

Lets talk EI





Designated Service Coordinator Training

*Supporting Families who have children who are deaf, hard of
hearing, visually impaired, blind or deaf-blind*



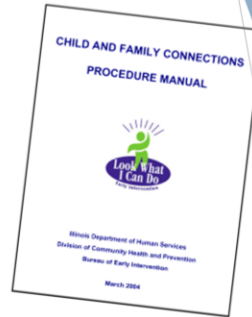
Hearing and Vision in Early Intervention

The Early Intervention Process



REFERRAL to Early Intervention

- Hospitals
- Physicians
- Parents
- Child care programs
- Local educational agencies
- Public health facilities
- Other social services agencies
- Other health care providers



Reason for Referral

- Suspected loss
- Failed screen
- Confirmed loss

Referrals may come from a variety of sources. They may be referrals of a child with a suspected loss, a failed screening, or a confirmed hearing loss.

Primary Referral Sources are listed in Illinois Administrative Rules: 89 Social Services, Part 500.25 and are required to refer a potentially eligible child to EI no more than 5 business days.

INTAKE in Early Intervention

- ▶ Upon receiving a referral, regional intake entities shall ensure that evaluation, eligibility determination, assessments in all five developmental domains as set forth in Section 500.75(a)(3), and development of the initial Individualized Family Service Plan are completed with the family within 45 calendar days



As the designated service coordinator, you may be handling the intake for children with suspected and confirmed hearing loss.

ALL CONTACT IN FAMILY'S LANGUAGE

- ▶ All contact with the family must be in the family's chosen language and/or method of communication. The Service Coordinator should be aware of and sensitive to the family's culture, ethnicity and language.
- ▶ Interpreter look up on **Provider Connections** website www.wiu.providerconnections.edu
- ▶ Statewide approval list located on **Illinois Deaf and Hard of Hearing Commission** website www.idhhc.state.il.us



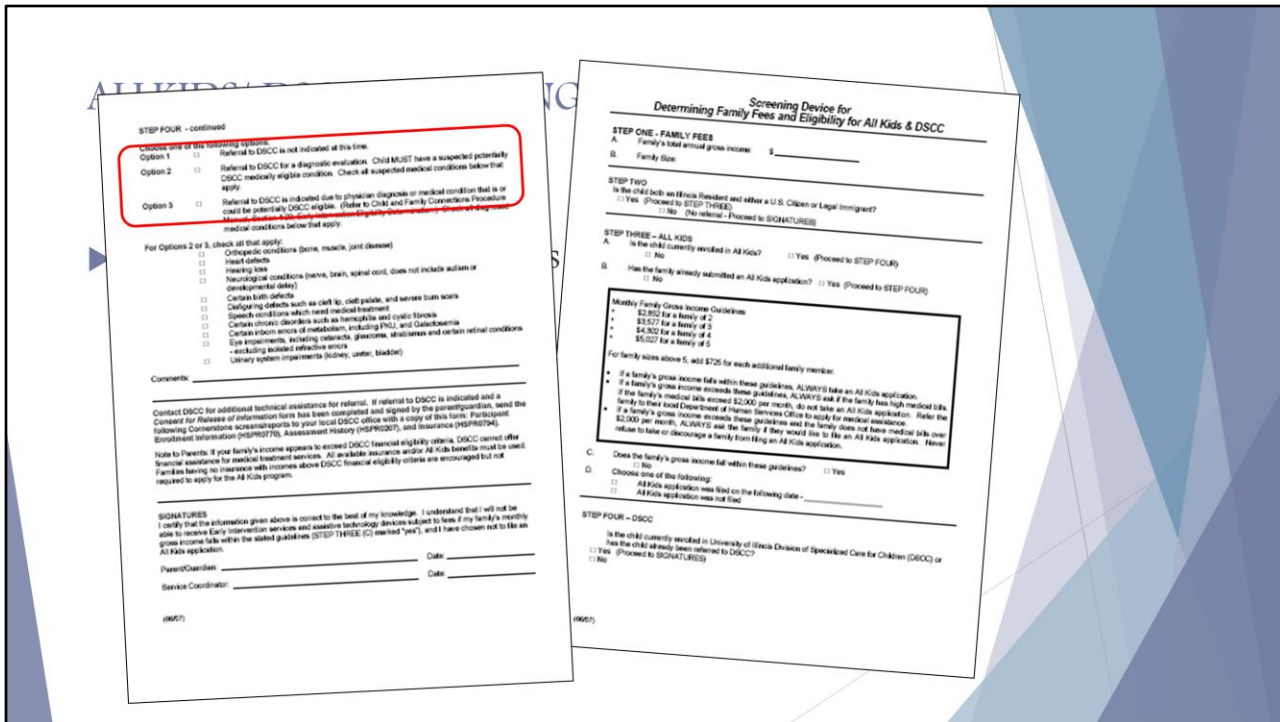
This is a federal requirement. We must be aware that some causes of hearing loss are genetic/hereditary and the parents may also have a hearing loss. This brings up the possible need for interpreter services to provide clear and accurate communication with the family. Interpreters may be located on the Provider Connections website. When interpreter services are linked directly to a specific child, these services can be authorized as part of a child's IFSP. Interpreters for the deaf have the provider type "ID" in the Cornerstone system. If an enrolled interpreter is not available in your area, check the Illinois Deaf and Hard of Hearing Commission website to locate an interpreter. Follow the procedures for writing a provisional authorization for this service as it relates directly to the family.

PAYOR OF LAST RESORT

- ▶ Monitor that the Part C funds are the "payor of last resort" to the extent allowed by law. This includes assistance in accessing resource supports, including but not limited to Medicaid (Title XIX), the State Child Health Insurance Program (Title XXI), the **Division of Specialized Care for Children (Title V)** and private insurance.



General information about the administration functions of EI. There are specific policy and procedures within the CFC and Provider manuals.

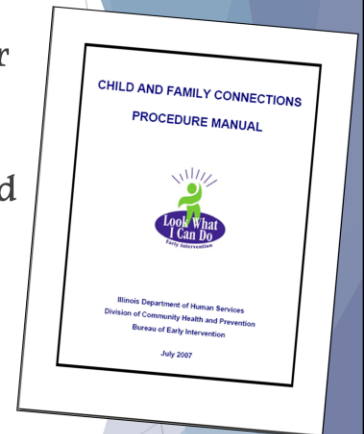


The *Screening Device for Determining Family Fees and Eligibility for All Kids and DSCC* form is completed at the time of intake. **All** of our children with suspected or confirmed losses should be referred to DSCC.

INCLUDE WITH REFERRAL FORM:

- ▶ Contact DSCC for additional technical assistance for referral.
- ▶ If referral to DSCC is indicated and a *Consent for Release of Information* form has been completed and signed by the parent/guardian, send the following Cornerstone screens/reports to your local DSCC office with a copy of the form:
 - ▶ Participant Enrollment Information (HSPR0770)
 - ▶ Assessment History (HSPR0207)
 - ▶ Insurance (Copy of Insurance Card)

FA2



This is the procedure for making a referral to DSCC.

Make sure screening happens!

- Current within 6 months
- Refer to DSCC

All service coordinators must be aware of the need to document that hearing has been addressed during the evaluation process. ***Not sure how to “measure this” as it is part of the Physical domain and up to the provider to ensure they do address this. Maybe the eval report should incorporate language??

The fact that hearing loss can be progressive or be acquired after birth brings up the need for ongoing screening of all children we see in early intervention. To assist with screening, Hearing and Vision Connections developed easy-to-use screening tools for both vision and hearing. We recommend that the functional screenings be completed by the evaluator during the global evaluation. Anyone on the team may complete the screenings. Other results from previous screenings may be used if they are current within 6 months. Make a referral to DSCC, regardless of income or insurance, when a child has a suspected hearing loss supported by concern from the parent or physician that the child does not respond normally to sound. If the child has no other DSCC medically eligible conditions, DSCC will arrange a diagnostic audiological evaluation at no cost to the family. This includes audiological evaluations requiring anesthesia, sedation, or medical monitoring. DSCC does require families to maximize third-party medical coverage, including All Kids.

INTAKE ACTIVITIES WITH CONSENT

- ▶ Establishment of the child's permanent and electronic record with the regional intake entity;
- ▶ Completion of Department required intake forms;
- ▶ Request of existing records regarding the child's need for services; and
- ▶ Review of existing records to identify whether additional information is needed to determine if the child meets federal and State established eligibility criteria.



Make sure to get all records from any audiologist and otologist the child has seen. These reports will help determine the need for additional evaluation. The information in these reports will also assist the team in developing appropriate outcomes and strategies.

ELIGIBILITY DETERMINATION

- ▶ Assist the family in developing an evaluation plan that lists testing activities needed to collect the information and the appropriate available enrolled providers chosen by the family to conduct the tests;
- ▶ Arrange for the evaluation plan to be implemented; and
- ▶ Obtain evaluation reports, including statements of evaluator findings related to the child's eligibility status and the child's functioning level, unique strengths and needs in the developmental areas tested and the services appropriate to meet those needs in all of the following five developmental domains:



Audiologists are the only profession who can diagnose hearing loss. If eligibility for early intervention is based on the medical eligibility of hearing loss, it must be documented by an audiologist.

ELIGIBILITY DETERMINATION

1. cognitive development;
2. physical development, including vision and **hearing;**
(MUST BE DIAGNOSED BY AN AUDIOLOGIST)
3. language, speech and communication development;
4. social-emotional development; and
5. adaptive self-help skills development



Audiologists are the only profession who can diagnose hearing loss. If eligibility for early intervention is based on the medical eligibility of hearing loss, it must be documented by an audiologist.

ELIGIBILITY DEFINITION

- ▶ Eligibility must be determined by consensus of qualified staff based upon multidisciplinary evaluation and assessment.
- ▶ Specific medical diagnosis as determined by the Department include:
- ▶ Hearing:
 - ▶ Hearing loss of 30 decibels (dB) or greater at any two of the following frequencies: 500, 1000, 2000, 4000 and 8000 Hertz (Hz), or hearing loss of 35 dB or greater at any one of the following frequencies: 500, 1000 and 2000 (Hz) involving one or both ears.



This is the medical eligibility for Deaf/Hard of Hearing as defined by the Bureau.

ELIGIBILITY DEFINITION

- ▶ Eligibility must be determined by consensus of qualified staff based upon multidisciplinary evaluation and assessment.
- ▶ Specific medical diagnosis as determined by the Department include:
- ▶ Vision:
 - ▶ **Visual Impairment, bilateral amblyopia, severe retinopathy of prematurity ROP 3+, bilateral cataracts, myopia of 3 diopters or more, albinism**



This is the medical eligibility for visual impairment as defined by the Bureau.

APPROVED EVALUATION/ASSESSMENT TOOLS

HEARING (Administered by a professional with training and credentials and meeting the requirements specified by the particular test instrument):

➤ Conditioned Play Audiometry (CPA)	➤ Speech Awareness Thresholds (SAT)
➤ ELF Early Listening Function (assessment only)	➤ Speech Discrimination Test
➤ Evoked Otoacoustic Emissions (OAE)	➤ Tympanometry
➤ Pure Tone Hearing Test air	➤ Visual Reinforcement Audiometry (VRA)
➤ Select Picture Audiometry	



These tools identified on the approved assessment tools list are all tools administered by an audiologist.

EVALUATIONS

- ▶ An additional aural rehabilitation assessment must be completed to determine the need for this service.

▶ This evaluation may include

1. Review of record
2. Parent interview
3. Child observation



Although the list of providers under aural rehabilitation includes audiologists, an audiological report may determine eligibility for early intervention but does not determine eligibility for aural rehabilitation services. An additional aural rehabilitation evaluation must be completed to determine the need for this service. We recommend a DTH evaluator who is trained to look at language acquisition, communication skill development, use of amplification and social/emotional impact, be used for this purpose.

Physician Scripts:

- ▶ Physician's orders (prescriptions) **are** required for direct service provision for physical therapy, occupational therapy, speech therapy, audiology, aural rehabilitation services provided by a speech therapist or audiologist and assistive technology.
- ▶ This does not apply to hearing tests, follow-up appointments, replacement earmolds or batteries.

DTH's do not need a script

SLPs or Audiologists who will be providing aural rehab services require a script. DTHs do not.

However the Audiologist only need a physician script for the initial fitting of new assistive technology or hearing aids, not for hearing tests and follow up appointments.

further clarity on this:

As above, initial clearance for fitting of new assistive technology (BAHA, hearing aids), not for hearing tests, follow-up appointments, replacement earmolds or batteries.



Remember this form?

CONFIRMED
OR
SUSPECTED
HEARING LOSS

FA11

IDPH NEWBORN HEARING PROGRAM REFERRAL			
I. GENERAL			
Child's Name:	DOB:	MED. ID#	
Birth Hospital:			
Parent/Guardian Name:			
Address:			
Parent/Guardian Phone:			
II. MEDICAL			
REFERRAL: HEARING IMPAIRMENT (SUSPECTED OR CONFIRMED)			
AUDIOLOGICAL RESULTS KNOWN TO IDPH:			
Disposition Grid	Ear	Type	Degree of Loss
Physician:			
Audiologist:			
Audiological Facility:			
III. Referring Agency			
Newborn Hearing Screening Program NHS Program - 217-752-4755 Illinois Department of Public Health 500 East Monroe, 1 st Floor Springfield, IL 62761 Fax: 217-657-5324			
Referred by:	Benjamin LaTone		

This is what the referral form from IDPH looks like, who is responsible for tracking all children with hearing loss. This form contains family contact information and the hearing loss information from the audiologist. The form indicates suspected or confirmed, conductive or sensorineural, and unilateral or bilateral hearing loss.

Eligibility

- ▶ Diagnosis
- ▶ 30% developmental delay
- ▶ At risk factors



An eye doctor's report, even with no diagnosis, should precede and will be the basis for a DTV's Functional Vision Evaluation.

1. Once the medical information is complete, if a doctor (typically this is an ophthalmologist or an optometrist – but does not have to be) finds that the child has vision related loss that is identified to have a high risk of developmental delay, THEN it is time to look for a Developmental Therapist for Vision who can do a Functional Vision Evaluation.

Even if a child has a qualifying visual diagnosis, we still need a DTV to do an evaluation to determine the child's current levels of development, suspected "at risk" delays based on diagnosis, and appropriate intervention for the child and the family. This information will be very important for the development of the IFSP.

2. If a doctor does not diagnose a visual impairment, but the team continues to consider vision a hindrance to the child's development, an evaluation by a DTV should be sought.
3. The DTV will conduct a Functional Vision Evaluation to determine if the child qualifies for services due to one of the other qualifying conditions (30% delay or at risk factors).

It is important to note that the service coordinator should make every effort to obtain a medical vision examination prior to calling in a DTV evaluator. The doctor's information is essential as it is the basis for a Functional Vision Evaluation.

Now, let's look at the diagnoses that have been identified within the Illinois Early Intervention System and are considered to have a high probability of developmental delay.

▶ Support Contact:

▶ Andrea Marwah

▶ 708-409-8800

▶ Andrea.marwah@illinois.gov

▶ www.soundbeginnings.com



Website Link

*This is where all your training materials
will be housed.*

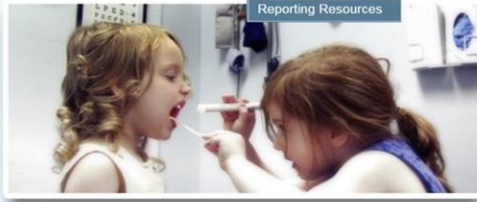
<http://www.illinoissoundbeginnings.org/>

For Families For Providers For **Early Childhood Facilities** Resources Search

Illinois *Detection & Intervention Program*



- DSC Training
- Colic and Vomiting (CMV)
- ECHO - OAE Hearing Screening
- EHDI News for Physicians
- EHDIPALS.org
- EHDI Workgroup Webinars
- Guide By Your Side (GBYS)
- Reporting Resources



UIC UNIVERSITY OF ILLINOIS AT CHICAGO

NEWS

[Learn American Sign Language \(9/21/2016\)](#)

[ECHO Initiative webinars \(7/6/2016\)](#)

[Introducing the Newest EHDI Physician Champion \(7/29/2015\)](#)

[Prev](#) | [Current](#) | [Next](#)

Illinois EHDI works with parents and providers to ensure all babies get screened for hearing loss no later than 1 month of age; all infants who do not pass their hearing screen receive a diagnostic evaluation no later than 3 months of age; and all infants with a hearing loss enroll in early intervention services no later than 6 months of age.

PROGRAM PARTNERS

UIC - Division of Specialized Care for Children
Tel: 800-322-3722 TTY 217-785-4725
Fax: 217-558-0773

Illinois Department of Public Health
Tel: 217-782-4733

Illinois Department of Human Services
Tel: 800-843-6154 TTY 800-447-6404





ILLINOIS SCHOOL FOR THE DEAF OUTREACH

FREE training and consultation for Illinois children
with hearing loss

bit.ly/ISDOutreach



Search for Illinois School for the Deaf Outreach



State of Illinois
Dept. of Human Services
Illinois School for the Deaf

Bruce Rauner, Governor
James Dimas, Secretary
Julee Nist, Superintendent