

GUIDELINES FOR REFERRAL TO EARLY INTERVENTION, MEDICAL SPECIALTIES AND CONNECTION TO PARENT-TO-PARENT AND FAMILY SUPPORT

Section 2 of the Early Hearing Detection and Intervention (EHDI) Guidelines for Audiologists

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INTRODUCTION

This document provides recommendations for audiologists as they proceed with referral to follow-up support and other medical specialists for infants and young children who are newly identified with permanent hearing loss with the goal of providing access to language.

young child and is associated with improved language development in children who are deaf and hard of hearing. Children receiving intervention very early in their development are more likely to have language scores that more closely match their cognitive abilities (Yoshinaga-Itano, et al., 1998).

BACKGROUND

An important goal of early intervention is to enhance the development of infants and toddlers. A primary strategy is to assist families in supporting their child in development and learning. Providing comprehensive information and resources early will help families make appropriate decisions for communication, health, and education for their child. Early identification followed quickly by quality early intervention by six months of age has been shown to optimize the critical language learning years of a



GUIDELINE FOR AUDIOLOGIST REFERRALS

Following identification of hearing loss, the audiologist plays an important role in making referrals to early intervention, connecting families to parent-to-parent support, and recommending medical specialist evaluations.

MDH provides print resources free to clinics to guide counseling with families regarding referrals. Clinics can order:

- The brochure “[A Step-by-Step Road Map to Help Parents of Children with a Hearing Loss](#)”¹ contains contact information and explanations of these resources. The brochure is available in English, Hmong, Somali, and Spanish.
- The Beginnings Book: Understanding Your Child’s Hearing Loss: A Guide for Parents, available in English and Spanish. MDH provides the Beginnings Book free of charge to audiology clinics to hand out to families at the time of diagnosis.

MDH provides online resources:

- [Minnesota EHDI website](#)² (order form can be found here)
- [What You Need to Know: Resources for families](#)³ (also available in print)
- [MDH Newborn Screening](#)⁴
- [MDH Children and Youth with Special Health Needs](#)⁵



Referral to Early Intervention

Audiologists must refer all infants and toddlers age zero to three years with permanent bilateral or unilateral hearing loss or persistent conductive hearing loss to Infant and Toddler Intervention under Part C.

Referrals made without written consent of parent may include only contact information. With parent consent, the following information should also be included in the referral:

- The degree of permanent bilateral or unilateral hearing loss (sensorineural, neural, or conductive).
- Any persistent or chronic conductive hearing loss (including hearing loss due to effusion) not receiving or responding to medical treatment.
- Developmental concerns identified by the family or audiologist.

Referrals should be made through Help Me Grow Minnesota (birth–five years) or to the child’s resident school district for older children. According to Part C of the Individuals with Disabilities Education Act (IDEA), the referral to Early Intervention must be made as soon as possible, but in no case more than seven days after the diagnosis [Sec 303.303(a)(2)(i)].

To Refer:

- Access Help Me Grow⁶ online at <http://helpmegrowmn.org/HMG/Refer/index.html>.
- Call Help Me Grow at 1-866-693-GROW (4769).
- Contact the child’s local school district. You may need to speak to someone in the school district’s Early Childhood Services, Special Education Services, or Audiology Services.

Connection to Deaf, DeafBlind and Hard of Hearing Outreach Services

The following organizations receive grant support from the Minnesota Departments of Health, Human Services, and Education.

Minnesota Hands & Voices

Following identification of permanent hearing loss and with the family's permission, audiologists should directly connect the family to Minnesota Hands & Voices (MNHV), a statewide program with trained Parent Guides who will contact the family.



Audiologists making a direct referral to MNHV will expedite support for parents during a potentially challenging time. MNHV staff are trained Parent Guides who themselves are parents of children who are deaf and hard of hearing. They provide emotional support for parents from the perspective of someone who knows the joys and challenges of raising a child who is deaf or hard of hearing, knows how to navigate/access/explain the importance of follow-up services, and can provide valuable connections to community resources. Evidence shows that parent-to-parent support is “necessary and adjunctive to professional services” (Henderson et. al., 2014), and family-to-family support is specifically recommended by the Joint Committee on Infant Hearing (2013).

MNHV offers educational workshops and family networking events as well as a periodic newsletter, weekly communication about community events and organizations, family-to-family connections, and links to resources.

To Connect:

- Call 651-265-2435
- Refer a family online: <https://www.mnhandsandvoices.org/>, and choose “Refer a Family.”

Deaf and Hard of Hearing Guide Program (through MNHV)

Families and children who are deaf or hard of hearing (DHH) are introduced to Role Models from DHH communities who use Listening Spoken Language (LSL), Cued Speech, American Sign Language (ASL), and technology options. Parents have opportunities to address practical questions in casual personal settings at home, at school, or at a community event.

Families can call 651-265-2435, email MNHV@lifetrack-mn.org or visit the [Minnesota Hands and Voices website \(https://www.mnhandsandvoices.org/about-us/deaf-and-hard-hearing-guide-program\)](https://www.mnhandsandvoices.org/about-us/deaf-and-hard-hearing-guide-program)⁸ to learn more.

Deaf Mentor Family Program

This program provides a trained Deaf mentor to work closely with families to facilitate early learning of American Sign Language (ASL), using a research-based curriculum and flexibly scheduled home visits.

Families can contact DMFP@lifetrack-mn.org or visit the [Lifetrack Deaf Mentor Family Program website](https://www.lifetrack-mn.org/deaf-mentor-family-program)⁹ to learn more.

Connection to Minnesota DeafBlind Project

The Minnesota DeafBlind Project provides technical assistance to families, education teams, and service providers to support children (birth–21 years) who have a combined vision and hearing loss or are highly suspect of having both vision and hearing losses. Mild losses may qualify. Services are in addition to those provided by schools and other state and local agencies.

To Contact:

- Call 612-638-1531 (toll free 800.848.4905)
- Visit [The Deafblind Project website: http://www.dbproject.mn.org/index.html](http://www.dbproject.mn.org/index.html)¹⁰

Recommendation for Medical Specialist Evaluations

The JCIH (2007) recommends that children with permanent hearing loss:

- be evaluated by an otolaryngologist who has knowledge of pediatric hearing loss
- have at least one examination to assess visual acuity by an ophthalmologist who is experienced in evaluating infants
- be offered a genetics consultation

Audiologists can help families understand the importance of these evaluations and communicate with primary care providers and otolaryngologists to facilitate making these referrals. Audiologists should consider additional referral to a Speech-Language-Pathologist, an expert in language development.



REFERENCES

Henderson, R.J., Johnson, A., & Moodie, S. (2014). Parent-to-Parent Support for Parents With Children Who Are Deaf or Hard of Hearing: A Conceptual Framework. *Am J Audiol*, 23(4), 437-448. doi: 10.1044/2014_AJA-14-0029.

Joint Committee on Infant Hearing, Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs, *Pediatrics*, 2007; 120: 898-921. <http://pediatrics.aappublications.org/content/pediatrics/120/4/898.full.pdf>

Joint Committee on Infant Hearing. (2013). Supplement to the JCIH 2007 position statement: Principles and guidelines for early intervention after confirmation that a child is deaf or hard of hearing. *Pediatrics*, 131, e1324–1349. doi:10.1542/peds.2013-0008 <http://www.jcih.org/JCIH-2007-Position-Statement-Supplement.pdf>

Referral Procedures. 34 CFR 303.303. Code of Federal Regulations, CFR 34, Sec 303.303(a)(2)(i). http://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=34:2.1.1.1.2#se34.2.303_1303.

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

SELECTED LINKS

1. A Step-by-Step Road Map to Help Parents of Children with a Hearing Loss, <http://improveehdi.org/MN/library/files/roadmapenglish.pdf>
2. Minnesota EHD website, <http://improveehdi.org/mn>
3. What You Need to Know: Resources for families <https://www.health.state.mn.us/docs/people/childreneyouth/cyshn/ehdibinder.pdf>
4. MDH Newborn Screening Program <https://www.health.state.mn.us/newbornscreening>
5. MDH Children and Youth with Special Health Needs <https://www.health.state.mn.us/people/childreneyouth/cyshn/index.html>
6. Minnesota Help Me Grow, <http://helpmegrowmn.org/HMG/Refer/index.html>
7. Minnesota Hands and Voices <https://www.mnhandsandvoices.org/>
8. Minnesota Hands and Voices Deaf and Hard of Hearing Guide Program <https://www.mnhandsandvoices.org/about-us/deaf-and-hard-hearing-guide-program>
9. Lifetrack Deaf Mentor Family Program <https://lifetrack-mn.org/programs-services/deaf-hard-of-hearing/deaf-mentor-family-program.html>
10. Minnesota DeafBlind Project <http://www.dbproject.mn.org/index.html>