

Birth to 3 Program Referrals

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Subject: Birth to 3 Referrals for Children, Ages Birth to 3, with Developmental Delays

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Any information referenced within this document is considered to be a part of this policy with the exception of the “related resources” section.

Summary:

This policy of the Division of Milwaukee Child Protective Services (DMCPS) requires that DMCPS and contracted Ongoing Agencies refer children to Milwaukee County’s Birth-to-3 Program (administered by Wisconsin’s Department of Health Services) when it is suspected that a child may have a [developmental delay or eligible diagnosed condition](#) during an open initial assessment or when the child is receiving ongoing or intensive in-home services.

The Birth-to-3 Program is overseen by the State of Wisconsin’s Department of Health Services in compliance with [34 CFR \(Code of Federal Regulations\) Part §303](#), [DHS §90](#), [§51.44](#), the [Individuals with Disabilities Education Act \(IDEA\)](#), and [Child Abuse Prevention and Treatment Act \(CAPTA\)](#). Milwaukee County’s Department of Health and Human Services Disabilities Services Division (DSD) is responsible for administering the Birth-to-3 Program and processing referrals received by DMCPS, ongoing contracted agencies, medical providers, and other entities that come into contact with children in Milwaukee County. Once the referral is received by the Birth-to-3 Program the family is contacted and an appointment is set up with the family to do an assessment and determine their eligibility for services under the Birth-to-3 Program.

Policy:

If the DMCPS Initial Assessment Specialist (IAS) or Ongoing Agency Case Manager (OCM) suspects a child, ages birth to three, may have a developmental delay or eligible diagnosis condition, the IAS or OCM must refer the child(ren) to

the Milwaukee County Birth-to-3 Program. A referral must also be generated by IAS when a substantiation of abuse or neglect to a child victim under age three occurs, in accordance with the [CAPTA section 106\(b\)\(2\)\(A\)\(xxi\)](#). If a Birth-to-3 Program referral was made prior to the substantiation, another referral does not need to be generated.

The Birth-to-3 Program defines developmental delays and qualifying conditions in [§90.08\(5\) and \(6\)](#). Developmental delays referred to in the Birth-to-3 Program are usually defined in the following development areas:

- Cognitive: how a child learns
- Physical and motor: how a child moves, sees, and hears
- Speech and language: how a child communicates and understands other's communication
- Social and emotional: how a child responds, relates to and plays with others
- Adaptive/Self-help: how a child helps to meet their own needs and adapts to changes in routine

Procedures:

A child's suspected developmental delay may be identified during the course of initial assessment or when the child is receiving ongoing and intensive in-home services. See the relevant section below for DMCPs and Ongoing Agencies.

When DMCPs and Ongoing Agencies Should Generate or Discuss a Referral

1. If IAS or OCM suspects a child, age birth to 3, may have a developmental delay, the IAS and OCM should reference informational resources and training materials provided by their agency, which explain developmental milestones and delays to determine if a referral should be generated.
2. If the IAS or OCM is unsure whether to generate a referral, the IAS should consult a DMCPs Nurse and OCM should consult an Ongoing Nurse.
3. A Birth-to-3 Program referral must be discussed in the following scenarios:
 - a. When a DMCPs health alert notification and consultation occurs involving the IAS, IA supervisor and DMCPs Nurse and the case involves a child under 3 years old, a Birth-to-3 Program referral should be discussed. If IAS suspects during initial contact that the child may have a developmental delay, IAS should discuss the Birth-to-3 Program with the custodial adult, facilitate consent, and generate the referral.
 - b. Developmental status must be a discussion item at the follow-up DMCPs health alert meeting and during the case transition meeting between the OCM and IAS. The following should specifically be discussed regarding a Birth-to-3 Program referral:
 - i. Determine whether a Birth-to-3 referral should be generated
 - ii. Explain and document why it is or is not appropriate to generate a referral
 - iii. Share if a recent referral was already generated.
 - c. Developmental status must be discussed at the case transition meeting

- d. When an alleged maltreater is substantiated for abuse and neglect and the case involves a child victim under 3 years old, the IAS must generate a referral (unless the IAS already generated a referral on this case)
- e. When the IA supervisor reviews the substantiation and finds the case involves a child under 3 years old, they must confirm with the IAS whether or not a Birth-to-3 Program referral was generated.
- f. At the case transfer meeting, the IAS must discuss whether or not a referral was generated at the case transfer meeting.
- g. When the DMCPSP Quality Improvement program and policy analyst (PPA) reviews a substantiation and the case involves a child under 3 years old, they must email the case number and child's name to the medical program assistant (MPA). If the DMCPSP MPA finds a referral was not generated for the child victim, the MPA will notify the IA supervisor.

How to Submit a Referral from an Ongoing Contracted Agency

If the OCM determines a Birth-to-3 Program referral is appropriate, the OCM should send the Birth-to-3 Program referral and consent form to the Ongoing agency lead nurse. An Ongoing agency lead nurse is identified at each agency, and is responsible for reviewing and/or completing the Birth-to-3 Program referrals to ensure the summary of developmental concerns supports the suspected developmental delays. The lead nurse also tracks the status of Birth-to-3 Program referrals generated by their agency and shares this information with DMCPSP.

How to Submit a Referral from DMCPSP

1. After an IAS decides a referral to the Birth-to-3 Program is appropriate, the IAS must discuss the Birth-to-3 Program with the custodial parent or guardian.
 - a. IAS must provide the child's custodial parents or guardian with the Birth-to-3 Program Brochure and Parental Rights Brochure (located in the DMCPSP orange packets).
2. IAS must try to obtain parental consents for a screening or evaluation through the Birth-to-3 Program.
 - a. If the parent consents, IAS must complete and submit the consent to screen or evaluate form and the Milwaukee County Birth-to-3 Program referral form to the MPA.
 - b. If the IAS cannot obtain consent after reasonable efforts, the IAS must complete and submit the Milwaukee County Birth-to-3 Program referral form and documentation of their efforts to obtain consent to the MPA.
 - i. Note: If a Milwaukee County child is placed in a different Wisconsin County, a Milwaukee County Birth-to-3 Program referral form must be completed and sent to Milwaukee County.

- c. If a temporary guardianship order is in place for a child with a suspected developmental delay or diagnosed condition, the IAS must submit temporary guardianship documentation to the MPA with the completed Birth-to-3 Program referral form. The consent form is not needed in this situation, because the temporary guardianship order is provided.
- 3. The IAS must send the Birth-to-3 Program referral form to the DMCPSP MPA. IAS must also complete documentation in eWiSACWIS in the medical/mental tab for the child:
 - h. Briefly describe the suspected developmental delay or diagnosed condition under health concern
 - i. The Birth-to-3 medical provider # 8000158
 - j. The date the referral was submitted to the DMCPSP MPA
 - k. Additional documentation is required if the alleged maltreater is substantiated under the allegations tab. See [DSP Memo 2014-04](#) for eWiSACWIS instructions
 Note: *See the eWiSACWIS person management guide for a general explanation of the Medical/Mental Health tab.*
- 4. The MPA reviews the referral and consent form or the reasonable efforts to obtain consent documentation for completeness within one business day and tracks the referrals generated by DMCPSP. The MPA will reference their internal tracking document to check for duplicate referrals.
- 5. Then the MPA will share the referral form with the DMCPSP nurses. The DMCPSP nurse will review the summary of development concerns and ensure it supports the suspected developmental delays noted in the form.
- 6. Within two business days of receiving the referral form, the DMCPSP nurse will complete their review and send it to the MPA. The MPA will send the Birth-to-3 Program referral and consent form or temporary guardianship order to Milwaukee County.
 - a. If additional information is needed in the referral form a meeting will be scheduled immediately by the Health Unit, to discuss the child's developmental concerns. The nurse will update the referral form at the meeting.
 - b. IAS will update the medical tab in eWiSACWIS. See bullet 3 above for further guidance.

The DMCPSP MPA will serve as the central contact for Birth-to-3 Program referrals generated by DMCPSP. The central contact for contracted agencies is a designated lead nurse for each agency. These DMCPSP and Ongoing agency central contacts review and track the status of all Birth-to-3 Program referrals generated by their respective agency and are available to answer questions from internal and external partners regarding the status of a Birth-to-3 Program referral. A centralized tracking document is maintained by the DMCPSP MPA.

Responsibilities:

IAS and OCM: Identify suspected developmental delays in children ages zero to three and recommend the Birth-to-3 Program to the child's custodial parent or

guardian. Complete the Birth-to-3 Program referral and consent form and email the forms to the Medical Program Assistant.

IA supervisor: Advise IAS to generate a referral when appropriate and ensure a Birth-to-3 Program referral was generated when reviewing an IAS determination to substantiate for abuse or neglect.

DMCPS medical program assistant: serve as the central contact for Birth-to-3 Program referrals generated by DMCPS and contracted agencies, ensure referrals are reviewed by the DMCPS Health Unit or Ongoing Nurses, review referrals for completeness, track and submit referrals to Milwaukee County, and follow-up with Milwaukee County when screenings and evaluations do not occur in a timely manner, or when follow up is requested by IAS.

DMCPS Health Unit nurses, Ongoing contracted agency nurses, and DMCPS medical director: Review Birth-to-3 Program referrals ensuring the summary of developmental concerns supports the suspected developmental delays, meet with the assigned IA or OCM when additional information or clarification is needed regarding the referral, and update the referral form to reflect any changes made during the meeting with IAS or OCM.

Lead nurse at each contracted agency: Maintain a central document that tracks the referral status of every Birth-to-3 Program referral generated by their agency.

Related Resources:

- [EWiSACWIS instructional guide: person management](#)
- [DSP Memo 2014-04: Documentation of Eligible children referred to birth-to-three in accordance with the Child Abuse Prevention and Treatment Act \(CAPTA\)](#)
- [Diagnosed Conditions and Atypical Development Guidance for Wisconsin's Birth-to-3 Program](#)
- [Wisconsin Department of Health Services, Birth-to-3 Program Webpage](#)
- [Milwaukee County Birth-to-3 Program Webpage](#)
- [Forms on DCF website](#)
 - Birth-to-3 Referral Form for Milwaukee County
 - Birth-to-3 Consent Form for Milwaukee County
 - Birth-to-3 Form Directions for Milwaukee County
- Wisconsin Department of Health Services, Informational Resources for parents
 - [Birth-to-3 Program – P-21106 Parental and Child Rights](#)