

Procedures: New Patient Referrals/e-Referrals

Date Written: 08/07

Date Revised: 08/09

Sumlar Therapy Services, Inc.

New patient referrals must be registered through the Office Administrator. New referrals may be started by a physician's office, a school, an EI program, or a parent. The referring person or the parent is responsible for turning in the signed Patient/Student Information Form and providing a prescription or Medicaid referral for therapy. We require a prescription or Medicaid referral for all disciplines in the clinic, schools, and EI. A referral is not complete until all necessary forms are completed and received, and the information has been entered into the database.

As a therapist in EI or the schools, do not accept any paperwork from IFSP or IEP holders. Remind them that they must fax all the referral paperwork to our office, and that they should keep a fax confirmation page with their copy of the referral. Let them know that they should receive a *Referral Confirmation* fax within 5 business days. If they do not, they should contact our office or fax the information again.

When a child on a therapist's caseload transitions from one payor source (clinic, EI, or school system) to another payor source, the therapists should not continue to see the child for therapy. The new program/payor source will have to initiate and complete the referral process. For instance, if you have been seeing a child in an EI program and they age out and transition into a school, consider that child discharged from your service until you receive an e-Referral. If you have been seeing a child in one school system and they transfer into another school system (system, not school building), you may not see the child for therapy until you have received an e-Referral and completed any necessary evaluation processes.

If a **recent evaluation** has been performed by another therapist who does or does not work for Sumlar Therapy, and the supervising therapist concurs with the evaluation and goals, the therapist does not have to repeat the evaluation. If the therapist does not feel the evaluation is current enough, or she does not concur with the findings, it is appropriate for the therapist to perform and document a new evaluation.

If a **new student enters the school system with an IEP "in place"** listing a therapy service, the therapist may NOT begin seeing the child until the school system has completed the referral process and the therapist has been notified of such completion via an e-Referral. At this point, the supervising therapist makes a determination as to whether or not a new evaluation is warranted (see above), and collects IEP pages listing the goals and frequency, checking for accuracy.

A therapist may not see a patient until he or she has received the Electronic Referral (e-Referral) via email. When a **new patient referral** is ready, the Office Administrator emails the e-Referral to the Executive Director. The Executive Director determines the appropriate therapist by locale and caseload and distributes the referral via email to the therapist, copying the email also to the OA (Office Administrator). The OA logs the referral and the therapist, and will track the eval until she receives the completed evaluation from the therapist. The OA will then save the eval on the network, update the

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patient info page in the database with the date of the most recent eval, and print a hardcopy to place in the permanent patient folder.

Our goal is that a new evaluation will be scheduled, completed, documented, and distributed within three weeks of the therapist receiving the e-Referral.

Document attempts to schedule evaluations on your EI Record, School Record, or clinic note. Repeated difficulty contacting a patient should be reported to the referral source.