
	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 1 of 68
DOCUMENT TITLE Intake Procedure			

Table of Contents

Subsection	Title	Page
1.0	PURPOSE AND SCOPE.....	2
2.0	REFERENCES	2
3.0	INSTRUCTIONS.....	3
3.1	Managing Referrals Through the Single Point of Entry (SPOE) Into Connecticut Birth to Three System	3
3.2	Processing Potential Birth to Three Referrals.....	9
3.3	Parent Requests for Specific Programs	15
3.4	Birth to Three Referral is Assigned to a Program	16
3.5	Family or Child Special Circumstances.....	17
3.6	Re-Entering the Birth to Three System	18
3.7	Birth to Three Provider Intake	21
4.0	REVISION HISTORY	22
•	Attachment 1, Required Scripts.....	23
•	Attachment 2, Required Data Entry and Documentation.....	49
•	Attachment 3, Required Forms	66

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 2 of 68
DOCUMENT TITLE Intake Procedure			

1.0 PURPOSE AND SCOPE

- 1.1.1. This procedure provides instructions for a Single Point of Entry (SPOE) for referrals of children and families into the Birth to Three System under Individuals with Disabilities Educations Act (IDEA) Part C.


2.0 REFERENCES

2.1 Associated Documents

- 2.1.1. Individuals with Disabilities Education Act (IDEA) Part C
- 2.1.2. Autism Spectrum Disorder Procedure
- 2.1.3. Birth to Three Procedural Safeguards
- 2.1.4. Children Who are Deaf or Hearing or Deaf Procedure
- 2.1.5. Children Who are Homeless Procedure
- 2.1.6. Document Control and Records Procedure
- 2.1.7. Evaluation and Assessment Procedure
- 2.1.8. Service Coordination Procedure

2.2 Source Information

- 2.2.1. Connecticut Birth to Three Intake Procedure, Revised June 16, 2021

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 3 of 68
DOCUMENT TITLE Intake Procedure			

3.0 INSTRUCTIONS


3.1 Managing Referrals Through the Single Point of Entry (SPOE) Into Connecticut Birth to Three System

3.1.1. **UNDERSTAND** the definition of primary referral source includes:

- i. Parents of infants and toddlers
- ii. Hospitals, including prenatal and postnatal care facilities
- iii. Physicians
- iv. Child care programs and early learning programs
- v. Local Education Agency's (LEAs) and schools
- vi. Public health facilities
- vii. Other public health or social service agencies
- viii. Other clinics and health care providers
- ix. Public agencies and staff in the child welfare system, including child protective service and foster care
- x. Homeless family shelters
- xi. Domestic violence shelters and agencies

3.1.2. **UNDERSTAND** the definition of parent:

1. Parent means:
 - a. A biological or adoptive parent of a child;
 - b. A foster parent, unless State law, regulations, or contractual obligations with a State or local entity prohibit a foster parent from acting as a parent;
 - c. A guardian generally authorized to act as the child's parent, or authorized to make educational decisions for the child (but not the State if the child is a ward of the State);
 - d. An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or
 - e. A surrogate parent who has been appointed in accordance with §300.519 or section 639(a)(5) of the Act.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 4 of 68
DOCUMENT TITLE Intake Procedure			

2. This includes:
 - a. Any and all biological parents who retain parental rights,
 - (1) regardless of whether the child resides with that parent and,
 - (2) regardless of a custody agreement.
 - b. Foster parents,
 - c. Guardians with whom the child lives,
 - d. Surrogate parents
3. Exclusions from the definition of "parent" are:
 - a. biological parents who have had their parental rights terminated
 - b. DCF personnel
 - c. other relatives who are not acting in the place of a biological or adoptive parent.

3.1.3. **UNDERSTAND** the definition of a Birth to Three referral:

1. Every contact to the SPOE from a primary referral source about a child younger than 34.5 months is considered a Birth to Three referral when a developmental concern is identified or if a child has a diagnosed condition that confers automatic eligibility per CT Birth to Three System. According to IDEA Part C (303.303(a)(2)(i), a child must be referred as soon as possible, but no more than seven days after a child has been identified. Exceptions to this definition include:
 - a. Contacts to the SPOE from sources that do not meet the definition of primary referral source. In these circumstances, a primary referral source (e.g., the parent), must initiate a referral.


3.1.4. **UNDERSTAND** the definition of the identification date

1. Identification date is the date that the potential referral is received by the SPOE.

3.1.5. **UNDERSTAND** the definition of the referral date

1. Referral date is the date that a complete referral is transmitted to the Birth to Three provider within the Birth to Three data system.


3.1.6. **UNDERSTAND** the definition of a complete referral

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 5 of 68
DOCUMENT TITLE Intake Procedure			


1. All following demographic information must be present for a potential referral to be considered a complete referral:
 - a. Child name (first and last)
 - b. Child date of birth
 - c. Address of residence
 - (1) See Section 3.5 Family or Child Special Circumstances for guidance regarding families experiencing homelessness
 - d. A parent name (first and last)
 - e. Parent contact information must include:
 - (1) Phone number (home, cell, work or other)
 - (2) Mailing Address
 - f. Referral source information
 - (1) Must meet the definition of primary referral source
 - (2) Name of referral source
 - (3) Relationship to child
 - (4) Contact information
 - g. Reason for referral
 - (1) Includes diagnosed conditions if applicable
 - (2) If no "concern" domain is noted on the online referral, but a developmental concern is noted in the narrative of the referral, this must be documented as the reason for referral.

3.1.7. **UNDERSTAND** the function of SPOE for intake:


1. Accept, Process, and Assign incoming referrals
 - a. This includes contacting the parent(s) of a child referred by a source that does not meet the definition of primary referral source.
2. Document and forward questions beyond the scope of intake scripts to the Birth to Three Family Liaison and/or the assigned Birth to Three provider.
3. SPOE **MUST NOT**

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 6 of 68
DOCUMENT TITLE Intake Procedure			

1. Act in the role of service coordinator
 2. Answer questions outside the scope of the intake procedure scripts
- 3.1.8. SPOE must **RECEIVE** and **ACCEPT** potential referrals only through the Single Point of Entry (SPOE) into Connecticut Birth to Three System available 24 hours a day (fifty-two weeks per year) per the following methods:
- xii. Toll Free Number - 1-800-505-7000
 - xiii. Fax - 1-860-571-6853
 - xiv. Website referral form - <https://www.birth23.org/referral/referral-form/>
 - xv. Other designated methods approved by the lead agency.
- 3.1.9. SPOE and Birth to Three providers must **REDIRECT** to the SPOE for all potential Birth to Three referrals.
- 3.1.10. SPOE must **OBTAIN** prior approval from the lead agency at least 2 weeks in advance of any event which will prevent calls from being answered during regular business hours including calls being automatically redirected to voicemail.
- 3.1.11. SPOE must **ADHERE** to the following maintenance and hours of operation of the Intake center:
1. **ACCEPT** incoming communication (e.g., call, fax, online) Monday through Friday, 8:00 AM to 6:00 PM EST.
 2. **ENSURE** voicemail is operable 24 hours a day, 7 days a week and accepting messages.
 1. Callers may leave their name and number to receive a return call.
 3. **ENSURE** outgoing message is maintained and up to date with only the following:
 2. Birth to Three System information
 3. Directions on completing a referral electronically through the online referral form
 4. Office hours
 5. Holiday hours
 6. Hours due to extreme weather conditions, when applicable


	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 7 of 68
DOCUMENT TITLE Intake Procedure			

- 3.1.12. SPOE must **PROCESS** all potential Birth to Three referrals (e.g., calls, faxes, online) regarding Birth to Three in a timely manner and following the intake procedure:
1. SPOE must follow up with all potential Birth to Three referrals within one business day of receipt (see section 3.2 for follow up actions):
 - a. All incoming contacts must be triaged to determine whether they are a potential Birth to Three referral (based on the definition stated above).
 - b. All contacts that do not meet the definition of a potential Birth to Three Referral must be triaged to the appropriate program supported by the SPOE based on that program's criteria.
 - c. All complete Birth to Three referrals must be transmitted to the Birth to Three programs in the Birth to Three Data System within 7 calendar days of the identification date.
 - d. All incomplete Birth to Three referrals must be followed up according to the timelines defined in section 3.2.
- 3.1.13. **ENSURE** that all written and spoken communication is provided to families in their native language, as defined in §303.25(a)(1) of IDEA, meaning the language normally used by the parents of the child. (Birth to Three Procedural Safeguards).
- xvi. SPOE is responsible for translation of all documents sent to families that are not already translated by the lead agency.
- 3.1.14. **ENSURE** timely and accurate data entry into the Birth to Three Data system.
1. All data is accurately entered into the Birth to Three Data system
 2. All data is entered no later than one business day after it is received
 3. All corrections are made no later than two business days after being identified
- 3.1.15. **ENSURE** enrollment of children in Birth to Three System and case numbers are assigned through the OEC Birth to Three data system by the SPOE only.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 8 of 68
DOCUMENT TITLE Intake Procedure			

3.1.16. **MAINTAIN** confidentiality of the referral in accordance with Document Control and Records procedure and the Birth to Three Procedural Safeguards.

1. SPOE must not share the personally identifiable information (PII) of children and families with any referral sources or other parties except for lead agency staff and participating Birth to Three providers.
2. **IF** the SPOE receives a request for information regarding referred children, **THEN** the following actions must be taken by SPOE within 24 hours of receipt:
 1. If the child was already assigned to a Birth to Three program, SPOE must send the request to the assigned program in its original form
 - If the request is in the form of a phone call, SPOE must obtain caller's contact information and transmit this to the assigned program for follow up.
 2. If the child has not been assigned to a program (e.g., the referral is still in "follow up" in the Birth to Three data system or the family declined the referral), SPOE must send the request to the lead agency in its original form:
 - a. Connecticut Birth to Three System
 - b. Office of Early Childhood
 - c. 450 Columbus Boulevard, Suite 205
 - d. Hartford, CT 06103
 - e. CTBirth23@ct.gov
 - Subject line must read: "record request"
 - f. 860-500-4400
 3. The following must be documented in the child's record in the notes section of the Referral Source screen of the Birth to Three Data System:
 - a. The sender of the written request
 - b. The date the written consent was received by SPOE
 - c. The date the written consent was mailed, and where it was mailed (e.g., to the program/OEC)

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 9 of 68
DOCUMENT TITLE Intake Procedure			

3.2 Processing Potential Birth to Three Referrals

3.2.1. **ENSURE** potential referrals made to the Birth to Three System as follows:

1. SPOE must **DETERMINE** whether the incoming potential referral is a new child to the Birth to Three System, or a re-referral (see required data entry section below for steps)
2. Confirm child is a resident of the state of Connecticut.
4. **IF** child is receiving Individuals with Disabilities Education Act (IDEA) Part C early intervention services in another state **AND** the family is only temporarily visiting Connecticut,
 - Temporarily is defined as less than 90 days

THEN SPOE informs parent that Connecticut Birth to Three System is **NOT** required to provide Part C early intervention services.

5. DO **NOT** APPLY residency requirements to children who are:
 - a. Homeless or whose family is highly mobile (e.g., migrant workers).
 - b. Displaced by a catastrophic event such as hurricane, earthquake, or flood.
 - c. Children who are under legal custody of DCF.
 - d. Residing on Indian reservation.
6. **IF** family is in process of moving to state of Connecticut,


THEN SPOE processes the referral

AND INFORM the family that no evaluation or services may be provided until the family is living in Connecticut.

AND receiving Birth to Three program must wait until the family is living in Connecticut before proceeding with evaluation.

IF the evaluation is provided beyond 45 days from the date of referral due to family not residing in Connecticut,

THEN DOCUMENT as family reason for delay in the Birth to Three data system.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 10 of 68
DOCUMENT TITLE Intake Procedure			

3.2.1 (continued)

3. **DETERMINE** whether the incoming potential referral information is complete and take next steps following the decision trees below (Figures 1a and 1b):

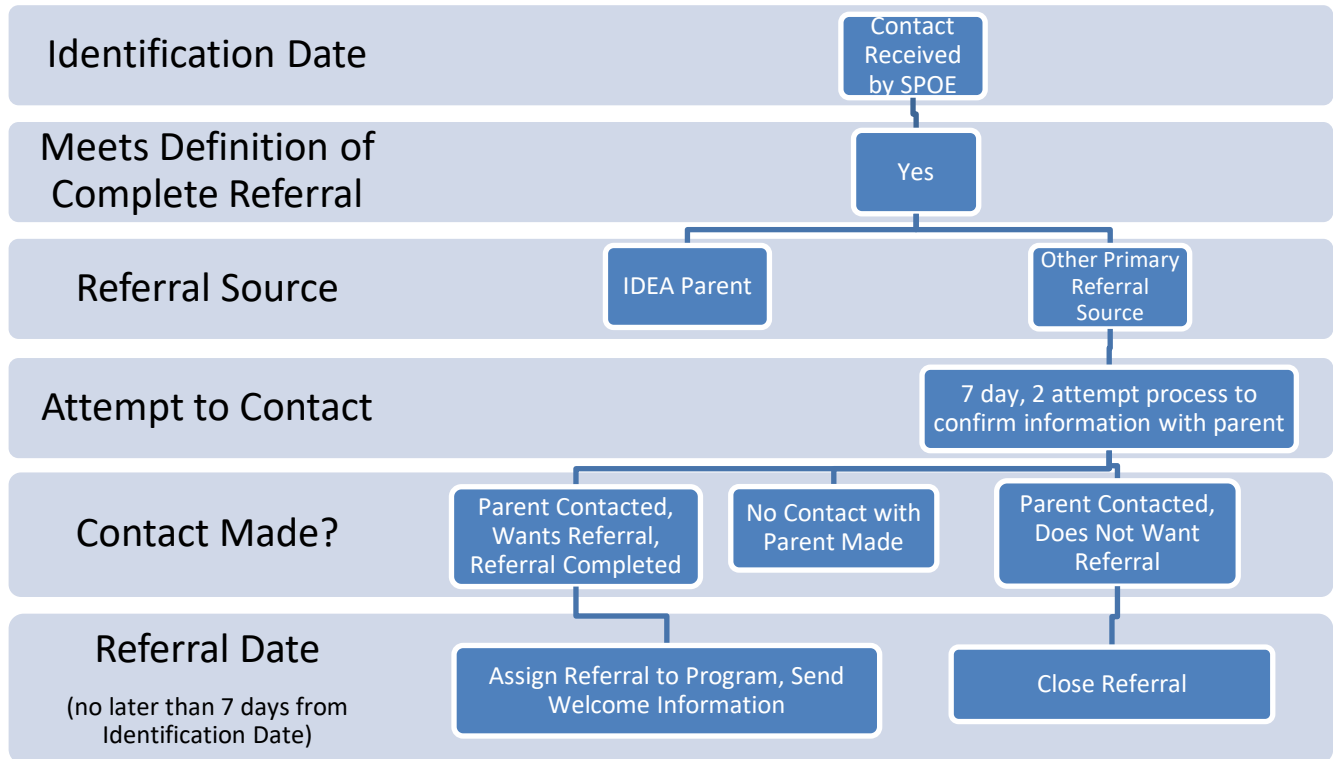



Figure 1a. Identification to Referral: Complete Referral

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 11 of 68
DOCUMENT TITLE Intake Procedure			

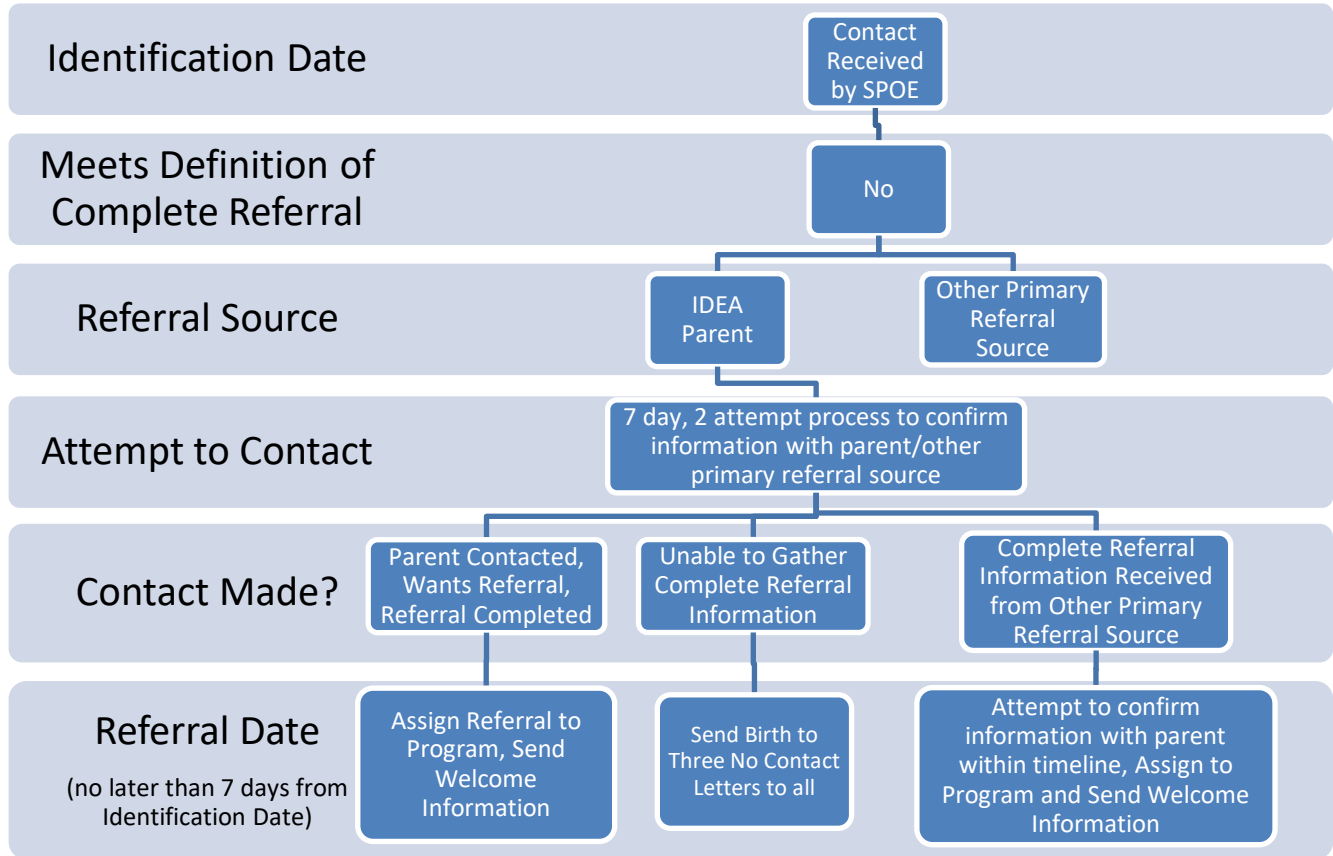



Figure 2b. Identification to Referral: Incomplete Referral

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 12 of 68
DOCUMENT TITLE Intake Procedure			


3.2.1 (continued)

4. SPOE **CONTACT** parent(s) (or other referral source, as indicated in flow chart above) via the following methods and timelines. Each of these steps must be documented in the child's record in the Birth to Three Data System.

a. 7 day / Two Attempts Process

	Method	Timeline
1st Try	Contact via the following methods until a parent or referral source is reached: First: Phone call to all numbers Then: text to all numbers	Within 24 hours of identification date
2nd Try	Phone call only to all numbers	Within 72 hours of first attempt If family responds but does not connect with SPOE staff (e.g., leaves a voice mail), continue trying via phone call at least once a day until the 7th calendar day from the identification date.

Table 1. 7 Day / Two Attempts Process


	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 13 of 68
DOCUMENT TITLE Intake Procedure			

3.2.1 (continued)

b. No Contact Letter Process


Status	Method	Timeline
IF parent has not responded to attempts at eight days	Send “No Contact Family Letter” to each IDEA parent if at different addresses	One week post receipt of potential referral, with a “hear by” date of 2 weeks from date letter is mailed. REFER TO Letter B, Birth to Three Request for Contact Letter
IF other primary referral source has not responded to attempts at eight days	SEND Letter C, Other Primary Referral Source Request for Information	One week post receipt of potential referral, with a “hear by” date of 2 weeks from date letter is mailed.
No Contact after letter sent	Close Referral in Birth to Three Data System (see steps in Required Data Entry section below)	At the “hear by” date, which is two weeks from date letter was mailed.

Table 2. No Contact Letter Process

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 14 of 68
DOCUMENT TITLE Intake Procedure			

3.2.1 (continued)

5. **KNOW** that when the parent or other referral source is reached,
 - a. SPOE **CONFIRM** and **RECORD** the following information into the child's record in the Birth to Three Data System:
 - (1) Contact information for anyone meeting the IDEA Definition of parent, including:
 - a. First and Last Name
 - b. All phone Number(s) (e.g., home, cell, etc)
 - c. Mailing and Physical Address
 - d. Email address
 - e. All written and spoken languages by each parent
 - (2) Language(s) spoken and read in the child's home.
 - (3) Child's primary health care provider and other medical providers.
 - (4) If referred by DCF worker or Foster Parent confirm and document the contact information of the assigned DCF case worker.
 - (5) ENSURE that all health and medical information shared by referral source is recorded in the Referral concerns Notes section in the child's record in the Birth to Three data system.
 - (6) Whether the child was previously enrolled in the Birth to Three System.
6. **KNOW** that at a minimum, all required elements to meet the definition of a complete referral must be recorded.
7. SPOE **INFORMS** of the planned next actions (refer to Attachment 1, Required Scripts):


	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 15 of 68
DOCUMENT TITLE Intake Procedure			

3.3 Parent Requests for Specific Programs

3.3.1. **IF** a parent requests a specific program, **THEN** the following action steps must be taken **AND** Use Attachment 1, Required Scripts

Parent Program Request	SPOE Action Step(s)
parent requests a specific program (child in same household currently enrolled with requested program)	<p>IF requested program serves the town where the child resides AND is in rotation or “accepting children” THEN the referral is sent to the requested program.</p> <p>IF NOT, the referral is sent to the program next in rotation in the child’s town of residence.</p>
<ul style="list-style-type: none"> • Parent requests a program not serving their town of residence. • Parent requests a specific program that previously supported a child in the same household who is no longer enrolled. • Parent requests services in both the town of residence and at a child care setting in another town outside of the program’s catchment area. • Parent requests services be provided by a program serving their town, but is not currently accepting referrals via rotation. 	Referral is sent to the next program in rotation in the child’s town of residence.
parent shares they do not want to work with a specific program AND that program is next in rotation	<p>SPOE must finish collecting demographic information and INFORM family that referral will be paused until family can connect with Birth to Three Family Liaison to discuss concerns regarding program.</p> <p>SPOE must provide the family with the name, phone number and email address of Birth to Three Family Liaison. SPOE must provide Birth to Three Family Liaison with the Case ID number and specific request of the family within one business day.</p>

Table 3. Parent Requests for Specific Programs

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 16 of 68
DOCUMENT TITLE Intake Procedure			

3.4 Birth to Three Referral is Assigned to a Program

3.4.1. In the OEC Birth to Three data system, SPOE **ASSIGN** the Birth to Three referral to the program next in rotation for the town determined by the Birth to Three Data System.

xvii. **IF** the child has more than one address of residence (e.g., in a split custody arrangement),

THEN document both addresses in the Birth to Three Data System,

AND assign program to the town of residence based on referring parent's preference.

3.4.2. SPOE **PERFORMS** the following once referral is assigned to a program:

1. Within one business day, a Parent Welcome Packet is mailed to IDEA parents, including:

a. Letter A, Birth to Three Intake Letter populated with:


(1) Name and contact information for the Birth to Three program scheduling evaluation visit.

b. Welcome to the Birth to Three System letter

c. Additional resources as defined by the OEC.

d. If parent requests documents to be emailed, this must occur on the same business day.

e. **DOCUMENT** method and date of sending this information to IDEA parents in the child's record in the Birth to Three Data System.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 17 of 68
DOCUMENT TITLE Intake Procedure			


3.5 Family or Child Special Circumstances

3.5.1. **WHEN** the SPOE learns of any family or child that meet the following special circumstances,

THEN ENSURE SPOE adheres to the following:

USE Attachment 1: Required Scripts


Special Circumstance	SPOE Next Steps	Birth to Three Program Next Steps
Families and children are identified as homeless (see Children who are Homeless procedure)	A homeless status is entered in the child's record, in the Birth to Three Data System in the child info notes.	Review all referrals to identify if family is experiencing homelessness. Family needs to be contacted as soon as possible.
Child is currently hospitalized	Referral is sent to the next program in rotation in the child's town of residence.	Receiving Birth to Three program must contact the family to determine if evaluation can be provided while child is hospitalized. If the evaluation is provided beyond 45 days from the date of referral due to hospitalization, this must be documented as family reason for delay in the Birth to Three data system.
Suspected hearing concerns (parent concern, failed screenings, pediatrician concern)	Referral is sent to the next general program in rotation in the child's town of residence.	Proceed with responsibilities outlined for programs in Intake procedure and Evaluation, Assessment and Screening Procedures.
Child has a reported hearing loss diagnosed by an Audiologist	Child will be referred to the next hearing specialty program in rotation.	Proceed with responsibilities outlined for programs in Intake procedure and Evaluation, Assessment and Screening Procedures.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 18 of 68
DOCUMENT TITLE Intake Procedure			


<p>Parent or referral source indicates that child is 12 months or older and any concern regarding autism is shared, including the following:</p> <ul style="list-style-type: none"> • child has been diagnosed with an autism spectrum disorder • screening for Autism indicated further assessment is needed • any other concerns regarding autism 	<p>The following information is offered regarding programs in the child's town of residence:</p> <ul style="list-style-type: none"> • General comprehensive Programs that also specialize in autism • General comprehensive programs that do not specialize in autism. <p>The autism concern box on the referral is checked regardless of age or who expressed concern.</p> <p>Referral is sent to the next program in rotation based on the parent's preference of the two options presented above.</p>	<p>Proceed with responsibilities outlined for programs in Intake procedure and Evaluation, Assessment and Screening Procedures.</p>
<p>Child referred is within 45 days of their third birthday.</p>	<p>The SPOE must provide the family with the following:</p> <ul style="list-style-type: none"> • Responsible local school district information to seek an evaluation for early childhood special education, including the Lead Education Agency (LEA) address and phone number. • State Department of Education's Form ED621, Referral for Special Education, website location or copy of form. • Connecticut Parent Advocacy Center (CPAC) supports and website address. 	<p>None</p>

Table 4. Family or Child Special Circumstances

3.6 Re-Entering the Birth to Three System

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 19 of 68
DOCUMENT TITLE Intake Procedure			


3.6.1. **UNDERSTAND** families re-refer their child after exiting the Birth to Three for a variety of reasons.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 20 of 68
DOCUMENT TITLE Intake Procedure			

3.6.2. **WHEN** a child is referred again after a prior enrollment,

THEN follow the next steps below:

Exit Circumstance	SPOE Next Steps	Birth to Three Program Next Steps
Child was never evaluated , and the family or other referral source contacts the EI program or the SPOE within one month of exit date	CHANGE eligibility determination data to Pending in the Birth to Three Data System and notify the EI program via email within one business day.	Proceed with responsibilities outlined for programs in Intake procedure and Evaluation, Assessment and Screening Procedures.
Child was never evaluated , and the family or another referral source contacts the SPOE more than one month after exit date	FOLLOW the intake process for a new referral.	Proceed with responsibilities outlined for programs in Intake procedure and Evaluation, Assessment and Screening Procedures.
For children who were NOT eligible IF it is less than one month since ineligible determination was made.	SHARE all available information of referral/previous referrals for same child with Birth to Three Family Liaison within one business day. Birth to Three Family Liaison will contact SPOE with next steps after making contact with referral source.	None
For children who were NOT eligible AND more than one month after exit date	FOLLOW the intake process for a new referral.	Proceed with responsibilities outlined for programs in Intake procedure and Evaluation, Assessment and Screening Procedures.
For children eligible for Birth to Three services: IF eligible child was exited for any reason AND more than one month after exit date	FOLLOW the intake process for a new referral.. ASSIGN family to program that was supporting them prior exit unless parent requests a different program. IF family requests a different program, THEN REFER to section 3.3 above.	Proceed with responsibilities outlined for programs in Intake procedure and Evaluation, Assessment and Screening Procedures.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 21 of 68
DOCUMENT TITLE Intake Procedure			

For children eligible for Birth to Three services: IF eligible child was exited for any reason AND less than one month after exit date	Notify the EI program within one business day	Change exit data in the Birth to Three Data System and Contact family and continue supports and services. IFSP may need revision.
--	---	---

Table 5. Re-Entering the Birth to Three System

3.7 Birth to Three Provider Intake

3.7.1. Birth to Three programs must **ACCEPT** referrals only through the SPOE.

3.7.2. Birth to Three programs must **INDICATE** in Birth to Three Data System whether accepting new referrals and transfers via the Program Info and Rotation section of the Birth to Three Data System

1. Refer to provider contract for details on referrals and rotation.


3.7.3. **CONTACT** IDEA parent of assigned referral within one business day

1. **PROVIDE** families the following:
 1. Confirmation that the referral was received
 2. Birth to Three Program Name
 3. Name and phone number of who to reach at the program with questions and/or concerns

2. **CONFIRM** and **UPDATE** all child and family information in Birth to Three data system

3.7.4. **CONDUCT** Evaluation based on the Evaluation, Assessment and Screening Procedure and records the results in the Birth to Three Data system. Use the following options for eligibility status:

Eligibility Status	Reason
Eligible	Child is Eligible for Birth to Three in Connecticut
Not Eligible	Child is Not Eligible for Birth to Three in Connecticut
Parent Refused	Parent Refused - Eligibility not yet determined


	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 22 of 68
DOCUMENT TITLE Intake Procedure			

Cannot Locate	No Response from family
Not in State	Child moves out of Connecticut
Deceased	Child passes away at any time during the Birth To Three process

END of Instructions

4.0 REVISION HISTORY

Location	Description of Change
"[step number]"	"[Brief overview of change without re-stating step text.]"

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 23 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts**

Directions for using scripts:

Sections in *blue/italics* are to be read out loud to the parent

Sections in (parentheses) indicate optional script depending on the circumstances of the call

Sections in [brackets] indicate fill-in text depending on the circumstances of the call

The scripts below must be adhered to. The SPOE may reformat scripts to be easier to access/read.

Any additional questions or concerns shared by parents that are outside the scope of the scripts contained in this procedure must be redirected to the assigned contracted program, or the Birth to Three Family Liaison.

Evaluation and Services information

If the family has any questions about the evaluation process or services that fall outside the scope of these scripts, please inform them:

Please share these questions with the Birth to Three program that contacts you for the evaluation. You and the program will work together to answer your questions.

Parent Dissatisfaction:

If the family expresses any dissatisfaction with the referral process or the assigned program, please inform them:

I am happy to take down your information and share it with the Birth to Three System's Family Liaison who can support you in finding a resolution.


Call from a referral source that does not meet the definition of Primary Referral Source:

We encourage you to reach out to the parent of the child and have them complete a referral by calling us or going to www.birth23.org.

If the referral source does not want to do this:


Please provide me with your name and contact information, as well as the name and contact information for the parents of the child. We will reach out to the family to discuss a referral.

If the referral source does not have the parent's contact information

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 24 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

We need this information to be able to proceed with a referral. You can either call us back at this number once you have the information, or you can encourage the child's parent or guardian to make a referral by calling us or going to www.birth23.org.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 25 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

Introduction Script: Calling a Parent

If you get connected to voicemail, leave the following message:

Hello, this message is for [name of parent]. I'm calling from [name of agency], part of the Connecticut Birth to Three System, regarding a referral to the Birth to Three system that was made for your child (by [name of referral source if not parent]). Please give us a call at 1-800-505-7000. We are here from 8-6, Monday through Friday. Again, the number is 800-505-7000. Thank you.

Immediately follow up with phone calls to any other phone number listed on the referral, as well as texting any cell phone numbers provided.

Text Message Script:

Text message script must read: *"This is the Birth to Three System. We received a referral for your child and we need you to call 1-800-505-7000 to complete it. You can also visit the following website to complete a referral: <https://www.birth23.org/referral/forms/parent/> Please do not respond to this text."*

If you connect with someone, follow the script below.

Greeting:

Hello, May I speak with [name].

My name is [name] and I'm calling from the Connecticut Birth to Three System, which is here to help families with concerns about their child's development. A referral for an eligibility evaluation was made for [child's name] (by [-name of referral source if not parent]).

I'm going to take a few minutes to verify your information and explain the process.


If the referral was made by a 3rd party, ask: Did [name of referral source] tell you they were referring your child?

Regardless of yes/no response, continue to next item.

Let me tell you a little about Birth to Three. Birth to Three supports and services are provided to families by contracted programs across Connecticut. The first step is an eligibility evaluation. This will help you get information about your child's development and determine if your family is eligible for supports and services. This can take place in your home or another location if you choose.

The evaluation is at no out of pocket cost to families. If your child is eligible, services and supports on your family's plan are also at no out of pocket cost to families.

Would you like to move forward with this referral?

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 26 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

Yes, interested in evaluation:

Proceed to Gathering Information Script below.

No, not interested in evaluation:

You can always refer your child at any time by going online to www.birth23.org or by calling us at 211.

Refer the family to developmental monitoring programs supported by SPOE (e.g., Sparkler or Help Me Grow). Follow the intake protocol dictated by that program.

Gathering Information Script

Confirming information:

I'm going to start by making sure we have your information correct and complete.

Review each piece of information provided in the referral and confirm with the parent that this information is correct. Please refer to section 3.1.6 for what data is required.

Please tell me a little bit more about why this referral was made.

If family needs additional prompting for how to answer this question, state:

In your own words, tell me what lead to contacting Birth to Three for your child. This could be your concerns, or it may be information that your doctor or someone else shared with you about your child's development. You can also include information about screenings, diagnosed conditions, your observations of your child, their skills, challenges or your priorities for them.

Document all information provided by the family into the child's record in the Birth to Three data system, in the note section of the concerns tab.

Does your child have a hearing loss diagnosed by an audiologist?


Has this child been referred for Birth to Three Services in the past?

Is any child in your household currently receiving or referred for Birth to Three services?

Has any child in your household received Birth to Three services in the past?

If yes to any of these questions, obtain child's name and DOB.

If the child is a sibling, when entering information into the Birth to Three Data system, search for the sibling first and then click "sibling" to connect the newly referred child.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 27 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

If the other parent is not living in the home, state:

All parents are given certain rights under the law. If a parent is not living at the same address, can you please provide a name and contact information for that parent?

Parent Response	SPOE Script:
Yes there is another parent, but no information is provided	<i>Ok, I will document here that there is no further information about that parent.</i>
Yes there is another parent, and information is provided	<i>Thank you for providing that information, I will document it in the referral</i>
No there is no other parent	<i>Thank you. I will document that there is no other parent.</i>
Do I have to provide this information?	<i>No. I will document that no further information was provided.</i>

If the parent has questions about parental rights, then document the questions in the concerns tab of child's record in the Birth to Three Data System and inform the parent that the Birth to Three program will be able to answer the questions.

Documentation of parent's response must include:


- What contact information was shared about other parents
- If the parent does not have or is unwilling to provide contact information, this must also be documented.
- If the second parent's information was not provided, all comments and/or questions expressed by the parent regarding providing information about the second parent must be documented in the data system.

If child has a diagnosed hearing loss, state that:

We will be assigning a Birth to Three program that specializes in working with families of children who have a hearing loss. These programs can coordinate services to support all your family's needs.

If child has a diagnosis of Autism, an Autism screening that indicates concern, or any referral concerns about Autism state that:

You have a choice of what type of program completes the evaluation.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 28 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

There are Birth to Three programs that serve all families and also specialize in working with families of children who may have autism. This program has the ability to complete diagnostic testing for autism.

There are also general comprehensive programs who work with all families regardless of the child's concerns. If you decide you want to have diagnostic testing for autism, this program would coordinate this with one of the autism specialty programs.

Please know all programs can coordinate services to support all your family's needs.

Which type of program would you like to work with?

Restate the information about types of programs if the family needs clarification.

In the child's record in the Birth to Three Data System, add a note in the Concerns tab indicating family's choice.

When assigning a program, inform the parent:

As I mentioned earlier, Birth to Three services are provided by contracted programs. Please know, all programs are held to the same standards in terms of:

- *Quality and availability of services*
- *Staffing*

You will be receiving a letter in the next few days with the name and contact information of the program that will be supporting your family. They will contact you within a few days to:


- *Schedule the appointment.*
- *Answer your questions*

If the parent is requesting a specific program,

Refer to Table 3.

If the parent request cannot be honored, inform the parent:

I will document your request. A rotation process is used to select the next available contracted program that serves your town. If the program you are requesting is not next in rotation, you can speak with the program that receives your referral about transferring to another program.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 29 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

Closing Call Script

Once program is assigned, must state:


You can find more information about the Birth to Three System on our website, www.birth23.org. As I stated earlier, you should hear from the assigned program within 2-3 business days. You can find their contact information in the welcome letter we are sending you, and you can contact them directly if you have not heard from them by the time you receive the letter. Thank you so much for your time.

If the caregiver requests an email state:

The message will be encrypted for privacy and security by the Barracuda Email Encryption Service.

You will have to click on the link in the email to log into the Barracuda Message Center.

You will then be prompted to either create a password or enter the one you may already have.


	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 30 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

Required data entry and documentation

Pending to Call Tab

Attempt	Document Results
1st Try (phone call to all numbers and text to cell)	DCF referral, No Concerns (Do not use.) <ul style="list-style-type: none"> • Declines referral • Family referred to LEA • *Left message (schedule task: 2nd try - for 2 business days from today) • Number not in service • Unable to leave message • Wants referral
2nd Try (phone call only)	Same as above except for Left message. *Left message (Schedule task: Send Letter - for 3 business days from today)
Send Letter *No contact Family letter	Sent No Contact Family Letter (Schedule task: Close case – for 2 weeks from today)
Close Case	Close task, no contact from caregiver

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 31 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

3 Month Send Referral	Do not use.
------------------------------	-------------

Table 6. Pending to Call Tab

Edit the notes in the Pending to Call Tab as needed to document specific information about the task results.

Documentation must consist of:

who is creating the documentation,

the date the documentation was entered (automatically generated in SPIDER),

the date of action (since the date of documentation may not be the same as the date of action)

who did the action,

what the action was (including call, email, text, etc)

the results of the action

Documentation must include if Parents/Caregivers/Referral Source calls back, leaves a message

Documentation must specify the name of the person contacted (i.e., not just “mother” or “father”)

Example 1:

3/2/2024 - Joseph Smith, referral received via fax on 3/1/2024, entered into SPIDER


3/3/2024 - Joseph Smith, 1st attempt made on 3/3/24, Called Mrs. Jones’ cell. Left voicemail, and text message sent. Called Mr. Jones’ cell, left message, text sent.

3/6/2024 - Claire Franklin, on 3/6/2024, Mrs. Jones left message on 211CD’s voicemail to complete referral.

3/7/2024 Claire Franklin. 2nd attempt made on 3/6/2024. Spoke to Mrs. Jones, verified information sent by pediatrician, discussed Birth to Three, completed intake. Mrs. Jones gave permission to transmit the referral to Birth to Three program.

Example 2:

3/2/2024 - Claire Franklin, referral received via fax on 3/1/2024, entered into SPIDER

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 32 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

3/3/2024 - Claire Franklin, 1st attempt made on 3/3/24, Called Mrs. Jones' cell. Spoke to Mrs. Jones, Verified information sent by pediatrician, discussed Birth to Three, Completed intake. Requested information about second parent. Mrs. Jones shared that she does not have contact information for child's father. Mrs. Jones gave permission to transmit the referral to Birth to Three program.

Additional information:

Send the family letter by mail unless caregiver requests it by email.

Enter New Child

Only enter referrals for children up to 45 days before turning 3 years old.

Age: 35+ months – do not enter in SPIDER.

Age: 34 months; determine number of days until age 3.

If less than 45 days, do not enter into SPIDER – contact family to share referral information for CSDE

if more than 45 days, proceed with B23 referral and entering data in SPIDER

Check to see if the child is already in the system before creating a new case by looking up child by date of birth only OR by last name only.

A list of names will appear

Scroll through entire list to see if child is already in system- (Child may be listed in a different way- different spelling, hyphenated name, Jr., two last names, Babyboy, Babygirl, etc.)

You can hover over re-refer, sibling, and move to hold which show the caregiver information so you can see if that matches up.

If you click on view it takes you into the case.


If child is not on the list, add the date of birth and first name.

Select: create case and enter the information you have.

Go to the Referral Source Information section on this document.

If child is sibling of someone on the list, you can select sibling and the demographic information will be transferred to new referral.

Check to make sure child does not already have a case in system.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 33 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

Delete the notes in the Pending to Call section.


You will need to change any different information, such as: date of birth, referral reason, insurance consents.

Delete notes entered in all of the sections including the concerns section because it pertains to the child's sibling.

If child is on the list, move to the "Re-Referral" section of this document.


Re-referral

Status	Action
Eligible	<p>Do not re-refer or create case.</p> <p>Email supervisor the following:</p> <p>B-3 Case #, Status, Referral date, E/E date, Provider (program name).</p> <p>Click on View to go into the case and see who referred the child and check for new information.</p> <p>Referral source name in new referral: the same or different that what is listed in Spider?</p> <p>Caregiver information: the same or different than what is listed in Spider?</p>
<p>Not Eligible – child was evaluated by B-3 and found not eligible for services</p> <p>AND</p> <p>The date of evaluation (E/E</p>	<p>Note the B-3 #, status, referral date, E/E date, provider (program name).</p> <p>Do not re-refer or create case</p> <p>Email supervisor the following:</p> <p>B-3 Case #, Status, Referral date, E/E date, Provider (program name).</p> <p>Click on View to go into the case and see who referred the child and check for new information.</p>

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 34 of 68
DOCUMENT TITLE Intake Procedure			


• **Attachment 1, Required Scripts (continued)**

date) is less than 1 month ago.	<p>Referral source name in new referral: the same or different that what is listed in Spider?</p> <p>Caregiver information: the same or different than what is listed in Spider?</p>
<p>Not Eligible – child was evaluated by B-3 and found not eligible for services AND</p> <p>today is 1 month or more from date of evaluation (E/E date);</p>	<p>Select <u>re-refer</u> and enter the information you have</p> <p>Delete the notes in the <u>Pending to Call</u> section.</p> <p>Delete notes entered in all of the sections except the concerns and insurance sections-which will be deleted speaking with the family.</p> <p>Enter the appropriate re-referral note; see the B-3 Status document for guidance.</p> <p>Enter the referral information you have.</p> <p>Keep the caregiver information if it is the same family; do not delete the other parent just because it is not listed on the new referral. If in doubt; check with supervisor before deleting contact information.</p>
<p>Unable to contact / Declined referral / DCF referral no concerns–</p> <p>211CDI was unable to complete intake with caregiver.</p>	<p>Select re-refer and enter the information you have.</p> <p>Delete the notes in the <u>Pending to Call</u> tab.</p> <p>Delete notes entered in all of the tabs except the concerns section-which will be deleted after speaking with the family.</p> <p>Enter the appropriate re-referral note; see the B-3 Status document for guidance.</p> <p>Keep the caregiver information if it is the same family; do not delete the other parent just because it is not listed on the new referral. If in doubt; check with supervisor before deleting contact information.</p>
<p>Pending – referral has been assigned to a program</p>	<p>Do not re-refer or create case.</p> <p>Email supervisor the following:</p>

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 35 of 68
DOCUMENT TITLE Intake Procedure			


- **Attachment 1, Required Scripts (continued)**

	<p>B-3 Case #, Status, Referral date, E/E date, Provider (program name).</p> <p>Click on View to go into the case and see who referred the child and check for new information.</p> <p>Referral source name in new referral: the same or different that what is listed in Spider?</p> <p>Caregiver information: the same or different than what is listed in Spider?</p>
<p>Follow up - 211CD has not yet connected with the family to complete intake.</p>	<p>Do not re-refer or create case.</p> <p>Email supervisor the following:</p> <p>B-3 Case #, Status, Referral date, E/E date, Provider (program name).</p> <p>Click on View to go into the case and see who referred the child and check for new information.</p> <p>Referral source name in new referral: the same or different that what is listed in Spider?</p> <p>Caregiver information: the same or different than what is listed in Spider?</p>
<p>Cannot locate, Parent Refused, - 211CD connected with the family and sent the referral to a program but the child was not evaluated.</p> <p>If within 1 month of E/E date;</p>	<p>Do not re-refer or create new case.</p> <p>Email supervisor the following:</p> <p>B-3 Case #, Status, Referral date, E/E date, Provider (program name).</p> <p>Click on View to go into the case and see who referred the child and check for new information.</p> <p>Referral source name in new referral: the same or different that what is listed in Spider?</p>

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 36 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

	Caregiver information: the same or different than what is listed in Spider?
Cannot locate, Parent Refused, - 211CD connected with the family and sent the referral to a program but the child was not evaluated. If 1 month or more since E/E date.	Select re-refer and enter the information you have. Delete the notes in the <u>Pending to Call</u> section. Delete notes entered in all of the sections except the concerns section-which will be deleted after speaking with the family. Enter the appropriate re-referral note; see the B-3 Status document for guidance. Enter new information from referral. Keep the caregiver information if it is the same family; do not delete the other parent just because it is not listed on the new referral. If in doubt; check with supervisor before deleting contact information.
Hold-211CD care coordinator completed intake with caregiver yesterday or today.	Do not re-refer or create case. Email supervisor the following: B-3 Case #, Status, Referral date, E/E date, Provider (program name). Click on View to go into the case and see who referred the child and check for new information. Referral source name in new referral: the same or different that what is listed in Spider? Caregiver information: the same or different than what is listed in Spider?
Attempts to contact unsuccessful / Withdrawn by parent / Moved /	Do not re-refer or create new case. Email supervisor the following: B-3 Case #, Status, Referral date, E/E date, Provider (program name).

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 37 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

<p>Completion of IFSP</p> <p>If within 1 month of E/E date;</p>	<p>Click on View to go into the case and see who referred the child and check for new information.</p> <p>Referral source name in new referral: the same or different that what is listed in Spider?</p> <p>Caregiver information: the same or different than what is listed in Spider?</p>
<p>Attempts to contact unsuccessful / Withdrawn by parent / Moved / Completion of IFSP</p> <p>If today is 1 month or more from date of evaluation (E/E date);</p>	<p>Select re-refer and enter the information you have</p> <p>Delete notes entered in all of the sections except the concerns section-which will be deleted after speaking with the family.</p> <p>Delete the notes in the <u>Pending to Call</u> section.</p> <p>Enter the appropriate re-referral note; see the B-3 Status document for guidance.</p> <p>Enter any additional information listed in referral.</p> <p>Keep the caregiver information if it is the same family; do not delete the other parent just because it is not listed on the new referral. If in doubt; check with supervisor before deleting contact information.</p>

Table 7. Re-referral


Re-referral Notes Information.

Add the appropriate re-referral note in the tab indicated based on the B-3 case status.

If there is more than one case status, select Re-referral over 2nd CDI contact.

Select Re-referral: Previously enrolled over Re-referral: Never enrolled.

REFERRAL SOURCE TAB NOTE	CONCERNS TAB NOTE	CONCERNS TAB NOTE
---------------------------------	--------------------------	--------------------------

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 38 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

2 ND CDI contact; not a re-referral	Re-referral: Never enrolled	Re-referral: Previously enrolled
Case Status	Case Status	Case Status
CDI unable to contact	Cannot locate	Attempts to Contact Unsuccessful
Declined referral	Not eligible	Completion of IFSP
DCF referral-no concerns	Parent refused	Moved from State
	Parent refused-Monthly fee	Suspended due to non-payment

Table 8. Re-referral Notes Information

Referral Information

Referral Source - Fill in the name of whoever is submitting or calling in the referral in this space. If it is a medical provider make sure to enter their title if applicable: MD, APRN, RN, PA...

If the name shows up on the screen click on the binoculars and the contact information will self-populate.

Be sure the screen information matches what you have written, as some of the referral sources listed have multiple offices or have moved or changed phone numbers.

If caregiver initiated the referral and they provided their middle name, do not type it here or it will auto populate the last name field in the child info tab.


Affiliated with – leave blank

Address (first line) – if a provider initiated the referral fill in the agency or group name; if the caregiver initiated the referral fill in the street name and number or P.O. Box for the mailing address.

Address (second line) – if a provider initiated the referral fill in the street name and number and suite number if applicable or the P.O. Box #;

if the caregiver initiated the referral fill in the floor, Apt.#, or Unit # if applicable, otherwise leave blank.

City

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 39 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

State

Zip Code

Phone/Ext. – If a provider initiated the referral enter their phone number and extension if available; if a caregiver initiated the referral only fill in the home # here because it will auto-populate the home # field in the child information tab.

Email-enter provider email only. If caregiver made referral; do not enter caregiver email here; it will not auto populate to the caregiver tab.

How Heard- refers to how the caller heard about the program. Most providers "already know" about the program and are frequent callers so always select already known for providers.

For online referrals from the caregiver-leave blank until you speak with them.

Ask caregiver how they heard about the program; if they say they already knew about it ask if someone told them to call for the child they are referring.

Select the best category from the drop-down list- do not write it in.

Referral Category - refers to the category of the caller. Pick the best category from the listing.

If referral is from the Hospital NICU select: Hospital.

If referral is from NICU follow up program or NICU grad program select: other health care provider.

Birth Hospital- refers to which hospital the child was born in. Choose from the list- even if hospital name is misspelled. Leave blank If the hard copy states out of state or unknown until we speak with the caregiver.

Notes – add additional information you may need to enter such as:

2nd CDI contact; not a re-referral. (only use if child is in the system and no case(s) was ever assigned to a program).


Child is one of twins referred.

Child is one of twins; other twin not referred.

Child is one of two siblings referred.

Child's sibling is currently receiving services.

Bridging the Gap project.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 40 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

Concerns based on family history.

Custody status: Guardianship: (only for child in foster care and only if you have the information)

Family’s physical address is:____. (only if different from the mailing address)

Child was receiving Early Intervention services in __. (state abbreviation)

Referral source fax #, if available.

Referral source faxed discharge paperwork.

Referral source faxed IFSP.

Child Info

Last Name – child’s last name

First Name – child’s first name (obtain full name not just nickname), if previous referral had name as Babyboy or Babygirl you can edit and replace it with the actual name if you have it. If name is spelled slightly differently, add a note with the different spelling but do not edit it until it is confirmed with the caregiver.

Middle name, if available

Generational Suffix – Jr, II, III, IV, V (for children with the same name as the father)

Gender – “M” for male and “F” for female

Date of Birth – shows up here from when case was first created.

SASID – leave blank


Date Created – leave blank

Birth Hospital – will default from the Referral Source section.

Resides with refers to whom the child is living with:

Select: Parent, Legal Guardian, Foster Family or Other.

If person indicates s/he is the guardian, ask questions which can determine if the person is the legal guardian. Have they gone to Court to obtain guardianship? If DCF involved- is the person a foster parent or is it just a family arrangement? (Edit?)

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 41 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

If child is in foster care, enter LEA/nexus information, if available **If child is in a Safe Home or living with someone who does not have custody, select "other". Be sure that person with whom the child resides understands that parent or guardian will need to sign to have evaluation done. As long as that is understood, can proceed with referral. (Edit?)**

Fill in the caregiver's information: If the caregiver initiated the referral that person's name and home # if entered will auto-populate from the Referral Source Tab.

Last name

First name

Gender

Email

Work #

Cell #

Verify spellings of all names, addresses and phone #'s; repeat back to family. Say "N" as in Nancy, etc. Getting this information accurate is imperative so program is able to contact the family!

Get more than one phone # if possible. There is room for home phone, work phone and cell #. Indicate "no phone" in this section if the family has no telephone.

Current address –

Use this screen to put in mailing address of family.

If they have a different physical address, this information can be included on the Referral Source notes.

If the parent initiated the referral the address will auto-populate from the referral source section.


Line 1 – street name and number (Type out Street, Avenue, Boulevard).

Line 2 – floor, Apt.#, or Unit #

Town

State

Zip

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 42 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

Town of Residence: This is the main town that the family resides in (pays their taxes in). This may be different from mailing address. Check that listing is correct- on occasion, the town of residence does not auto-populate correctly based on the zip code and you will have to manually select it from the drop down.

LEA / Nexus:

This is usually the same as the town of residence unless the child is in foster care or there is regional school district for the town.

If the child is in foster care, leave this section blank until you obtain the nexus information from the DCF worker.

Check that listing is correct- on occasion, the town of residence does not auto-populate correctly based on the zip code and you will have to manually start typing it in and then select it from the drop down that appears.

Notes – Add additional information such as:

Caregiver Relationship of person child lives with if it's a relative. For example: The foster mother is the child's grandmother.

If parents don't live together enter:

Second parent, (name if available), does not live at this address. or

Second parent, name if available, lives at..... Phone # (if available)

Second parent is deceased.

Contact Info

Language in home - defaults to English

select primary language used in the home


Language of Child – leave blank

English spoken in home checkbox–

After speaking with family check box if yes

English spoken by –

After speaking with family fill in, if applicable

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 43 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

mom only, dad only, both parents,

Mom-well; dad-limited....

Home number – auto-populates from Child Info Section

Work number – auto-populates from Child Info Section

Print language –

after speaking with family select English or Spanish for the language family wants to receive written materials in.

Cell phone 1 – auto-populates from Child Info Section

Cell phone 2 – auto-populates from Child Info Section

No phone contact information (name of contact person)

Relationship of the No phone contact person to the child

Phone # of No phone contact person

Notes – add a note for additional information you may have such as:

Other languages used in home when different from the Language in Home field.

After speaking with the family add note indicating if there is a preferred method of contact: call, text, email or no preference.

Best to call mom.

Best to text dad.

Ok to call, text or email mom.


No preference in contact method.

Parent Info

Information is automatically populated from the Child Info Section – don't enter any additional information.

If child is in foster care and you have the biological parent name do enter it in the fields.

Concerns

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 44 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

Concerns: Select based on concerns identified on the online/faxed referrals. Select based on the nature of the concern expressed by the caregiver. Choose as many as apply.

Adaptive- feeding, sleeping, irritability, transitions, sensory issues, self-help or daily living skills

Autism - if MCHAT results say failed, not OK or medium or high risk on screen – score of 3 or higher

if there is a formal diagnosis

if anyone has concerns about autism

Cognitive- difficulty understanding world around him/her; problem solving, memory, learning.

Communication- concerns with expressive/receptive language

Health Status- use for any health issue and when prematurity is the only concern.

Social-Emotional- behavioral concerns- difficulty interacting with others including parent/child bonding issues

Vision- blindness or other vision issues

Hearing- only if hearing formally tested and hearing loss identified, do not confuse with communication issue.

Motor- Gross or fine motor issues

Other- if there are no developmental concerns identified when a 3rd party, other than DCF, makes a referral. (Edit?)

Program (will wait for program to open) –

Supervisor will select program if caregiver is requesting a specific program by selecting from dropdown and clicking on the addition sign.


If caregiver requests a specific program: follow steps in Table 3 above (Section 3.3)

Staff can type program preference in the notes section.

If the program requested does not serve the town the family resides in; tell caregiver we can only send referral to program that serves their town of residence.

Program (does not want) – follow steps in Table 3 above (Section 3.3)

Parents give permission for referral – defaults to Unknown

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 45 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

Keep it as unknown until care coordinator speaks with caregiver and completes intake.

If the referral was assigned for staff to contact caregiver: on the day you speak with the caregiver go to the Pending to Call Tab and select: wants referral. (this will automatically change the permission option from unknown to yes.

If you created the referral after speaking with the caregiver; change the permission option from unknown to yes.

Notes – add note with additional information such as:

Information provided by the referral source including developmental information, medical diagnoses, gestation and birth weight if born premature, any audiological or hearing screenings completed.

Add separate note with information provided by the caregiver with: developmental information, medical diagnoses, gestation and birth weight if born premature, program preference.

Start with who is providing the information:

Per referral source:

Per mom's online referral:

Per mom:

Per dad:

Personalize- use child's name if possible; use parent's description if possible.

Use complete phrases

Do not abbreviate, unless absolutely necessary.


Make sure person receiving information can understand what the concern is based on your description- make it readable; use semicolons & a space between phrases; use a dash to further describe what you are saying. For example: frustrated- cries, hits;

Put similar information together. For example, all expressive language issues, all receptive language issues, all gross motor issues, all fine motor issues.

Include information on any audiological or autism screenings completed – include the tool, results and date completed

5

had screening completed for autism-MCHAT-refer-6/1/15

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 46 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

passed newborn hearing screen

passed hearing test-6/1/15-YNHH

Always include gestation in this section at the end of the note unless it is listed on the diagnosis list.

born at 35 weeks gestation.

born full-term.

Include birth weight for children born at or below 30 weeks gestation.

birth weight-1134 grams (do not round up or down)

DCF referrals need to have a developmental concern identified or an established condition in addition to the following: (edit?)

history of prenatal exposure to (drug name if available)

tested positive at birth for (drug name if available)

For example:

Per mom: Suzy is having difficulty with suck/swallow coordination; gaining weight; tracking; startled by loud sounds; passed newborn hearing screen; born full-term.

For established conditions:

List condition from list as your first entry, then continue with referral description.

Prematurity-born at 26 weeks gestation; Very low birth weight- 650 grams. Per mom: Suzy favors turning head to right side....


For Re-Referrals: enter

Re-referral: Never enrolled. or Re-referral: Previously Enrolled. as first entry; then continue with referral description.

For International Adoptions:

List International Adoption as first entry.

International Adoption: 10/15/2015 - China. Per mom: Lia has 5 words.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 47 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

Other Provider Info

Primary Health Provider:

Click to Add

enter practice name in first space, the provider's name, title, phone #, fax, street address, town, state & zip code.

Only add medical providers: MD, APRN, PA

If you don't have a provider name-leave blank

If the provider is not with a practice, enter the doctor's last name in the first space instead of practice name and click on binoculars to see if it pops up. For example: Dr. _____

When using a selection from the list, scroll through the entire list to be sure you have the best match- **make sure you have selected the correct office address, town and phone #;** (remember some physicians have multiple offices.)

Some medical groups have offices in different towns-if referral is from a group in one town but the family lives in a different town and on the list that pops up there is medical group in the town the family lives in **do not select a provider-leave blank.** The care coordinator will ask the family which town they go to for health care.

Check box to indicate this is the primary health provider.

Only if the child is in foster care

Click to Add DCF contact information


enter DCF contact information

Additional Services:

Add note with any specialists child follows up with or will be following up with including the type of specialty and the hospital or town they are located in as follows: Child follows up with Cardiology at CCMC. Child follows up with Audiology in Farmington. Child will be following up with orthopedics at CCMC.

Insurance Information

Consent to bill Medicaid – defaults to Not yet entered unless it's a re-referral or sibling referral in which case you will need to select Not yet entered.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 48 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 1, Required Scripts (continued)**

Consent to bill Private Insurance - defaults to Not yet entered unless it's a re-referral or sibling referral in which case you will need to select Not yet entered.

Condition Related to – defaults to None of these unless it's a re-referral or sibling referral in which case you will need to select None of these.

Medicaid Provider-do not enter

Medicaid #- do not enter

Parent 1 SSN- do not enter

Parent 2 SSN – do not enter

Notes: do not add any notes.


If any were brought over when you created case as a re-referral; keep them. Do not delete them.

If case was created using the Sibling button: delete information and notes that pertained to the sibling.

Assign to Program

Only supervisor will assign case to a program.


Select by rotation unless otherwise specified based on section 3.3 in procedure.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 49 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 2, Required Data Entry and Documentation**

Enter New Child


1. Only enter referrals for children up to 45 days before turning 3 years old.
 - **Age:** 35+ months – do not enter in SPIDER.
 - **Age:** 34 months; determine number of days until age 3.
 - **If less than 45 days, do not enter into SPIDER – contact family to share referral information for CSDE**
 - **if more than 45 days, proceed with B23 referral and entering data in SPIDER**
2. **Check to see if the child is already in the system before creating a new case by looking up child by date of birth only OR by last name only**
 - A list of names will appear
 - Scroll through entire list to see if child is already in system- (Child may be listed in a different way- different spelling, hyphenated name, Jr., two last names, Babyboy, Babygirl, etc.)
 - You can hover over re-refer, sibling, and move to hold which show the caregiver information so you can see if that matches up.
 - If you click on view it takes you into the case.
3. If child is not on the list, add the date of birth and first name.
 - Select: **create case** and enter the information you have.
 - Go to the Referral Source Information section on this document.
 - If child is sibling of someone on the list, you can select sibling and the demographic information will be transferred to new referral.
 - Check to make sure child does not already have a case in system.
 - Delete the notes in the Pending to Call section.
 - You will need to change any different information, such as: date of birth, referral reason, insurance consents.
 - Delete notes entered in all of the sections including the concerns section because it pertains to the child’s sibling.
4. **If child is on the list, move to the “Re-Referral” section of this document.**

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 50 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 2, Required Data Entry and Documentation (continued)**


Re-referral

Status	Action
Eligible	<p>Do not re-refer or create case.</p> <p>Email supervisor the following:</p> <p>B-3 Case #, Status, Referral date, E/E date, Provider (program name).</p> <p>Click on View to go into the case and see who referred the child and check for new information.</p> <p>Referral source name in new referral: the same or different that what is listed in Spider?</p> <p>Caregiver information: the same or different than what is listed in Spider?</p>
<p>Not Eligible – child was evaluated by B-3 and found not eligible for services</p> <p>AND</p> <p>The date of evaluation (E/E date) is less than 1 month ago.</p>	<p>Note the B-3 #, status, referral date, E/E date, provider (program name).</p> <p>Do not re-refer or create case</p> <p>Email supervisor the following:</p> <p>B-3 Case #, Status, Referral date, E/E date, Provider (program name).</p> <p>Click on View to go into the case and see who referred the child and check for new information.</p> <p>Referral source name in new referral: the same or different that what is listed in Spider?</p> <p>Caregiver information: the same or different than what is listed in Spider?</p>

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 51 of 68
DOCUMENT TITLE Intake Procedure			


- **Attachment 2, Required Data Entry and Documentation (continued)**

<p>Not Eligible – child was evaluated by B-3 and found not eligible for services AND</p> <p>today is 1 month or more from date of evaluation (E/E date);</p>	<p>Select <u>re-refer</u> and enter the information you have</p> <p>Delete the notes in the <u>Pending to Call</u> section.</p> <p>Delete notes entered in all of the sections except the concerns and insurance sections-which will be deleted speaking with the family.</p> <p>Enter the appropriate re-referral note; see the B-3 Status document for guidance.</p> <p>Enter the referral information you have.</p> <p>Keep the caregiver information if it is the same family; do not delete the other parent just because it is not listed on the new referral. If in doubt; check with supervisor before deleting contact information.</p>
<p>Unable to contact / Declined referral / DCF referral no concerns–</p> <p>211CDI was unable to complete intake with caregiver.</p>	<p>Select re-refer and enter the information you have.</p> <p>Delete the notes in the <u>Pending to Call</u> tab.</p> <p>Delete notes entered in all of the tabs except the concerns section-which will be deleted after speaking with the family.</p> <p>Enter the appropriate re-referral note; see the B-3 Status document for guidance.</p> <p>Keep the caregiver information if it is the same family; do not delete the other parent just because it is not listed on the new referral. If in doubt; check with supervisor before deleting contact information.</p>
<p>Pending – referral has been assigned to a program</p>	<p>Do not re-refer or create case.</p> <p>Email supervisor the following:</p>

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 52 of 68
DOCUMENT TITLE Intake Procedure			


- **Attachment 2, Required Data Entry and Documentation (continued)**

	<p>B-3 Case #, Status, Referral date, E/E date, Provider (program name).</p> <p>Click on View to go into the case and see who referred the child and check for new information.</p> <p>Referral source name in new referral: the same or different that what is listed in Spider?</p> <p>Caregiver information: the same or different than what is listed in Spider?</p>
<p>Follow up - 211CD has not yet connected with the family to complete intake.</p>	<p>Do not re-refer or create case.</p> <p>Email supervisor the following:</p> <p>B-3 Case #, Status, Referral date, E/E date, Provider (program name).</p> <p>Click on View to go into the case and see who referred the child and check for new information.</p> <p>Referral source name in new referral: the same or different that what is listed in Spider?</p> <p>Caregiver information: the same or different than what is listed in Spider?</p>
<p>Cannot locate, Parent Refused, - 211CD connected with the family and sent the referral to a program but the child was not evaluated.</p>	<p>Do not re-refer or create new case.</p> <p>Email supervisor the following:</p> <p>B-3 Case #, Status, Referral date, E/E date, Provider (program name).</p> <p>Click on View to go into the case and see who referred the child and check for new information.</p>

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 53 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 2, Required Data Entry and Documentation (continued)**


<p>If within 1 month of E/E date;</p>	<p>Referral source name in new referral: the same or different that what is listed in Spider?</p> <p>Caregiver information: the same or different than what is listed in Spider?</p>
<p>Cannot locate, Parent Refused, - 211CD connected with the family and sent the referral to a program but the child was not evaluated.</p> <p>If 1 month or more since E/E date.</p>	<p>Select re-refer and enter the information you have.</p> <p>Delete the notes in the <u>Pending to Call</u> section.</p> <p>Delete notes entered in all of the sections except the concerns section-which will be deleted after speaking with the family.</p> <p>Enter the appropriate re-referral note; see the B-3 Status document for guidance.</p> <p>Enter new information from referral.</p> <p>Keep the caregiver information if it is the same family; do not delete the other parent just because it is not listed on the new referral. If in doubt; check with supervisor before deleting contact information.</p>
<p>Hold-211CD care coordinator completed intake with caregiver yesterday or today.</p>	<p>Do not re-refer or create case.</p> <p>Email supervisor the following:</p> <p>B-3 Case #, Status, Referral date, E/E date, Provider (program name).</p> <p>Click on View to go into the case and see who referred the child and check for new information.</p> <p>Referral source name in new referral: the same or different that what is listed in Spider?</p> <p>Caregiver information: the same or different than what is listed in Spider?</p>

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 54 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 2, Required Data Entry and Documentation (continued)**

<p>Attempts to contact unsuccessful / Withdrawn by parent / Moved / Completion of IFSP</p> <p>If within 1 month of E/E date;</p>	<p>Do not re-refer or create new case. Email supervisor the following:</p> <p>B-3 Case #, Status, Referral date, E/E date, Provider (program name).</p> <p>Click on View to go into the case and see who referred the child and check for new information.</p> <p>Referral source name in new referral: the same or different that what is listed in Spider?</p> <p>Caregiver information: the same or different than what is listed in Spider?</p>
<p>Attempts to contact unsuccessful / Withdrawn by parent / Moved / Completion of IFSP</p> <p>If today is 1 month or more from date of evaluation (E/E date);</p>	<p>Select re-refer and enter the information you have</p> <p>Delete notes entered in all of the sections except the concerns section-which will be deleted after speaking with the family.</p> <p>Delete the notes in the <u>Pending to Call</u> section.</p> <p>Enter the appropriate re-referral note; see the B-3 Status document for guidance.</p> <p>Enter any additional information listed in referral.</p> <p>Keep the caregiver information if it is the same family; do not delete the other parent just because it is not listed on the new referral. If in doubt; check with supervisor before deleting contact information.</p>

Table 7

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 55 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 2, Required Data Entry and Documentation (continued)**

Re-referral notes information


Add the appropriate re-referral note in the tab indicated based on the B-3 case status.

If there is more than one case status, select Re-referral over 2nd CDI contact.

Select Re-referral: Previously enrolled over Re-referral: Never enrolled.

REFERRAL SOURCE TAB NOTE	CONCERNS TAB NOTE	CONCERNS TAB NOTE
2 ND CDI contact; not a re-referral	Re-referral: Never enrolled	Re-referral: Previously enrolled
Case Status	Case Status	Case Status
CDI unable to contact	Cannot locate	Attempts to Contact Unsuccessful
Parent Declined referral	Not eligible	Completion of IFSP
DCF referral-no concerns	Parent refused	Moved from State
	Parent refused-Monthly fee	Suspended due to non-payment

Table 8

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 56 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 2, Required Data Entry and Documentation (continued)**

Referral Information

- **Referral Source** - Fill in the name of whoever is submitting or calling in the referral in this space. If it is a medical provider make sure to enter their title if applicable: MD, APRN, RN, PA...


If the name shows up on the screen click on the binoculars and the contact information will self-populate.

Be sure the screen information matches what you have written, as some of the referral sources listed have multiple offices or have moved or changed phone numbers.

- If caregiver initiated the referral and they provided their middle name, do not type it here or it will auto populate the last name field in the child info tab.
- **Affiliated with** – leave blank
- **Address** (first line) – if a provider initiated the referral fill in the agency or group name; if the caregiver initiated the referral fill in the street name and number or P.O. Box for the mailing address.
- **Address** (second line) – if a provider initiated the referral fill in the street name and number and suite number if applicable or the P.O. Box #; if the caregiver initiated the referral fill in the floor, Apt.#, or Unit # if applicable, otherwise leave blank.
- **City**
- **State**
- **Zip Code**
- **Phone/Ext.** – If a provider initiated the referral enter their phone number and extension if available; if a caregiver initiated the referral only fill in the home # here because it will auto-populate the home # field in the child information tab.
- **Email**-enter provider email only. If caregiver made referral; do not enter caregiver email here; it will not auto populate to the caregiver tab.
- **How Heard**- refers to how the caller heard about the program. Most providers "already know" about the program and are frequent callers so always select already known for providers.
For online referrals from the caregiver-leave blank until you speak with them.


Ask caregiver how they heard about the program; if they say they already knew about it ask if someone told them to call for the child they are referring.

Select the best category from the drop-down list- do not write it in.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 57 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 2, Required Data Entry and Documentation (continued)**


- **Referral Category** - refers to the category of the caller. Pick the best category from the listing.
 - If referral is from the Hospital NICU select: Hospital.
 - If referral is from NICU follow up program or NICU grad program select: other health care provider.
- **Birth Hospital**- refers to which hospital the child was born in. Choose from the list- even if hospital name is misspelled. Leave blank if the hard copy states out of state or unknown until we speak with the caregiver.
- **Notes** – add additional information you may need to enter such as:
 - **2nd CDI contact; not a re-referral.** (only use if child is in the system and no case(s) was ever assigned to a program).
 - **Child is one of twins referred.**
 - **Child is one of twins; other twin not referred.**
 - **Child is one of two siblings referred.**
 - **Child’s sibling is currently receiving services.**
 - **Bridging the Gap project.**
 - **Concerns based on family history.**
 - **Custody status: Guardianship:** (only for child in foster care and only if you have the information)
 - **Family’s physical address is:___.** (only if different from the mailing address)
 - **Child was receiving Early Intervention services in __.** (state abbreviation)
 - **Referral source fax #, if available.**
 - **Referral source faxed discharge paperwork.**
 - **Referral source faxed IFSP.**

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 58 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 2, Required Data Entry and Documentation (continued)**


Child Info

- **Last Name** – child’s last name
- **First Name** – child’s first name (obtain full name not just nickname), if previous referral had name as Babyboy or Babygirl you can edit and replace it with the actual name if you have it. If name is spelled slightly differently, add a note with the different spelling but do not edit it until it is confirmed with the caregiver.
- **Middle name, if available**
- **Generational Suffix** – Jr, II, III, IV, V (for children with the same name as the father)
- **Gender** – “M” for male and “F” for female
- **Date of Birth** – shows up here from when case was first created.
- **SASID** – leave blank
- **Date Created** – leave blank
- **Birth Hospital** – will default from the Referral Source section.
- **Resides with** refers to whom the child is living with:
Select: Parent, Legal Guardian, Foster Family or Other.
- If person indicates s/he is the guardian, ask questions which can determine if the person is the legal guardian. Have they gone to Court to obtain guardianship? If DCF involved- is the person a foster parent or is it just a family arrangement? (Edit?)
- If child is in foster care, enter LEA/nexus information, if available. If child is in a Safe Home or living with someone who does not have custody, select "other". Be sure that person with whom the child resides understands that parent or guardian will need to sign to have evaluation done. As long as that is understood, can proceed with referral. (Edit?)
- Fill in the caregiver’s information: If the caregiver initiated the referral that person’s name and **home #** if entered will auto-populate from the Referral Source Tab.
 - Last name
 - First name
 - Gender
 - Email
 - Work #
 - Cell #

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 59 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 2, Required Data Entry and Documentation (continued)**

- **Verify spellings of all names, addresses and phone #'s; repeat back to family. Say "N" as in Nancy, etc. Getting this information accurate is imperative so program is able to contact the family!**
- Get more than one phone # if possible. There is room for home phone, work phone and cell #. Indicate "no phone" in this section if the family has no telephone.
- **Current address –**
 - Use this screen to put in mailing address of family.
 - If they have a different physical address, this information can be included on the Referral Source notes.
 - If the parent initiated the referral the address will auto-populate from the referral source section.
 - Line 1 – street name and number (Type out Street, Avenue, Boulevard).
 - Line 2 – floor, Apt.#, or Unit #
 - **Town**
 - **State**
 - **Zip**
 - **Town of Residence:** This is the main town that the family resides in (pays their taxes in). This may be different from mailing address. Check that listing is correct- on occasion, the town of residence does not auto-populate correctly based on the zip code and you will have to manually select it from the drop down.
- **LEA / Nexus:**
 - This is usually the same as the town of residence unless the child is in foster care or there is regional school district for the town.
 - If the child is in foster care, leave this section blank until you obtain the nexus information from the DCF worker.
 - Check that listing is correct- on occasion, the town of residence does not auto-populate correctly based on the zip code and you will have to manually start typing it in and then select it from the drop down that appears.
- **Notes – Add additional information such as:**
 - Caregiver Relationship of person child lives with if it's a relative. For example: The foster mother is the child's grandmother.
 - If parents don't live together enter:
 - **Second parent, (name if available), does not live at this address. or**
 - **Second parent, name if available, lives at..... Phone # (if available)**
 - Second parent is deceased.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 60 of 68
DOCUMENT TITLE Intake Procedure			


- **Attachment 2, Required Data Entry and Documentation (continued)**

Contact Info

- **Language in home** - defaults to English
 - select primary language used in the home
- **Language of Child** – leave blank
- **English spoken in home** checkbox–
 - After speaking with family check box if yes
- **English spoken by** –
 - after speaking with family fill in, if applicable
 - mom only, dad only, both parents,
 - Mom-well; dad-limited....
- **Home number** – auto-populates from Child Info Section
- **Work number** – auto-populates from Child Info Section
- **Print language** –
 - after speaking with family select English or Spanish for the language family wants to receive written materials in.
- **Cell phone 1** – auto-populates from Child Info Section
- **Cell phone 2** – auto-populates from Child Info Section
- **No phone contact information** (name of contact person)
- **Relationship** of the No phone contact person to the child
- **Phone #** of No phone contact person
- **Notes – add a note for additional information you may have such as:**
 - Other languages used in home when different from the Language in Home field.
 - After speaking with the family add note indicating if there is a preferred method of contact: call, text, email or no preference.
 - Best to call mom.
 - Best to text dad.
 - Ok to call, text or email mom.
 - No preference in contact method.

Parent Info


- Information is automatically populated from the Child Info Section – don't enter any additional information.
- If child is in foster care and you have the biological parent name do enter it in the fields.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 61 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 2, Required Data Entry and Documentation (continued)**

Concerns

- **Concerns:** Select based on concerns identified on the online/faxed referrals. Select based on the nature of the concern expressed by the caregiver. Choose as many as apply.
 - **Adaptive-** feeding, sleeping, irritability, transitions, sensory issues, self-help or daily living skills
 - **Autism** - if MCHAT results say failed, not OK or medium or high risk on screen – score of 3 or higher
 - if there is a formal diagnosis
 - if anyone has concerns about autism
 - **Cognitive-** difficulty understanding world around him/her; problem solving, memory, learning.
 - **Communication-** concerns with expressive/receptive language
 - **Health Status-** use for any health issue and when prematurity is the only concern.
 - **Social-Emotional-** behavioral concerns- difficulty interacting with others including parent/child bonding issues
 - **Vision-** blindness or other vision issues
 - **Hearing-** only if hearing formally tested and hearing loss identified, do not confuse with communication issue.
 - **Motor-** Gross or fine motor issues
 - **Other-** if there are no developmental concerns identified when a 3rd party, other than DCF, makes a referral. **(Edit?)**
- Program (will wait for program to open) –
- Supervisor will select program if caregiver is requesting a specific program by selecting from dropdown and clicking on the addition sign.
- If caregiver requests a specific program: follow steps in Table 3 above (Section 3.3)
- Staff can type program preference in the notes section.
- If the program requested does not serve the town the family resides in; tell caregiver we can only send referral to program that serves their town of residence.
- Program (does not want) – follow steps in Table 3 above (Section 3.3)
- Parents give permission for referral – defaults to Unknown
 - Keep it as unknown until care coordinator speaks with caregiver and completes intake.


	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 62 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 2, Required Data Entry and Documentation (continued)**

- If the referral was assigned for staff to contact caregiver: on the day you speak with the caregiver go to the Pending to Call Tab and select: wants referral. (this will automatically change the permission option from unknown to yes.)
- If you created the referral after speaking with the caregiver; change the permission option from unknown to yes.

- **Notes** – add note with additional information such as:
- Information provided by the referral source including developmental information, medical diagnoses, gestation and birth weight if born premature, any audiological or hearing screenings completed.
- Add separate note with information provided by the caregiver with: developmental information, medical diagnoses, gestation and birth weight if born premature, program preference.

- Start with who is providing the information:
 - Per referral source:
 - Per mom’s online referral:
 - Per mom:
 - Per dad:
- Personalize- use child's name if possible; use parent's description if possible.
- Use complete phrases
- Do not abbreviate, unless absolutely necessary.
- Make sure person receiving information can understand what the concern is based on your description- make it readable; use semicolons & a space between phrases; use a dash to further describe what you are saying. For example: frustrated- cries, hits;
- Put similar information together. For example, all expressive language issues, all receptive language issues, all gross motor issues, all fine motor issues.
 - Include information on any audiological or autism screenings completed – include the tool, results and date completed
 - 5
 - had screening completed for autism-MCHAT-refer-6/1/15
 - passed newborn hearing screen
 - passed hearing test-6/1/15-YNHH


	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 63 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 2, Required Data Entry and Documentation (continued)**

- Always include gestation in this section at the end of the note unless it is listed on the diagnosis list.
 - born at 35 weeks gestation.
 - born full-term.
- Include birth weight for children born at or below 30 weeks gestation.
 - birth weight-1134 grams (do not round up or down)
- DCF referrals need to have a developmental concern identified or an established condition in addition to the following: **(edit?)**
 - history of prenatal exposure to (drug name if available)
 - tested positive at birth for (drug name if available)

For example:


- Per mom: Suzy is having difficulty with suck/swallow coordination; gaining weight; tracking; startled by loud sounds; passed newborn hearing screen; born full-term.
 - For established conditions:
 - List condition from list as your first entry, then continue with referral description.
 - Prematurity-born at 26 weeks gestation; Very low birth weight- 650 grams. Per mom: Suzy favors turning head to right side....
 - For Re-Referrals: enter
 - **Re-referral: Never enrolled.** or **Re-referral: Previously Enrolled.** as first entry; then continue with referral description.
 - For International Adoptions:
 - List International Adoption as first entry.
 - International Adoption: 10/15/2015 - China. Per mom: Lia has 5 words.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 64 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 2, Required Data Entry and Documentation (continued)**

Other Provider Info

- **Primary Health Provider:**
 - Click to Add
 - enter practice name in first space, the provider's name, title, phone #, fax, street address, town, state & zip code.
 - Only add medical providers: MD, APRN, PA
 - If you don't have a provider name-leave blank
 - If the provider is not with a practice, enter the doctor's last name in the first space instead of practice name and click on binoculars to see if it pops up. For example: Dr. _____
 - When using a selection from the list, scroll through the entire list to be sure you have the best match- **make sure you have selected the correct office address, town and phone #;** (remember some physicians have multiple offices.)
 - Some medical groups have offices in different towns-if referral is from a group in one town but the family lives in a different town and on the list that pops up there is medical group in the town the family lives in **do not select a provider-leave blank.** The care coordinator will ask the family which town they go to for health care.
 - Check box to indicate this is the primary health provider.
- **Only if the child is in foster care**
 - Click to Add DCF contact information
 - enter DCF contact information
- **Additional Services:**
 - Add note with any specialists child follows up with or will be following up with including the type of specialty and the hospital or town they are located in as follows: Child follows up with Cardiology at CCMC. Child follows up with Audiology in Farmington. Child will be following up with orthopedics at CCMC.

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 65 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 2, Required Data Entry and Documentation (continued)**

Insurance Information


- **Consent to bill Medicaid** – defaults to Not yet entered unless it's a re-referral or sibling referral in which case you will need to select Not yet entered.
- **Consent to bill Private Insurance** - defaults to Not yet entered unless it's a re-referral or sibling referral in which case you will need to select Not yet entered.
- **Condition Related to** – defaults to None of these unless it's a re-referral or sibling referral in which case you will need to select None of these.
- Medicaid Provider-do not enter
- Medicaid #- do not enter
- Parent 1 SSN- do not enter
- Parent 2 SSN – do not enter
- **Notes:** do not add any notes.
 - If any were brought over when you created case as a re-referral; keep them. Do not delete them.
 - **If case was created using the Sibling button: delete information and notes that pertained to the sibling.**

Assign to Program

Only supervisor will assign case to a program.

- Select by rotation unless otherwise specified based on section 3.3 in procedure.

"Add text here"

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 66 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 3, Required Forms**

Letter A: Birth to Three Intake Letter



1-800-505-7000
<http://www.birth23.org>

Dear Parent,

Thank you for talking with us about [child's name]. The program listed below will call you to schedule the evaluation.

Name of
Program
Address

Phone
Number
Contact
Person

Please take a moment to read, "Welcome to The Connecticut Birth to Three System!" which is included with this letter. It contains information about Birth to Three and what to expect at your evaluation.

If you have any questions, please contact the program above. Please take a moment to visit the Birth to Three website for more information at <http://www.birth23.org>, or by using your smart phone's camera to follow the QR code link below.


Sincerely,

Birth to Three Intake Staff

Enclosed documents:

Birth to Three Welcome Letter



	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 67 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 3, Required Forms (continued)**

Letter B: Birth to Three No Contact Family Letter



1-800-505-7000
<http://www.birth23.org>

Dear _____:

Your child, _____, was referred to the Birth to Three System by _____ for an evaluation of his/her growth and development.

We have been trying to reach you to explain in more detail the Birth to Three system, so you can decide if you would like your child to be evaluated. Please call us at 1-800-505-7000.


We hope to hear from you soon. Your call to Birth to Three and the evaluation are provided at no out-of-pocket cost and completely confidential. If your child is found eligible, all supports provided to your family are also at no out-of-pocket cost and completely confidential.

If we do not hear from you by _____ we will assume you are no longer interested in an evaluation and your referral will be closed. You may re-refer at any time by calling the number above, or visiting our website at <http://www.birth23.org>.

Thank you.

Sincerely,

Birth to Three Intake Staff

	EFFECTIVE DATE 1/1/2025	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev. #]	Page 68 of 68
DOCUMENT TITLE Intake Procedure			

- **Attachment 3, Required Forms (continued)**

Letter C: Other Primary Referral Source Request for Information



1-800-505-7000
<http://www.birth23.org>

Dear _____,

Thank you for your recent referral to the Birth to Three System for:

Child: _____ DOB: _____

We have been trying to contact you because we do not have sufficient information to process this referral. Please call us with complete information at 1-800-505-7000. If we do not hear from you with complete referral information within two weeks of this letter, we will close the referral. Please know that you can re-refer a child any time if you have concerns.

Sincerely

Birth to Three Intake Staff