Overview Guide for Coordinated Care Organizations (CCOs)

Identifying the Best Match Set of Services for Children Identified At-Risk Based on Developmental Screen Results and Child and Family Characteristics

Developed by the Oregon Pediatric Improvement Partnership (OPIP) with support from the Oregon Health Authority Transformation Center

Webinar (January 30, 2019):
https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Dev-Screen-Tech-Assist.aspx

Purpose: The purpose of this guide is to summarize the tools and strategies provided through prior tip sheets and webinars for identifying the best match set of services for young children. While the audience for this guide is coordinated care organizations (CCOs), the intention is to outline specific workflows, tools and considerations CCO improvement staff could focus on to support primary care practices to implement follow-up to developmental screening.

Background: The tools and processes described in this guide are based on what OPIP has learned while measuring and improving pathways from developmental screening to services in 10 Oregon counties. The information in this guide is based on experiences specific to the Ages and Stages Questionnaire developmental screening tool. Insights around best match referrals are specific to Oregon Early Intervention eligibility standards that have been in place during 2010–2018.

Contents

1. The Need to Improve Follow-up: Screening has improved, follow-up has not

There have been considerable improvements in developmental screening in primary care in Oregon over the last few years. Through quality improvement efforts, it has been found that a significant number of children identified on developmental screening tools in primary care do not receive recommended follow-up.

Since the goal of screening is to identify children early and to ensure early and effective follow-up, this is an important next step.

A number of entities have identified the importance of a focus on follow-up:

- Oregon's Health Plan Quality Metrics Committee and Metrics and Scoring Committee have identified follow-up to developmental screening as a priority future metric for CCOs.
- A work group was formed in Oregon to develop a Health Aspects of Kindergarten Readiness measure for CCOs. The final proposed strategy included an electronic medical record-based follow-up to developmental screening metric.
- Effective follow-up is aligned with a number of policies and strategic pathways adopted by the Early Learning Council, and with the goals of Oregon's early learning hubs.

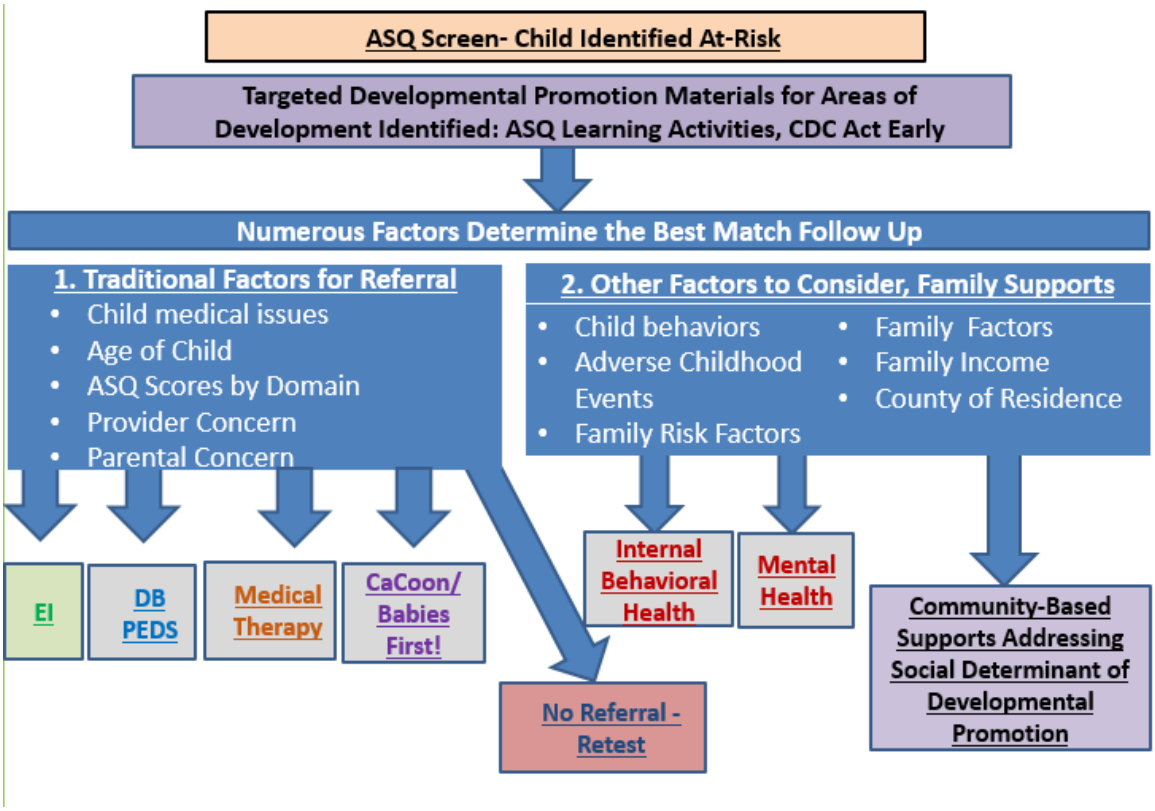
2. Determining best match services: factors to consider

Not as simple as "at-risk"

The American Academy of Pediatrics' Bright Futures™ recommendations call for referrals of children identified at-risk on developmental screening to Early Intervention (EI) and/or a developmental pediatrician. However, OPIP's efforts have found that the best match follow-up includes important developmental promotion and education and then identification of best match referrals that consider developmental screening scores, child factors, family factors, and available resources in the community. This is particularly important in a state like Oregon that has relatively strict eligibility requirements for EI and where a significant number of children identified at-risk on the ASQ will not be eligible for EI.

Figure 1 shows the key parameters to consider in developing a community-based follow-up medical decision tree that takes into account child and family factors and is anchored to available community resources.

Figure 1. Factors to consider in identifying best match services



Factors determining best match follow-up

Factors impacting the determination of best match follow-ups include those that are traditionally considered, such as medical issues, the age of the child, ASQ score (accounting for specific domains identified), and concern expressed by either the provider, the parent, or both. It should be noted that parental or provider concern should always be a factor that leads to referral.

Factors less commonly considered but important in determining a best match referral include insight about the child's behaviors, adverse childhood experiences, family dynamics and risk factors, family income (as this would impact eligibility for some community programs), and county of residence (this would impact the availability of and eligibility for community-based programs). Lastly, the specific resources that are available in the community will determine which pathways are available in which regions.

In addition to outlining these various factors, **Figure 1** illustrates possible follow-up referrals that would be impacted by the specific factors noted.

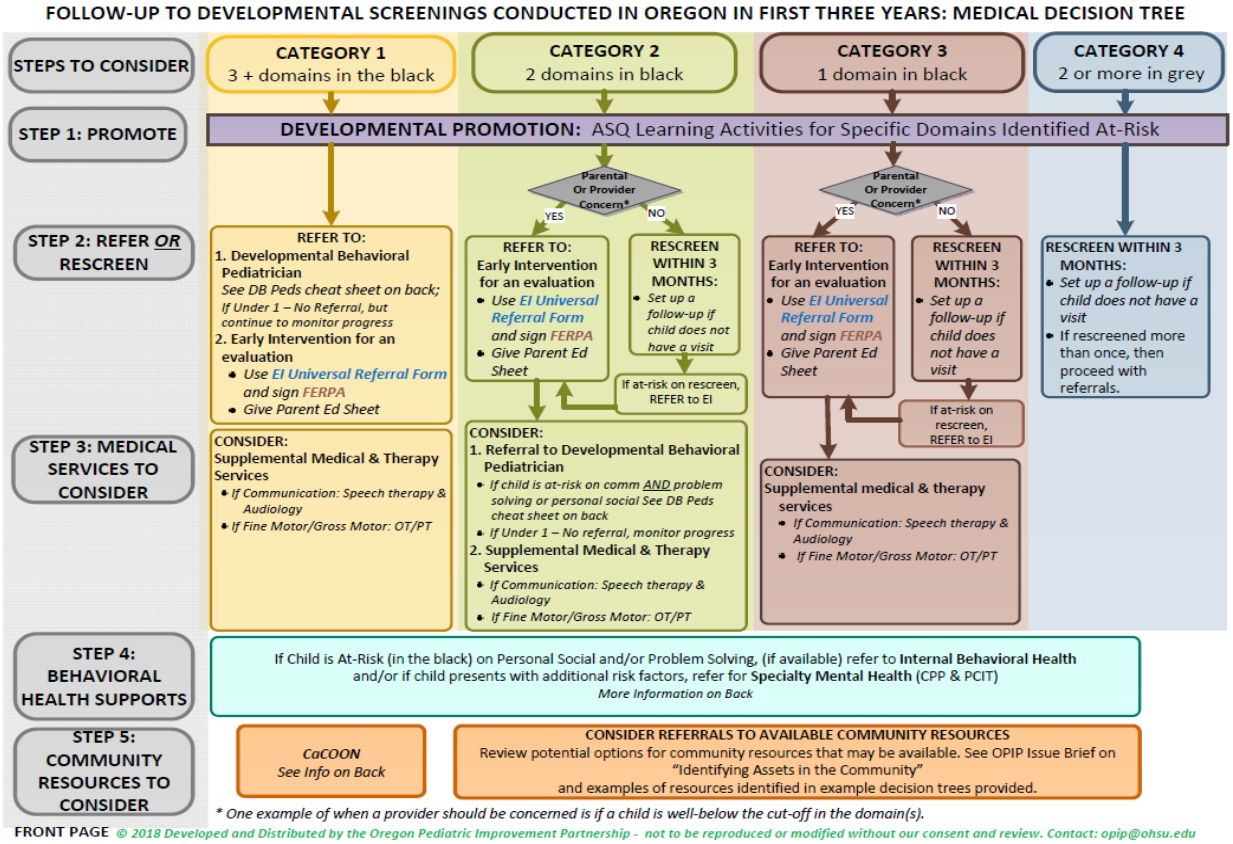
3. The medical decision tree

Through piloting this work in 10 Oregon counties, OPIP has created and modified a medical decision tree that can be customized and used in any community to help providers identify the best match follow-up (see **Attachment 1 on pages 10-11** for a general template). The goal of

this decision tree is to familiarize providers with best match follow-up steps for patients found to be at-risk for developmental delay. The decision tree incorporates feedback from front-line providers, specialists, developmental experts, and EI evaluators, but it is intended only to be a suggested approach. There will be children who need individual consideration and would not be represented in this decision tree.

A webinar-based training for primary care providers on the medical decision tree can be found here: https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Dev-Screen-Tech-Assist.aspx

Figure 2. Follow-up to Developmental Screening in Oregon Medical Decision Tree



This medical decision tree makes identified factors actionable by linking them to specific follow-ups and considerations. The flow of the document is top-down, and starts by using the ASQ results to determine which path to follow. The back page of the decision tree provides "cheat sheets" and supplemental information about specific sectors and components of the tree including referral pathways to CaCoon, developmental pediatricians, and behavioral health supports.

On the following pages is a high-level summary of the medical decision tree with notes about areas where the CCO can provide supports in addressing the pathways and potential barriers to the pathways in their community.

Developmental promotion

As is illustrated, ALL children (and in particular those identified at-risk) would benefit from targeted developmental promotion. The medical decision tree specifically calls out two tools that have been the most popular and easy to use in the primary care setting:

1. **ASQ Learning Activities** (https://products.brookespublishing.com/ASQ-3-Learning-Activities-P624.aspx)
   The ASQ Learning Activities give parents and caregivers specific examples to help promote the five development domains. The ASQ Learning Activities are age and domain specific, making the tool practical and easy for families to use.

2. **CDC Act Early materials** (https://www.cdc.gov/ncbddd/actearly/index.html)
   The Act Early materials are another useful tool to help family members monitor their child's development. The link above also provides helpful tip sheets for parents on how to talk to health care providers and/or childcare providers if the parent thinks their child may have a delay. There is set of Act Early materials and an Act Early Ambassador specific to Oregon that can be found here: http://actearlyoregon.org/.

Potential supports from CCOs:

- Purchase the ASQ Learning Activities for primary care practices they contract with that are doing developmental screening.
- Help distribute informational handouts about the CDC Act Early materials.
- Work with community-level partners to identify similar kinds of supports and educational materials in languages other than English.

4. Facilitating best match referrals and ensuring capacity of services

Based on the ASQ domain level scores and other factors, the medical decision tree outlines a number of potential referrals. CCOs can support practices in implementing this decision tree by ensuring the referral pathways exist, ensuring capacity, and addressing common barriers identified and described in this brief. Below is a summary of the referral sources listed in the medical decision tree and areas of support CCOs may offer.

Referral to developmental and behavioral pediatrician for an evaluation
Children with signficant delays are recommended to be referred for an evaluation.

Potential supports from CCOs:
A barrier to referrals to developmental and behavioral pediatricians is that they are often located in Portland or Eugene, which can require extensive travel for many families, and often have long time periods between when a child is referred and when the child is able to be evaluated.

- CCOs can examine the availability of remote clinics or ECHO technologies to conduct a timely preliminary assessment of the child's development.
- CCOs can examine their transportation policies, including non-emergent medical transportation, to assess whether they cover the whole family to attend the evaluation. CCOs can also examine other ways transportation policies may create barriers to the family accessing an evaluation that may take a full day.

Referral to Early Intervention (EI)

A key referral in the medical decision tree is to EI. The EI Universal Referral Form can be found in **Attachment 2 on pages 12-15.**

Potential supports from CCOs:

- Provide outreach and education to primary care practices on the OPIP webinar that describes specific factors to consider in referring to EI in Oregon (available here: https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Dev-Screen-Tech-Assist.aspx)
- Provide outreach and education to primary care practices on the updated Universal Referral Form to EI.
- Partner with local EI contractors on improvement efforts (see the tip sheet on the Transformation Center website for more details: https://www.oregon.gov/oha/HPA/dsi-tc/Documents/DevScreening-Partnering-with-Early-Intervention.pdf).

Referral to occupational therapy/physical therapy/speech therapy and audiology

For some children, referrals directly to medical and therapy services such as occupational therapy (OT), physical therapy (PT) and speech therapy (ST) or audiology are recommended. On October 1, 2018, Oregon's Health Evidence Review Commission updated the Prioritized List, which now includes several additional diagnosis codes above the line that can be paired with OT/PT/ST evaluations AND services for coverage:

- **R62.0** Delayed milestone in childhood, specific for children ages 0-8
- **F88** Other disorders of psychological development
- **F80.9** Developmental disorder of speech and language

Potential supports from CCOs:

- Provide outreach and education about the new coverage of services for children with the diagnoses listed above.
- Assess the capacity of local resources to provide OT/PT/ST specifically for young children and ensure services are available.
- Specifically assess the availability of Spanish language speech therapy services for young children.
- Examine referral forms and two-way communication loops between primary care and OT/PT/ST providers.

- Examine the availability of remote clinics or ECHO technologies to conduct a timely preliminary assessment of the child's development.
- Examine CCO transportation policies, including non-emergent medical transportation, to assess whether they cover the whole family to attend the evaluation. CCOs can also examine other ways transportation policies may create barriers to the family accessing an evaluation that may take a full day.

Referral to integrated behavioral health, co-located mental health, or specialty infant and early childhood mental health

If the child is "in the black" on the personal social and/or the problem-solving domains of the Ages and Stages Questionnaire, referrals to behavioral health assessments and supports are recommended.

Potential supports from CCOs:

- Provide outreach and education about the behavioral health supports section of the medical decision tree.
- Assess the specific number of trained providers and their capacity to provide behavioral health services that are dyadic in nature, specifically for children under age five, and exist within:
    - Integrated behavioral health in primary care
    - Co-located behavioral health
    - Specialty infant mental health
- Examine policies and payment for **behavioral health providers** serving children under age five that create barriers to provision of care, and report on how those barriers were addressed/removed.
    - Potential policies for examination include:
        - Prior authorization requirements for all behavioral health services for children under five
        - Prior authorization requirements for behavioral health services in an integrated primary care clinic
        - Requirements for specific diagnostic codes to be provided for behavioral health services based on the location of the provision of the service[1]
    - Payment, including addressing:
        - Payments for assessments of social-emotional health, parental depression, and other family factors that impact a child's social-emotional health
        - Services provided on the same day by a primary care provider and behavioral health clinician and impact on co-pays

[1] These requirements create unique barriers for providing preventive behavioral health services for young children who are experiencing social-emotional delays and self-regulation issues.

Referrals to community resources

The medical decision includes referrals to community specific resources. OPIP developed a tip sheet for CCOs for identifying assets and resources in their community that can be added to this section of the medical decision tree. This tip sheet can be found here: https://www.oregon.gov/oha/HPA/dsi-tc/Documents/TipSheet-2B-Dev-Screening-Asset-Map.pdf

Examples of resources identified in past projects include:

- CaCoon
- Babies First!
- Early Head Start
- Childcare resources
- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Library resources
- Relief Nurseries
- 211 or Help Me Grow
- ASQ Oregon/Oregon Screening Project (https://osp.uoregon.edu)

Supporting parents and families to follow through with referrals

It is critical that referring providers and their teams proactively support families to engage in development and developmental concerns, and in following through on next steps. Please see the companion guide developed by OPIP, "Supporting Shared Decision-making with Families on Follow-up to Developmental Screening": https://www.oregon.gov/oha/HPA/dsi-tc/Documents/DevScreening-Shared-Decision-Making-with-Families.pdf

Included in this guide is a template for a shared decision-making tool for engaging parents in follow-up steps, and a phone follow-up script that primary care offices can use to follow up with families who have been referred (this has been shown to improve the rate of families actually making it to referrals).

5. Implementation steps to consider

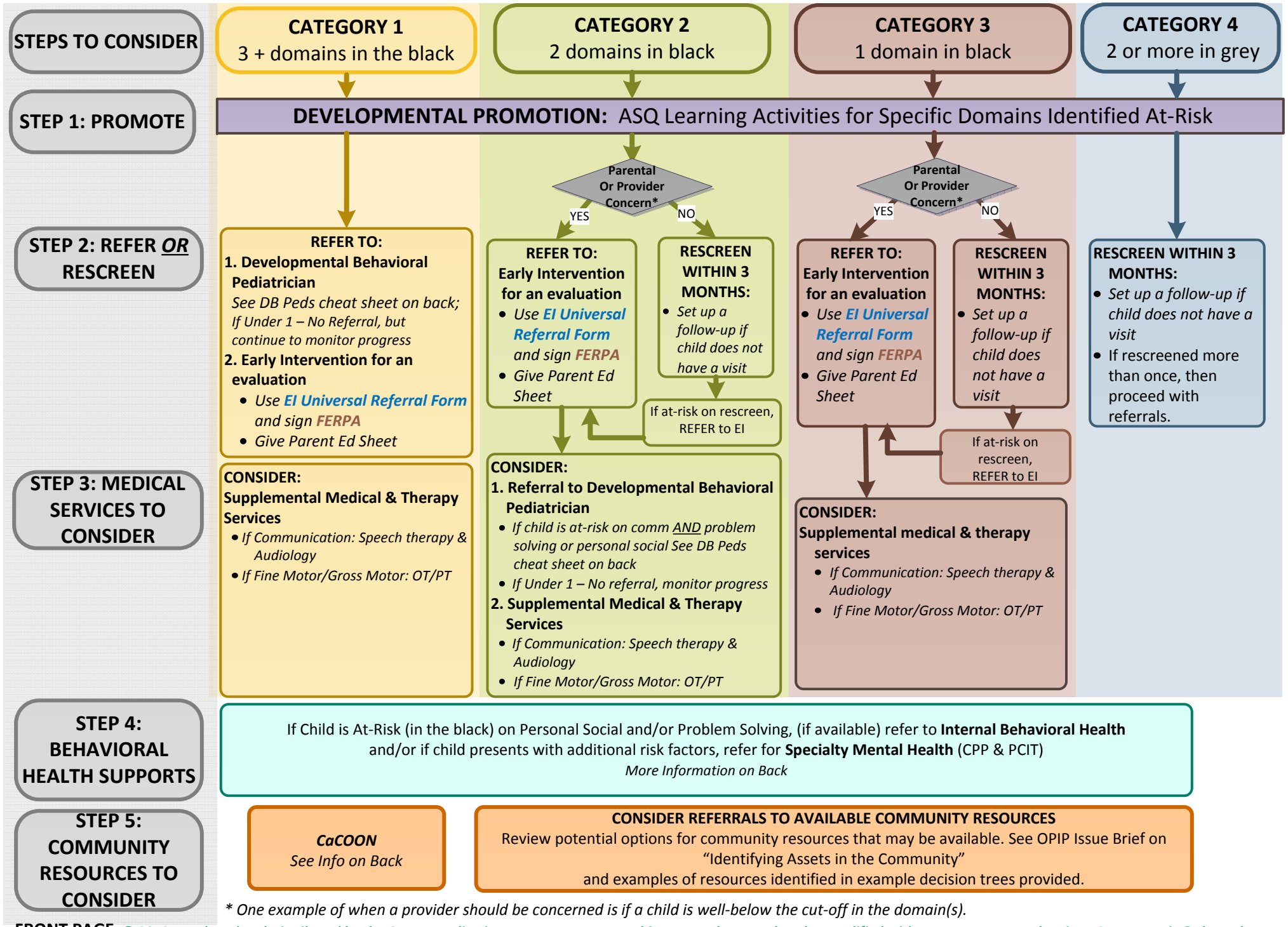
It has been OPIP's experience that tools are an important and first step needed to support practices in improving their level of follow-up. However, tools and training alone are often not enough to ensure sustained and standardized implementation of effective follow-up. Below is a high-level summary of supports CCOs can provide to primary care practices in implementing these tools.

Potential supports from CCOs:

- **Provide tools in helpful formats**
  CCOs can provide hard copies of the various tools including the medical decision tree and parent shared decision-making tool. CCOs can laminate the decision tree.
- **Train primary care providers and the full practice team on the medical decision tree**
  CCOs can support technical assistance to practices by subject matter experts.

- **Implementation support and evaluation tracking of the medical decision tree overall**
  An effective strategy on referral and follow-up has involved practice facilitators meeting with practices each month to coach them on implementation and problem solve barriers. An important component of this improvement effort has been tracking data on implementation and identifying gaps in order to focus improvement efforts. For practices that don't already have a workflow for tracking important referrals, CCOs can support the development and implementation of workflows for that purpose. Models vary by practice, but it should be clear who is responsible for tracking referrals, how they are doing it, and who best to contact for specific scenarios that will come up.
- **Implementation support: workflows for receiving and using EI communications**
  One specific area of focus for improvement efforts has been supporting practices on developing and implementing workflows for using the information EI sends back. This includes either communicating that the family never made it to the referral, or the results of the evaluation and eligibility process. Each scenario should trigger a set of follow-up steps, the details of which are practice-specific but incredibly important. To ensure children don't fall through the cracks, it is important for practices to establish steps with defined roles to be sure families that don't make it to EI receive secondary follow-up steps, and for those that do make it to EI, that the practice is using that information effectively. This would include children who are evaluated and found to be ineligible, as well as children who are found to be eligible and receive services. Secondary referrals and follow-up steps may still be necessary for children who are found to be ineligible, and even children who are eligible could benefit from supplemental supports or services.
- **Assistance in developing EHR templates and forms that map to the decision tree**
  This includes supporting practices to modify their developmental screening EHR templates to map to the medical decision tree, and recommended referral types and referral forms.

FOLLOW-UP TO DEVELOPMENTAL SCREENINGS CONDUCTED IN OREGON IN FIRST THREE YEARS: MEDICAL DECISION TREE



** One example of when a provider should be concerned is if a child is well-below the cut-off in the domain(s).*

FRONT PAGE

CaCOON CHEAT SHEET:

Info about program: https://www.ohsu.edu/xd/outreach/occyshn/programs-projects/cacoon.cfm

Medical Diagnosis or Medical Risk Factors

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Social and Family Factors to Consider

- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Support with Parenting/Lack of Parenting Skills
- Parent has Disability
- Teen/Young Parent
- First Time Parent
- Newly Pregnant needing assistance
- Tobacco Use
- Domestic Violence (present or history of)
- Alcohol/Drug Use
- Lack of Food/ Clothing/Housing
- Incarceration/Probation
- Low Income
- Migrant/Seasonal Worker
- Unemployed
- Homeless
- Receives TANF/SSI/SNAP
- DHS Involvement

Developmental Pediatrician Referral Cheat Sheet:

Kid in **the BLACK** on the Communication domain

+

Personal-Social domain or Problem Solving Domain

or

If the child is 'In the BLACK' on 2 or more domains and has any of the following presenting concerns:

- Kids who are not progressing in services as expected or recent increase in symptoms
- Kids who have challenging behaviors with inadequate response to behavioral interventions or medication.
- Kids with secondary medical issues that are not responding to usual treatments (including feeding and nutrition)
- Kids who may be experiencing traumatic events

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse.

ACEs include:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

https://www.samhsa.gov

BEHAVIORAL HEALTH SUPPORTS

If child is "in black" on **Personal Social and/ or Problem Solving**

Internal Behavioral Health referral. Example of follow-up steps by IBH staff.

- **Additional screening of child's development (ASQ-SE, Pediatric Symptom Checklist)**
- **Understand Parental Frustration**
- **Understand child risk factors**

If Child has:

Concerns such as oppositional, aggressive, overactive or shy/anxious behaviors, significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns

And/ Or

Exposure to Adverse Childhood Events (ACES) in Family Environment

CONSIDER: USE OF EARLY CHILDHOOD MENTAL HEALTH DX CODES

Consider External Referral to Mental Health for Child Parent Psychotherapy (CPP), Parent Child Interaction Therapy, and Other Services

BACK PAGE

Early Intervention/Early Childhood Special Education (EI/ECSE) Referral Form for Providers* Birth to Age 5

CHILD/PARENT CONTACT INFORMATION

Child's Name: _____ Date of Birth: _____/_____/_____

Parent/Guardian Name: _____ Relationship to the Child: _____

Address: _____City: _____ State: _____ Zip: _____

County: _____ Primary Phone: _____ Secondary Phone: _____ E-mail: _____

Text Acceptable: ☐Yes ☐ No Best Time to Contact: _____

Primary Language: _____ Interpreter Needed: ☐Yes ☐ No

PARENT CONSENT FOR RELEASE OF INFORMATION (more about this consent on page 4)

Consent for release of medical and educational information

I, _____ (print name of parent or guardian), give permission for my child's health provider _____ (print provider's name), to share any and all pertinent information regarding my child, _____ (print child's name), with Early Intervention/Early Childhood Special Education (EI/ECSE) services. I also give permission for EI/ECSE to share developmental and educational information regarding my child with the child health provider who referred my child to ensure they are informed of the results of the evaluation.

Parent/Guardian Signature: _____ **Date:** _____/_____/_____

Your consent is effective for a period of one year from the date of your signature on this release.

OFFICE USE ONLY BELOW:

Please fax or scan and send this Referral Form (front and back, if needed) to the EI/ECSE Services in the child's county of residence

REASON FOR REFERRAL TO EI/ECSE SERVICES

Provider: Complete all that applies. Please attach completed screening tool.

Concerning screen: ☐ ASQ ☐ASQ:SE ☐ PEDS ☐M-CHAT ☐Other:_____

Concerns for possible delays in the following areas (please check all areas of concern and provide scores, where applicable):

☐Communication _____ ☐ Fine Motor _____ ☐Personal Social _____

☐ Gross Motor _____ ☐Problem Solving_____ ☐Other: _____

☐ Clinician concerns (including vision and hearing) but not screened:

_____

_____

☐ Family is aware of reason for referral.

Provider Signature: _____ Date: _____/_____/_____

If child has an identified condition or diagnosis known to have a high probability of resulting in significant delays in development, please complete the attached Physician Statement for Early Intervention Eligibility (on reverse) in addition to this referral form. Only a physician licensed by a State Board of Medical Examiners may sign the Physician Statement.

PROVIDER INFORMATION AND REQUEST FOR REFERRAL RESULTS

Referring Provider Name: _____ Referral Contact Person: _____

Office Phone: _____ Office Fax: _____ Address: _____

_____City: _____ State: _____ Zip: _____

Primary Care Provider: _____

If the child is eligible, medical provider will receive a copy of the Service Summary.

EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER

EI/ESCE Services: please complete this portion, attach requested information, and return to the referral source above.

☐Family contacted on _____/_____/_____ The child was evaluated on _____/_____/_____ and was found to be:

☐Eligible for services ☐Not eligible for services at this time, referred to: _____

☐ Parent Declined Evaluation ☐ Parent Does Not Have Concerns

☐Unable to contact parent ☐ Attempts_____ ☐ EI/ECSE will close referral on _____/_____/_____.

* The EI/ECSE Referral Form may be duplicated and downloaded at this Oregon Department of Education web page.

MEDICAL CONDITION STATEMENT FOR EARLY INTERVENTION ELIGIBILITY (BIRTH TO AGE 3)

Date: _____ Child's Name:_____ Birthdate: _____

The State of Oregon, through the Oregon Department of Education (ODE), provides Early Intervention (EI) services to infants and young children ages birth to three with significant developmental delays. ODE recognizes that disabilities may not be evident in every young child, but without intervention, there is a strong likelihood a child with unrecognized disabilities may become developmentally delayed.

ODE is requesting your assistance in determining eligibility for Oregon EI services for the child named above. Under Oregon law, a physician, physician assistant, or nurse practitioner licensed in by the appropriate State Board can examine a child and make a determination as to whether he or she has a physical or mental condition that is likely to result in a developmental delay.

Please keep in mind that, while many children may benefit from Oregon's EI services, only those in whom significant developmental delays are evident or very likely to develop are eligible.

Thank you for your time and assistance with this matter.

Medical Condition:

_____

_____

_____

_____

Please indicate if this child:

- ○ Is blind or has low vision
- ○ Is Deaf or hard of hearing
- ○ Has orthopedic needs

Comments:

_____

_____

_____

Yes	No	
☐	☐	**This child has a physical or mental condition that is likely to result in a developmental delay.**

_____ _____

Physician/Physician Assistant/Nurse Practitioner Date

Print Name:_____ Phone:_____

OREGON EI/ECSE CONTACTS

Baker County Phone: 800.927.5847 Fax: 541.276.4252	Douglas County Phone: 541.440.4794 Fax: 541.440.4799	Lake County Phone: 541.947.3371 Fax: 541.947.3373	Sherman County Phone: 541.238.6988 Fax: 541.384.2752
Benton County Phone: 541.753.1202 x106 877.589.9751 Fax: 541.753.1139	Gilliam County Phone: 541.238.6988 Fax: 541.384.2752	Lane County Phone: 541.346.2578 Fax: 541.346.6189	Tillamook County Phone: 503.842.8423 Fax: 503.842.6272
Clackamas County Phone: 503.675.4097 Fax: 503.675.4205	Grant County Phone: 800.927.5847 Fax: 541.276.4252	Lincoln County Phone: 541.574.2240 x101 Fax: 541.265.6490	Umatilla County Phone: 800.927.5847 Fax: 541.276.4252
Clatsop County Phone: 503.338.3368 Fax: 503.325.1297	Harney County Phone: 541.573.6461 Fax: 541.573.1914	Linn County Phone: 541.753.1202 x106 877.589.9751 Fax: 541.753.1139	Union County Phone: 800.927.5847 Fax: 541.276.4252
Columbia County Phone: 503.366.4141 Fax: 503.397.0796	Hood River County Phone: 541.386.4919 Fax: 541.387.5041	Malheur County Phone: 541.372.2214 Fax: 541.473.3915	Wallowa County Phone: 541.927.5847 Fax: 541.276.4252
Coos County Phone: 541.269.4524 Fax: 541.269.4548	Jackson County Phone: 541.494.7800 Fax: 541.494.7829	Marion County Phone: 503.385.4714 888-560-4666 x4714 Fax: 503.540.2959	Warm Springs Phone: 541.553.3241 Fax: 541.553.3379
Crook County Phone: 541.693.5630 Fax: 541.693.5661	Jefferson County Phone: 541.693.5740 Fax: 541.475.5337	Morrow County Phone: 800.927.5847 Fax: 541.276.4252	Wasco County Phone: 541.296.1478 Fax: 541.296.3451
Curry County Phone: 541.269.4524 Fax: 541.269.4548	Josephine County Phone: 541.956.2059 Fax: 541.956.1704	Multnomah County Phone: 503.261.5535 Fax: 503.894.8229	Washington County English: 503.614.1446 Spanish: 503.614.1299 Fax: 503.614.1290
Deschutes County Phone: 541.312.1195 Fax: 541.693.5661	Klamath County Phone: 541.883.4748 Fax: 541.850.2770	Polk County Phone: 503.385.4714 888-560-4666 x4714 Fax: 503.540.2959	Wheeler County Phone: 541.238.6988 Fax: 541.384.2752
			Yamhill County Phone: 503.385.4714 888-560-4666 x4714 Fax: 503.540.2959

EI/ECSE contact information also available at this Oregon Department of Education web page.

or please call 1-800-SafeNet

SOUTHWEST WASHINGTON EI/ECSE CONTACTS

(NOTE: EI/ECSE Program Requirements differ in each state; please contact these offices for Washington Requirements)

Clark County Phone: 360.896.9912 ext.170 Fax: 360.892.3209	Cowlitz County Phone: 360.425.9810 Fax: 360.425.1053	Klickitat County Phone: 360.921.2309 Fax: 509.493.2204	Skamania County Phone: 509.427.3865 Fax: 509.427.4430

CONSENT FOR USE OR DISCLOSURE OF HEALTH INFORMATION BETWEEN HEALTHCARE PROVIDERS and EARLY INTERVENTION

Information for Parents

This consent for release of information authorizes the disclosure and/or use of your child's health information from your child's health care provider to the Early Intervention/Early Childhood Special Education (EI/ECSE) program. This consent form also authorizes the disclosure of developmental and educational information from the Early Intervention/Early Childhood Special Education program to your child's health care provider.

Why is this consent form important?

Your child's health care provider sees your child at well-child screening visits and for medical treatment. Sometimes your child's health care provider may see the need for more information, like evaluation or follow up by other specialists, to identify your child's special health care needs. The Early Intervention/Early Childhood Special Education (EI/ECSE) program can be a resource to help identify your child's needs. The primary goal of this consent form is to allow communication between your child's health care provider and EI/ECSE programs so these providers can work together to help your child.

Why am I asked to sign a consent on this form?

The consent allows your child's health care provider to share information about your child with EI/ECSE, and allows EI/ECSE to share information about your child with your health care provider. Your consent for the release of information allows your child's health care provider and EI/ECSE communicate with one another to ensure your child gets the care your child needs. However, as your child's parent or legal guardian you may refuse to give consent to this release of information.

How will this consent be used?

This consent form will follow your child as he/she is screened and/or evaluated at EI/ECSE. The information generated by this release will become a part of your child's medical and educational records. Information will be shared with only individuals working at or with EI/ECSE or the office of your child's health care provider for the purpose of providing safe, appropriate and least restrictive educational settings and services and for coordinating appropriate health care.

How long is the consent good for?

This consent is effective for a period of one year from the date of your signature on the release.

What are my rights?

You have the following rights with respect to this consent:

- You may revoke this consent at anytime.
- You have the right to receive a copy of the Authorization.