



Ohio Administrative Code

Rule 3701-8-10 Central intake and referral system.

Effective: July 1, 2018

(A) Central intake and referral system contractors who enter into contracts, subsidy agreements, or who are awarded grant funds by the department shall be qualified nonprofit entities as defined by the Ohio department of taxation, or government entities who must:

- (1) Complete the required application or submit a proposal, as applicable, by the due date set forth in the announcement of available funds;
- (2) Complete the process to become a vendor with the state of Ohio;
- (3) Provide the services in accordance with the terms of the contract, grant or agreement and rules in this chapter, and to comply with request, expectations and requirements of the department.

(B) Contractor shall designate one individual as the contract manager who is responsible for oversight and monitoring of the required activities of the grant, contract or agreement. Contract manager must have a minimum equivalent of a bachelors degree in public health, social work, public administration, business, or a field closely related to early childhood, from an accredited college or university. The contract manager shall complete all required training within thirty days of hire.

(C) Contractors shall ensure that individuals utilized for central intake related activities possess a minimum of a high school diploma or GED, and shall complete all required training within thirty days of hire.

(D) Central intake and referral system contractors shall:

- (1) Facilitate public awareness and outreach activities designed to engage and inform the public regarding the potential benefits of participating in home visiting and early intervention programs. At a minimum, contractor shall develop and execute a balanced, coordinated child find and outreach



plan, consisting of activities designed to connect with families and children eligible for either home visiting and early intervention for the counties of contracted service. Additionally, contractor shall:

- (a) Inform potential referral sources on timely identification of and process to refer potentially eligible pregnant women, caregivers of eligible infants and toddlers, including the early identification of infants and toddlers with a disability;
 - (b) Facilitate or participate in local community events that present the opportunity to promote the potential benefits of both the home visiting and early intervention programs;
 - (c) Disseminate approved information to possible referral sources, as well as to potentially eligible families, informing them of the potential benefits of home visiting or early intervention programs;
 - (d) Facilitate other activities that provide the opportunity to collaborate with other early childhood, prenatal and caregiver health and wellness related activities;
 - (e) Develop and maintain a county-based directory of resources for caregiver-child health, child development, caregiver support, and other appropriate early childhood resources. Directory shall be updated annually, to coincide with the beginning of the state fiscal year, and must be submitted to the department upon request;
 - (f) As a component of the local directory, contractor shall maintain a home visiting matrix of services which identifies any federal, state, county, or municipal funded home visiting program in the contracted service area, by county of service. At a minimum, matrix must include program name and description, eligibility and enrolment criteria, agency name and contact information.
- (2) Provide an initial screening to identify each caregiver member's risk factors and social determinants of health, ultimately formulating a determination of fit for available programming in accordance with section 3701.611 of the Revised Code;
- (3) Initiate applicable system, program and/or community referrals based on caregiver needs identified by screening process;



(4) Maintain applicable wait list for home visiting services in each community where contracted to provide services.

(5) Ensure that families residing in the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code receive priority for home visiting services.

(E) Central intake and referral system contractors must establish and maintain local procedures regarding the facilitation of system and program referrals for both home visiting and early intervention programs in accordance with the following:

(1) Maintain and disseminate telephone numbers that begin with local prefixes, with voicemail capabilities, a fax number, and an email address for the general public to make local inquiries and/or referrals;

(2) Collect the minimum information to be considered a system referral;

(3) Ensure all referrals from public children service agencies (PCSA) are facilitated on a form approved by the director, and processed into an applicable program referral within one business day of receipt.

(F) Referral information set forth above shall be entered by the contractor into the department required statewide data system for the central intake and referral system within one business day after the information is received.

(1) Referrals received from a home visiting provider must be completed utilizing a form approved by the director of health and indicate the following:

(a) One successful contact with the caregiver in accordance with this rule;

(b) Completion of initial risk screen; and

(c) Demonstrate caregiver choice in accordance with this rule.



(2) Once a system referral is obtained in accordance with this rule, the contractor shall make contact with the parent or caregiver in accordance with the following:

(a) When a valid phone number or email address has been provided, the contractor shall make a minimum of three different attempts, on different days to call or e-mail the caregiver, until successful contact is made, within fourteen days;

(b) When a caregiver's phone number or email address is not active, in-service or operable, and the system referral contact information provides only a mailing address, the contractor shall send a written correspondence providing information on how to contact the central intake site if interested in services.

(c) If a successful contact has not been achieved after fourteen days with the caregiver since receiving the system referral, or a successful contact results in a caregiver communicating he or she is not interested in services, the contractor shall exit the system referral in the statewide data system.

(d) All contact attempts, successful and unsuccessful, shall be documented into the statewide data system within one business day after the attempt is made.

(3) During the contact with the caregiver, the contractor shall provide information regarding any applicable services for which the caregiver may be eligible for, and obtain the following minimum information:

(a) Whether or not the caregiver is interested in participating in home visiting or early intervention services;

(i) If the caregiver communicates an interest in participating in home visiting or early intervention, the contractor shall then move on with the remaining requirements in this paragraph.

(ii) If the caregiver communicates that he or she is not interested in participating in home visiting or early intervention services, the contractor shall exit the system referral in the statewide data system within one business day, effective the date of communication with the caregiver.



(b) If the caregiver communicates that there is a concern about the child's development, the contractor shall offer the caregiver a referral to an early intervention service coordination contractor and enter the program referral into the statewide data system within one business day.

(c) If the caregiver communicates that they are interested in home visiting services, the contractor shall communicate the recommendation results of the initial risk screen identifying home visiting program that best meets the identified needs of the caregiver. After communicating the results, contractor must offer the caregiver a choice of all applicable home visiting providers, where a choice exists, and make a program referral to the caregiver chosen home visiting provider within one business day into the statewide data system. The program referral to a home visiting provider begins the thirty-day timeline for providers to determine eligibility.

(i) If the caregiver's choice of provider does not have capacity to serve them, contractor must inform the caregiver that they may join the provider's wait list for services, which is maintained by the central intake contractor, or inform the caregiver that they may choose another provider for services, if one is available.

(ii) When age at system referral is used for program referral eligibility, a wait listed status does not impact the eligibility.

(d) Program referrals may be made simultaneously to both home visiting and early intervention services.

(4) Ensure that the system referral is exited and documented as such in the statewide data system for any of the following reasons:

(a) The minimum contact attempts were made without successful contact, in accordance with this chapter;

(b) An early intervention child who is forty-five or fewer days from the child's third birthday. Prior to exiting the system referral, the contractor shall provide information to the caregiver about other community resources available in the county of residence, to include special education pre-school at the local education agency;



- (c) An individual declines to participate in home visiting or early intervention services.
- (5) The contractor shall send a completed referral follow up communication to the referral source when that source is professional in nature.
- (6) When a contractor exits a system referral due to loss of contact, the contractor shall send a written correspondence to the last known address or email with the following information:
 - (a) Details of the attempts which have been made to contact the caregiver;
 - (b) That this notification is the last contact attempt which central intake will make without further contact from the family;
 - (c) Information explaining the potential benefits of home visiting and/or early intervention services; and
 - (d) Contact information for the central intake site should the caregiver choose to reengage.
- (7) For families and individuals already in the statewide data system, the following requirements apply:
 - (a) When the centralized intake contractor is notified that an individual has moved or another circumstance requires that the individual change either home visiting provider or early intervention service coordination contractor, the contractor is responsible for documenting the transfer in the statewide data system;
 - (b) If an initial risk screening has been completed within the last eighteen months, the contractor will review for changes that may necessitate additional referrals, or a change in determination of fit for home visiting;
 - (c) Exited records shall be reopened upon any further successful contact or receipt of a new system referral for the family.