

## EHDI Referral Process and Form Q&A 7-10

---

**Will parents have consented to the initial referral from EHDI?**

No. The EHDI law allows the Iowa EHDI System to refer to Early ACCESS 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.”

---

**How many referrals should we expect from the EHDI program?**

We expect to make approximately 100 referrals statewide 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 referred (did not pass)/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 120 will be diagnosed with a hearing loss.

---

**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.

---

**Is it the responsibility of the Early ACCESS Grantee/Liaison or the AEA to ensure that hospitals are trained to perform the newborn hearing screening?**

No. The Iowa Early Hearing Detection and Intervention System will be working with hospitals to improve their newborn hearing screening programs. However, concerns and issues that are identified in the region should be communicated to the EHDI Coordinator (Tammy O’Hollearn) or the EA Consultant at the Department of Public Health (Meghan Wolfe).

---

*Continued on next page*

## EHDI Referral Process and Form Q&A 7-10, Continued

---

**Who uses the Referral for Hearing/Audiology Follow Up Services form and when is it used?**

This form should be used for referrals coming from the State EHDI program to Early ACCESS. The pre-service coordinator will use the form to report information back to IDPH, but will not need to use it for anything else. If EA regions wish to use it more extensively internally, that is fine, but that is a decision each region will need to make.

Keep in mind that reporting hearing screens, re-screens, and audiological assessments for children 0-3 is required by Iowa law, no matter when or how the children enter the Early ACCESS system. The *Referral for Hearing/Audiology Follow Up Services* form would only be used for referrals coming from the State EHDI program to EA. All other EA forms and procedures would be used as in any other circumstances.

---

**Do all Referral for Hearing/Audiology Follow Up Services forms need to be faxed back to the EHDI program?**

**No.** If you are able to report all new information through the eSP database, then there is no need to fax back the *Referral for Hearing/Audiology Follow Up Services* form. However, if you have information that is not easily reported via eSP, such as information about EA services, please complete the *Referral for Hearing/Audiology Follow Up Services* form and return it to the EHDI program.

---

**What date should be listed on the referral form if the parent doesn't remember the date of the rescreen?**

If the parent doesn't know the exact date, 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 if there is question. That will also provide us with the opportunity to provide some technical assistance regarding reporting requirements.

---

**Will referrals from EA Iowa be sent by e-mail or Fax?**

Fax. However, at this time we are sending monthly referrals directly from the EHDI program to the Early ACCESS Regions.

---

*Continued on next page*



## EHDI Referral Process and Form Q&A 7-10, Continued

---

**Who at the AEA will receive the faxes/referrals?**

The person designated to receive EA referrals from EA Iowa. Each AEA has designated someone.

---

**What will be the turn-around time for EA Iowa to get referrals out to the AEAs?**

EA Iowa faxes referrals the day they receive them whenever possible, otherwise the next business day.

---

**How often do you plan to check eSP records and refer for Early ACCESS pre-service coordination?**

Monthly

---

**Can the EHDI program make these referrals more often?**

At this time monthly is as often as we can do it. Because not all of the outpatient and diagnostic reporting forms have been entered into eSP, we have to match records by hand. As the process becomes less time consuming, we may be able to increase the frequency of referrals. It may be possible to do it more often in the future.

---

*Continued on next page*

## EHDI Referral Process and Form Q&A 7-10, Continued

---

**Is there any way around the release of information so the AEA can tell a primary care provider that a child needs further hearing screening/diagnostic assessment?**

No, it is not legal to contact the primary care provider without a signed release of information. All providers must have a signed release of information before sharing any child specific information with anyone other than the state EHDI office, as defined in the EHDI administrative rules: <http://www.idph.state.ia.us/iaehdi/default.asp>

The reason the AEA previously had procedures to contact the primary care provider when a child did not come in for a rescreen was to assure that no child was *lost to follow-up*. This resulted in minimizing *lost to follow-up*. However, this procedure is no longer needed since the Early Hearing Detection and Intervention law and administrative rules were implemented in 2004. The current process that the law describes is as follows:

- The baby is screened.
- All screeners are required to report the screening information/results to the state EHDI office at the Iowa Department Public Health.
- All providers of hearing rescreens are required to report those data to the state EHDI office.
- The state EHDI office monitors all children who need rescreens. If a rescreen has not been reported within a month and a half, the EHDI office generates a referral which goes to the EA-EHDI contact at each AEA for follow up.

This procedure is designed to eliminate or minimize *lost to follow-up* and provide consistency in Iowa.

---