



# Referral Guide

## FOR HEALTH CARE PROVIDERS

REFERRALS: TEL: 1-800-505-7000 • FAX: 860-571-7525 • On-line: [www.birt23.org](http://www.birt23.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 for Connecticut Birth to Three services?**

A child (under the age of 36 months) of any Connecticut resident who:

- has a diagnosed medical condition such as Down syndrome, spina bifida, autism, blindness, deafness, or others that have a high probability of resulting in a developmental delay (see reverse side for more specific information), or
- shows significant delay in one or more areas of development including:
  - cognition                      - communication
  - adaptive                        - social-emotional
  - physical (including motor and sensory)

### **When should I make a referral?**

- your developmental screening of an infant or toddler leads you to suspect a delay
- a child has a confirmed diagnosis that is likely to result in delay (see reverse)
- a parent has a concern that their child may have a delay

If the infant is without a confirmed diagnosis and is very young, it may be difficult to assess a delay that is significant enough to establish eligibility. If a child you refer is found ineligible for any reason, you or the family may re-refer three or more months later if you feel it is appropriate to do so.

If communication is an area of concern, the child must receive an audiological evaluation before you refer to Birth to Three.

### **How do I refer a child?**

Call the Child Development Infoline at 1-800-505-7000 or 860-571-7556, or fax your referral to 860-571-7525.

Visit [www.birt23.org](http://www.birt23.org) for a copy of the referral form or to submit an on-line referral. You will be asked for basic information about the child and the reason for referral.

You may also give the referral phone number to the family and encourage them to call.

### **What should I discuss with the parent or guardian?**

- areas of the child's development that you are concerned about
- the Birth to Three System's focus on training, guiding, and supporting families to weave skill development into their regular routines and activities rather than child-focused therapy services
- potential benefits of early intervention services and supports for the whole family

- Child Development Infoline as a source of information about development and many community resources
- Insurance issues: families of eligible children are asked to allow Birth to Three to access their health insurance (including HUSKY B or Medicaid) to reimburse for early intervention services; annual and lifetime insurance benefit caps are protected under Connecticut law
- Family payments: families may be asked to contribute according to a sliding fee scale

### **What is the next step?**

- Infoline will contact the parent or guardian for their consent. A multidisciplinary evaluation will be scheduled to determine eligibility, which is typically done in the home.
- If the child is not eligible for Birth to Three services, the family will be offered free "Ages and Stages" developmental monitoring questionnaires and information about other community resources through the "Help Me Grow" program. Some children may qualify for free quarterly follow-along visits. (see reverse)
- If the child is eligible for Birth to Three services, the parent or guardian and a team of professionals who match the child's needs will develop an Individualized Family Service Plan (IFSP). If you are the child's primary physician, you will be invited to participate on this team. Services are family-centered, designed to match the family's priorities, and are embedded into day to day activities.

### **How do I know what happened with my referral?**

Child Development Infoline will contact you with the name of the Birth to Three program chosen to determine the child's eligibility.

### **How can I stay involved with my patients in the Birth to Three System?**

- Tell the family you want to stay involved and discuss ways that this can be accomplished.
- Ask the family for their consent to share relevant diagnostic, evaluation, or medical reports with the service coordinator.
- Participate in the Individualized Family Service Plan (IFSP) meeting or provide input via telephone or letter to the service coordinator, and the parents or guardian. Connecticut law requires physician involvement in the Individualized Family Service Plan.
- If you are the child's primary physician, you will be asked to sign the IFSP along with the parents and other members of the team. *Services cannot begin without your signature.*

See reverse side for revised listing of diagnosed conditions.

# Connecticut Birth to Three System

## BIRTH to THREE SUPPORTS

### DIAGNOSED CONDITIONS LIST - Automatic eligibility

These diagnoses have a high probability of resulting in developmental delay even if no delays currently exist, and therefore entitle children to Birth to Three supports when documented by a physician (or an audiologist in the case of hearing impairment).

#### Genetic Disorders

- A. Chromosomal Abnormality Syndromes (758.2)
  - All (except Klinefelter Syndrome)
- B. Pre-natal exposures
  - Fetal Alcohol Syndrome (760.71)
  - Fetal Phenytoin (Dilantin) Syndrome (760.79)
- C. Neurocutaneous Syndromes
  - 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, includes Peroxisomal Disorders (330)
- E. Pre-natal Infections
  - TORCH:
    - congenital toxoplasmosis (771.2)
    - congenital rubella (771.0)
    - congenital CMV (cytomegalovirus) (771.1)
    - congenital herpes (771.2)
  - Other Syndromes
    - Angelman Syndrome (759.89)
    - Bardet-Biedl Syndrome (759.89)
    - CHARGE Syndrome (759.89)
    - Cornelia de Lange Syndrome (759.8)
    - Juani Syndrome (756.4)
    - Lissencephaly Syndrome/Miller-Dieker Syndrome (742.2)
    - 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)

#### Sensory Impairments

- Congenital or acquired
- Not unilateral
- Auditory Neuropathy (389.9)
- Blindness ("legal" blindness or 20/200 best achievable acuity with correction) (369.2)
- Low vision (20/70 best acuity with correction) (369.2)
- Retinopathy of Prematurity, grade 4 or grade 5 (362.21)
- Hearing Impairment (40dB loss or greater) (389.2)

#### Motor Impairments

- Developmental Apraxia of Speech (784.69)

#### Neurologic Disorders

- Brain Malformation (742.9)
- Cerebral Dysgenesis (742.2)
- Cerebral Palsy (all types) (343.2)
- 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 or grade 4 (772.1)

- Meningocele / Myelomeningocele / Spina Bifida / Neural Tube Defect (741.9)
- Myopathy (359.81)
- Peri-ventricular Leukomalacia (PVL) (742.4)
- Porencephalic Cyst (742.4)
- Seizures (poorly or uncontrolled) (345.9)
- Spinal Muscular Atrophy / Werdnig Hoffman Disorder (335.0)
- Stroke (436)

#### Sociocommunicative Disorders

- Asperger Syndrome / Disorder (299.0)
- Autism (299.0)
- Childhood Depression (311)
- Childhood Disintegrative Disorder (299.1)
- PDD-NOS (299)
- Reactive Attachment Disorder (315.8)
- Rett Syndrome (330.8)

#### Medically Related Disorders

- Congenital or infancy-onset hypothyroidism (243)
- Cleft Palate (prior to the operation to repair the cleft and up to one year post-operative) (749.0)
- Lead Intoxication (> 45 µg/dL) (up to six months after identification) (984.9)
- Very Low Birth Weight (<750 grams at birth) (765.1 - if under 500g or 765.2 if 500g-749g) up to 6 months corrected age *only*

#### Acquired Trauma Related Disorders

- Traumatic Brain Injury / TBI (854)

#### Disorders of Growth

- None

## FOLLOW-ALONG VISITS

Children found NOT eligible for Birth to Three will be offered free quarterly follow-along visits when they have:

- (1) a birth weight between 750g - 999g (ICD-9 code 765.3) when evaluated prior to 6 months correct age, or
- (2) at least 2 SD below the mean in expressive language only plus a biological risk factor, or
- (3) a condition listed below along with 1.5 SD below the mean in at least one area of development

#### Genetic Disorders

- A. Chromosomal Abnormality Syndromes
  - Klinefelter Syndrome (758.7)
- B. Pre-natal exposures
  - Fetal Alcohol Effects - not syndrome (760.79)
- C. Neurocutaneous Syndromes
  - Sturge-Webber Syndrome (759.6)
- D. Inborn Errors of Metabolism
  - Urea Cycle Defects and Hyperammonemias (270.6)
  - Amino Acidopathies (270)
- E. Other Syndromes
  - Achondroplasia (dwarfism) (756.4)
  - Apert Syndrome (755.55)
  - DiGeorge Syndrome (279.11)
  - Goldenhar Syndrome / Hemifacial Microsomia / Oculo-auriculo-Vertebral Abnormality (756.0)

- Moebius Syndrome (352.6)
- Osteogenesis Imperfecta - types 2 & 3 (756.51)
- Pfeiffer Syndrome (755.55)
- Pierre-Robin Syndrome (756.0)
- Russell Silver Syndrome (759.89)
- Treacher Collins Syndrome (756.0)
- VATER Association (759.89)

#### Sensory Impairments

- Chronic Otitis Media (for more than six months) (382.9)

#### Motor Impairments

- Arthrogryposis / Multiplex Congentia (754.89)
- Severe Scoliosis (754.2)

#### Neurologic Disorders

- Central Congenital Hypoventilation Syndrome (306.1)

- Microcephaly (742.1)
- s/p Encephalitis (323.9)
- s/p Meningitis (310.8)

#### Sociocommunicative Disorders

- None

#### Medically Related Disorders

- Cleft Palate (more than one year after the repair of the cleft. See Service Guideline #3) (749.0)
- Lead Poisoning (20 - 45 µg/dL) (up to six months after identification) (984.9)

#### Acquired Trauma Related Disorders

- None

#### Disorders of Growth

- "Failure to Thrive" (783.4)