



Referring to Early Intervention and Coordinating with Early Intervention in Oregon: Key Concepts for Primary Care

Follow-up from 10/24 Webinar on Follow-Up to Developmental Screening



**December 11th, 2018
7:30-8:30 AM**



Agenda

1. Clarification of the audience for this webinar
2. Overview of October 24th webinar for Oregon-based primary care clinicians to inform best match referrals (which included referrals to Early Intervention)
3. Deeper dive on learnings related to referral to Early Intervention (EI) in Oregon
 - Collaborative projects with Oregon Department of Education and front line EI contracts
 - Informed by this work, specific guidance related to EI
 - Improvement to EI forms and communication informed by these projects
 - Updated Universal Referral Form
 - Updated communication back from EI
4. Learnings from implementation in Oregon: Key workflows to consider in referring to EI and using communication received from EI

Important Framing about Context for This Webinar

Audience

Oregon-based primary care-based clinicians who are conducting developmental screening as part of their Bright Futures-aligned well-visits and who are considering a referral to **Early Intervention in Oregon**.

Projects that informed these tools:

- Tools provided are based on work in various regions in Oregon
 - Specific to Oregon and the eligibility of Oregon Early Intervention eligibility criteria between 2010-2018
 - A number of the projects were in partnership with the Oregon Department of Education and with local contractors who provide EI services.
- Tools are specific to primary care clinicians who use the Ages and Stages Questionnaire (ASQ-3)
- Findings are based on the learnings of implementing these tools within primary care clinics and within local Early Intervention Service Centers **in Oregon**.

To View the October 24th Full Webinar and Set of Materials:

Visit www.TransformationCenter.org

<https://attendee.gotowebinar.com/register/8084440010377322242>

Improving Follow-up to Developmental Screening: Best Practices for Primary Care Providers

WEBINAR FOR PRIMARY CARE PROVIDERS AND PRACTICES - FREE CME AVAILABLE!
(Must attend live or watch the recording by November 29 to claim CME; recording without CME will continue to be available)

The OHA Transformation Center is offering technical assistance to CCOs and their contracted primary care providers on increasing rates of developmental screening (CCO incentive metric) and effective ... [More](#)

*Required field

First Name*

Last Name*

Email Address*

Organization*

Job Title*

Webinar organizers are prohibited from soliciting confidential personal information (credit card information, social security numbers, etc.) in the registration form. This questionnaire is not intended to handle sensitive data.

Which coordinated care organization(s) are you affiliated with?

**Participants who view
the webinar can claim
CME credit until
January 31st!**

- Accreditation: The School of Medicine, Oregon Health & Science University, is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.
- Credit: Oregon Health & Science University School of Medicine designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Specific Reason for this Webinar

- Do a deeper dive and go into the specifics of referrals to Oregon-based EI services
 - EI in Oregon is based in the Oregon Department of Education
- Provide more details on the specific tools that can be used in referring to EI in Oregon
- Describe important workflows and processes to consider when you refer to EI and how to use the information that can be provided back from Oregon-based EI programs
- Provide time for questions and discussion with audience members

OPIP's Efforts Involving Partnership with EI

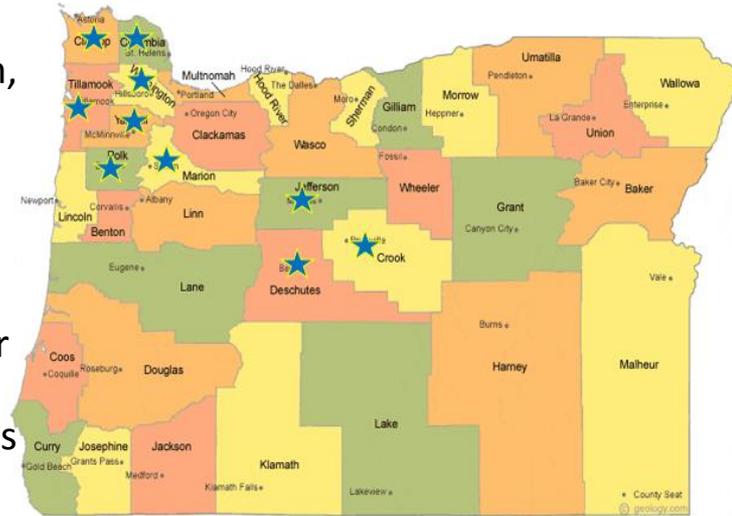
Ms. Reuland's Efforts Prior to Founding OPIP

- ABCD Screening Academy – Partnership with Early Intervention, development of Universal Referral Form

Previous OPIP Efforts Across the State of Oregon

Medicaid performance improvement project (PIP) focused on developmental screening and follow-up:

- Oregon Department of Education – EI/ECSE a critical partner
- Effort of **8 Medicaid managed care organizations**.
- Worked collaboratively with EI contractors providing services to children in 18 counties in **Oregon**.



Subcontract from Willamette Education Service District, with funding from the Oregon Department of Education, to focus on pathways from screening to services in Marion, Polk and Yamhill County

- Effort informed updated to Universal Referral Form and piloted communication forms adopted in 2018.
- Deep examination of EI and clinic level data to inform medical decision tree.
- EI staff review and input on decision tree.

Pathways from Screening to Services Project funded by Columbia Pacific Coordinated Care Organization.

Partnership with Northwest Early Learning Hub. Includes partnership with Northwest Regional Educational Services District.

- Implementing new forms. Feedback and input from EI on medical decision tree.

Pathways from Screening to Services Project funded by Early Learning Hub of Central Oregon. Includes a partnership with High Desert Education Service District. Includes a focus on Crook, Deschutes, Jefferson and Warm Springs

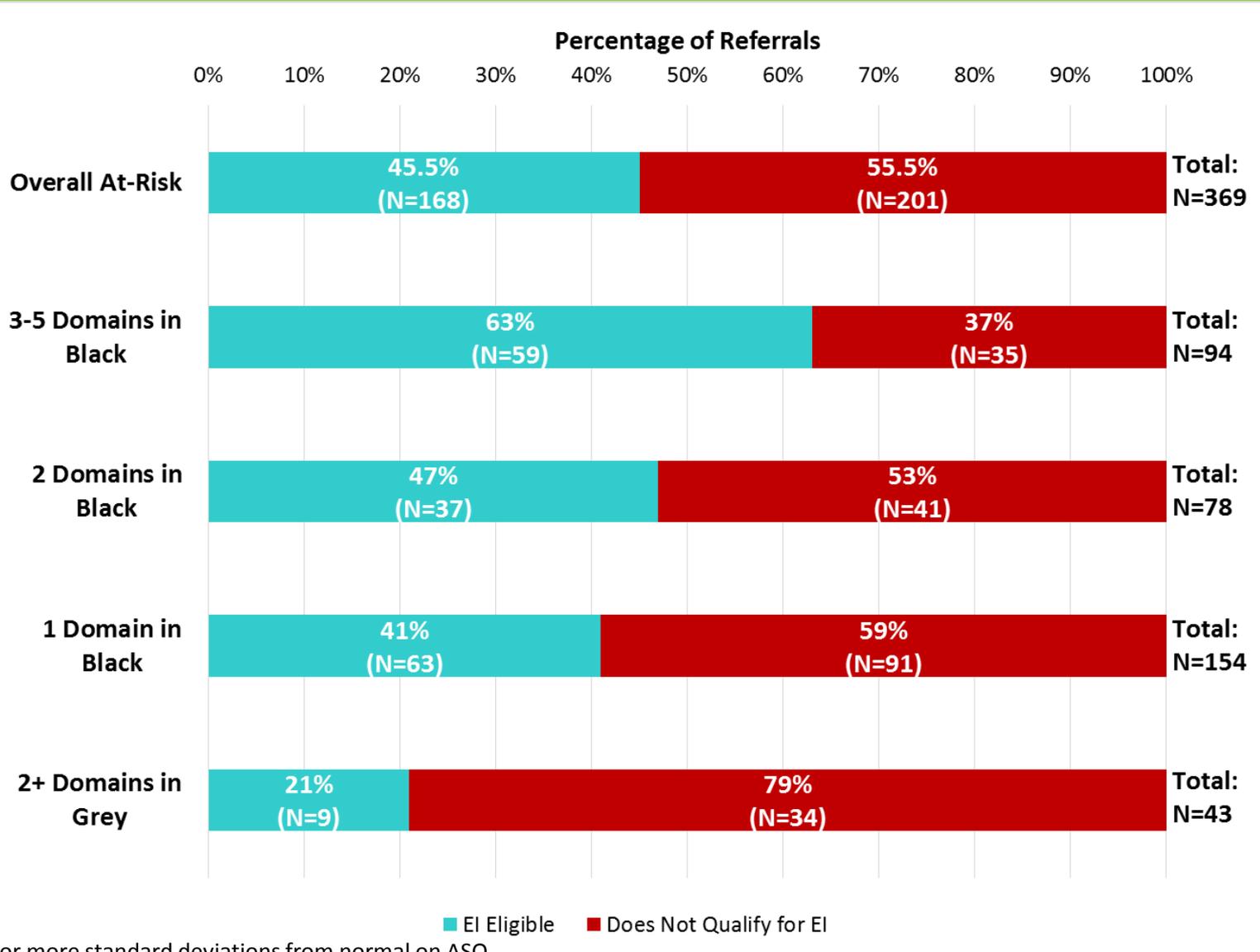
- Deep examination of EI and clinic level data to inform medical decision tree.
- Implementing new forms. Feedback and input from EI

Oregon EI Eligibility



- States vary in their EI requirements.
- Oregon's EI: <https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/default.aspx>
- As of this webinar (December 2018) all children referred are evaluated
- Current Oregon EI eligibility is not determined based on ASQ scores provided by a referring provider – all children referred to EI must be evaluated for service eligibility
- Between 2010-2018 and at the time of this webinar, Oregon's eligibility is relatively strict as compared to other states.
 - https://ectacenter.org/~pdfs/topics/earlyid/partc_elig_table.pdf
 - Example: Pediatric article showed Oregon is one of the lowest states for estimated rates of eligibility.
<http://pediatrics.aappublications.org/content/pediatrics/131/1/38.full.pdf>

OREGON EI Eligibility by ASQ Scores for 3 Years of EI Evaluations: By Various Levels of Risk



Black = 2 or more standard deviations from normal on ASQ

Grey = 1- 2.0 standard deviations from normal on ASQ

Current Efforts Being Led by the Oregon Department of Education

Maintain and update Universal Referral Form

Work group consisting of University of Oregon, the Oregon Pediatric Improvement Partnership, Willamette Education Service District, and the Oregon Department of Education have created an **ASQ Guide**

Oregon Department of Education and University of Oregon are hosting webinar:

December 13th at 1:30-2:30PM

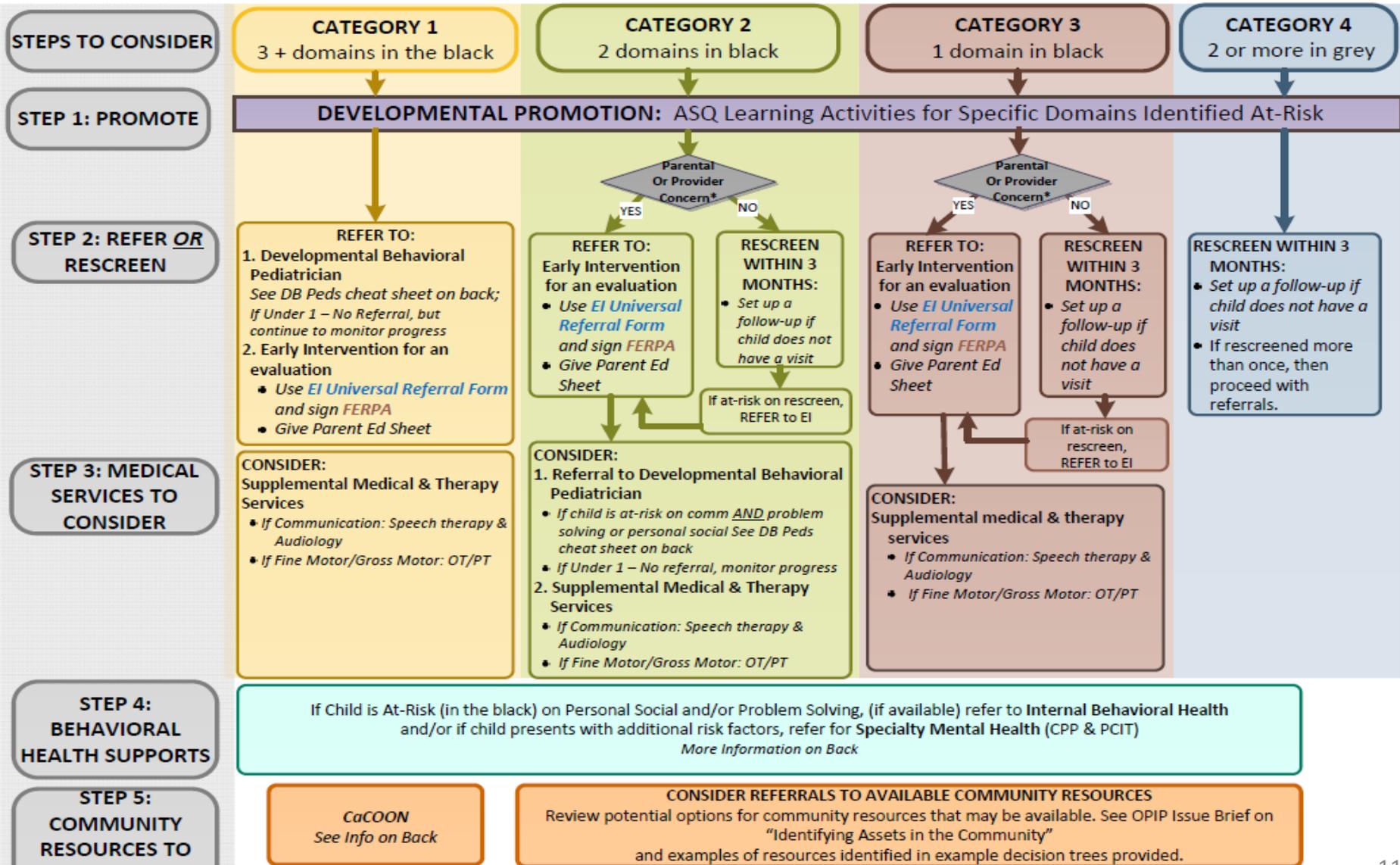
<https://attendee.gotowebinar.com/register/7806984851434295042>

Guidelines for Making Follow-Up Decisions based on ASQ-3 Results For Early Intervention/Early Childhood Special Education and Screening & Referral Sources Including Child Care and Home Visiting	
1. Check child's age compared to ASQ age range: <ul style="list-style-type: none">-Was child's age calculated correctly?-Was age adjusted for prematurity?-Is child's age at the young end of the ASQ?	3. If needed, offer time to try items and/or omit items: <ul style="list-style-type: none">-Re-score areas if child demonstrates skills.-Adjust area total using ratio scoring if any items were omitted.
2. Review NOT YET and omitted items: <ul style="list-style-type: none">-Did child try the activities?-Is item appropriate to family culture?	4. Review and discuss ASQ Overall Section: <ul style="list-style-type: none">-What are parent and/or provider concerns? 5. Consider factors that may impact results: <ul style="list-style-type: none">-child health, stress or trauma, child's behavior, home language, other.
ASQ3 Score Result	Follow up Action
Parent (or provider) concerns and any score result	Developmental - Refer to EVECSE and health care provider Behavior-- Refer to health provider and/or behavioral health <ul style="list-style-type: none">• Optional: Administer ASQ:SE-2.
All areas on schedule (above cutoff) and <u>No</u> parent concerns	Monitor - Re-screen in 4-6 mo. Options: <ul style="list-style-type: none">• Provide ASQ activities• Parent self-monitor with asqoregon.com• Administer ASQ:SE
1 - 2 areas monitor or 1 area below cutoff	Monitor Closely - Re-screen in 2-6 mo. <i>Consider child's age/area of concern in timing</i> Options: <ul style="list-style-type: none">• Refer to EI/EVCSE and health care provider.• Provide parent with ASQ Learning Activities for areas child is low.• Parent self-monitor with asqoregon.com and/or refer to Help Me Grow; 211, home visiting, etc.• Provide Act Early link or materials• Administer ASQ:SE-2
3 or more areas monitor, or 1 area well-below cutoff, or 2 or more areas below cutoff	Refer to EVECSE (go to Evaluation) and Health Care Provider <ul style="list-style-type: none">• Optional: Administer ASQ:SE-2

Follow-Up to Screening Decision Tree

General Medical Decision Tree (not anchored to local supports)

FOLLOW-UP TO DEVELOPMENTAL SCREENINGS CONDUCTED IN OREGON IN FIRST THREE YEARS: MEDICAL DECISION TREE



* One example of when a provider should be concerned is if a child is well-below the cut-off in the domain(s).

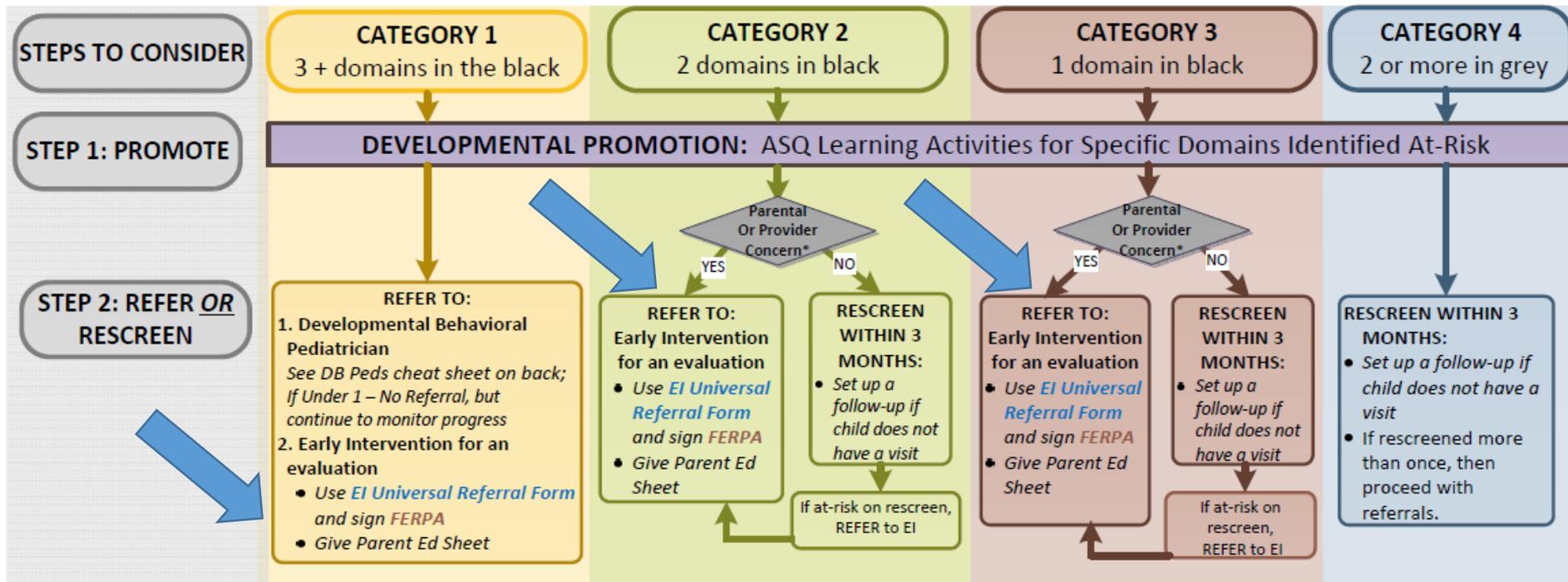
Important Context About the Medical Decision Tree for Oregon-Based Primary Care Clinicians

- Specifically created for the Oregon-based primary care clinicians who are screening in primary care as part of Bright Futures aligned well-child care.
- Provide direction for ASQ tools that are accurately and validly administered according to ASQ implementation guidelines and is based on correct domain level scores being calculated.
 - Common mistakes made that can impact results:
 - ✓ Parents don't have time or materials to try items with child
 - ✓ Score not adjusted for prematurity
 - ✓ Score not adjusted for omitted items
 - Important to review ASQ thoroughly and to identify administration errors (Use the ASQ Guide - focus of the December 13th webinar by ODE and University of Oregon team)
 - Importance of the **ASQ Overall Section**, especially when parents document concerns in this section
- Decision tree uses “in the black” or “in the grey” – mapping to the ASQ Summary Form
 - Based on our experience with primary care clinicians that this is how they refer to the score.
 - **Black = Below Cut Off**
 - **Grey = Monitor**

Follow-Up to Screening Decision Tree

Referral to Early Intervention

FOLLOW-UP TO DEVELOPMENTAL SCREENINGS CONDUCTED IN OREGON IN FIRST THREE YEARS: MEDICAL DECISION TREE



Parental Concern:

- Parents who express or note concerns on open ended questions should be referred
- Parents can also always self-refer their child to EI

Provider Concern:

- Example of when a provider should be concerned – A child is WELL below the cut off

Deeper Dive on the Medical Decision Tree and Referring to Early Intervention

Important Context:

- The purpose of the decision tree is to provide guidance on follow-up to ASQ developmental screening conducted by primary care clinicians; the services on the decision tree provide follow-up.
- Provider and parent concern are paramount – if there are concerns, you should refer

That said, there is a broader group of children who should be referred to EI for reasons outside of the ASQ scores

- ***Therefore, the decision tree isn't a complete guide of which children to refer to those services.*** It is a guide to which children, based on the ASQ, should get referred to the service
Example: Children who were low birth weight infants weighing less than 1,200 grams should be referred to EI, regardless of ASQ scores

Physician Statement for Early Intervention in Oregon



Some children are eligible for Early Intervention based on Oregon Administrative Rules (OAR)

Provided diagnoses are associated with a higher risk of developmental delay and referrals should be generated early. These children should be referred to EI regardless of ASQ Scores

Examples of diagnosed physical or mental conditions associated with significant delays in development include but are not limited to:

- Chromosomal syndromes and conditions associated with delay in development
- Congenital syndromes and conditions associated with delays in development
- Sensory impairments
- Metabolic disorders associated with delays in development
- Infections, conditions, or event, occurring prenatally through 36 months, resulting in significant medical problems known to be associated with significant delays in development, such as: recurring seizures or other forms of ongoing neurological injury, an APGAR score of 5 or less at five minutes, evidence of significant exposure to known teratogens
- Low birth weight infants weighing less than 1,200 grams
- Postnatal acquired problems resulting in significant delays in development, including, but not limited to, attachment and regulatory disorders based on the Diagnostic Classification: 0 – 3

Physician Statement for Oregon Early Intervention

**MEDICAL CONDITION STATEMENT FOR EARLY INTERVENTION ELIGIBILITY
(BIRTH TO AGE 3)**

Date: _____ Child's Name: _____ Birthdate: _____

The State of Oregon, through the Oregon Department of Education (ODE), provides Early Intervention (EI) services to infants and young children ages birth to three with significant developmental delays. ODE recognizes that disabilities may not be evident in every young child, but without intervention, there is a strong likelihood a child with unrecognized disabilities may become developmentally delayed.

ODE is requesting your assistance in determining eligibility for Oregon EI services for the child named above. Under Oregon law, a physician, physician assistant, or nurse practitioner licensed in by the appropriate State Board can examine a child and make a determination as to whether he or she has a physical or mental condition that is likely to result in a developmental delay.

Please keep in mind that, while many children may benefit from Oregon's EI services, only those in whom significant developmental delays are evident or very likely to develop are eligible.

Thank you for your time and assistance with this matter.

Medical Condition:

Please indicate if this child has a:

Vision Impairment
 Hearing Impairment
 Orthopedic Impairment

Comments:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	This child has a physical or mental condition that is likely to result in a developmental delay.
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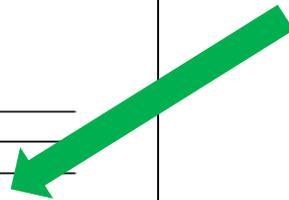
Physician/Physician Assistant/Nurse Practitioner

Date

Print Name: _____ Phone: _____

This form is part of the Early Intervention Referral (page 3)

If your patient has a diagnosis that fits the Administrative Rule, note the condition and mark the Yes box here and sign.





Supporting families to access referrals and using communication received back from Oregon EI

1. Shared decision making with the family on the referrals you think are best match
2. Using the Universal Referral Form to refer to Oregon EI
3. 36 hour phone follow-up to support families to go to referrals
4. Use communication you receive back from Oregon EI

Follow-Up to Screening: How We Can Support Your Child

Why did we have you complete a questionnaire about your child's development?

Our goal is to help young brains and bodies develop and grow to their fullest potential. These support services can help prepare your child for kindergarten and beyond.

National recommendations call for specific tools to be used to assess a child's development, such as the one you completed. This tool helps identify kids who may be at-risk for delays. It is important to identify these delays early, as there are services that can address them.



Based on the results, we recommend referring your child to the services checked below:

Early Intervention (EI)

EI helps babies and toddlers with their development. In our area, Northwest Regional Education Service District (NWRES D) runs the regional program. Washington County Service Center administers the evaluations and services.

EI focuses on helping young children learn skills. EI services enhance language, social and physical development through play-based interventions and parent coaching. There is no charge (it is free) to families for EI services.

What to expect if your child was referred to EI:

- NWRES D will call you to set up an appointment for their team to assess your child.
- If you miss their call, you should call back to schedule a time for the evaluation. They have a limited time to set up the appointment. Their phone number is 503-614-1446.
- The results from their assessment will be used to determine whether or not EI can provide services for your child.

Contact information:
NWRES D Intake Coordinator
503-614-1446 | www.nwresd.k12.or.us/

Early Head Start/ Head Start

Programs providing free learning and developmental services to eligible children ages birth to 5 from low-income families. Early Head Start and Head Start welcome children with disabilities.

www.ohsa.net or www.ocdc.net/apply

<https://caowash.org/programs/early-childhood-development>

CaCoon

CaCoon is a public health nursing program serving families. A public health nurse will work with your family to support your child's health and development. A nurse will meet with you in your home, or wherever works best for you and your child.

There is no charge (It is free) to families for CaCoon services.

Contact information:
503-846-4872
<https://www.co.washington.or.us/hhs/publichealth/mchit/index.cfm>

Early Connections

Single point of entry for Washington County early childhood and community services. For free!

Early Connections can help you:

- Get Insurance through the Oregon Health Plan
- Access Prenatal Care
- In-Home Parenting Support
- Parenting Resources: Childcare, preschool, and parenting classes

Contact information:
9340 SW Barnes Road, Suite 100
Portland, OR 97225
(503) 726-0879
<https://caowash.org/programs/early-childhood>

Help Me Grow

Help Me Grow is an integrated network that connects families with young children to resources in the community to enhance their child's development. For free!

Contact information:
Help Me Grow Oregon
Swedish Resource Center
at Providence Child Center
833-868-4769 | helpmegrow@providence.org

Services within Virginia Garcia

- Behavioral Health Specialist who can help your family with:
 - Health and family coaching
 - Child development support
 - Social and emotional support

Contact: Irma Rosales (English & Spanish):
503-726-0879,
Amy Mild (English): 503-352-8569

- Community Health Outreach Worker: Specialist who can help your family navigating community resources Contact: Jessica Zamudio: 503-352-8569

- Parenting with Initiative: Facilitating communication with children 503-359-8513, Vgarcia2@vgmhc.org

Services Outside Virginia Garcia

Your child's health care provider referred you to the following:

- Speech Language Pathologist: Specializes in speech, voice, and swallowing disorders
- Audiologist: Specializes in hearing and balance concerns
- Occupational Therapist: Specialize in performance activities necessary for daily life
- Physical Therapist: Specializes in range of movement and physical coordination
- Developmental-Behavioral Pediatrician: Specializes in child development areas including learning delays, feeding problems, behavior concerns, delayed development in speech, motor, or cognitive skills

Any Questions?

At Virginia Garcia Memorial Health Center, we are here to support you and your child. If you have any questions about the process or have not heard from your referral in two weeks, please call your child's medical team. We are here to support you.

Shared Decision Making Tool Mapped to Decision Tree

Why do you sign a consent form?

As your child's primary care provider, we want to be informed about the care your child receives so that we can provide the best care possible. The consent you sign allows the programs to share information back to us. You will likely be asked to sign more of these to give permission for different providers to communicate about your child's care.

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- The results from their assessment will be used to determine whether or not EI can provide services for your child.

Contact Information:

NWRESD Intake Coordinator

503-614-1446 | www.nwresd.k12.or.us/

Key Things we Heard About EI Referrals in Oregon:

- Explain it is free
- Explain it is based within Department of Education
- Explain the referral is for an evaluation
- Explain that EI can come to the parent for evaluation if needed
- Explain that EI will call the parent
- Explain the parent can **ALWAYS** call EI directly and request an evaluation

Oregon Early Intervention Universal Referral Form (URF)



Early Intervention/Early Childhood Special Education (EI/ECSE) Referral Form for Providers* Birth to Age 5

CHILD/PARENT CONTACT INFORMATION
Child's Name: _____ Date of Birth: ____/____/____ Parent/Guardian Name: _____ Relationship to the Child: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ Primary Phone: _____ Secondary Phone: _____ E-mail: _____ Text Acceptable: <input type="checkbox"/> Yes <input type="checkbox"/> No Best Time to Contact: _____ Primary Language: _____ Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT CONSENT FOR RELEASE OF INFORMATION (more about this consent on page 4)
<p><i>Consent for release of medical and educational information</i></p> I, _____ (print name of parent or guardian), give permission for my child's health provider _____ (print provider's name), to share any and all pertinent information regarding my child, _____ (print child's name), with Early Intervention/Early Childhood Special Education (EI/ECSE) services. I also give permission for EI/ECSE to share developmental and educational information regarding my child with the child health provider who referred my child to ensure they are informed of the results of the evaluation. Parent/Guardian Signature: _____ Date: ____/____/____ <i>Your consent is effective for a period of one year from the date of your signature on this release.</i>
OFFICE USE ONLY BELOW:
<p><i>Please fax or scan and send this Referral Form (front and back, if needed) to the EI/ECSE Services in the child's county of residence</i></p>
REASON FOR REFERRAL TO EI/ECSE SERVICES
<p><i>Provider: Complete all that applies. Please attach completed screening tool.</i></p> Concerning screen: <input type="checkbox"/> ASQ <input type="checkbox"/> ASQ:SE <input type="checkbox"/> PEDS <input type="checkbox"/> M-CHAT <input type="checkbox"/> Other _____ Concerns for possible delays in the following areas (please check all areas of concern and provide scores, where applicable): <input type="checkbox"/> Communication _____ <input type="checkbox"/> Fine Motor _____ <input type="checkbox"/> Personal Social _____ <input type="checkbox"/> Gross Motor _____ <input type="checkbox"/> Problem Solving _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Clinician concerns (including vision and hearing) but not screened: _____ _____ <input type="checkbox"/> Family is aware of reason for referral. Provider Signature: _____ Date: ____/____/____ <i>If child has an identified condition or diagnosis known to have a high probability of resulting in significant delays in development, please complete the attached Physician Statement for Early Intervention Eligibility (on reverse) in addition to this referral form. Only a physician licensed by a State Board of Medical Examiners may sign the Physician Statement.</i>
PROVIDER INFORMATION AND REQUEST FOR REFERRAL RESULTS
Referring Provider Name: _____ Referral Contact Person: _____ Office Phone: _____ Office Fax: _____ Address: _____ _____ City: _____ State: _____ Zip: _____ Primary Care Provider: _____ <i>If the child is eligible, medical provider will receive a copy of the Service Summary.</i>
EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER
<p><i>EI/ECSE Services: please complete this portion, attach requested information, and return to the referral source above.</i></p> <input type="checkbox"/> Family contacted on ____/____/____. The child was evaluated on ____/____/____ and was found to be: <input type="checkbox"/> Eligible for services <input type="checkbox"/> Not eligible for services at this time, referred to: _____ <input type="checkbox"/> Parent Declined Evaluation <input type="checkbox"/> Parent Does Not Have Concerns <input type="checkbox"/> Unable to contact parent <input type="checkbox"/> Attempts _____ <input type="checkbox"/> EI/ECSE will close referral on ____/____/____.

* The EI/ECSE Referral Form may be duplicated and downloaded at this Oregon Department of Education [web page](#).

Updates were made to the Oregon EI Universal Referral Form based on collective feedback from previous pilots facilitated in partnership between OPIP.

The goals of the updates were to:

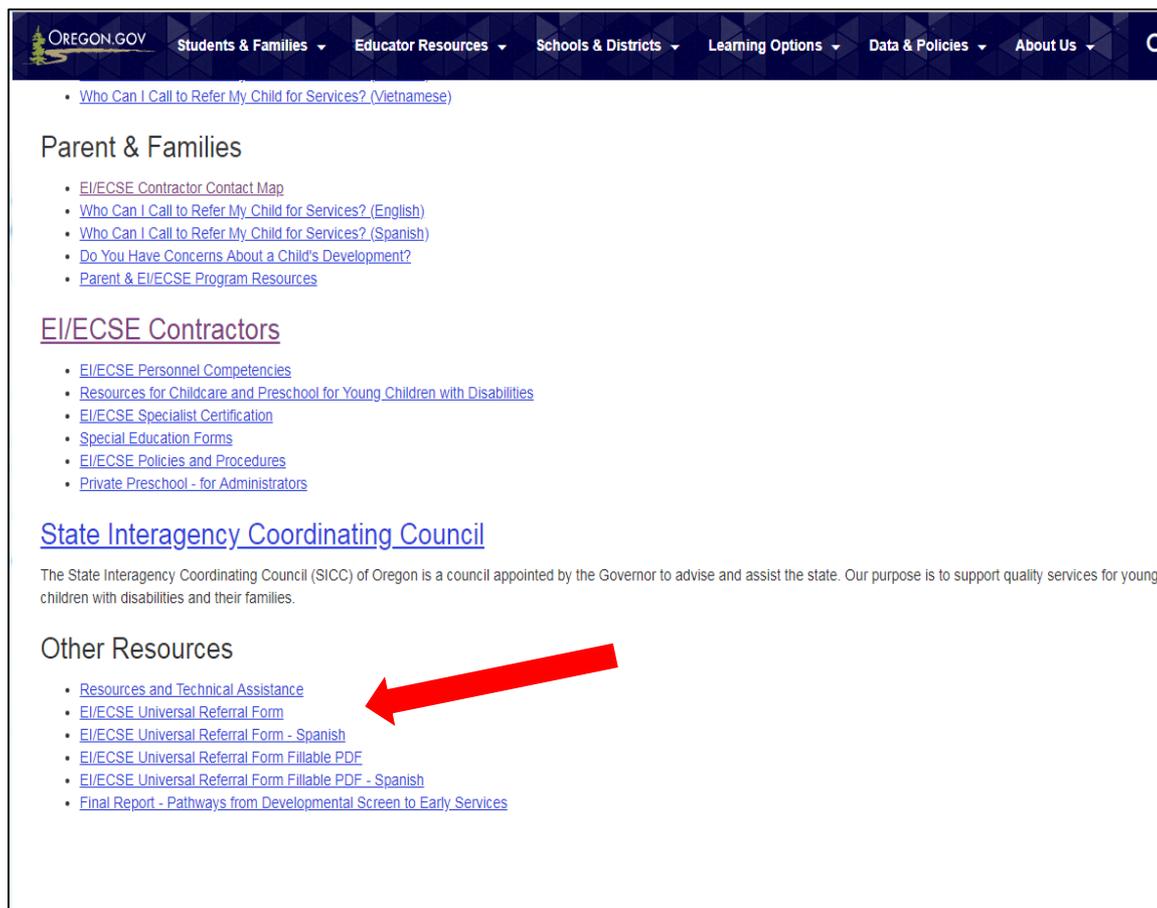
1. Help facilitate improved communication between EI/ECSE and the referred family
2. Streamline communication between referring providers and EI/ECSE
3. Support enhanced timely communication so that PCPs can assist with outreach and engagement of families
4. Inform follow-up steps for EI ineligible and EI eligible children

Completing the form to fidelity will enhance communication and coordination.

Finding the Oregon EI Universal Referral Form

The updated Universal Referral Form can be found here:

<https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/default.aspx>



OREGON.GOV Students & Families Educator Resources Schools & Districts Learning Options Data & Policies About Us

- [Who Can I Call to Refer My Child for Services? \(Vietnamese\)](#)

Parent & Families

- [EI/ECSE Contractor Contact Map](#)
- [Who Can I Call to Refer My Child for Services? \(English\)](#)
- [Who Can I Call to Refer My Child for Services? \(Spanish\)](#)
- [Do You Have Concerns About a Child's Development?](#)
- [Parent & EI/ECSE Program Resources](#)

EI/ECSE Contractors

- [EI/ECSE Personnel Competencies](#)
- [Resources for Childcare and Preschool for Young Children with Disabilities](#)
- [EI/ECSE Specialist Certification](#)
- [Special Education Forms](#)
- [EI/ECSE Policies and Procedures](#)
- [Private Preschool - for Administrators](#)

State Interagency Coordinating Council

The State Interagency Coordinating Council (SICC) of Oregon is a council appointed by the Governor to advise and assist the state. Our purpose is to support quality services for young children with disabilities and their families.

Other Resources

- [Resources and Technical Assistance](#)
- [EI/ECSE Universal Referral Form](#)
- [EI/ECSE Universal Referral Form - Spanish](#)
- [EI/ECSE Universal Referral Form Fillable PDF](#)
- [EI/ECSE Universal Referral Form Fillable PDF - Spanish](#)
- [Final Report - Pathways from Developmental Screen to Early Services](#)

PLEASE NOTE –

Not all local contractors have updated their websites with the new form, so please make sure to access the form here

CHILD/PARENT CONTACT INFORMATION

CHILD/PARENT CONTACT INFORMATION	
Child's Name: _____	Date of Birth: ____/____/____
Parent/Guardian Name: _____	Relationship to the Child: _____
Address: _____	City: _____ State: _____ Zip: _____
County: _____	Primary Phone: _____ Secondary Phone: _____ E-mail: _____
Text Acceptable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Best Time to Contact: _____
Primary Language: _____	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No

Under the **CONTACT INFORMATION** section, the new **Oregon EI** Universal Referral Form (URF) includes:

- Text Accepted
- Best Time to Contact
- Email
- Primary Language

REASON FOR REFERRAL

OFFICE USE ONLY BELOW:

Please fax or scan and send this Referral Form (front and back, if needed) to the EI/ECSE Services in the child's county of residence

REASON FOR REFERRAL TO EI/ECSE SERVICES

Provider: Complete all that applies. Please attach completed screening tool.

Concerning screen: ASQ ASQ:SE PEDS M-CHAT Other: _____

Concerns for possible delays in the following areas (please check all areas of concern and provide scores, where applicable):

Communication _____ Fine Motor _____ Personal Social _____

Gross Motor _____ Problem Solving _____ Other: _____

Clinician concerns (including vision and hearing) but not screened:

Family is aware of reason for referral.

Provider Signature: _____ Date: ____/____/____

If child has an identified condition or diagnosis known to have a high probability of resulting in significant delays in development, please complete the attached Physician Statement for Early Intervention Eligibility (on reverse) in addition to this referral form. Only a physician licensed by a State Board of Medical Examiners may sign the Physician Statement.

Under the **REASON FOR REFERRAL** section, the new Universal Referral Form (URF) includes:

- Section for the referring entity to document concerning screening scores and indicate the tool used. The “Concerns for possible delays” boxes now map directly to the ASQ domains.

PROVIDER INFORMATION AND REQUEST FOR REFERRAL RESULTS

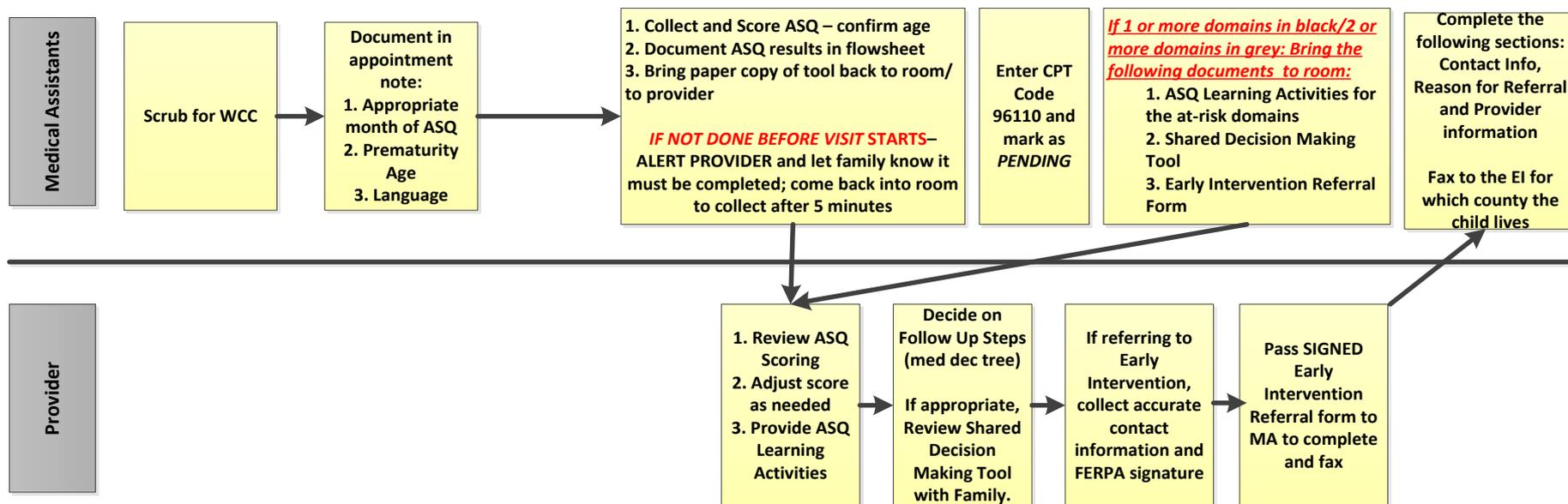
PROVIDER INFORMATION AND REQUEST FOR REFERRAL RESULTS	
Referring Provider Name: _____	Referral Contact Person: _____
Office Phone: _____	Office Fax: _____
Address: _____	

City: _____	State: _____ Zip: _____
Primary Care Provider: _____	
<i>If the child is eligible, medical provider will receive a copy of the Service Summary.</i>	

Section 4: Provider Information and Request for Referral Results

- Importance of this is where communication and coordination will go back
- Workflow considerations for what fax number to put – centralized node for receiving this information
- No longer options for what types of communications back – if child is eligible they will receive the Service Summary

Example Workflow for Completing Updated Oregon EI Universal Referral Form



Important Workflow Considerations:

- Getting the Universal Referral Form to the exam room as early as possible to allow provider to discuss referral with patient AND collect FERPA signature
- Collecting accurate contact information
 - Information documented in EHR may not be up to date or appropriate (land line vs cell phone) – important to review with family and discuss why this information is important to the referral

Phone Follow-Up to Families Whose Children Were Referred: Findings from Oregon-Based QI Efforts

- In OPIP's analysis of Oregon EI data in regions conducting QI efforts, over 2 in 5 children referred to EI don't get evaluated
- Some studies show that families make a decision on a referral in the first 48 hours
- Phone follow-up (not necessarily contact) within two days of referral significantly increased follow through
- Phone calls can also identify barriers to obtaining the evaluation

Phone Follow Up within 36 Hours

Hello- May I speak with (name of patient's primary caregiver). My name is (your name) and I'm Dr. XX's (whatever your position is). Your son / daughter, (Name of child) had an appointment with Dr. XX on (time, date, location) for a well visit.

At your appointment, Dr. XX recommended that your child go to (Insert EI program Name i.e [Early Intervention](#) at Willamette Education Service District). We realize it can be overwhelming to get a lot of information about next steps at your appointment, so I wanted to call and answer any questions that you have may have had come up since then.

So what questions do you have about why Dr. XX wanted (insert child's name) to go to Early Intervention at Willamette Education Service District, or about what will happen next?

Answer questions (frequent questions or concerns highlighted in blue)

- When completing the referral, you were asked to sign the [consent form](#). This gives Early Intervention permission to share information about the evaluation back to us. This helps us to provide the best care for (insert child name)
- [Why go to EI/ What does EI do](#): At the appointment Willamette Education Service District will be doing a more detailed evaluation of (insert child's name) development. Then, based on their assessment they will help us understand what we can do to support (insert child's name) and whether your child may benefit from services.

Can you think of any barriers that might come up for you and your family in getting (insert child)'s name to these services?

- Barrier is [transportation](#) – discuss [TripLink](#) and how to set up a ride as needed

Are there any other questions that you have or anything else I can do to help you in getting to these appointments?

If **no further questions**: Great. You should be getting a call from the Early Intervention Coordinator, their names are Sandra or Gemma, to schedule an appointment.

We are here to support you, so if you have any questions, feel free to contact (insert name) at (phone number).

Case Study: Implementation of Phone Follow-Up Script for Referred Children in an Oregon Primary Care Practice



Case Study :

Practice Care Coordinator called ALL patients and families referred to Early Intervention

- Referral Coordinator passed Care Coordinator task with patient information to call

Pro's:

- Streamlined process
- Helped improve communication about importance of referral
- Saw a reduction in EI not able to contact

Drawbacks:

- This practice had a lot of EI referrals – significant time commitment of Care Coordinator

Alternative Solutions:

- Practice could call families that they are worried about/have additional risk factors that put them at higher risk of not following through on referral
- MAs or Panel Coordinators call their patients – burden doesn't fall on one person

Case Study: Implementation of Phone Follow-Up Script for Referred Children in Oregon Primary Care Practices

Case Study :

In a Federally Qualified Health Center, the Referral Coordinator is calling all families that have been referred to Early Intervention services as soon as their referral has been processed



HOW MANY KIDS ARE WE TALKING ABOUT?

	<i>Pilot Site 1 (Family Medicine)</i>	<i>Pilot Site 2 (Pediatric Site)</i>	<i>Pilot Site 3 (FQHC)</i>
Panel Size of <u>Children 0-3</u>	497	1389	189
Referrals to Early Intervention in a <u>QUARTER</u>	6	11	2

Important Note - Numbers will vary based on practice size

Use Communication Received Back from Oregon EI

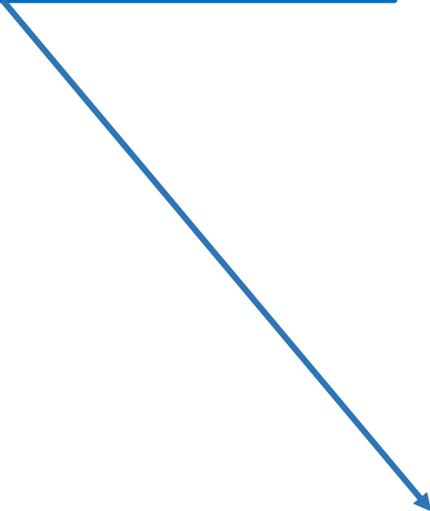
If Oregon EI Universal Referral Form is used and the appropriate consents are completed in the form, it allows for communication back to the referring provider regarding:

- 1) Children referred, but not able to be evaluated
 - Fax back the bottom of the **UNIVERSAL REFERRAL FORM** and/or receipt of the letter sent to the parent that they would no longer be contacting the parent
- 2) Children evaluated, but not eligible
 - Fax back the bottom of the **UNIVERSAL REFERRAL FORM** saying the evaluation showed the child was not eligible
- 3) Children evaluated and eligible
 - Fax back **SUMMARY OF SERVICE FORM**

Oregon Early Intervention Universal Referral Form

Feedback to Referring Provider

- Not able to contact
- For those that were contacted and evaluated, but found ineligible



**Universal Referral Form
for Early Intervention/Early Childhood Special Education (EI/ECSE) Providers***

CHILD/PARENT CONTACT INFORMATION

Child's Name: _____ Date of Birth: ____/____/____
 Parent/Guardian Name: _____ Relationship to the Child: _____
 Address: _____ City: _____ State: ____ Zip: ____
 County: _____ Primary Phone: _____ Secondary Phone: _____ E-mail: _____
 Primary Language: _____ Interpreter Needed: Yes No
 Type of Insurance: _____
 Private OHP/Medicaid TRICARE/Other Military Ins. Other (Specify) _____ No insurance
 Child's Doctor's Name, Location And Phone (if known): _____

PARENT CONSENT FOR RELEASE OF INFORMATION (more about this consent on page 4)

Consent for release of medical and educational information
 I, _____ (print name of parent or guardian), give permission for my child's health provider _____ (print provider's name), to share any and all pertinent information regarding my child, _____ (print child's name), with Early Intervention/Early Childhood Special Education (EI/ECSE) services. I also give permission for EI/ECSE to share developmental and educational information regarding my child with the child health provider who referred my child to ensure they are informed of the results of the evaluation.
 Parent/Guardian Signature: _____ Date: ____/____/____
Your consent is effective for a period of one year from the date of your signature on this release.

OFFICE USE ONLY BELOW:
Please fax or scan and send this Referral Form (front and back, if needed) to the EI/ECSE Services in the child's county of residence

REASON FOR REFERRAL TO EI/ECSE SERVICES

Provider: Complete all that applies. Please attach completed screening tool.
 Concerning screen: ASQ ASQ:SE PEDS PEDS:DM M-CHAT Other: _____
 Concerns for possible delays in the following areas (please check all areas of concern and provide scores, where applicable):
 Speech/Language _____ Gross Motor _____ Fine Motor _____
 Adaptive/Self-Help _____ Hearing _____ Vision _____
 Cognitive/Problem-Solving _____ Social-Emotional or Behavior _____ Other: _____
 Clinician concerns but not screened: _____
 Family is aware of reason for referral.

Provider Signature: _____ Date: ____/____/____
If a child under 3 has a physical or mental condition that is likely to result in a developmental delay, a qualified Physician, Physician Assistant, or Nurse Practitioner may refer the child by completing and signing the Medical Statement for Early Intervention Eligibility (reverse) in addition to this form.

PROVIDER INFORMATION AND REQUEST FOR REFERRAL RESULTS

Name and title of provider making referral: _____ Office Phone: _____ Office Fax: _____
 Address: _____ City: _____ State: ____ Zip: ____
 Are you the child's Primary Care Physician (PCP)? Y__ N__ If not, please enter name of PCP if known: _____
I request the following information to include in the child's health records:
 Evaluation Report Eligibility Statement Individual Family Service Plan (IFSP)
 Early Intervention/Early Childhood Special Education Brochure Evaluation Results

EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER

EI/ECSE Services: please complete this portion, attach requested information, and return to the referral source above.
 Family contacted on ____/____/____. The child was evaluated on ____/____/____ and was found to be:
 Eligible for services Not eligible for services at this time, referred to: _____
 EI/ECSE County Contact/Phone: _____ Notes: _____
 Attachments as requested above: _____
 Unable to contact parent Unable to complete evaluation EIECSE will close referral on ____/____/____

*The EI/ECSE Referral Form may be duplicated and downloaded at: <http://www.ohsu.edu/x/outreach/ocys/eh/programs-projects/dev-screening-and-referrals.cfm>
 Form Rev. 10/22/2013

Leveraging the Oregon Early Intervention Universal Referral Form to Communicate Whether Children Referred But **NOT EVALUATED**

EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER

EI/ECSE Services: please complete this portion, attach requested information, and return to the referral source above.

- Family contacted on ____/____/____. The child was evaluated on ____/____/____ and was found to be:
- Eligible for services Not eligible for services at this time, referred to: _____
- Parent Declined Evaluation Parent Does Not Have Concerns
- Unable to contact parent Attempts _____ EI/ECSE will close referral on ____/____/____.

Completed Example:

EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER

EI/ECSE Services: please complete this portion, attach requested information, and return to the referral source above.

Family contacted on 8/12 / ____ / ____ The child was evaluated on ____ / ____ / ____ and was found to be:

Eligible for services Not eligible for services at this time, referred to: _____

EI/ECSE County Contact/Phone: _____ Notes: contact attempts: 8/12/16, 8/20/16, 9/1/16

Attachments as requested above: _____ closure letter mailed 9/1/16

Unable to contact parent Unable to complete evaluation EI/ECSE will close referral on 9.1.16 due to **NO CONTACT**.

RECEIVED
 Form Rev. 10/22/2013
OCT 11 2016
 BY: AM

8/12 vm 8/20 vm
 9/1 letter W 13

One-Page Service Summary Example: Oregon EI



Tillamook Washington
Clatsop Columbia
NWRES D
Toll Free 888-990-7500

NORTHWEST REGIONAL EDUCATION SERVICE DISTRICT
Early Intervention/Early Childhood Special Education

Clatsop Service Center 3194 Marine Drive Astoria, OR 97103 Phone: 503-325-2862 Fax: 503-325-1297	Columbia Service Center 800 Port Avenue St. Helens, OR 97051 Phone: 503-366-4100 Fax: 503-397-0796	Tillamook Service Center 2515 Third Street Tillamook, OR 97141 Phone: 503-842-8423 Fax: 503-842-6272	Washington Service Center 5825 NE Ray Circle Hillsboro, OR 97124 Phone: 503-614-1428 Fax: 503-614-1290
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Date: 08/03/18

Service Summary

Child's Name: _____ Birthdate: _____

CHILD was found eligible for Early Intervention services on: 08/03/18.

She was found eligible under the category:
Developmental Delay

As required under Oregon law, she will be evaluated again before 10/03/19 to determine if she is eligible for Early Childhood Special Education Services.

A new Individual Family Service Plan (IFSP) was developed for CHILD on 08/03/18.

IFSP Goal Areas
 Cognitive Social / Emotional Motor Adaptive Communication

Services Provided	How Often	Provider
Service Coordination	12 hours/years	
Physical Therapy	1 hour/year	
Occupational Therapy	1 hour/month	

This form is submitted annually and any time there is a change in services. Please contact Tina Weeks with any questions.

This document represents services determined by the IFSP to provide educational benefit. *Any services identified or recommended by medical providers are separate and not represented on this form.*

Electronically signed by Michelle Rodriguez on 08/03/18.NAME

 .NAME EI/ECSE Specialist, NWRES D (503)XXX-XXXX

- Providers who still want the full Evaluation Report OR full IFSP can still obtain these documents if requested.

Workflows that Need to be Identified

Children Referred, But For Whom EI did not evaluate

- Workflows to reach back out to parents to explain the importance of the referral and evaluation and to understand whether there are barriers to setting up the evaluation that the clinic can help to address.
- Workflows to ensure that this information is flagged in the child's chart so that the next time the child comes in for a visit a reassessment of the child's development can be conducted

Children Referred and Evaluated and Not Eligible

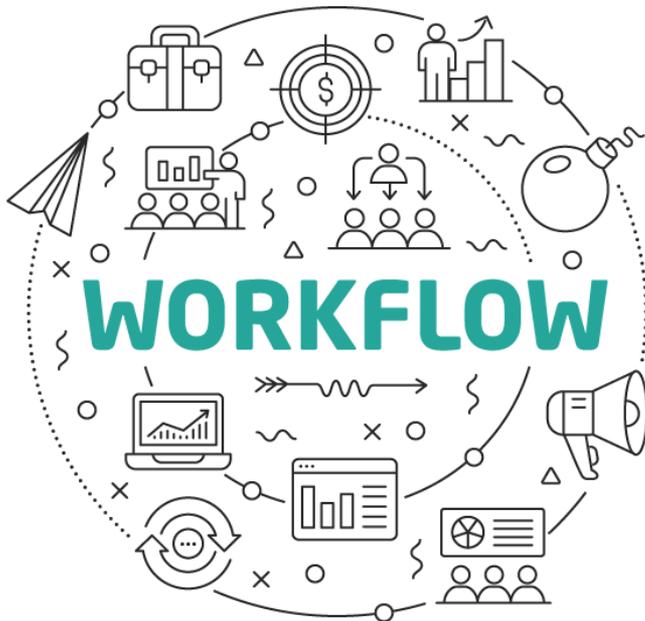
- Workflows to share the evaluation results with the referring primary care clinician in order to determine if secondary referrals for specific services should be considered
- Workflows to ensure that this information is flagged in the child's chart so that the next time the child comes in for a visit a reassessment of the child's development can be conducted

Children Referred and Evaluated and Eligible for Services

Ensure that all areas identified at risk are getting addressed

- 1. The top of the Summary of Service provides information about what specific domains the child was identified as delayed and will be receiving services.** It may be valuable to review the primary ASQ screen results and consider whether specific domains are not addressed in the EI Summary of Services and if additional developmental supports or referrals may be valuable.
- 2. To ensure that children are getting robust enough services to boost their development:** Primary care clinicians can use this information to determine if additional private-based therapies may be valuable to consider. If additional developmental supports should be needed, it is important to highlight these decisions to parents

Case Study: Implementation of Workflow for Communication Back from Oregon Early Intervention



Case Study:

A pilot practice established a workflow for when communications came back from Early Intervention as follows:

When unable to contact the family

Referral form is passed to the Care Coordinator who then outreaches to the family

When the child is evaluated and found ineligible

Referral Coordinator 'tasks' information to provider who then decides next steps

When the child is evaluated and found eligible

Referral Coordinator 'tasks' Service Summary information to provider who then decides if supplemental services are needed at that time, or if it should be reviewed at next visit.

Case Study: Implementation of Workflow for Communication Back from Early Intervention



Case Study:

In a large family medicine practice, a pod is piloting tracking communication back from Early Intervention using a white board.

STARTING SMALL – Resources are tight in this practice and they are trying to show the benefit of tracking these referrals. Baseline data showed 35-47% of their referrals were not accounted for.

TRACKING:

1. Date of referral – this helps allow for 45 day time period to evaluate child
2. Referring provider
3. Communications back – check boxes for:
 - Bottom of Universal Referral Form – Unable to Contact
 - Bottom of Universal Referral Form – Evaluated Not Eligible
 - Service Summary

Tracking these communications will show the workflows that need to be spread clinic-wide to best serve this population



Implementation Steps to Consider

1. Training of primary care providers on medical decision tree
2. Training of MA and support staff who score ASQs
 - Based on score and aligned with the tree, pull appropriate ASQ Learning Activities, referral forms, Shared Decision Making Tree
 - Ensuring FERPA Signed
3. Workflow around tracking referrals
4. Workflow around who receives EI communication and HOW it is used
 - Referred, **Unable to evaluate**
 - Evaluated, **Not Eligible**
 - Eligible, **Review Service Summary**
5. Workflow on the secondary follow-up services

Implementation Learnings: Case Example

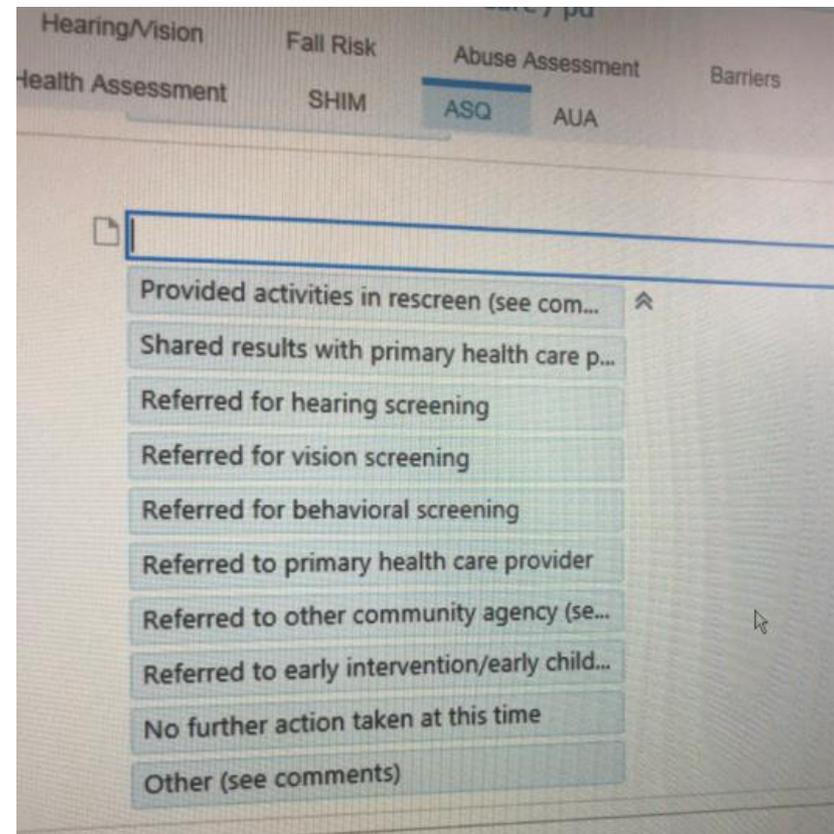
In an ideal world, building clinical decision support into the EMR to help guide appropriate follow-up steps and document the actions taken would allow for the best outcomes; unfortunately we know that change is slow, so here are two case examples of implementation:

Case Example:

OCHIN Practice

Within OCHIN there is a field in the ASQ template, called **CONCERNS FOLLOW-UP ACTION TAKEN**

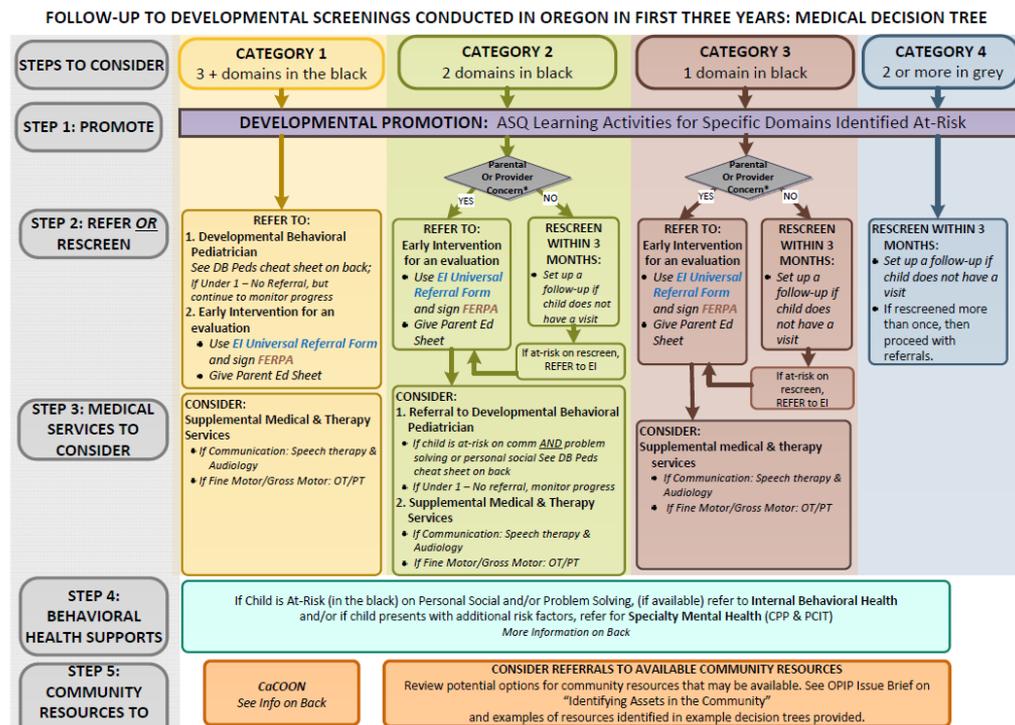
- In our work to date, very few practices are using these drop downs
- Options do not align perfectly with decision tree, but since being trained to use this field there have been better follow up rates because providers know they have to make and document a decision



Implementation Learnings: Case Example

In practices where EMR supports are not possible, a strategy taken most often is to laminate and post the decision tree in exam rooms.

- This allows providers quick access to the tool to allow for better referrals
- Also allows quick reference to back of decision tree for important nuances in follow-up steps



* One example of when a provider should be concerned is if a child is well-below the cut-off in the domain(s).

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More Information

www.oregon-pip.org

Section focused on Follow-up to Developmental Screening:

<http://oregon-pip.org/focus/FollowUpDS.html>

Questions: opip@ohsu.edu

OHA Transformation Center

Visit <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Dev-Screen-Tech-Assist.aspx> for more follow-up resources

**Email us at Transformation.Center@dhsoha.state.or.us
with any questions.**

Sign up for the *OHA Transformation Center: Events, Resources & Learning Opportunities Newsletter* here:

<https://www.surveymonkey.com/r/OHATransformationCenterTA>