\_\_\_ for determination of eligibility and / or service needs:

Name of Program

Address


Phone Number

Contact Name

If you have questions or would like general information regarding the Birth to Three System, please feel free to call us at 1-800-505-7000.

Sincerely,

Birth to Three Intake Staff

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**Attachment 5, Birth To Three Ages and Stages**

Date

Parent Name

Address

Re: Child's Name

Dear

Welcome to the Ages & Stages (ASQ) Child Monitoring Program, a free service provided by Help Me Grow through Child Development Infoline. Your child's first 5 years are important and we want to help you provide the best start for your child's future development. To assist with this, we offer the Ages & Stages Questionnaire, Third Edition (ASQ-3) to help you keep track of your child's development by asking questions about some things your child can and cannot do.

Your child's age (or developmental age, if born prematurely, up until 24 months) will determine when you will receive the first questionnaire.

ASQ questionnaires are available at 2, 4, 8, 12, 16, 20, 24, 27, 30, 33, 36, 42, 48, 54 and 60 months of age. You will receive questionnaires until your child's fifth birthday.

Thank you for enrolling your child in the Ages & Stages Child Monitoring Program. If you have any questions, contact Help Me Grow / Child Development Infoline at 1-800-505-7000 or email us at [CDI.ASQ.INFO@ctunitedway.org](mailto:CDI.ASQ.INFO@ctunitedway.org).

We look forward to your participation.

Sincerely,

Child Development Infoline Staff United Way of CT, 1344 Silas Deane Highway Rocky Hill, CT 06067

<https://cdi.211ct.org/>

*The Ages & Stages Child Monitoring Program is a service of Help Me Grow, Connecticut Office of Early Childhood.*