Referral Algorithm for Suspected or Confirmed Autism (Children 0-3)

Initiate a dual referral through both the patient’s Insurance Carrier as well as to the Regional Center; patient can receive services from more than one agency. Services include diagnosis and treatment.

**Medi-Cal Managed Care**

- Alameda Alliance for Health
- Contra Costa Health Plan
- Beacon: 855-856-0577
- Intake Coord: 805-713-6467
- ABCD Clinic: assessment & delivery of services (if eligible) 925-370-5635

Provider insurance letter and autism resources are included for your reference.

**Non Medi-Cal HMO/PPO**

Use provider insurance letter and autism resources provided with this algorithm

**Regional Center East Bay**

For children with significant delay(s) in one or more areas. Program will establish whether child is eligible as:

1. at-risk;
2. established risk;
3. developmentally delayed.

RCEB will provide services at no cost which are not covered by insurance or available through community agencies.

Eligibility/intake: 510-618-6195

Pediatric providers can send RCEB referral form for Early Intervention Services. They should include all pertinent medical records, a completed screen if available and document date that this packet was sent. Ask parents for consent to share back information from Regional Center and sign referral form.

Help Me Grow

Phone: 888-510-1211
Fax: 510-927-3117

Refer families who would like support navigating systems, such as insurance and regional center (or school district), and/or who are interested in being linked to other services.
Referral Algorithm for Suspected or Confirmed Autism (Children 3+)

**Insurance carrier:** refer to page 1 for same procedure

**Insurance carrier:**

**School District (3-22)**

Children with autism may be eligible for services under autism like behavior, speech/language impairment, severe emotional disability or other health impaired.

**Special Education**

Children receive services under IDEA that meet documented educational needs and identified services are recorded in individual Education Plan (IEP) document.

Services that may be provided:
- Autism related services
- Assistive technology
- Inclusion support in regular classroom
- Occupational therapy
- Speech Therapy
- Physical Therapy

Get the name and direct phone line for the assigned person in your local school district who handles Special Education and Section 504 referrals. (May be different people and may change annually.) Schedule one to two month follow-up visit with family. May use ACMHP referral pad.

**Section 504**

Children with autism may be eligible for accommodations, ie. extended time on tests. Documentation of disabling condition usually comes from pediatric provider.

**Regional Center East Bay**

Children stay with RCEB if child is determined to be eligible by the program based on diagnosis of Intellectual Disability, Autism, or substantially disabling diagnosis. RCEB provides additional services such as respite, other support or treatment services if insurance has been sought and denied.

Intake: 510-618-6100

Send the completed referral form for “over 3” services. Include all pertinent medical records including any screening form if available that indicate developmental needs and document date that packet was sent.

Help Me Grow (0-5)

Phone: 888-510-1211
Fax: 510-927-3117

Refer families who would like support navigating systems, such as insurance and regional center (or school district), and/or who are interested in being linked to other services.

For more copies: (510) 540-8293