

**Assuring Better Child Health and Development (ABCD) III:
BASELINE MEDICAL CHART REVIEW SPECIFICATIONS
(INCLUDES OPTIONAL SECTION ON SCREENING FOR MATERNAL DEPRESSION)**

Standardized Developmental Screening, Referral to Early Intervention (EI) for Children Identified at Risk for Developmental, Behavioral and Social Delays and Provider Feedback from EI, in the First Three Years of Life

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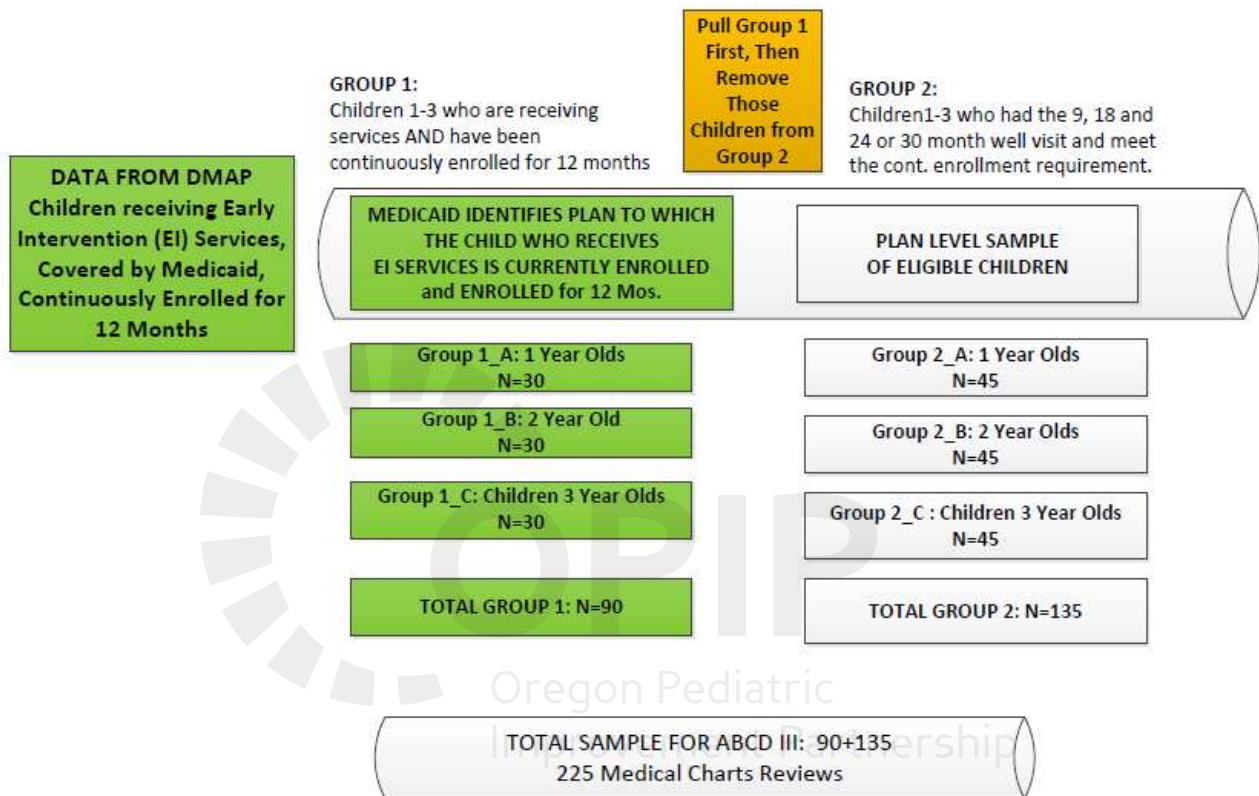
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Part 1: Description of Sampling

Figure 1.0 below provides an overview of the sampling process that should be used to identify the children whose charts should be reviewed.

FIGURE 1: PLAN-LEVEL SAMPLING FOR THE ABCD III BASELINE DATA COLLECTION:



Issues Plans May Want to Consider To Ensure Sample Size Detects PIP Activities

-- If you are focused in specific areas or clinics, you should supplement your sample to these specific groups to be sensitive to your efforts. (For example: Specific counties or clinics.)

Updated January 25th, 2011

Group 1:

- Each plan will be receiving a data file from the Oregon Health Authority (Specifically from the Division of Medical Assistance Programs) of children who have billed for Early Intervention Services (EI), who are currently enrolled in the plan and who have been continuously enrolled for the 12 months. This data file should be used to randomly pull eligible children. If there not enough children within the data file that are within the age-group, then all children should be sampled.

- Sarah Wetherson is the DMAP contact who will be providing the sample:

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Group 2: Below is a description of children who are eligible to be sampled for Group 2.

Eligible Population for Group 2: Sample

Age	Children who turn 1, 2 or 3 years of age between January 1 and December 31 of the measurement year (Calendar Year 2010).
Continuous Enrollment	<p><i>For children 1 year:</i> 31 days - 1 year of age. Calculate 31 days of age by adding 31 days to the child's date of birth.</p> <p><i>For children 2 years:</i> Children who are enrolled continuously for 12 months prior to child's 2nd birthday.</p> <p><i>For children 3 years:</i> Children who are enrolled continuously for 12 months prior to child's 3rd birthday.</p>
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (i.e., a beneficiary whose coverage lapses for 2 months (60 days) is not considered continuously enrolled.
Anchor Date	Enrolled on the member's 1 st , 2 nd or 3 rd birthday.
Benefit	Medical
Event/Diagnosis	<p>Age-specific well-child visit:</p> <p><i>For children 1 year:</i> The <u>9 month</u> well-child visit. This visit includes any well-child visit between 8 and 10.99 months of age.</p> <p><i>For children 2 years:</i> The <u>18 month</u> well-child visit. This visit includes any well-child visit between 17 and 21.99 months of age</p> <p><i>For children 3 years:</i> The <u>24 month</u> well-child visit. This visit can be between 22 months and 32.50 months of age.</p>

An important element of the sampling that must be provided to OHA at the time that the medical chart abstraction data set is provided is descriptive information about the children identified to

be sample. **APPENDIX A** provides an overview of the required descriptive information that should be provided.

Part 2: Description of Measures to be Derived from Medical Abstraction Tool Data

Measure #1: Early Identification of Children at Risk for Developmental, Behavioral and Social Delays Using a Standardized Screening Tool that Meet the State’s Requirements

Description

The percentage of children aged 1, 2 and 3 years who were screened for risk for developmental, behavioral and/or social delays using a standardized screening tool that meets state requirements at their 9 month, 18 month and 24 month well-child visits, respectively.

Eligible Population

Age	Children who turn 1, 2 or 3 years of age between January 1 and December 31 of the measurement year (Calendar Year 2010).
Continuous Enrollment	<p><i>For children 1 year:</i> 31 days - 1 year of age. Calculate 31 days of age by adding 31 days to the child's date of birth.</p> <p><i>For children 2 years:</i> Children who are enrolled continuously for 12 months prior to child's 2nd birthday.</p> <p><i>For children 3 years:</i> Children who are enrolled continuously for 12 months prior to child's 3rd birthday.</p>
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (i.e., a beneficiary whose coverage lapses for 2 months (60 days) is not considered continuously enrolled.
Anchor Date	Enrolled on the member's 1 st , 2 nd or 3 rd birthday.
Benefit	Medical
Event/Diagnosis	<p>Age-specific well-child visit:</p> <p><i>For children 1 year:</i> The <u>9 month</u> well-child visit. This visit includes any well-child visit between 8 and 10.99 months of age.</p> <p><i>For children 2 years:</i> The <u>18 month</u> well-child visit. This visit includes any well-child visit between 17 and 21.99 months of age</p> <p><i>For children 3 years:</i> The <u>24 month</u> well-child visit. This visit can be between 22 months and 32.50 months of age.</p>

Data Source

Medical Record

Medical Record Specifications

Denominator

Denominator 1: The children in the sample who turned 1 year and had a 9 month well-child visit during the measurement year.

Denominator 2: The children in the sample who turned 2 years and had an 18 month well-child visit during the measurement year.

Denominator 3: The children in the sample who turned 3 years and had a 24 month well-child visit during the measurement year.

Denominator 4: The entire sample.

Numerators

The numerators identify children who were screened for risk for developmental, behavioral and social delays using a standardized screening tool that meets state requirements. National recommendations call for children to be screened three times at the 9, 18, and 24 or 30-month well-child visits during the first three years.

Numerator 1: Children in Denominator 1 who had a screening for risk for developmental, behavioral and social delays using a standardized screening tool documented in the medical record at their 9 month well-child visit.

Numerator 2: Children in Denominator 2 who had a screening for risk for developmental, behavioral and social delays using a standardized screening tool documented in the medical record at their 18 month well-child visit.

Numerator 3: Children in Denominator 3 who had a screening for risk for developmental, behavioral and social delays using a standardized screening tool documented in the medical record at their 24 month well-child visit.

Numerator 4: Children in the entire eligible population who had a screening for risk for developmental, behavioral and social delays using a standardized screening tool documented in the medical record at their 9 month, 18 month or 24 month well-child visit.

Documentation in the medical record must include all of the following:

- A note indicating the date on which the screening test for risk for developmental, behavioral and social delays was performed, and
- The standardized tool used (see below), and
- Evidence of a screening result or screening score

Tools must meet the following criteria:

- 1) Domains: The following domains must be included in the standardized screening tool: gross and fine motor skills, language and communication, cognitive development/problem-solving or social-emotional/personal skills.
- 2) Established Reliability: Reliability scores of approximately 0.70 or above.
- 3) Established Findings Regarding the Validity: Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental, behavioral or social assessment instrument(s).
- 4) Established Sensitivity/Specificity: Sensitivity and specificity scores of approximately 0.70 or above.

Current recommended tools that meet these criteria:

- Ages and Stages Questionnaire (ASQ) - 2 months – 5 years
- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) – Birth – 95 months
- Bayley Infant Neuro-developmental Screen (BINS) - 3 months – 2 years
- Brigance Screens-II – Birth – 90 months
- Child Development Inventory (CDI) - 18 months–6 years
- Infant Development Inventory – Birth – 18 months
- Parents' Evaluation of Developmental Status (PEDS) – Birth – 8 years
- Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)

For Tools NOT Included in This Measure: It is important to note that standardized tools specifically focused on one domain of development [e.g. child's socio-emotional development (ASQ-SE) or autism (M-CHAT)] are not included in the list above as this measure is anchored to recommendations focused on global developmental screening using tools that focus on identifying children at risk for developmental, behavioral and social delays.

Exclusions:

Children for whom the provider made a note about not administering the standardized screening tool due to existing, identified conditions and/or for whom the screening tool would not, in their clinical judgment, be applicable or useful.

Calculation Algorithm: Early Identification of Children at Risk for Developmental, Behavioral and social delays Using a Standardized Screening Tool that Meets the State's Requirements

Step 1:

Determine the denominators.

From the total denominator, sort into age cohorts children who turned one, two or three years of age between January 1 and December 31 of the measurement year (Calendar Year 2010).

Step 2:

Determine the numerators.

For each age cohort, and for the total, identify children who had a screening for risk for developmental, behavioral, and social delays at their age-specific well-child visit as documented in the medical record.

Children who had documentation in the medical record of screening using a standardized validated tool that meets state requirements during the measurement year have been screened for developmental, behavioral, and social delays.

Documentation must include a note indicating the standardized tool that was used, the date of screening and evidence that the tool was completed and scored.

Step 3:

Calculate the age-specific indicators (1-3) by dividing the age-specific numerator by the age-specific denominator and multiplying by 100 to get a percentage.

Step 4:

Create the overall measure of screening based on the age-specific measures.

Numerator: Numerator 1 + Numerator 2+ Numerator 3

Denominator: Total denominator

Measure #2: Children Identified at Risk for Developmental, Behavioral and Social Delays and/or with Developmental Disabilities Referred to Early Intervention

Description

This measure identifies the percentage of children who were referred by their providers to Early Intervention (EI) in the first, second and third years of life. This is a measure of referral in the first three years of life and includes three, age-specific indicators assessing whether children at risk for developmental, behavioral and social delays are referred to EI by their first, second or third birthdays.

For children to be referred to EI, they have had:

1. A screening test for risk for developmental, behavioral and social delays using a standardized screening tool that met state requirements at their 9 month, 18 month or 24 month well-child visit
2. Concerning screening results documented in the medical record by their provider

Concerning Screening Results

Concerning screening results are documented by a provider and are based on results from a standardized screening tool that indicate that a child is at high risk for developmental, behavioral and social delays. Listed below are risk categorization methods by currently recommended standardized screening tools.

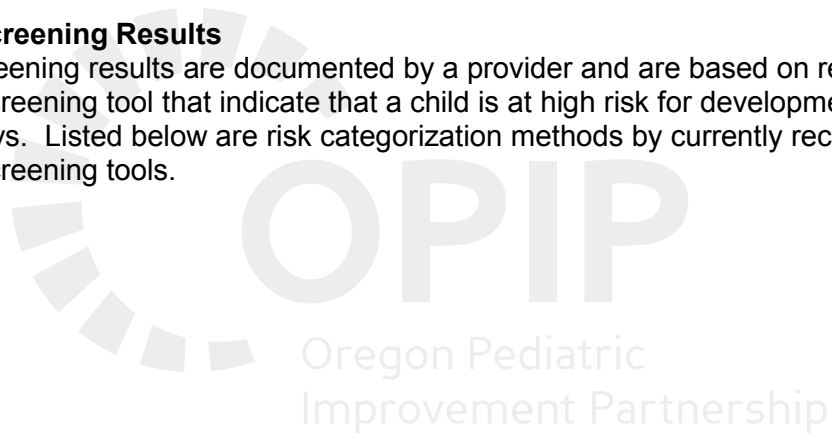


Table 1. Concerning Results for Selected, Standardized Screening Tools for Assessing Risk for Developmental, Behavioral and Social delays

Standardized Screening Tool	Risk Categorization	Definition of Concerning Result(s)
Ages and Stages Questionnaire (ASQ-3)	Provides cutoff score in 5 domains of development that indicates possible need for further evaluation.	2 standard deviations below mean.
Battelle Developmental Inventory Screening Tool (BDI-ST)	Quantitative; scaled scores in all 5 domains are compared with cutoffs to determine need for referral.	1.5 standard deviation below mean.
Bayley Infant Neuro-developmental Screen (BINS)	Risk categorization; children are graded as low, moderate or high risk in each of 4 conceptual domains by use of cutoff scores indicating risk.	High risk categorization.
Brigance Screens-II	All results are criterion based; no normative results.	<u>Age specific cutoffs include:</u> 8 months <40 9 months <43 10 months <56 11 months <68 12-13 months <22 14-15 months <35 16-17 months <40 18-19 months <55 20-21 months <60 22-23 months <65 24-26 months <47 27-29 months <61 30-32 months <72 33-35 months <76
Child Development Inventory (CDI)	Quantitative; provides age equivalents in each measured domain as well as SD.	Development below 70% of age line
Child Development Review-Parent Questionnaire (CDR-PQ)	Risk categorization; parents' responses to the 6 questions and problems checklist are classified as indicating (1) no problem; (2) a possible problem; or (3) a possible major problem.	Risk classification of a possible major problem.
Infant Development Inventory	Risk categorization; delayed or not delayed.	Risk Categorization: Delayed.
Modified Checklist for Autism in Toddlers (M-CHAT)	Each item has a "correct" score provided in the instructions. Yes/no answers convert to pass/fail responses. Bold capitalized items in the scoring sheet are CRITICAL items.	A child fails the checklist when 2 or more critical items are failed OR when any three items are failed.

Standardized Screening Tool	Risk Categorization	Definition of Concerning Result(s)
Parents' Evaluation of Developmental Status (PEDS)	Risk categorization based on predictive concerns.	Path A (Two or more predictive concerns)
Parents' Evaluation of Developmental Status: Developmental Milestones (PEDS - DM)	Risk categorization based on predictive concerns.	Path A (Two or more predictive concerns)

Sources: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;118/1/405.pdf>
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;118/1/405/T1>
<http://www.nectac.org/~pdfs/pubs/screening.pdf>
<http://www.health.state.mn.us/divs/fh/mch/devscrn/training/brigance.pdf>

Eligible Population

See Measure #1.

Denominator

Denominator 1: Children in the eligible sample who turned 1 year, who had concerning results from a standardized screening test that assessed risk for developmental, behavioral and social delays at their age-specific well-child visit that was documented in the medical record during the measurement year (Calendar Year 2010).

Denominator 2: Children in the eligible sample who turned 2 years, who had concerning results from a standardized screening test that assessed risk for developmental, behavioral and social delays at their age-specific well-child visit that was documented in the medical record during the measurement year (Calendar Year 2010).

Denominator 3: Children in the eligible sample who turned 3 years, who had concerning results from a standardized screening test that assessed risk for developmental, behavioral and social delays at their age-specific well-child visit that was documented in the medical record during the measurement year (Calendar Year 2010).

Denominator 4: Total.

Numerators

The numerators identify children who received a referral to Early Intervention (EI).

Numerator 1: Children in Denominator 1 who had an EI referral documented in the medical record by their first birthday.

Numerator 2: Children in Denominator 2 who had an EI referral documented in the medical record by their second birthday.

Numerator 3: Children in Denominator 3 who had an EI referral documented in the medical record by their third birthday.

Numerator 4: Children in Denominator 4 who had an EI referral documented in the medical record by their 1st, 2nd or 3rd birthday.

Developmental, behavioral and social delays screening documentation must include all of the following:

- A note indicating the date on which the test (screening) was performed, and
- The standardized tool used and
- Evidence of a screening result or screening score

Referral Documentation must include all of the following:

1. The date of EI referral
2. A note indicating the reason for referral.

Exclusions

None.

Calculation Algorithm: Children Identified at Risk for Developmental, Behavioral and social delays and/or with Developmental Disabilities Referred to Early Intervention

Step 1:

Determine the denominators.

From the total denominator, sort into age cohorts children who turned one, two or three years of age between January 1 and December 31 of the measurement year (Calendar Year 2010).

Step 2:

Determine the numerators.

For each age cohort, and for the total, identify children who had a concerning result from a standardized screening test that assessed risk for developmental, behavioral and social delays. Children in the eligible sample who turned 1 year, who had concerning results from their age-specific well-child visit and who had an EI referral by their birthday documented in the medical record.

Referral Documentation must include:

1. The date of EI referral
2. A note indicating the reason for referral.

Step 3:

Calculate the age-specific indicators (1-3) by dividing the age-specific numerator by the age-specific denominator and multiplying by 100 to get a percentage.

Step 4:

Create the overall measure of referral based on the age-specific measures.

Numerator: Numerator 1 + Numerator 2+ Numerator 3

Denominator: Total denominator

Measure # 3. Early Intervention (EI) Results Reported to Referring Provider

Description

Measure #3 identifies the percentage of children for whom EI results were documented in the medical record in the first, second and third years of life. This is a measure of receipt of EI results by the referring provider. The measure includes three, age-specific indicators assessing whether providers who referred children to EI received results from EI as documented in the medical record by the child's first, second or third birthday.

For children to be evaluated by EI they have had:

1. A screening test for risk for developmental, behavioral and social delays using a standardized screening tool that met state requirements at their 9 month, 12 month or 24 month well-child visit.
2. Concerning screening results documented in the medical record by their provider
3. A referral to EI by their provider

Eligible Population

See Measure #1.

Denominator

Denominator 1: Children in the eligible sample who turned 1 year and who had a screening for risk for developmental, behavioral and social delays using a standardized screening tool that met state requirements at their age-specific well child visit, concerning screening results and an EI referral documented in the medical record during the measurement year (Calendar Year 2010).

Denominator 2: Children in the eligible sample who turned 2 years and who had a screening for risk for developmental, behavioral and social delays using a standardized screening tool that met state requirements at their age-specific well child visit, concerning screening results and an EI referral documented in the medical record during the measurement year (Calendar Year 2010). The standardized screening test was conducted at their 18 month well-child visit.

Denominator 3: Children in the eligible sample who turned 3 years and who had a screening for risk for developmental, behavioral and social delays using a standardized screening tool that met state requirements, concerning screening results at their age-specific well child visit and an EI referral documented in the medical record during the measurement year (Calendar Year 2010).

Denominator 4: Total.

Developmental, behavioral and social delays screening documentation must include the following:

- A note indicating the date on which the test (screening) was performed, and
- The standardized tool used and
- Evidence of a screening result or screening score

Concerning screening results are documented by a provider and are based on results from a standardized screening test that indicate that a child is at high risk for developmental, behavioral and social delays (Table 1)

EI Referral Documentation must include:

1. The date of EI referral
2. A note indicating the reason for referral.

Numerators

The numerators identify children were referred to EI by their providers and who had EI results documented in their medical record.

Numerator 1: Children in Denominator 1 who had EI results documented in their medical record by their first birthday.

Numerator 2: Children in Denominator 2 who had EI results documented in their medical record by their second birthday.

Numerator 3: Children in Denominator 3 who had EI results documented in their medical record by their third birthday.

Numerator 4: Children in Denominator 4 who had EI results documented in their medical record by their 1st, 2nd or 3rd birthday.

Documentation of EI results in the medical record must include all of the following:

1. The date on which the EI results were received/documented
2. Results from EI about Eligibility and/or Evaluation Results

Exclusions

None.

Calculation Algorithm: Early Intervention (EI) Results Reported to Referring Provider

Step 1:

Determine the denominators.

Identify children who had a screening for developmental, behavioral and social delays using a standardized screening tool at their age-specific well child visit, concerning screening results, and EI referral documented in the medical record during the measurement year (Calendar Year 2010).

From the total denominator, sort into age cohorts children who turned one, two or three years of age between January 1 and December 31 of the measurement year (Calendar Year 2010).

Step 2:

Determine the numerators.

For each age cohort, and for the total, identify children who had a screening for developmental, behavioral and social delays using a standardized screening tool, concerning screening results at their age-specific well child visit, an EI referral and EI results documented in the medical record during the measurement year (Calendar Year 2010).

EI results documentation in the medical record must include all of the following:

- The date on which the EI results were received/documented
- Results from EI about Eligibility and/or Evaluation Results

Step 3:

Calculate the age-specific indicators (1-3) by dividing the age-specific numerator by the age-specific denominator and multiplying by 100 to get a percentage.

Step 4:

Create the overall measure of referral based on the age-specific measures.

Numerator: Numerator 1 + Numerator 2 + Numerator 3

Denominator: Total denominator



MRN _____

Part 3: Description of Medical Abstraction Tool

The following pages provide a description of variables that need to be collected for each child in the sample and included in a data set that is provided to DMAP. DMAP will use this child-level data set to conduct additional analyses in an effort to further reduce burden on the plans.

The data set should be provided to Sarah Wetherson at DMAP:

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Oregon Department of Human Services, Division of Medical Assistance Programs
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Medical Record Abstraction Form: PART ONE

General Abstraction and Child Visit Information

1.1 Abstraction Date _____ / _____ / _____ (mm/dd/yyyy)

1.2 Abstractor Initials _____

1.3 Sample Child Pulled From (See Page 2)

Group 1 – Pulled Data file from DMAP Group 2

1.4 Child's Medicaid Identification Number

1.5 Child's Date of Birth (DOB) _____ / _____ / _____ (mm/dd/yyyy)

1.6 Date of Child's last visit _____ / _____ / _____ (mm/dd/yyyy)

1.7 Date of last well-child visit _____ / _____ / _____ (mm/dd/yyyy)

1.8 Date of 9 month, 18 month _____ / _____ / _____ (mm/dd/yyyy)
or 24 month well-child visit



MRN _____

Well-child Visit	Timing of Well-Child Visit
9 months	8 - 10.99 months
18 months	17 - 21.99 months
24 months	22 - 32.50 months

1.9 Total number of well-child visits in the last year _____





MRN _____

Medical Record Abstraction Form: PART TWO

Screening for Risk for Developmental, Behavioral and Social Delays

2.1 Date child screened for risk of developmental, behavioral and social delays using standardized, screening tools

_____/_____/_____ (mm/dd/yyyy)

2.2 Is there documentation of the use of an objective, standardized screening tool for risk of developmental, behavioral and social delays at this visit?

- No (if No, skip to Question 2.15) Yes

2.3. Standardized, Screening Tool Used

(Check all tools that were documented. Note: If one of these tools was not used, then the screening was not considered standardized and 2.2 should be checked no)

- Ages and Stages Questionnaire (ASQ) - 2 months – 5 years
- Ages and Stages Questionnaire – 3rd edition (ASQ -3) – 2 months – 60 months
- Ages and Stages Questionnaire: Social Emotional (ASQ: SE) – 3 months – 60 months
- Battelle Developmental Inventory Screening Tool (BDI-ST) – Birth – 95 months
- Bayley Infant Neuro-developmental Screen (BINS) – 3 months – 2 years
- Brigance Screens II – Birth – 90 months
- Child Development Inventory (CDI) - 18 months–6 years
- Child Development Review-Parent Questionnaire (CDR-PQ) - 18 months – 5 years
- Infant Development Inventory – Birth – 18 months
- Modified Checklist for Autism in Toddlers (M-CHAT) – 16 –48 months
- Parents' Evaluation of Developmental Status (PEDS) – Birth – 8 years
- Parents' Evaluation of Developmental Status: Developmental Milestones (PEDS - DM) – Birth –11years



MRN _____

Results of Screening for Risk for Developmental, Behavioral and Social Delays

Overall Screening Results

2.4. Overall Score/Results for risk for developmental, behavioral and social delays

2.5. Outcome of the screening for risk for developmental, behavioral and social delays (See Table 1 for descriptions of concerning results for various tools)

- Not Concerning Concerning Not Documented
 Other (explain _____)

Domain-Specific Screening Results

2.6. a. Gross Motor Skills _____

2.6. b Outcome of the gross motor screening

- Not Concerning Concerning Not Documented
 Other (explain _____)

2.7. a. Fine Motor Skills _____

2.7. b Outcome of the fine motor screening

- Not Concerning Concerning Not Documented
 Other (explain _____)

2.8. a. Hearing _____

2.8. b Outcome of the hearing screening

- Not Concerning Concerning Not Documented
 Other (explain _____)

2.9. a. Vision _____

2.9. b Outcome of the vision screening

- Not Concerning Concerning Not Documented
 Other (explain _____)

2.10. a. Speech/Language/Communication _____



MRN _____

2.10. b Outcome of the Speech/Language/Communication screening _____

- Not Concerning Concerning Not Documented
 Other (explain _____)

2.11. a. Adaptive/Self-Help _____

2.11. b Outcome of the Adaptive/Self-Help screening _____

- Not Concerning Concerning Not Documented
 Other (explain _____)

2.12. a. Cognitive Development / Problem Solving _____

2.12. b Cognitive Development / Problem Solving _____

- Not Concerning Concerning Not Documented
 Other (explain _____)

2.13.a. Social-Emotional/Behavioral/Personal Skills _____

2.13.b Social-Emotional/Behavioral/Personal Skills _____

- Not Concerning Concerning Not Documented
 Other (explain _____)

2.14.a. Other Domain (please specify domain and results): _____

2.14.b Other Domain _____

- Not Concerning Concerning Not Documented
 Other (explain _____)

(Go to Question 2.21)



MRN _____

If no screening tool was used:

- 2.15. Clinician checked the child for development milestones (surveillance)
 No (Go to 2.18) Yes
- 2.16. Developmental milestones checked addressed the following domains (check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Gross Motor Skills | <input type="checkbox"/> Fine Motor Skills |
| <input type="checkbox"/> Speech/Language/Communication | <input type="checkbox"/> Adaptive/Self-Help |
| <input type="checkbox"/> Cognitive Development / Problem Solving | |
| <input type="checkbox"/> Social-Emotional/Behavioral/Personal Skill | |
- 2.17. Clinician indicated concerns for risk for Developmental, Behavioral and Social Delays but child not screened.
 No Yes Not Documented
- 2.18. Concerns for possible delays included the following:
- | | |
|---|---|
| <input type="checkbox"/> Gross Motor Skills | <input type="checkbox"/> Fine Motor Skills |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Speech/Language/Communication | <input type="checkbox"/> Adaptive/Self-Help |
| <input type="checkbox"/> Cognitive Development / Problem Solving | |
| <input type="checkbox"/> Social-Emotional/Behavioral/Personal Skill | |
- Other (Please specify): _____

Communication of Results of Screening

- 2.19. Results of screening or surveillance communicated to parent or guardian
 No (if No, skip to Question 3.1) Yes
- 2.20. Results of screening or surveillance communicated to parent or guardian by:
- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Provider (MD, DO, NP) | <input type="checkbox"/> RN |
| <input type="checkbox"/> Office Staff | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Not documented | |



MRN _____

Screening for Parental Depression and Identification of Other Psychosocial Risk Factors

NOTE: Collect this data ONLY for children in Group 1_A and Group 2_A (Children who turned 1 in the measurement year)

2.21 Is there documentation of the use of an objective, standardized screening tool for depression in the mother/parent/guardian?

- No (if No, skip to Question 2.26) Yes

2.22 Standardized, Screening Tool Used

(Check all tools that were documented. Note: If one of these tools was not used, then the screening was not considered standardized and 2.2 should be checked no)

- Patient Health Questionnaire 2 (PHQ-2 or PRIME-MD),
 Edinburgh Postnatal Depression Scale (EPDS)
 Patient Health Questionnaire 9 (PHQ-9)
 Beck Inventory II (BCI-II)
 OTHER:

Please specify:

2.23 Person screening tool administered to:

- Mother
 Father
 Guardian
 OTHER:

Please specify:

Overall Screening Results for Parental Depression Screening

2.24. Overall Score/Results

2.25. Outcome of the screening for parental depression (See **Page X**)

- Not Concerning Concerning Not Documented



MRN _____

Other (explain _____)

Referral to Resources for the Parent/Guardian

2.26. Is there documentation about whether the provider referred the parent/guardian to any resources to address psychosocial issues identified (through screening or subjective discussions)?

No Yes

2.27. Is there documentation that the provider referred the mother, parent or guardian to the following resources?

- BABY BLUES CONNECTION
- 211 ("The Parent Help Line") / Help Me Grow
- The mother, parent or guardian's OB/GYN or Primary Care Provider
- Other (Please specify): _____
- Not Documented

Referral

3.1. Was a referral made to Early Intervention (EI)?

No (if No, skip to Question 3.14) Yes

3.2. Name of provider making referral: _____

3.3. Date child referred to EI _____ / _____ / _____ (mm/dd/yyyy)

3.4. Reason for EI referral: -

(If none documented, please write ND.)

3.5. Discussed reason for referral with family



MRN _____

- No Yes Not Documented

3.6. Reason for referral (Check all that apply):

Concerning Screen

Concerns for possible delays in the following areas (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Gross Motor Skills | <input type="checkbox"/> Fine Motor Skills |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Speech/Language/Communication | <input type="checkbox"/> Adaptive/Self-Help |
| <input type="checkbox"/> Cognitive Development / Problem Solving | |
| <input type="checkbox"/> Social-Emotional/Behavioral/Personal Skill | |
| <input type="checkbox"/> Other (Please specify): _____ | |

Clinician concerned, no screen, no area of specific concern indicated

3.7. EI Referral Site (Check all that apply)

- Clackamas ESD
- Douglas ESD
- High Desert ESD
- Malheur ESD
- Intermountain ESD
- Lane ESD / EC Cares
- Linn-Benton-Lincoln ESD
- Multnomah ESD
- Northwest Regional ESD
- Washington ESD
- Other (Please specify): _____
- Not Documented

3.8. Was an appointment scheduled with EI during the visit when the child was screened?

- No Yes

3.9.1. Is an EI referral form (or copy) included in the medical record?

- No (Skip to Question 3.14) Yes



MRN _____

3.9.2 Is the EI referral form (or copy) included in the medical record the “Common Referral Form” (See Appendix A).

- No (Skip to Question 3.14) Yes

3.10. Is a HIPAA/Consent for release of medical record included on the EI referral form?

- No Yes

3.11. Is a HIPAA/Consent for release of medical record information signed and dated by the parent/guardian?

- No Yes

3.12. Is a FERPA (consent for release of educational information) included on the EI referral form?

- No Yes

3.13. Is a FERPA (consent for release of educational information) signed and dated by the parent/guardian?

- No Yes

3.14. Was the child referred to non-Early Intervention provider or agency?

- No (Skip to 4.1) Yes

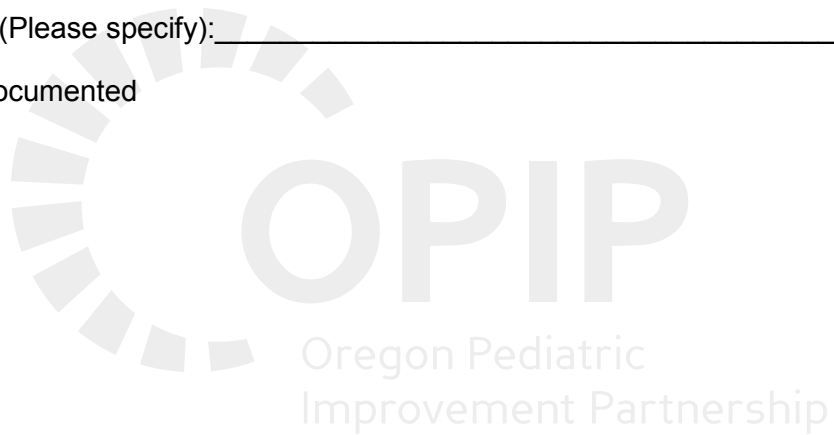
3.15 Referral Site (Check all that apply):

- 211 (“The Parent Help Line”) / Help Me Grow
- The Artz Center (Formerly called Northwest Early Childhood Institute)
- Birth to Three
- Child Development and Rehabilitation Center (CDRC): Portland Eugene
- Head Start
- Healthy Start
- Lifeways, Inc.



MRN _____

- Oregon Child Development Coalition (OCDC)
- Kaiser Permanente, Developmental Assessment Clinic
- Legacy Health System, Pediatric Development & Rehabilitation (Emmanuel)
- Northwest Speech Therapy
- Private Occupational Therapy
- Private Speech
- Private Physical Therapy
- Providence Health & Services, Providence Neurodevelopmental Center for Children
- Therapy Solutions for Kids (private OT/PT)
- Oregon CAre COOrdination Program (CaCoon)
- Other (Please specify): _____
- Not Documented





MRN _____

Medical Record Abstraction Form: PART FOUR

EI Results to Referring Provider

4.1. Date EI Information Received by Provider _____ / _____ / _____
(If no EI Information received, **the abstraction is complete**) (mm/dd/yyyy)

4.2. Date of EI Evaluation/Visit _____ / _____ / _____
(mm/dd/yyyy)

4.3. EI Referral Site (Check all that apply)

- Clackamas ESD
- Douglas ESD
- High Desert ESD
- Intermountain ESD
- Malheur ESD
- Lane ESD / EC Cares
- Linn-Benton-Lincoln ESD
- Multnomah ESD
- Northwest Regional ESD
- Washington ESD
- Other (Please specify): _____
- Not Documented

4.4. EI Results to Referring Provider

- Eligible for Services
- Not Eligible for services at this time
- Other _____
- Not Documented

4.5. EI Information Provided (Check All that Apply)

- Eligibility Statement
- Evaluation Report
- Summary of Evaluation Report (also called "Evaluation Results")
- Individual Family Service Plan
- Early Intervention / Early Childhood Special Education Brochure
- Other _____
- No Information Provided



MRN _____

4.6. Type of EI Evaluation: _____

No Information Provided

4.7. Developmental Delay (Check all that apply)

Communication

Adaptive

Physical

Social / Emotional

Cognitive

Other (Please specify): _____

None Indicated

4.8. Provider Note about Interpretation of EI Report (Check all that apply)

Provider made a note about EI findings and PCP plan to address

Provider made a note about additional referrals made

Provider contacted EI

Other _____

Not Documented



MRN _____

Chart Abstraction Instructions

Medical Record Abstraction Form—PART ONE

Data Fields

Medical Record Number-The MRN must appear at the top of each page to ensure the pages for a single chart stay together.

- 1.1 Abstraction Date**- Date the chart was abstracted. Please use mm/dd/yyyy format. If the abstraction of a chart takes more than one day, please use the date on which the abstraction began.
- 1.2 Abstractor Initials**-The initials of the person abstracting the chart. This will allow us to follow-up with the abstractor if there are questions about any of the responses.
- 1.3. Sample Child Pulled From.** See page 2 of this document for Figure 1.0 describing the sample strategy. Group 1 is children sampled from the data file provided by DMAP of children for whom Early Intervention Services have been billed. Group 2 is children who met the age, enrollment and visit criterion specified.
- 1.4. Child’s Medicaid Identification Number:** This the child’s unique identification number for the Division of Medical Assistance Programs
- 1.5. Child’s Date of Birth**- Date of birth of the child whose chart is being abstracted as it appears in the chart. Please use mm/dd/yyyy format.
- 1.6. Date of Child’s Last Visit**- Date on which the child was last seen in the clinic. This may be for a sick or a well visit. Please use mm/dd/yyyy format.
- 1.7. Date of Child’s Last Well-Child Visit**- Date on which the child was last seen in the clinic for a well-child visit. Please use mm/dd/yyyy format.
- 1.8. Date of 9 month, 18 month or 24 month well child visit**- Date on which the child was seen in the clinic for a well-child visits at age 9 months, 18 months or 24 months. Timing of well child visit by age is listed in table. Please use mm/dd/yyyy format.

Age during Measurement Year (Calendar Year 2010)	Well-child Visit	Timing of Well-Child Visit
1 year	9 months	8 - 10.99 months
2 years	18 months	17 - 21.99 months
3 years	24 months	22 – 32.50 months

1.9. Total number of well-child visits in the last year- Total number of well-child visits during the measurement year (Calendar Year 2010).

For the purposes of this abstraction, well-child visit is defined as: Any visit that was scheduled with the intent of providing comprehensive and preventive health examinations aimed at monitoring growth and development



MRN _____

and identifying any emerging medical conditions. Note: If the visit is solely for the purpose of administering immunizations, do not consider it a well-child visit for the purposes of this abstraction.

Medical Record Abstraction Form—PART TWO

2.1. Date of Child’s Screening for Risk for Developmental, Behavioral and Social Delays Date on which the child was screened for risk of developmental, behavioral and social delays. Please use mm/dd/yyyy format.

2.2. Is there documentation of a standardized screening tool to assess risk for developmental, behavioral and social delays at this visit- Record if the medical record has documentation of any type of standardized screening tool to assess risk for developmental, behavioral and social delays. Examples of tools include ASQ, PEDS, and others. If there is no record of such a screening, please skip to Question 2.15.

2.3. Screening Tool Used - Check the box or boxes next to the name of the screening tool used at this visit. If the tool used does not appear in the list, please check other and record the name of the tool used to assess risk for developmental, behavioral and social delays. If multiple screening tools were used, please check all tools that were used and indicate other tools that were used and are not included in the list on the “other” line provided.

2.4. Score of the developmental screen-Record the numeric score or categorical result of the developmental screening if it is documented in the medical record. Please write ND for “not documented” if the score does not appear in the child’s medical record.

2.5. Outcome of the screening -Check the box to indicate if the screening was not concerning (normal), concerning (indicated a possible problem, see Table 1), not documented (outcome not documented in the chart) or other (some practitioners may choose to label the outcome of the screen as borderline or some other designation).

2.6a-2.14b. Domain-specific screening results and outcomes—Some screening tools are used to evaluate risk for specific domains of development, behavior and social delay(for example, the ASQ can be used to screen for communication, gross motor, fine motor, problem-solving and personal adaptive skills domains). For each domain, record the numeric score or categorical result of the developmental screening if it is documented in the medical record. Not all screening tools evaluate each of the domains listed. Please write ND for “not documented” if the score does not appear in the child’s medical record. In addition, if a screening result was documented, please check the box to indicate if the screening was negative (normal), positive (indicated a possible problem), or other (some practitioners may choose to label the outcome of the screen as borderline or some other designation).

2.15. Clinician checked the child for development milestones- For children who were not screened using a screening tool, indicate if the provider used a non-standardized approach to check developmental milestones (developmental surveillance). The American Academy of Pediatrics defines developmental surveillance as “a flexible, longitudinal, continuous, and cumulative process whereby knowledgeable health care professionals identify children who may have developmental problems.”



MRN _____

2.16. Developmental milestones checked addressed the following domains – Check the box or boxes next to the name of the domains for which the clinician indicated concern. For a definition of the domains, please reference the following:

- American Academy of Pediatrics. (2006). Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*. Volume 118, number 1. Pp 405-420.

Also available online: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;118/1/405.pdf>

- Hagan JF, Shaw JS, Duncan PM, eds. 2008. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition. Elk Grove Village, IL: American Academy of Pediatrics. Pp 42-68.

2.17 Clinician indicated concerns for risk for Developmental, Behavioral and Social Delays but child not screened- Check the box to indicate if the result of the surveillance activity indicated a concern, no concern, or if there was no documentation in the chart.

2.18 Concerns for possible delays included the following –Check the boxes for those domains that have been identified as concerning as a result of the surveillance activity. For a definition of the domains, please reference the following:

- American Academy of Pediatrics. (2006). Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*. Volume 118, number 1. Pp 405-420.

Also available online: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;118/1/405.pdf>

- Hagan JF, Shaw JS, Duncan PM, eds. 2008. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition. Elk Grove Village, IL: American Academy of Pediatrics. Pp 42-68.

2.19 Results of screening communicated to parent or guardian- Check box to indicate if the screening results were communicated to the parent or guardian. If the results were not communicated, skip to question 3.1.

2.20. Results of screening communicated to parent or guardian by- Check box to indicate who communicated the screening results to the parent or guardian. If the results were communicated by a person who is not included in the list, please list this on the “other” line provided.

Screening for Maternal Depression



MRN _____

2.21 Is there documentation of the use of an objective, standardized screening tool for depression in the mother of the child?

- No (if No, skip to Question **2.15**) Yes

2.24 Standardized, Screening Tool Used

(Check all tools that were documented. Note: If one of these tools was not used, then the screening was not considered standardized and 2.2 should be checked no)

- Patient Health Questionnaire 2 (PHQ-2),
- Edinburgh Postnatal Depression Scale (EPDS)
- Patient Health Questionnaire 9 (PHQ-9)
- OTHER:

Please specify:

Results of Screening for Maternal Depression

Overall Screening Results

2.23. Overall Score/Results

2.24. Outcome of the screening for maternal depression

- Patient Health Questionnaire 2 (PHQ-2): Concerning
- Edinburgh Postnatal Depression Scale (EPDS)
- Patient Health Questionnaire 9 (PHQ-9)
- OTHER:

Please specify:

Medical Record Abstraction Form—PART THREE **Early Intervention Referral**

3.1. Was a referral made to another provider or agency-Check box to indicate if there was a referral made to Early Intervention (EI). If no referral was made to EI, skip to question 3.14.

3.2. Name of provider making the EI referral – Please document the name of the provider who made the EI referral. If the name is not documented, please write ND for “Not Documented”.



MRN _____

3.3. Date child referred to EI- Date on which the child was referred to Early Intervention (EI). Please use mm/dd/yyyy format.

3.4. Reason for EI Referral- Please document the reason for EI referral if it is documented in the chart (for example, evaluation report). If the reason for EI referral is not documented, please write “ND” for not documented.

3.5. Discussed reason for EI referral with family – Indicate whether or not there is documentation in the medical record that the reason for EI referral was discussed with the family.

3.6. Reason for EI referral– Check the box or boxes next to the reason for EI referral. If the provider indicated a concern/ concerns for possible delay, please check all applicable boxes.

3.7. Referral Site- Check the box or boxes next to the name of the referral site(s). If this is not documented in the chart, please check “Not Documented”.

3.8. Appointment scheduled with EI during the visit- Indicate whether or not there is documentation in the medical record that the clinic scheduled an appointment with EI for the child.

3.9.1. EI referral form- Indicate whether or not an EI referral form or copy of the EI referral form is included in the medical record. If no referral form is included in the medical record, skip to question 3.14.

3.9.2. EI referral form (or copy) included in the medical the “Common Referral Form”- Indicate whether the EI referral form or copy included in the medical record is the “Common Referral Form”. If no, skip to question 3.14.

3.10. HIPAA/Consent of release of medical information form - Indicate whether or not a HIPAA/Consent of release of medical information is included on the EI referral form in the medical record. An example of this is:

Consent for release of medical information (HIPAA)*

I, _____ (print name of parent or guardian), give permission for my child’s health care provider
_____, (print providers name), to share any and all pertinent information regarding my child,
_____, (print child’s name), with Early Intervention/Early Childhood Special Education services.



MRN _____

3.11. Signed HIPAA/Consent of release of medical information form- Indicate whether or not a HIPPA / Consent for release of medical information was signed and dated by the parent or guardian and included or documented in the medical record.

*Consent for release of medical information (HIPAA)**

I, _____ (print name of parent or guardian), give permission for my child's health

Care provider _____ (print providers name), to share any and all pertinent information regarding my child, _____ (print child's name), with Early Intervention/Early Childhood Special Education services.

Parent/Guardian Signature: _____

Date: ____/____/____

3.12. FERPA / Consent for release of educational information- Indicate whether or not a FERPA / Consent for release of educational information release of medical information is included on the EI referral form in the medical record. An example of this is:

*Consent for release of educational information (FERPA)**

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

Parent/Guardian Signature: _____

Date: ____/____/____

3.13. Signed FERPA / Consent for release of educational information- Indicate whether or not a FERPA / Consent for release of educational information release of medical information was signed and dated by the parent or guardian and included or documented in the medical record. An example of this is:

*Consent for release of educational information (FERPA)**

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

Parent/Guardian Signature: _____

Date: ____/____/____

3.14. Was a referral made to a non-Early Intervention provider or agency-Check box to indicate if there was a referral made to a non-Early Intervention provider or agency. If no referral was made, skip to question 4.1.

3.15. Non-EI Referral Site- Check the box or boxes next to the name of the referral site(s). If this is not documented in the chart, please check "Not Documented".



MRN _____

Medical Record Abstraction Form: PART FOUR

EI Results to Referring Provider

4.1 Date EI Information Received by Provider- Date the EI information was received by the provider or entered into the chart. If both dates are listed, please record the date the information was received by the provider. Use mm/dd/yyyy format. If no results were received, the **abstraction is complete**.

4.2. Date of EI Evaluation/Visit- Date the EI evaluation/visit. Use mm/dd/yyyy format.

4.3. EI Referral Site- Check the box(es) next to the name of the EI referral site where the EI was conducted. If this is not documented in the medical record, please check “Not Documented”.

4.4. EI Results to Referring Provider- Please record the EI evaluation results provided to the referring provider. If other results are listed, please list them on the “other” line provided. If no results are documented in the medical record, please check “Not Documented”.

4.5. EI Information Provided – Check the box or boxes next to the type EI information that was provided. If other EI information is listed, please list them on the “other” line provided. If no information was provided, check the “No Information Provided” box.

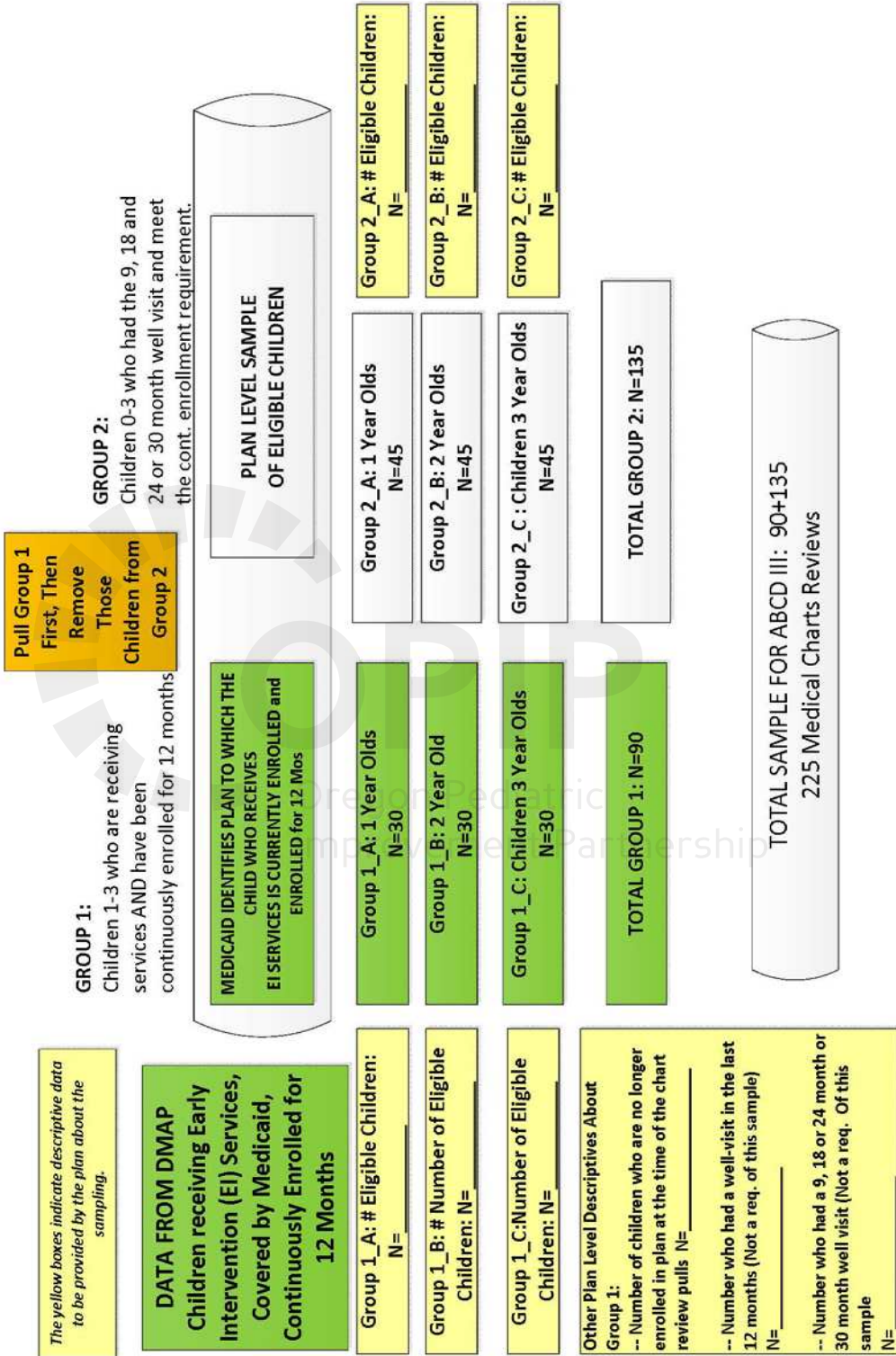
4.6. Type of EI Evaluation – Please record the type of EI evaluation. If no information is provided, please check the “No Information Provided” box.

4.7. Developmental Delay– Check the box(es) for the developmental delays indicated on the EI Results. If no developmental delay is indicated, please check the “None indicated” box.

4.8. Provider Note about Interpretation of EI Report – Check the box(es) for the provider notes documented in the medical record. If other notes provider notes about interpretation of EI report are included in the medical record, please list them on the “other” line provided. If no notes were documented, please check the “Not documented” box.



Appendix A: DESCRIPTIVE DATA TO BE COLLECTED BY EACH PLAN AT THE TIME OF SAMPLING





MRN _____

Appendix B. EI/ECSE Referral Form for Providers

CHILD/PARENT: CONTACT INFORMATION	
Child's Name: _____	Date of Birth: ____ / ____ / ____
Parent/Guardian: _____	Relationship to the Child: _____
Home Address: _____	County: _____
Primary Phone: _____	Other Phone: _____
Primary Language: _____	Interpreter Needed: Yes No
PARENT: CONSENT FOR RELEASE OF INFORMATION	
<i>Consent for release of medical information (HIPAA)*</i>	
I, _____ (print name of parent or guardian), give permission for my child's health provider _____ (print providers name), to share any and all pertinent information regarding my child, _____ (print child's name), with Early Intervention/Early Childhood Special Education services.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____
<i>Consent for release of educational information (FERPA)*</i>	
I, _____ (print name of parent or guardian), give permission for Early Intervention/ Early Childhood Special Education services to share developmental and educational information regarding my child, _____ (print child's name), with the child health provider who referred my child to ensure they are informed of status of my child.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____
<small>*Consent is effective for a period of one year from the date of your signature on this release.</small>	
PROVIDER: REASON FOR REFERRAL	
Referral providers: Complete all that applies.	
1) Concerning screen: ASQ ASQ:SE PEDS PEDS:DM M-CHAT Other: _____	
<input type="checkbox"/> Clinician concerns but not screened: _____	
Concerns for possible delays in the following areas (please check all areas of concern):	
<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Gross Motor
<input type="checkbox"/> Adaptive/Self-Help	<input type="checkbox"/> Hearing
<input type="checkbox"/> Cognitive/Problem-Solving	<input type="checkbox"/> Social-Emotional or Behavior
	<input type="checkbox"/> Fine Motor
	<input type="checkbox"/> Vision
	<input type="checkbox"/> Other: _____
2) Identified condition or diagnosis* known to have a high probability of resulting in significant delays in development (please describe): _____	
Child Health Provider Signature: _____	Date: ____ / ____ / ____
<small>*Note to Physicians: For Oregon resident children, <i>birth to 3 years</i>, with a diagnosed physical or mental condition likely to result in a delay, a "Physician Statement" may be required in addition to this referral. This form is available from Oregon EI/ECSE Offices (see reverse); or Oregon EI/ECSE Forms website: http://www.ode.state.or.us/search/page/?=2439, form No. 581-5150D-X; or ABCD Project website.</small>	
REFERRING PROVIDER: CONTACT INFORMATION	
Name of provider making referral: _____	
Address: _____	
City: _____	State: _____ Zip: _____ Office Phone: _____ Office Fax: _____
Enter name and contact for Child's Primary Care Provider, if not the same: _____	
Please indicate if you would like copies of any of the following documents for your records:	
<input type="checkbox"/> Evaluation Report	<input type="checkbox"/> Eligibility Statement
<input type="checkbox"/> Early Intervention/Early Childhood Special Education Brochure	<input type="checkbox"/> Individual Family Service Plan (IFSP)
EI/ECSE: EVALUATION RESULTS TO REFERRING PROVIDER	
<i>EI/ECSE please complete this portion and return to the referral source above.</i>	
The child was evaluated on _____ (date) and was found to be:	
<input type="checkbox"/> Eligible for services	<input type="checkbox"/> Not eligible for services at this time, referred to: _____
EI/ECSE County Contact: _____	



MRN _____

OREGON

Baker County Phone: 800.927.5847	Douglas County Phone: 541.440.4794 Fax: 541.440.4771	Lake County Phone: 541.947.3371 Fax: 541.947.3373	Sherman County Phone: 541.565.3600 Fax: 541.565.3640
Benton County Phone: 541.753.1202 x101 877.589.9751 Fax: 541.926.6047	Gilliam County Phone: 541.565.3600 Fax: 541.565.3640	Lane County Phone: 541.346.2578 800.925.8694 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	Lincoln County Phone: 541.574.2240 x100 Fax: 541.265.6490	Umatilla County Phone: 800.927.5847
Clatsop County Phone: 503.325.2862 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: 541.926.6047	Union County Phone: 800.927.5847
Columbia County Phone: 503.366.4141 Fax: 503.397.0796	Hood River County Phone: 541.387.5077 Fax: 541.296.2965	Malheur County Phone: 541.473.3905 Fax: 541.473.3915	Wallowa County Phone: 541.426.4225 Fax: 541.426.3732
Coos County Phone: 541.269.4524 Fax: 541.269.4548	Jackson County Phone: 541.494.7800 Fax: 541.494.7829	Marion County Phone: 503.435.5900 Fax: 503.435.5922	Warm Springs Phone: 541.553.3241 Fax: 541.553.3379
Crook County Phone: 541.312.1195 Fax: 541.382.3901	Jefferson County Phone: 541.475.3770 Fax: 541.475.5337	Morrow County Phone: 800.927.5847	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: 503.262.4100 Fax: 503.262.4109	Washington County English: 503.614.1446 Spanish: 503.614.1263 Fax: 503.614.1440
Deschutes County Phone: 541.312.1195 Fax: 541.382.3901	Klamath County Phone: 541.883.4748 Fax: 541.850.2770	Polk County Phone: 503.435.5900 Fax: 503.435.5922	Wheeler County Phone: 541.565.3600 Fax: 541.565.3640
			Yamhill County Phone: 503.435.5900 Fax: 503.435.5922

Please call or fax referral information to the EI/ECSE program in the child's county of residence
EI/ECSE contact information also available at www.ode.state.or.us/search/page/?id=1690 or please call 1-800-SafeNet



MRN _____

SOUTHWEST WASHINGTON

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

<p>Clark County Phone: 360.896.9912 ext.170 Fax: 360.892.3209</p>	<p>Cowlitz County Phone: 360.425.9810 Fax: 360.425.1053</p>	<p>Klickitat County 360.921.2309 509.493.2204</p>	<p>Skamania County Phone: 509.427.3865 Fax: 509.427.4430</p>
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**CONSENT FOR USE OR DISCLOSURE OF HEALTH INFORMATION BETWEEN
HEALTHCARE PROVIDERS and EARLY INTERVENTION**

This consent for release of information authorizes the disclosure and/or use of your child's health information from your child's doctor 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 doctor.

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 two separate consents on this form?

The first consent allows your health care provider to share information about your child with EI/ECSE. The second consent 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.

What is the purpose of this consent form?

This consent form was developed to ensure compliance with all federal and state laws regarding the protection of patient information. This consent includes the sharing of information as authorized under both Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) guidelines. The purpose of the HIPAA consent is to provide EI/ECSE with information necessary to determine your child's eligibility for EI/ECSE services. The purpose of the FERPA consent is to ensure that your child's doctor receives information regarding the status of your child. By authorizing EI/ECSE to provide the doctor who referred your child with pertinent information the doctor remains an active participant in your child's growth and development.



MRN _____

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 educational record. EI/ECSE will protect this information as prescribed by FERPA. Information will be shared with only individuals working at or with EI/ECSE for the purpose of providing safe, appropriate and least restrictive educational settings and services.

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.

