***Referrals and Intakes:***

Office staff members are responsible to complete new referrals for potential children entering our program. These referrals may come from several sources such as doctors’ offices, hospitals, DCFS (The Division of Child and Family Services), word-of-mouth, or the Up-to-3 website. Either parents will call in to our office after being referred to our program or the office staff will call parents to complete a referral.

*Referral Qualifications:*

In order to be able to be referred to our program the following qualifications have to be met:

1. BTOTS only accepts intakes that have at least 45 days left until the child turns 3 years old (i.e are under 34.5 months). A helpful age calculator can be found at http://www users.med.cornell.edu/~spon/picu/calc/agecalc.htm. After this age, parents must contact the school districts directly about their developmental concerns.
2. The family must live in either Cache, Box Elder, or Rich counties. If they live outside these areas, the families must contact the Early Intervention program that covers their area (a list of all Utah EI programs and their phone numbers can be found at <https://health.utah.gov/cshcn/programs/babywatch.html>).

When office staff begin an intake by phone, they briefly explain it will take about 20 minutes and ask if the parent has time. If parents have time, complete the referral. If parents do not have time to complete the referral, ask the parent when are the best times to contact them and schedule a better time to contact them. Before completing the referral, verify that the child’s name, address, phone number, and email are accurate including the spelling. To ensure accuracy of information, the paper referral form is completed first and then information is entered into BTOTS after the phone call is ended.

*Necessary Referral Information:*

The following items are required for each referral:

1. Contact/additional information:
	1. Child name
	2. Birth date
	3. Prematurity (at least 4 weeks premature or more)
	4. The contact information of at least one parent or guardian
		1. Physical Address
		2. Mailing address (if different)
		3. Phone number
		4. Email
	5. School district (if families are not sure what their school district is, you can look it up on <http://transdata.ccsdut.org/smap.html>)
	6. Referral source (i.e doctor, hospital, word of mouth, website etc.)
	7. Primary Care Physician
	8. If the child has Medicaid or CHIP, there is the option to get their number over the phone or have the service coordinators get the number later on in the eligibility/IFSP process
	9. Primary language spoken in the home
	10. Secondary language spoken in the home (if applicable)
	11. Race and Ethnicity
	12. Description of parent concerns
	13. Risk areas (as determined by the ASQ)
	14. Best times to contact family and to do an evaluation
	15. Preferred evaluation and instruction language if their primary language is not English
	16. Virtual consent
		1. There is a referral and intake form that has all the necessary information on it. This file is located in the Up-to-3 Staff shared drive in the folder titled, “Referral and Intake Forms” and in the, “office staff processes” folder.
2. Ages and Stages Questionnaire (ASQ)/Ages and Stages Questionnaire-Social/Emotional (ASQ-SE)— Additionally, an ASQ must be filled out for a child who is 2 months or older. This is a questionnaire that lets service coordinators know where the child is at in their overall development. An ASQ-SE is a more specific questionnaire that has questions relating more to behavioral concerns or ASD. If the parent answers yes to either of the referral questions at the end of the ASQ, “Have you or anyone who knows your child been concerned about Autism?” and “Does either parent have a family history of Autism” then the ASQ-SE must be completed by the office staff. In these cases, BOTH the ASQ and ASQ-SE should be completed.
	1. There are different ASQ/ASQ-SE for each age group (typically every 2-3 months).
	2. If the child is considered premature, there must be an adjustment to the ASQ based on their prematurity. For example, if a child is 17 months old but 4 weeks premature, the office staff will complete a 16-month ASQ for the child. This adjustment is done up until a child is at least 24 months.
	3. Prematurity Calculator: a helpful age/prematurity calculator can be found on the ASQ website at <https://agesandstages.com/free-resources/asq-calculator/>.
	4. If parents do not know the answer to a certain question on the ASQ, the score must be adjusted. Use the “Adjusted Score” calculator on the ASQ website at <https://agesandstages.com/free-resources/asq-calculator/> to help you calculate the adjusted total.
		1. Note: You can only adjust the score for up to two questions per section (i.e. communication, gross motor etc.). If parents don’t know how to answer more then two, the section cannot be scored. Make a note of these sections for service coordinators.
3. Questionnaire Location—All questionnaires are located in the file cabinets labelled ASQ beneath the data entry submission cubby. There are ASQ and ASQ-SE in both Spanish and English. There is also an electronic version located in the Up-to-3 staff shared drive in the folder titled, “ASQ”.
4. Assign to appropriate service coordinator
	1. Referrals should be assigned to the appropriate service coordinator based on family’s address. Use the [SC map](https://www.google.com/maps/d/u/0/edit?mid=1-01DIeuHgQZT7NJgcgqtc2Z4TeP61Yw9&usp=sharing) to easily determine appropriate service coordinator by typing in the address. Additional SC instructions can be found on the “Service Coordinator Map” document found in the same folder (Up to 3 staff🡪 handbook for Up to 3 processes🡪 Referrals)
5. Add child to Well Sky (see Well Sky process document)
6. BDI Scheduling
	1. Initial BDI appointments are scheduled by office members before completing each referral. BDI evaluations should be scheduled within 4 weeks of referral date.
	2. BDI appointments for children over 12 months old will have an in-person BDI appointment.
	3. BDI appointments for children under 12 months old will have a virtual BDI appointment.
	4. BDI evaluators are determined by service coordinator areas. The [SC map](https://www.google.com/maps/d/u/0/edit?mid=1-01DIeuHgQZT7NJgcgqtc2Z4TeP61Yw9&usp=sharing) also lists the BDI evaluators for each service coordinator region.
	5. BDI evaluators and hierarchy of scheduling:
		1. Kathryn/Heather: Lisa 🡪 Mary 🡪 If there are still no openings within 4 weeks, hold off on scheduling and talk to Marla
		2. London/Ashlyn/Lindsey: Mary 🡪 Kevin 🡪 Emma 🡪 Lisa 🡪 If there are still no openings within 4 weeks, hold off on scheduling and talk to Marla
		3. Jamie: Emma 🡪 Kevin 🡪 Mary 🡪 If there are still no openings within 4 weeks, hold off on scheduling and talk to Marla
		4. Jacque: Kevin 🡪 Emma 🡪 Mary 🡪 If there are still no openings within 4 weeks, hold off on scheduling and talk to Marla
		5. Schedule all Spanish BDI appointments, regardless of age and area, with Spanish BDI evaluator (currently Mary Hammond)
		6. Schedule all English BDI appointments for children under 12 months, regardless of area, with Molly
			1. These will be done virtually through Zoom
		7. This information is also found on the “BDI Scheduling Decision Tree” document found in the same referral folder.
	6. BDI evaluators are found in Well Sky under the “Evaluator/Admin” tab. Each evaluator will post their availability on their Well Sky scheduling.
7. Prior Notice
	1. Office staff members will create a prior notice for the BDI appointment that they scheduled in BTOTS
		1. Type of prior notice: “To conduct an evaluation to determine your child’s eligibility for early intervention”
		2. Time and date are the time and date of the BDI appointment
		3. Location:
			1. Virtual appointment (children under 12 months scheduled with Molly)🡪 Family’s home address (prior notice will default to filling in this field with the home address
			2. In-person appointment 🡪 put the address of either Logan, Tremonton, or Brigham City office locations here depending on where the BDI will be held
		4. EI Provider is the BDI evaluator
		5. Leave the contact as the service coordinator (the prior notice will default with the SC information
8. Virtual Consent
	1. The virtual consent form should be completed on every referral. Each bullet point should be read to the parent and parents should be asked if they consent to virtual visits.
	2. The virtual consent form can be found on the back of the referral and intake form.
	3. Virtual consent should be documented in the referral notes section of the referral.
	4. If parents do not consent to virtual visit, advise the parent that we won’t deny them services based on this and that their service coordinator will coordinate how in-person visits will be done.
9. Re-referrals and Permanent Files
	1. If a child has been referred to our program previously, they will already have a BTOTS chart created. When entering these referrals, DO NOT create a second BTOTS chart for them. Instead, associate the previous BTOTS chart with the new chart when completing the referral wizard (BTOTS searches for matches when starting the wizard).
	2. The permanent files of these re-referrals will also need to be pulled from the permanent filing cabinets. These permanent files should be placed with the regular referral paperwork.
		1. The permanent filing cabinets are organized by year. Check the child’s BTOTS chart to determine when they exited and check the filing cabinets for that year. Miriam keeps the keys to the filing cabinets.
10. BDI Email Packet
	1. An email packet needs to be sent to parents for every referral over 12 months. Emails should be sent as soon as possible after completing the referral and entering their information into BTOTS.
		1. Every referral who had an in-person BDI appointment scheduled needs a packet emailed to them
		2. Molly emails her own BDI packet to families so for referrals under 12 months it’s not necessary to send out a packet
	2. Review the “BDI Email Template” document for email templates when sending these emails
		1. Upto3 staff shared drive🡪 handbook for Up to 3 processes🡪 office staff processes🡪 Referrals
	3. The email should include
		1. The date and time of their BDI appointment
		2. The relevant documents attached to the email that are listed below
		3. Notification that only one parent and one child should attend the BDI
		4. Brief Explanation of the documents being sent
		5. Whether or not a parking pass is needed
		6. Notification of who to contact with any questions
		7. BDI evaluator contact information (optional)
		8. Brief summary of BDI (optional)
	4. Documents to send for Logan referrals
		1. Up to 3 COVID-19 Protocol Procedures adopted from ASSERT
		2. Informed Consent for Parents
		3. CCE-directions
		4. CCE parking permit
			1. You must fill in the parking pass before you send it to the parents
			2. Clinic ID: Up to 3 Early Intervention
			3. Date: the date of the BDI
			4. Time: 30 minutes before and after the BDI appointment (BDI appointments are scheduled in two-hour blocks)
				1. i.e. if the BDI is at 2 PM the time on the parking pass should read 1:30 PM to 4:30 PM
		5. All documents found in Upto3 staff shared drive🡪 handbook for Up to 3 processes🡪 office staff processes🡪 Parent Packet Cache County
		6. There are also Spanish versions of these documents
	5. Documents to send for Brigham City referrals
		1. Up to 3 COVID-19 Protocol Procedures adopted from ASSERT
		2. Informed Consent for Parents
		3. Brigham Office Map
		4. NO parking pass is needed
		5. All documents found in Upto3 staff shared drive🡪 handbook for Up to 3 processes🡪 office staff processes🡪 Parent Packet Box Elder
		6. There are also Spanish versions of these documents
	6. Documents to send for Tremonton referrals
		1. Up to 3 COVID-19 Protocol Procedures adopted from ASSERT
		2. Informed Consent for Parents
		3. Tremonton Office Map
		4. NO parking pass is needed
		5. All documents found in Upto3 staff shared drive🡪 handbook for Up to 3 processes🡪 office staff processes🡪 Parent Packet Box Elder
		6. There are also Spanish versions of these documents
11. Once all information is gathered, it should be entered into BTOTS after which the referral form should be printed off, attached to the questionnaires and put in the referral folder located in the “A” drawer. Every Tuesday morning, all referrals are removed from this folder and placed on the table to be reviewed by Up-to-3.

*Professional Procedures*

When conducting referrals, and in all other phone interactions, office staff members should be professional at all times. Furthermore, in order to facilitate the professional nature of every phone interaction the following practices should be used:

1. Use open-ended questions.
	1. Race and Ethnicity
		1. For example, when asking about race and ethnicity it is important to ask, “What is your child’s race and ethnicity?” If clarification is needed by parents on either race or ethnicity, office staff may say, “So your child’s race is Caucasian, but is his/her ethnicity Hispanic or Non-Hispanic?” instead of saying, “Is he/she Hispanic?”
	2. Primary Language
		1. For example, the office staff could ask, “What is the primary language spoken in the home?” instead of “Is English your primary language?”
2. Verify that accurate information has been recorded by repeating it back to the parent/guardian
	1. This is especially important regarding contact information. When office staff ask for the address, it is important to ensure that it is accurate since not being able to find the residence can affect the 45-day IFSP limit. The apartment number and any special instructions (i.e. basement apartment, behind another house, etc.) should be listed on the referral.
3. Speak slowly and clearly with non-English speaking families even referrals done with an interpreter
	1. When taking an intake for a family whose primary language is not English, be sure to speak more slowly and clearly. If you need to use an interpreter for the referral, be sure to pause after every question to be sure the interpreter has sufficient time to interpret.
4. InSync interpreting services can be used to do referrals with over the phone interpreting in many different languages
	1. Call InSync at 866-501-2002
	2. Select #2 on the main menu (all other languages for over-the-phone interpreting).
	3. You will be connected with an agent that will ask for the language needed and information about your organization. Give your name and say you are calling from Utah State University, but make sure they have you listed under “Up to 3”.
		1. Note: It’s extremely important to let InSync know that the program you are calling from is the Up to 3 Early Intervention Program. All the billing for In Sync goes to the CCE and it’s easier for them to know which program to charge if we let InSync know which program we are calling from. Also provide your name and ask them specifically to make a note about us calling from the Up to 3 programs.
	4. The agent will ask you information about the client in order to call them (name and phone number). You can decline any other information.
	5. The agent will then connect you to an interpreter.
	6. There is an interpreter available 24/7, so you do not need to call ahead to schedule. However, it does take about 5-10 minutes before you are put through.

Types of Referrals

*CAPTA Referrals*

 A common type of referral is a CAPTA referral. These referrals are sent to us through BTOTS from DCFS. These referrals appear every Monday on the BTOTS home page under the section titled, “Pending Child Protection (CAPTA) Electronic Notifications of referrals”. Ideally, these referrals should be processed within 7 days of being received. All contact attempts should be logged by selecting the “process” button to the far right of every referral. A window will appear with a section titled “Contact Attempt Notes” where the notes can be updated with contact day and any other notes (i.e left message, line was busy, etc.). The CAPTA referrals can also be processed, deactivated or transferred from this same window.

 Processing or completing a CAPTA referral can be done be selecting the “Create New Child Referral” under “Processing Action” in the window that populates from the “Process” link. A processed CAPTA referral is treated like any other referral once completed. The referral can also be deactivated from this same section if the family is not interested or we are unable to contact the family. Typically, office staff members will try to contact a CAPTA referral at least three times before deactivating for being unable to contact.

 When deactivating referrals, office staff members will deactivate the referral in BTOTS and print the referral sheet off. A case disposition is attached to this referral sheet and filed in the red DCFS referral folder located in the perm file rotating cabinet. This folder is also used to store any other referrals that we are unable to contact. If the referral was deactivated due to being unable to contact family, a letter is sent to the family’s physical address provided by DCFS with an Up-to-3 pamphlet. A template for this letter is found on the Up-to-3 shared drive in the folder titles, “Dr’s letters & No Contact Letters”. A copy of this letter is also attached to the referral print out and case disposition that is placed in the rotating cabinet.

*Hospital Referrals*

 Hospitals will fax the Up-to-3 program referrals with the medical records of the child being referred. These referrals are handled the same way that any other referral is handled except the medical records are attached to the referral packet that is placed in the new referral folder in the “A” cabinet. When hospital referrals are deactivated due to unable to contact or family not interested, a letter is sent to the family in a similar fashion as the DCFS referrals. A template for hospital referral letters is found in the same folder on the Up-to-3 shared drive as the DCFS letter template. When exiting a hospital referral, a permanent file should also be created to store the medical records and filed with the other exited child files in the same exit year.