

**Early ACCESS (EA) – Early Hearing Detection and Intervention (EHDI)  
Questions and Answers Summary**

**The Referral and Follow-up Process**

<b>How often will the EHDI program send referrals for pre-service coordination?</b>
Referrals will be sent on a monthly basis. Referrals are for babies born two months prior to the referral month. For example, babies born in January will be referred to EA in March.
<b>Can our region receive referrals more often?</b>
The EHDI program does not plan to make referrals more than once a month. However, each AEA region can search for babies needing follow-up in the eSP data system as often as they wish. If you need help with this search, contact a member of the EHDI staff for assistance.
<b>When I search for babies in my area that need follow-up, I sometimes find babies for whom I have not received a referral. Why does this happen?</b>
There are many reasons that this may happen. It should happen less and less, but it will continue to occur from time to time. The records may have been entered after the initial referrals were sent for that month. Hospitals occasionally take longer than the 6 day timeline to get children entered or they miss entering a child for one reason or another. EHDI staff members compare what is in eSP with Vital Records reports to find children that were missed. We then ask hospitals to add those children that were missed.
<b>How many referrals should EA expect from the EHDI program?</b>
We expect to make approximately 100 referrals each month. However, we expect the number to decrease as EHDI services improve. As hearing screening results are reported, the EHDI program is able to identify hospitals in need of technical assistance to lower their failed/missed screening rate. In addition, some of these babies may have already received follow-up services that were not reported to the state, and will not need anything further.
We estimate that, of the children born each year in Iowa, approximately 100 will be diagnosed with a hearing loss.
<b>Who at the AEA will receive the referrals?</b>
The person designated by the region to receive EHDI referrals.
<b>Should the Pre-Service Coordinator check the EHDI data management system before contacting families referred to EA?</b>
Yes. Information is updated and/or entered into the data management system on a daily basis. The child's record may have been updated since the referral was created.
<b>What is the role of the pre-service coordinator with babies referred for follow-up hearing screening?</b>
If a child has failed only one hearing screening, the pre-service coordinator's role is to

inform the family of their options for follow-up services, and to ensure that the family has access to those services (assist with arranging transportation, scheduling the appointment, etc.). Ideally, children should receive their follow-up hearing screening by one month of age. If you receive the referral after that time, the rescreen should be completed as soon as possible. Audiology best practice indicates better outcomes are achieved when hearing loss is diagnosed by three months of age. If the child fails the second hearing screening (rescreen), the family should then be offered the full Early ACCESS (EA) evaluation to determine eligibility, and the service coordinator's role would be the same as with other children.

**Who should be the family's Pre-Service Coordinator?**

The Pre-Service Coordinator could be the audiologist who has carried out this task in your agency in the past. Others within the AEA or from the interagency service coordinator pool could also be Pre-Service Coordinators.

**What are the family's options for the follow-up hearing screening (rescreen)?**

Families have a number of options. Some hospitals will allow the family to bring the baby back to the hospital for the follow-up hearing screening or the family's pediatrician might provide the follow-up hearing screening. Private practice audiologists can also perform the rescreen. AEA audiologists offer follow-up hearing screenings at no charge. Whether or not there will be an expense for the family depends on the family's insurance status, providers' insurance billing practices and fees, and the family's preferences. The Pre-Service Coordinator would work with the family to inform them of which options are at no cost.

Parents have the right to choose where they want to take their child for the follow-up screening, so it is important that all these options be presented to them and the cost implications discussed.

**Will parents have consented to the referral for pre-service coordination services?**

No. The Early Hearing Detection and Intervention (EHDI) law allows the Iowa EHDI System to refer to EA without obtaining parental consent. The following statement is from the EHDI law: *"The department may share information with agencies and persons involved with newborn and infant hearing screenings, follow-up, and intervention services, including the local birth-to-three coordinator or similar agency, the local area education agency, and local health care providers."*

**What does a "refer" result mean on the hearing screening?**

In general, hospitals and audiologists use "pass" or "refer" to describe the baby's hearing screening result. "Refer" generally means the baby did not pass the hearing screening. When used to describe a screening result, "refer" does not necessarily mean that a referral for further services was made.

**What should I do when a family cancels due to difficulty making it to the appointment (transportation, child care, etc.)?**

Helping the family work through these difficulties is a part of Early ACCESS pre-service

coordination. If you are not an EA pre-service coordinator, please contact that person in your region for assistance.

## Reporting

### **Should an *Early ACCESS Authorization for Exchange of Information* be signed?**

The *EA Authorization for Exchange of Information* is not required for an audiologist to enter information into the eSP database. Audiologists are required by law to report hearing screening, rescreen and diagnostic results (including no-show appointments) for children under 3 to IDPH. If the family refuses a rescreen and the pre-service coordinator is not an audiologist, the pre-service coordinator should communicate that refusal to an audiologist. That audiologist should report the refusal in eSP, otherwise that child will keep showing up as needing follow-up until it is reported in eSP.

The *EA Authorization for Exchange of Information* would be used in a couple of circumstances:

- In cases where audiologists are not pre-service coordinators, EA personnel need a signature on the *Authorization for Exchange of Information* form to report contact with the family to IDPH due to FERPA. Pre-service coordinators can then send the completed *Referral for Hearing/Audiology Follow Up Services* form to IDPH.
- In cases where EA is providing early intervention services to a child, the family must sign the *EA Authorization for Exchange of Information* form so they can report enrollment in EA to the IDPH. An audiologist would still be required by law to report the screen, re-screen, or diagnostic results on a child in EA.

When in doubt, it is better to err on the side of getting a signed release and list the pre-service coordinator's agency as one of the agencies. It is documentation that families were well-informed about who will be exchanging information.

### **If the family reports that the child has already had a rescreen and does not need any further follow-up, does the pre-service coordinator need to get results from the screening facility to complete the bottom of the *Referral for Hearing/Audiology Follow Up Services* form?**

No. However, if the Pre-Service Coordinator is able to get more information (especially screening location), the EHDI program would appreciate knowing that. If the parent doesn't know the exact date of the rescreen, the closest they can come is fine (for example, June of 2007, or 2 weeks before date of call). Please ask the parent who the screener was (i.e. hospital, private audiologist, etc.) and include that information on the form so that we can follow up directly with the provider. That will also provide us with the opportunity to provide some technical assistance regarding reporting requirements.

### **Do all *Referral for Hearing/Audiology Follow Up Services* forms need to be faxed**

<b>back to the EHDI program?</b>
No. Please enter all possible information into the data management system. If you are not successful in reaching the family, you do need to fax back the form or notify the EHDI staff via e-mail or phone.
<b>The results in the data management system for some children are different than what the local hospital reported to the AEA. What do I need to do?</b>
Please get the names of the children to the State EHDI Office. We will follow-up with the birth hospital to determine the correct results. This will also give us a chance to discuss quality assurance issues with the hospital.
<b>How does the EHDI program get results of hearing screenings done at doctors' offices?</b>
Physician offices that offer hearing rescreens should be reporting results to the EHDI program just as hospitals and AEAs do. Please notify the EHDI program staff of any physician offices in your area that provide rescreens so that we can ensure that they are reporting results.
<b>If an AEA refers the child on for further assessment, and the diagnostic facility reports to the EHDI program and not the AEA, how will the AEA audiologist know the results of the diagnostic assessment?</b>
If the AEA audiologist has access to the child's record in the eSP database because they have been working with the child already, they will be able to see the results provided by the other service provider once they are entered in eSP. If they want to get the results directly from the diagnostic facility, they can send a completed <i>Early ACCESS Authorization for Exchange of Information with the parent to take to the assessment</i> . Note: If it is a health entity that has HIPPA requirements, use the <i>EA Authorization for Release of Health Information</i> .
<b>Are hospitals reporting screening results to children's physicians?</b>
It depends on the hospital. The EHDI program encourages every hospital to inform physicians of their patients' results.

### **The EHDI Data Management System**

<b>Who at the AEA has access to records in the EHDI data management system?</b>
All token users at an AEA have access to children who have that AEA assigned as a service provider. In addition, one person at each AEA has been granted access to all records in the EHDI data management system. This person can search for children and assign their AEA as a service provider.
<b>Do hospitals assign the AEA as a service provider for children who do not pass or miss their newborn hearing screening?</b>
The EHDI program does strongly encourage hospitals to add AEAs as service providers for children who need follow-up screening. This is not required by law, however, and hospitals must have a signed release of information before assigning the AEA as a provider.

**If AEA personnel cannot find a baby in the eSP system, should they add it?**

Not necessarily. In order to avoid duplicate records, please first let Tammy O’Hollearn know the name, date of birth, birth hospital, and mother’s name of the child you can’t find. She will then attempt to locate the baby in the system. Tammy will let the AEA know whether the child should be added or how to find the baby in the data management system.

If a baby was born out of the state or country, it will probably need to be added to the data management system. Please search for the baby first, however, so that duplicates can be avoided. If you have determined that you need to enter the baby and you need help doing that, contact Tammy O’Hollearn.

**Should the AEA use the appointment function in the data management system to note the date and time of upcoming audiological appointments?**

If the AEA has the appointment scheduled, it is a good idea to use the appointment feature. This acts as a reminder for you, and lets the EHDI program know that follow-up is scheduled, so a referral for pre-service coordination is not needed.

**How do I enter a baby born out-of-state into eSP?**

If a child is born out of state or country, first search (if you have access to IDPH) to ensure they are not in the system. Once in a while Tammy will get referrals from other states and she automatically enters them into the system before making the referral to the AEA.

If you are a token user that has access to IDPH, never enter them under IDPH or it will show IDPH as the birth screen provider. EHDI also does not want the AEA’s listed as the birth screen provider either otherwise the EHDI program staff have to go back and correct all the records to get accurate data. To add the babies to the system you can do it one of two ways depending on what your access is. The instructions are listed below.

**If you have access to IDPH:**, select “Out of State Babies” facility. Once you have selected that facility, click on patients, add patient and begin filling out the form as much as possible. We realize that most likely you will not have time of birth and/or GA and weight . Add the PCP/Medical Home (primary care physician as a provider. The instructions are in your user manual on page 18. Add your AEA as an audiologist. That would then give you or anyone else in your AEA access to that child’s record. To add the child’s results, you would select your AEA as the facility and enter the results as you normally would.

**If you have access to your AEA only:** add the baby as you normally would (go to patients, add patient and begin working your way through the form). When you get to place of birth select Hospital or Home depending on which one it is. Then you will see hospital and it will give you a drop down list to select from. Some of the bordering state hospitals are included in that list, otherwise select “Out of State Babies” or “Out of Country Babies” accordingly. Add the AEA as an audiologist and the primary care physician as PCP/Medical Home. Once you return to the demographics tab after you have entered the PCP and AEA as an audiologist, you will see your AEA also listed as the birth screen provider on the demographics tab under Patient Professional Contacts. We don’t want the AEA listed as the birth screen provider. To remove the AEA as birth screen provider, you first want to add the hospital of birth or “out of state babies” as the birth screen provider. After you see the following example

	Name	Service Type
View	Remove Olk, Douglas (MD)	PCP/Medical Home
View	Remove Mercy Medical Center-Dubuque	Birth Screen Provider

there is a remove button to the left of the AEA-birth screen provider. Click on that button. You will only want to hit remove if you are listed as the audiologist or you will no longer have access to the record. You don't want that. You will want to go back and select birth screen provider as the service, select search for a place (facility), locate professional contact. Then enter "out" by facility name, hit enter, and then you will get either "Out of State Babies" or "Out of Country Babies", select the correct one and click on save and return to the demographics tab. Once you have saved it, both AEA 14 and Out of State Babies will be listed as the birth screen provider. Click on the "remove" button that is next to the AEA 1 – birth screen provider. That will then remove the AEA as the birth screen provider. Keep "Out of State Babies" as the birth screen provider and keep AEA 14-Green Valley as the Audiologist.

If you are confused regarding the directions, just e-mail or call! Tammy can walk you through it. Please share these directions with any other audiologist in your AEA that may access the system and have kids to enter who are out of state or out of country.