



Referral Guide

FOR HEALTH CARE PROVIDERS

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

**Children don't have to wait to "outgrow" a delay.
The Birth to Three System helps families enhance their children's development.**

Who is eligible?

A child younger than 3 years who lives in Connecticut and:

- 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, prematurity (see reverse side for more information)

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 school district for evaluation.

How do I refer a child?

CONTACT THE CHILD DEVELOPMENT INFOLINE

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

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 their insurance is requested
- Families of eligible children who earn more than \$45,000 adjusted gross per year pay a monthly fee on a sliding scale
- Practicing new skills during daily activities is how babies learn best
- Birth to Three coaches families to promote their children's early development during regular routines

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:**
 - To release diagnostic, evaluation, or medical reports from your office to the Birth to Three program. This can help determine eligibility.
 - For you to obtain the evaluation report from the Birth to Three program.
- **If the child is eligible:**
 - Encourage the parent to enroll in Birth to Three
 - Participate in development of the Individualized Family Service Plan (IFSP). This is the best way to share your recommendations for services.
 - If you are the child's PCP, you will be asked to sign the IFSP along with the parents. **Services cannot begin without your signature.**
- **If the child is not eligible:** encourage the parent to enroll in Help Me Grow and re-refer if concerns remain after 90 days or more. Both of these calls go to the Child Development Infoline at 1-800-505-7000.

Connecticut Birth to Three System

Most children are eligible for early intervention due to a **significant developmental delay**. Others have a physical or mental condition that is likely to result in a developmental delay and 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 by an appropriately licensed health care professional. The list below is **NOT** exhaustive and is subject to change. Please refer to the Birth to Three website “Referrals” page for updates.

SAMPLE DIAGNOSED CONDITIONS

Genetic Disorders

- A. Abnormalities of Chromosome Number and Structure (758._)**
 - All (except Klinefelter Syndrome)
- B. Genetic Conditions Associated with Significant Developmental Delay with Known Genetic Basis**
 - Angleman Syndrome (759.89)
 - Bardet-Biedl Syndrome (759.89)
 - CHARGE Syndrome (759.89)
 - Cornelia de Lange syndrome (759.8)
 - DiGeorge Syndrome 279.11
 - Fragile X Syndrome (759.83)
 - Jeune Syndrome (756.4)
 - Menkes Syndrome (759.51)
 - Noonan Syndrome (759.89)
 - Opitz Syndrome (759.89)
 - Prader-Willi Syndrome (759.81)
 - Rubenstein-Taybi Syndrome (759.89)
 - Weaver Syndrome (759.89)
 - Williams Syndrome (759.89)
- C. Neurocutaneous Syndromes**
 - Neurofibromatosis (237.70)
 - Sturge Webber Syndrome (759.6)
 - Tuberous Sclerosis (759.5)
- D. Inborn Errors of Metabolism**
 - i. Amino Acidopathies
 - Organic Acidemias (270.3)
 - Glutaric Aciduria type II (270.9)
 - ii. Very long chain fatty acid storage diseases (330.9) All
 - iii. MCAD (medium chain acylCoA dehydrogenase deficiency) (277.85)

Sensory Impairments

- Blindness (369._ _)
- Cortical Blindness (377.75)
- Low vision (20/70 best acuity with correction (369._ _ or 389._ _)) Requires 5 digits
- Retinopathy of Prematurity, stages 4 and 5 (362.21)
- 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) (389._ _) Requires 5 digits
- Neural hearing loss (includes auditory neuropathy) (389.12)
- Hearing loss, unspecified (389.9)

Motor Impairments

- Arthrogryposis / Multiplex Congentia (754.89)
- Childhood Apraxia of Speech (784.69)
- Speech Sound Disorder (315.39)

Neurologic Disorders

- Absence of part of brain (742.2)
- Agyria (742.2)
- Aplasia of part of brain (742.2)
- Arhinencephaly (742.2)
- Brain Malformation (742.9)
- Cerebral Dysgenesis or agenesis of part of brain (742.2)
- Cerebral Palsy (all types) (343._)
- Charcot-Marie-Tooth disease (356.1)
- Congenital Cerebral cyst (742.4)
- Degenerative Progressive Neurological Condition (330.9)
- Encephalopathy (742.2)
- Holoprosencephaly (742.2)
- Hydrocephaly, congenital (742.3), or acquired (331.4)
- Intraventricular Hemorrhage (IVH) – grade 3 (772.13) or grade 4 (772.14)
- Lissencephaly Syndrome (Miller-Dieker Syndrome) (742.2)
- Macrocephaly / Macrogyria / Megalencephaly (742.4)
- Meningomyelocele / Myelomeningocele / Spina Bifida / Neural Tube Defect (741._ _)
- Microgyria (742.2)
- Multiple anomalies of the brain, NOS (742.4)
- Myopathy (359.81)
- Peri-ventricular Leukomalacia (PVL) (779.7)
- Porencephalic Cyst (742.4)
- Seizures (poorly or uncontrolled) (345.9)
- Spinal Muscular Atrophy / Werdnig Hoffman Disorder (335.0)
- Stroke (436)
- Ulegyria (742.4)

Significant Neurodevelopmental Disorders

- Autism Spectrum Disorders (299.1)
- Childhood Depression (311)
- Reactive Attachment Disorder (315.8)
- Rett Syndrome (330.8)

Medically Related Disorders

- Cleft Palate (prior to the operation to repair the cleft and up to one year post-operative) (749.0_) and 749.2_) Requires 5 digits
- Congenital Infections – CNS (771.0-771.2)
 - CMV (cytomegalovirus) (771.1)
 - herpes (771.2)
 - rubella (771.0)
 - toxoplasmosis (771.2)
- Congenital or infancy-onset hypothyroidism (243)
- Lead Poisoning (≥ 25 $\mu\text{g}/\text{dL}$) (up to six months after identification) (984._ _)
- Pediatric AIDS (042)
- Prematurity (28 weeks or less gestation, up to 6 months adjusted age *only*)
 - less than 24 completed weeks of gestation (765.21)
 - 24 completed weeks of gestation (765.22)
 - 25-26 completed weeks of gestation (765.23)
 - 27-28 completed weeks of gestation (765.24)
- Prenatal Exposures
 - Fetal Alcohol Syndrome (760.71)
 - Fetal Phenytoin (Dilantin) Syndrome (760.79)
- Very Low Birth Weight (<1000 grams at birth, up to 6 months corrected age *only*)
 - if under 500g (765.01)
 - if 500g-749g (765.02)
 - if 750g-999g (765.03)

Acquired Trauma Related Disorders

- Traumatic Brain Injury / TBI with or without open intracranial wound (854.0_ or 854.1_) Requires 5 digits