



Protecting, maintaining and improving the health of all Minnesotans

MINNESOTA EARLY HEARING DETECTION AND INTERVENTION (EHDI) PROGRAM

Guidelines for Audiologist Referral to Early Intervention and Family-to-Family Support

Approved February, 2009

Introduction

The goal of a successful Early Hearing Detection and Intervention (EHDI) program is to provide every child who is deaf or hard of hearing the opportunity to develop effective and age-appropriate communication as well as competencies in other areas of life (Joint Committee on Infant Hearing, 2007, HRSA, 2006). Minnesota Recommended Guidelines for Pediatric Amplification state that a baby with hearing loss should be identified by three months and fit with amplification as soon as possible. Family-centered Early Intervention (EI) should begin as soon as possible and preferably no later than six months of age. Given these recommendations, the number of children lost to follow-up will be minimal, as stressed by the Joint Committee on Infant Hearing, 2007

The primary focus of early intervention is to assist the family. Early, unbiased, and comprehensive information and training should be provided to help families develop skills needed to make appropriate decisions for communication, health, and education. Early intervention by 6 months of age has been shown to optimize the critical language learning years of a young child. Children enrolled in early intervention have also been shown to use language within the typical range of development by 5 years of age (Yoshinaga-Itano, Sedey, Coulter, & Mehl, 1998.)

Referrals to be made from the Diagnosing Audiologist

When the Audiologist diagnoses a hearing loss and the family gives appropriate signed consent:

- 1). Audiologists should report and refer all infants and toddlers ages birth to three years with hearing loss to Part C/Help Me Grow as follows:

- Any degree of permanent bilateral or unilateral hearing loss (sensorineural or conductive),
- Any persistent or chronic conductive hearing loss (including hearing loss due to effusion) not receiving or responding to medical treatment.
- Any audiologist or family concerns regarding the child's development.

Referrals should be made to the Local Central Point of Intake. According to Part C of the Individuals with Disabilities Education Act (IDEA), the referral to Early Intervention must be made **within two working days of the diagnosis** [Sec 303.321(d)(2)(ii), 2007].

The Local Central Intake contacts can be found as follows:

- Contact the local county service provider or the local Interagency Early Intervention Committee (IEIC),
- Contact Help Me Grow (Part C) at 1-866-693-GROW (4769),
- Online at: <http://www.MNParentsKnow.info>. Look under "Find a program" or "Help Me Grow".
- Online through the Early Childhood Services: A Directory of Resources Available for Children and Families in Minnesota at <http://www.health.state.mn.us/divs/fh/mcshn/directory/index.cfm>,
- Contact the child's local school district. You may need to speak to someone in the school district Early Childhood Services, Special Education Services, or Audiology Services.

2). Audiologist connects the family to Parent-to-Parent support such as through Minnesota Hands & Voices, a Parent-to-Parent Support Program, who will make an initial contact with the family. Call 651-265-2435 (toll free 866-346-4543).

References and Resources

Colorado Department of Public Health and Environment, Colorado Infant Hearing Advisory Committee: Guidelines for Infant Hearing Screening, Audiologic Assessment, and Early Intervention, 2004 Available online at:
<http://www.cdphe.state.co.us/ps/hcp/hcphom.asp>

Joint Committee on Infant Hearing, Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs, *Pediatrics*, 2007; 120: 898-921. [On-line]. Available online at:
<http://www.pediatrics.org/cgi/content/full/120/4/898>

Yoshinaga-Itano C, Sedey AL, Coulter DK, Mehl AL. Language of early-and later-identified children with hearing loss. *Pediatrics*, 1998; 102:1161-1171.

U. S. Department of Health and Human Services: Health Resources and Services Administration (HRSA), Evaluation of Universal Newborn Hearing Screening and Intervention Program: Final Report, 2006. Available online at:
<http://mchb.hrsa.gov/programs/genetics/hearingscreen.htm>