Lets talk EI

Designated Service Coordinator Training

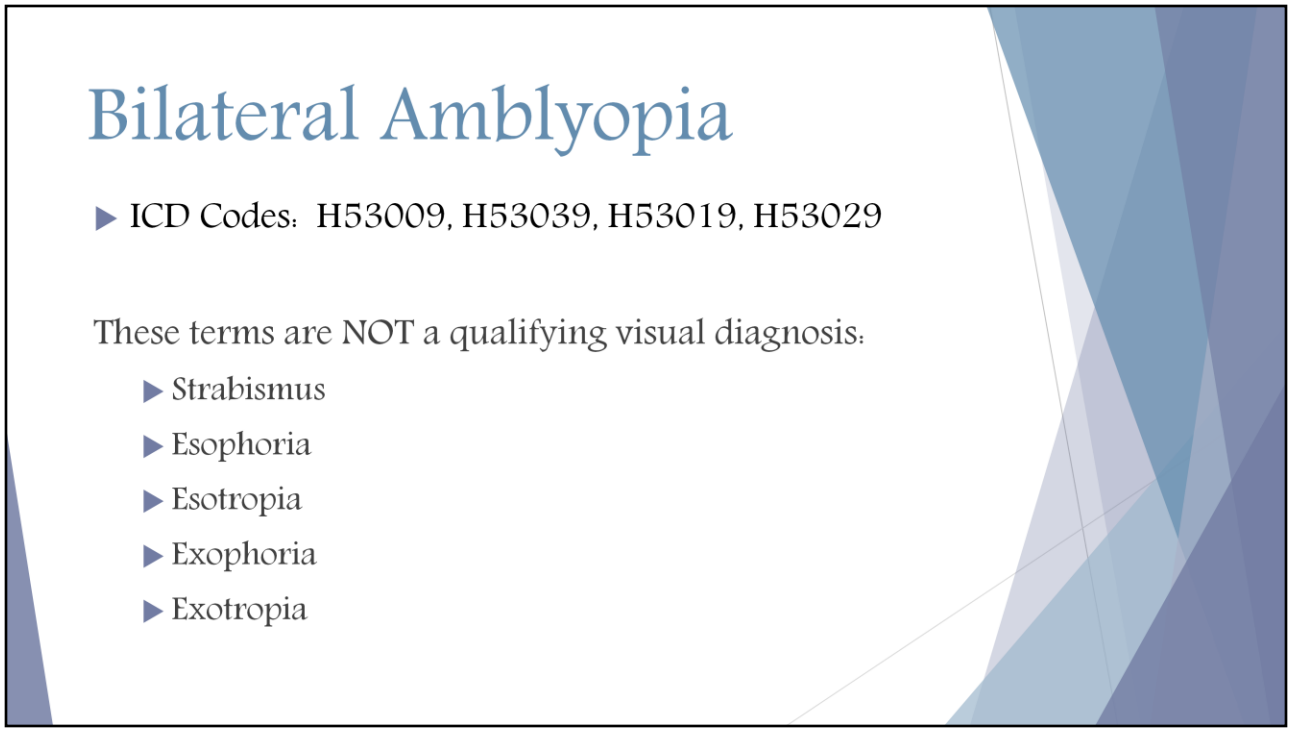
Supporting Families who have children who are deaf, hard of hearing, visually impaired, blind or deaf-blind

Visual Impairment

- ICD-Code is H54.7

First, if a doctor notes that a child has a Visual Impairment that child is eligible within the Illinois Early Intervention System.

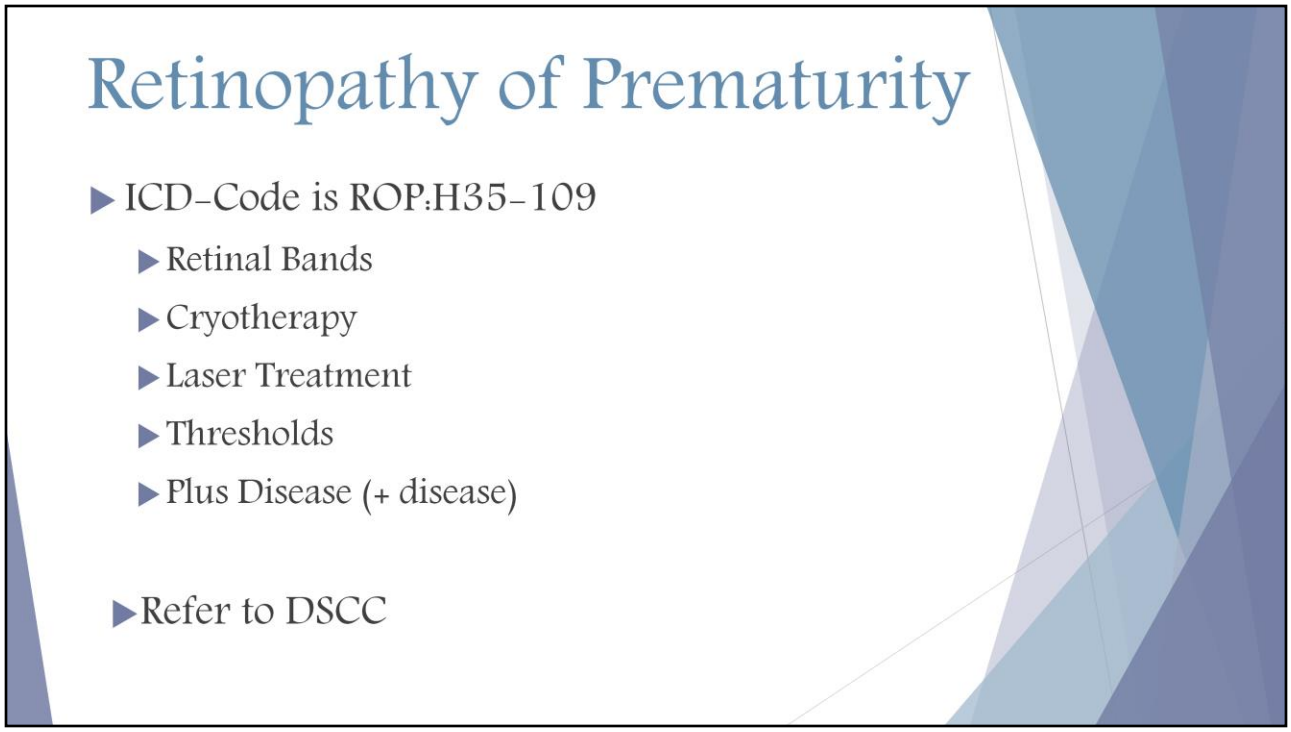
If an ICD-10 is also required in the doctors note, then it should be added to the narrative.



Another eligible diagnosis is Bilateral Amblyopia. This diagnosis refers to a condition in which the brain does not attend to visual information coming in from the eyes. Amblyopia is sometime referred to as "lazy eye". For early intervention eligibility, both eyes must be affected so that the diagnosis specifies this to be a bilateral situation.

1. It is important to note that Strabismus is not a qualifying diagnosis for early intervention services. Strabismus occurs when a child has eyes that deviate from their intended point of focus.
2. Terms such as esophoria, esoptropia, exophoria, and exotropia are used to explain which way the eye deviates. Sometimes referred to as "crossed eyes".

Amblyopia and strabismus have a much more positive response to treatment when found early. When left untreated, one diagnosis can lead to the other. Children should always be referred to a doctor when a team suspects a child is preferring one eye over the other or when a child appears to have an eye turn. A referral to DSCC is important in these cases as they will help families to secure diagnosis for such a condition so that timely treatment can begin.



Retinopathy of Prematurity or ROP describes a condition affecting a child's retinas. If this condition reaches a significant level of 3, 4, or 5, we know the child has considerable visual loss.

Children with significant ROP will typically undergo a variety of surgical procedures meant to stop the progression of this condition. If a child has had surgery or other procedures for ROP, this would indicator that an evaluation should be authorized to determine the impact of potential vision loss.

1. Red Flags for this are words such as "Retinal Bands", "Cryotherapy", "Laser Treatment" or an optometric report that indicates "thresholds" or "Plus Disease". Again, children with ROP should be referred to DSCC.

Albinism

- ICD-Code is E70-319
- Ocular Albinism or Oculocutaneous Albinism
- Photophobia – light sensitivity
- Nystagmus – rhythmic eye movements

Albinism is a condition that can affect the skin, eyes, hair or all of these together.
1. Children with albinism that includes the eyes, called Ocular Albinism, often have significant visual limitations that are not correctable with glasses.

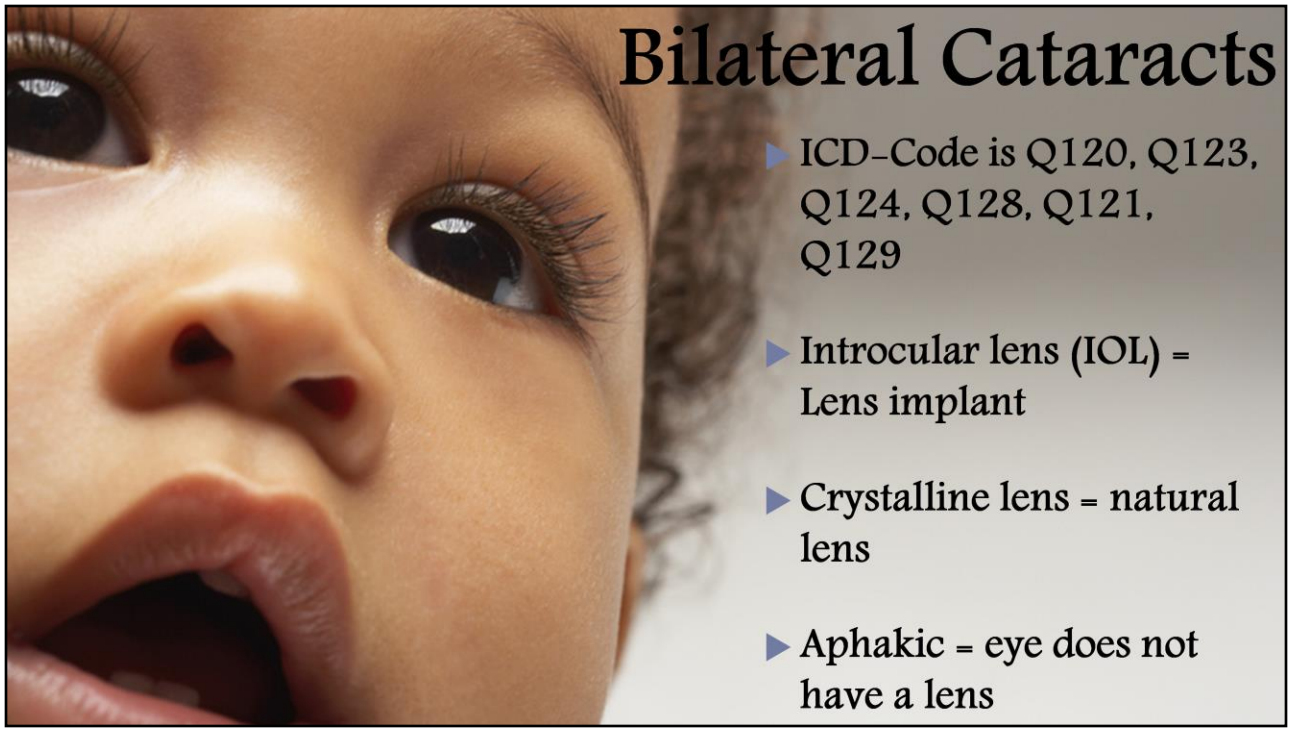
2. Children with albinism often also have extreme sensitivity to light.
3. In addition, their eyes may appear to shake. This eye movement is called nystagmus and is due to an underdeveloped retina – which, in turn, results in poor vision. Be aware that a child with albinism may have glasses that are prescribed to correct other issues with their vision – but the glasses will not improve the retina. As a result, children with albinism often have glasses and still have very poor vision.

Severe Myopia

- ICD-Code is H52.10 (H52.13)
- Myopia = nearsightedness
- Diopter = unit of measure (for EI purposes glasses prescription must be minus 4 or greater)

Myopia is also known as nearsightedness.

A Diopter is the measure a doctor uses to determine the strength of glasses that are needed to correct the Myopia. A prescription of minus 3 or more would indicate a need for intentional action to ensure that the infant is aware of the visual world around him or her during early development. Acquisition of glasses should occur before referral to a DTV as the glasses will impact the child's access visual information.



Cataracts can affect one or both eyes. When both eyes are affected, a child is eligible for early intervention. Children with suspected cataracts should be referred to DSCC.

It is important to understand that even if a child has had surgery to remove the cataract, the child still has a significant visual impairment. You may have personal experience with adults who have had cataract surgery. In adults, when a cataract is removed, a prosthetic lens replaces the natural lens. As a result, adults emerge from cataract surgery with good vision once recovery is complete. In infants, this is not the case. The natural lens is removed and implants are not put in until the child's eyes have grown to an acceptable size. This means that infants who have undergone lens removal or cataract surgery, do not have an important focusing piece to their eye. Children may wear contact lenses or glasses to compensate for the missing lense. Regardless, they have significant visual impairment and an evaluation should be authorized to determine if they are in need of early intervention services.

Red Flag words to be aware of include "aphakic" which means an eye without a lens. Children who eyes are aphakic would require evaluation to determine the need for services as well.

APPROVED EVALUATION/ASSESSMENT TOOLS

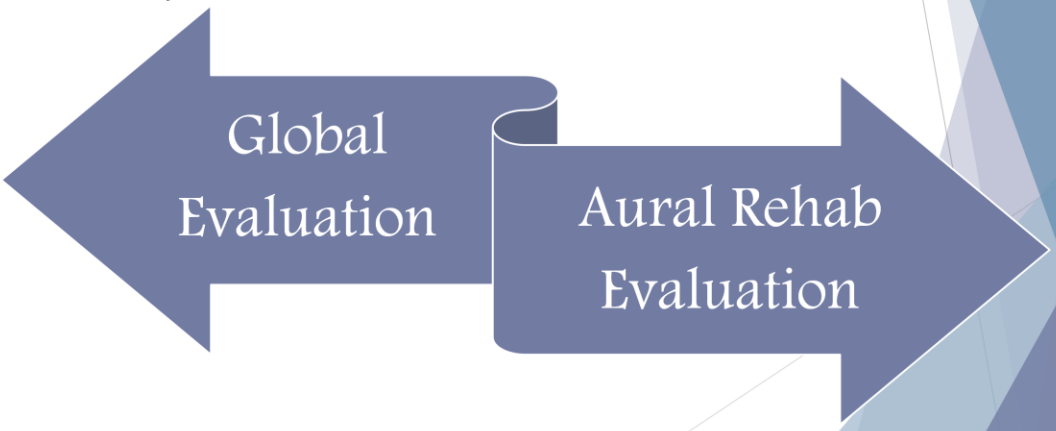
VISION (Administered by a professional with training and credentials and meeting the requirements specified by the particular test instrument):

- The Oregon Project Global Assessment Tool (assessment only)

These tools identified on the approved assessment tools list are all tools administered by a credentialed/approved provider.
The OREGON is the approved assessment tool. All tools, including any optional tools, must be administered by a credentialed/approved provider.

INITIAL ELIGIBILITY EVALUATIONS

- One provider shall not receive authorizations to provide services as two disciplines (two types of service) for the same child/family.



Remember, the same evaluator cannot administer the global eval and the aural rehab eval. These must be completed by 2 different individuals.

PROVISIONAL EVALUATOR

- For initial evaluations to determine eligibility for EI services or to add a new service to an existing IFSP, if an available EI enrolled evaluator is not identified within seven business days, the CFC shall locate an enrolled direct service provider **or** an available qualified provider **who is not enrolled**, and shall request an Illinois Department of Human Services (DHS) Provisional service authorization for an evaluator.

If you are unable to locate an enrolled evaluator within 7 days, follow the procedure listed here.

IFSP DEVELOPMENT:

AUDIOLOGY, AURAL REHABILITATION /OTHER RELATED SERVICES

1. Identification of children with auditory impairment, using appropriate criteria and audiologic screening techniques;
2. Determination of the range, nature, and degree of hearing loss and communication functions by use of audiological evaluation procedures;
3. Referral for medical testing and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
4. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other related services;
5. Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices;
6. Provision of services for prevention of hearing loss; and
7. Family training, education and support provided to assist the child's family in understanding the child's special needs as related to audiology, aural rehabilitation and other related services and to enhancing the child's development.

Once evaluations are complete and eligibility is determined, it is time to develop the IFSP. It's a team effort. Professionals share their knowledge in the areas of need to assist the family in identifying the functional outcomes and amount of service needed to work towards those outcomes. Parents choose the providers that will be working with their family.

These are the services listed under Aural rehab. In the amended rule (1/08). 1, 2, 3 and 5, are provided by an audiologist. 4 and 7 are typically provided by a DTH and may be provided by an audiologist or SLP. The service description document does not include dot 6 and does include IFSP development.

IFSP DEVELOPMENT:

AUDIOLOGY, AURAL REHABILITATION /OTHER RELATED SERVICES

Audiologist

1. Identification of children with auditory impairment, using appropriate criteria and audiologic screening techniques;
2. Determination of the range, nature, and degree of hearing loss and communication functions by use of audiological evaluation procedures;
3. Referral for medical testing and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
5. Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices;

DT Hearing

6. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other related services;
7. Family training, education and support provided to assist the child's family in understanding the child's special needs as related to audiology, aural rehabilitation and other related services and to enhancing the child's development.

Once evaluations are complete and eligibility is determined, it is time to develop the IFSP. It's a team effort. Professionals share their knowledge in the areas of need to assist the family in identifying the functional outcomes and amount of service needed to work towards those outcomes. Parents choose the providers that will be working with their family.

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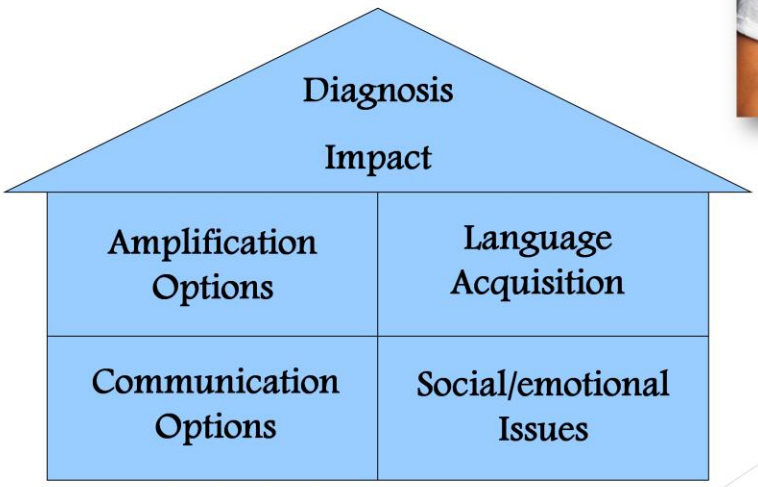
IFSP DEVELOPMENT: FOCUS ON PARENT/FAMILY



Many of the things we began with in this training need to be explained to the family so they will have the knowledge base to make informed decisions for their family and child. A great learning opportunity for families would be the *Institute for Parents of Preschoolers who are Deaf or Hard of Hearing* held at the Illinois School for the Deaf in Jacksonville. Participation is free and open to any Illinois family with a child under 5 who has a diagnosed hearing loss. Families apply by contacting their DSCC office.

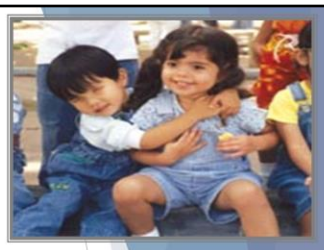
Let's look at one of these areas a little more in depth… A functional outcome might be ""Michael will learn to communicate with his parents so that his daily needs can be met." A strategy may be to help the family learn about different communication options so they can choose what will be most effective for Michael and their family.

PROVISIONAL PROVIDER

- Similar to evaluators, for **direct service provision,** if an available EI enrolled direct service provider is not identified within seven business days, the CFC shall locate an available qualified provider **who is not enrolled,** and shall request a DHS Provisional Service Authorization.

Is this still accurate, it referred to HVEIO previously.

2.6 TRANSITION



- Six months prior to the child's third birthday, the service coordinator shall begin to communicate with the family about transition. Not fewer than 90 days before the third birthday, a potentially eligible child's child find information is sent by DHS to ISBE. The service coordinator shall:
  1. Not fewer than 90 days but not more than 9 months before the third birthday, hold an IFSP meeting to update/include steps and services for a smooth transition.
  2. No fewer than 90 days, but no more than 9 months before the third birthday; with parental consent, conduct a transition planning conference including the service coordinator, LEA representative, person(s) involved in conducting evaluations and assessments, and if requested by the parent – any other advocate or requested persons
  3. Complete the Early Intervention to Early Childhood Tracking form

ISHI Website – http://www.ishi-il.org/

This is the transition description from the policy. Follow the procedures identified in your procedure manual.

Many school districts in the state have supervisors of Programs for HH/Deaf individuals (ISHI). It is strongly suggested that you identify these supervisors in your area so that appropriate referral can be made. These individuals will be very instrumental in identifying services, placements, and resources for families as their child turns 3.

It is also heavily encouraged the DT-H or DT-V, as appropriate, also attend the meeting to ensure the specific needs of a child who is Deaf/HH or Visually Impaired or conveyed well and considered!

2.6 TRANSITION

- Six months prior to the child's third birthday, the service coordinator shall begin to communicate with the child's local educational agency, appropriate community programs and the family about transition. The service coordinator shall:

  1) Inform the child's local educational agency that the child will shortly reach the age of eligibility for preschool services under Part B;

  2) Inform the parent in writing of educational rights of students with disabilities under Part B;

  3) Complete referral information as requested by the local educational agency (the school district).

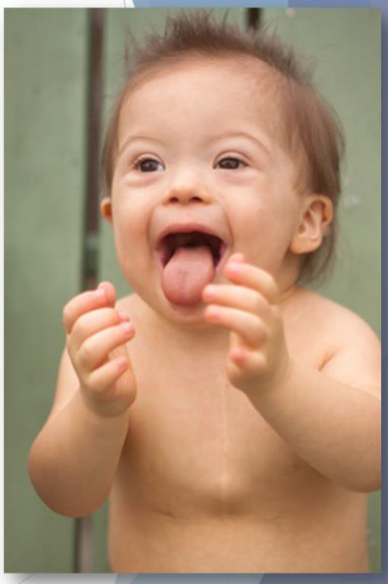
This is the transition description from the rule. Follow the procedures identified in your procedure manual.
Remember to complete the tracking form section one if the family declines referral.
Many school districts in the state have supervisors of Programs for HH/Deaf individuals (ISHI). It is strongly suggested that you identify these supervisors in your area so that appropriate referral can be made. These individuals will be very instrumental in identifying services, placements, and resources for families as their child turns 3.

Audiological Evaluations within the context of EI Principles

- EI pays for audiological evaluations to determine the range nature and degree of hearing loss and communication functions. This service must be billed to the EI CBO. EI providers have agreed to not bill insurance for evaluations, consistent with Part C IDEA.

Audiological Evaluations within the context of EI Principles

- EI is a developmental program. Services are authorized that address developmental needs rather than medical needs.



Audiological Evaluations within the context of EI Principles

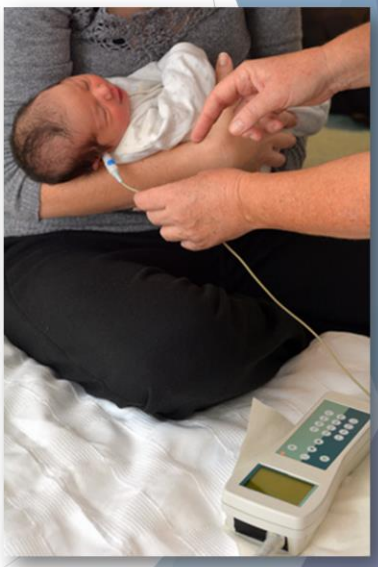
- The EI Provider Handbook states: Audiology services include…"referral for medical testing and other services necessary for the habilitation or rehabilitation of children with hearing loss"

Audiological Evaluations within the context of EI Principles

- Early Intervention does not pay for therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury. Acute rehabilitative therapy and therapy required as part of a medical procedure, medical intervention or injury, is not developmentally based but is medically based. Once the condition has become chronic or sub acute, services that address on going developmental delay can be provided by EI.

Audiological Evaluations within the context of EI Principles

- Frequency of audiological evaluations/assessments should be based on a child's developmental needs.
- A child should be referred to his/her medical team to address a child's medical needs.



Audiological Evaluations within the context of EI Principles

- Once a hearing loss has been established, EI pays for developmental services via authorizations for aural rehabilitation.

When are authorizations for Audiological Evaluations appropriate?

- Hearing problem identified through functional hearing screening
- Parent, Physician, or other IFSP team member is concerned that the child does not respond normally to sound (e.g., awareness, localization, discrimination, recognition, etc.)

When are authorizations for Audiological Evaluations NOT appropriate?

- Recent audiological evaluation is part of the child's medical record.
- The child has been referred to DSCC and is receiving an audiological evaluation to determine eligibility or is DSCC eligible and is receiving audiological evaluations as ongoing support following diagnostics based on financial need.

When are authorizations for Audiological Evaluations NOT appropriate?

- Monitoring of hearing sensitivity (i.e., watching periodic screening for a progressive hearing loss when there is no evidence of hearing loss/ fluctuating hearing loss)

When are authorizations for Audiological Evaluations NOT appropriate?

- Therapeutic services required for a child to recover from medical procedures, such as surgery, or for pre-surgery therapeutic services required by a physician to prepare a child for surgery.

so for example if the child is getting PE tubes placed. EI will not give auths for pre and post op hearing tests

When are authorizations for Audiological Evaluations NOT appropriate?

- To determine if a child could be a candidate for a cochlear implant.
- Cochlear implant follow up.

Authorization for Evaluation

- When the need for an audiological examination is identified, service coordinators should generate an authorization for an Audiological Evaluation with a frequency of one time for the authorization. The authorization does not list procedure codes.

Should not list procedure codes as this is often determined by audiologist once they have child in the booth. often use examination by audiologist code V5008

Authorization for Evaluation

- All testing must be completed on one day. The audiologist may begin with a hearing screening V5008, but is not necessary.

- If the child fails, the audiologist may proceed to complete additional testing. Audiologists will bill using the list of procedure codes in the EI Provider Handbook.

Authorization for Evaluation

- This authorization process will ensure that all testing can be completed on the same date of service unless unforeseen circumstances prevent all testing from being completed on the same date. If such circumstances arise, the audiologist must request a second Audiological Evaluation authorization prior to completing further testing.

however we often cannot get the testing done in one session. Sometimes the children are too nervous and overwhelmed to finish and they need to come back for a second visit. At the second visit the child is often much more comfortable and completes the testing.

Authorization for Evaluation

- EI does not pay for medical testing that requires anesthesia, sedation or medical monitoring. A referral to DSCC for medical testing that requires anesthesia, sedation or medical monitoring is appropriate only when the child meets the criteria for referral.

Aural Rehabilitation (AR) Assessments

- Documentation of a confirmed hearing loss does not make a child eligible for Aural Rehabilitation services. An Aural Rehabilitation evaluation must be completed.

- The AR Procedure Code is 92626.

Physician Prescriptions

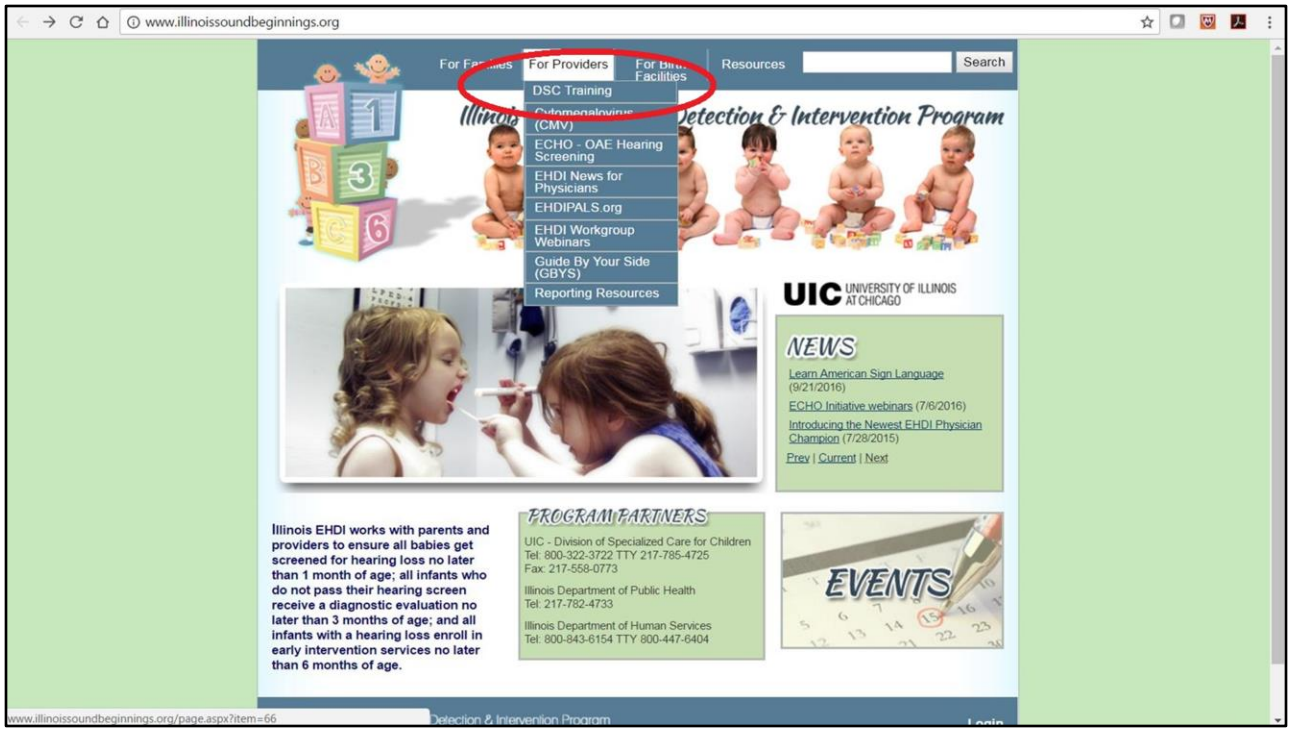
- A physician's order or prescription must be obtained prior to direct service provision or AT equipment for all licensed providers and AT services.
- Evaluations are not considered direct service and do not require a physician's prescription.

- 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/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EHDI Workgroup Webinars
Guide By Your Side (GBYS)
Reporting Resources
Detection & Intervention Program
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 (7/28/2015)
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
EVENTS
www.illinoissoundbeginnings.org/page.aspx?item=66
Detection & Intervention Program
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FREE training and consultation for Illinois children with hearing loss

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