

# Part C

## Eligibility Considerations

### For Infants & Toddlers Who Are Deaf or Hard of Hearing

*This document was produced by a committee convened by the IDEA Infant & Toddler Coordinators Association and the National Center for Hearing Assessment and Management. January 2011.*

**E**arly Hearing Detection and Intervention (EHDI) programs exist in states and territories for the purpose of creating effective newborn hearing screening, assessment, follow up, and early intervention services for infants and young children with hearing loss. Early intervention services for children identified through state EHDI programs are frequently provided through state Part C systems that offer early intervention services under the Individuals with Disabilities Education Act (IDEA) 2004. The regulations of IDEA (34 CFR 303.300) outline general guidelines for eligibility in Part C programs. Under these regulations, children may qualify based on (1) developmental delay or (2) the existence of a condition with a high probability of delay. Implicit in the statute and regulations is the understanding that states may not be able to serve all children who might benefit from early intervention services. States are given discretion in establishing their individual criteria both for developmental delay and for

established conditions for child eligibility. As a result, definitions of eligibility for Part C differ significantly from state to state. An individual state's approach to establishing overall eligibility criteria influences how infants and toddlers with hearing loss are determined eligible for services—either by virtue of an established condition or because of a developmental delay.



Part C has the responsibility of ensuring that children who are deaf or hard of hearing are identified, determining which children will be eligible for Part C services, and providing appropriate early intervention services to children who are eligible.

It is essential that decisions concerning eligibility for Part C services for children with hearing loss be made by a team that includes professionals knowledgeable about the identification, consequences, and intervention for children with permanent hearing loss.

Approximately 12,000 babies are born with permanent hearing loss each year, which indicates up to 36,000 children with hearing loss (birth to age 3 years) are potentially eligible for services under state Part C systems at any point in time. Part C has the responsibility of ensuring that children who are deaf or hard of hearing are identified, determining which children will be eligible for Part C services, and providing appropriate early intervention services to children who are eligible.

The purpose of this document is to provide information that will assist people responsible for state Part C systems in:

- Making informed, evidence-based decisions as they develop or review eligibility criteria related to infants and toddlers who are deaf or hard of hearing.
- Determining the appropriate personnel to participate in eligibility determination and the development of an Individualized Family Service Plan (IFSP) to address service needs of the child and family.
- Providing resource information to families of children who do not meet the eligibility criteria established by the state's Part C program.

## Defining Hearing Loss

Because measures of receptive and expressive language are not precise for children birth through 12 months, infants born with a permanent hearing loss and no additional disability or condition almost never demonstrate early delays that qualify the infant for early intervention services under most states' definitions of developmental delay. IDEA, however, defines eligibility not only by the establishment of a developmental delay but also by the existence of a condition with a high probability of delay, which includes hearing loss. There is abundant evidence that

permanent hearing loss of any degree and configuration results in developmental delays if appropriate early intervention is not provided. The Joint Committee on Infant Hearing (JCIH, 2007) recommends that all children with congenital permanent bilateral or unilateral hearing loss, including those with permanent conductive or neural hearing loss (i.e., auditory neuropathy/ dyssynchrony), receive early intervention. Evidence-based research confirms that all types of hearing loss outlined by JCIH result in delays in multiple areas, including, but not limited to, speech and language, communication, social-emotional development, cognition, and reading.

## Membership of Eligibility Team

It is essential that decisions concerning eligibility for Part C services for children with hearing loss be made by a team that includes professionals knowledgeable about the identification, consequences, and intervention for children with permanent hearing loss. Professionals with this expertise include audiologists, deaf educators, early interventionists, and speech-language pathologists who have skills and expertise in serving infants and young children who are deaf or hard of hearing and their families. The selection of the appropriate personnel for the team will be dependent on each state's



guidelines for eligibility determination. Eligibility determinations based on the hearing loss as a physical condition with a high probability of developmental delay will require, at minimum, knowledge and skill in infant hearing assessment and interpretation of test results, as well as knowledge of the impact of hearing loss on development. If the eligibility team is the same team that conducts the multidisciplinary assessment and develops the IFSP, then additional knowledge and skills are required, including information on the continuum of technology options (e.g., hearing aids, cochlear implants, FM systems), communication opportunities (e.g., cued speech, sign languages, listening, and spoken language), and intervention strategies available for children with hearing loss. All decisions concerning eligibility must be reflective of evidence-based practices, made individually for each child within the context of support services within the state, and free from bias or ideology regarding appropriate or “best” services for children with hearing loss.

### Eligibility Criteria

JCIH (2007) states that all families of infants with any degree of bilateral or unilateral permanent hearing loss should be considered eligible for early intervention services. Infants and young children with mild-to-profound

hearing loss who are identified in the first 6 months of life and provided with timely, appropriate early intervention have significantly better vocabulary development, receptive and expressive language, syntax, speech production, and social-emotional development when compared to infants whose hearing loss is identified later in life (JCIH 2007). Federal guidelines state that practitioners should initiate referrals to early intervention programs within 2 days of confirming the presence of a hearing loss (CFR 303.321d).

Ideally, Part C eligibility guidelines would encompass all infants with permanent hearing loss of any degree for either ear. It is recognized that state Part C systems may not have the resources to serve all children with hearing loss that would benefit from early intervention services. When prioritization is necessary, it is recommended that state guidelines reflect current research-based knowledge related to the impact of hearing loss on development (see insert). States should consider the additional impact of co-existing developmental delays, established conditions, or diagnoses when developing eligibility criteria for early intervention services for infants and young children with hearing loss. When it is determined that a child with a hearing loss is not eligible for Part C services, it is imperative that referral to other resources be provided.

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## Referral to Other Resources

Whether or not a child is determined to be eligible for services in a state's Part C system—with parental/caregiver permission—notification of the child's eligibility status should be shared with the state EHDI program and the child's medical home. When a determination is made that an infant or young child with permanent hearing loss is not eligible for early intervention services under the state's Part C eligibility criteria, additional safeguards and systems must be in place to ensure that families have access to other resources. At minimum, it is recommended that information and/or referral sources for the following be provided:

- Non-Part C early intervention services for children with hearing loss, including names and contact information of providers.
- Periodic monitoring of hearing status (every 3 months for children through 18 months and every 3 to 6 months for children through 36 months), including monitoring of middle ear status.
- Periodic assessment of speech/language development every 6 months through the infant toddler period and every 12 months thereafter.
- Periodic developmental monitoring every 6 months through the infant/toddler period and every 12 months

thereafter to include discussion of parental concerns related to communication and language development.

- Family education and support related to impact of hearing loss, risk of hearing loss progression, communication options, and related issues.
- Consideration for amplification, as appropriate.

Suggested resources include, but are not limited to, the state's EHDI system, Early Head Start, Medicaid-funded programs, Title V services, other state or privately funded services for children who are deaf or hard of hearing, the child's medical home, and any additional state tracking and/or follow-along program that is available. Although resources will vary based on each state's system design, it is recommended that a network encompassing all the above-listed services be available to meet the individual needs of children and families. Any change in a child's hearing status or the impact of hearing on development should result in a referral back to Part C.

## Reference

Joint Committee on Infant Hearing. (2007). Year 2007 Position Statement: Principles and guidelines for early hearing detection and intervention programs. *Pediatrics*, 120(4), 898-921.



## Relationship of Degree of Hearing Loss to Child Development

UNILATERAL Hearing Loss		
Impact on Hearing	Potential Impact on Speech & Language Development	Part C Eligibility Considerations
<ul style="list-style-type: none"> <li>• Difficulty hearing or understanding speech in noisy or reverberant environments, especially when the better ear is toward the noise.</li> <li>• Difficulty in hearing or understanding speech if soft or distant.</li> <li>• Difficulty determining where sounds are coming from (localization) and who is the speaker in family or group situations.</li> </ul>	<ul style="list-style-type: none"> <li>• Language development may be delayed.</li> <li>• Child may not understand questions or requests.</li> <li>• Child may appear to not be paying attention.</li> <li>• Child may have related delays in social-emotional growth, cognition, adaptive and physical development, and early literacy.</li> </ul>	<p>Consider for Part C eligibility as well as:</p> <ul style="list-style-type: none"> <li>• Audiological monitoring.</li> <li>• Periodic assessment of speech and language.</li> <li>• Developmental monitoring.</li> <li>• Consideration for amplification.</li> </ul>
BILATERAL Hearing Loss: 16 – 25 dB HL		
Impact on Hearing	Potential Impact on Speech & Language Development	Part C Eligibility Considerations
<ul style="list-style-type: none"> <li>• Difficulty hearing faint or soft speech.</li> <li>• Child likely to exhibit signs of hearing difficulty in noisy environments or with increased distance from speaker.</li> <li>• Comparable to listening with fingers in ears.</li> <li>• Child may miss unstressed words, word endings, and certain consonants.</li> <li>• Unaided, child may miss about 10% of speech.</li> </ul>	<ul style="list-style-type: none"> <li>• Speech and language development may be slightly delayed.</li> <li>• Child likely to miss subtle conversation cues that could cause the child to appear inattentive or inappropriate in his response to others.</li> <li>• Child will likely respond to speakers with “huh?” or confused look, especially in the presence of background noise or with increased distance.</li> <li>• Child will have related developmental impact in social/emotional growth, cognition, early literacy.</li> </ul>	<p>Consider for Part C eligibility as well as:</p> <ul style="list-style-type: none"> <li>• Audiological monitoring.</li> <li>• Periodic assessment of speech and language.</li> <li>• Developmental monitoring.</li> <li>• Consideration for amplification.</li> <li>• Access to information on communication systems.</li> </ul>
BILATERAL Hearing Loss: 26 – 40 dB HL		
Impact on Hearing	Potential Impact on Speech & Language Development	Part C Eligibility Considerations
<ul style="list-style-type: none"> <li>• Difficulty hearing soft or distant speech.</li> <li>• Cannot hear a whispered conversation in a quiet environment a few inches from the ear.</li> <li>• Unaided, child may miss up to 30% of speech, particularly in noisy environments.</li> </ul>	<ul style="list-style-type: none"> <li>• Speech and language development likely to be delayed.</li> <li>• Child will develop some speech communication with low to medium intelligibility as heard by unfamiliar and familiar listeners.</li> <li>• Speech and language development likely to be marked by the absence of unstressed speech sound (i.e., articles and other unstressed words, tense markers, unvoiced consonants).</li> <li>• Child will have related developmental impact in social/emotional growth, cognition, early literacy.</li> </ul>	<ul style="list-style-type: none"> <li>• Highly recommended for Part C eligibility.</li> <li>• Referral to other early intervention resources, as appropriate.</li> </ul>

**NOTE:** Numerical values, measured in decibels (dB HL), are based on the average of the hearing loss at three frequencies (500 Hz, 1000 Hz, and 2000 Hz) in the better ear without amplification. Access to hearing technologies and/or visual language may lessen potential impact, but without early intervention, the probability of delay remains.

**BILATERAL Hearing Loss: 41 – 55 dB HL**

Impact on Hearing	Potential Impact on Speech & Language Development	Part C Eligibility Considerations
<ul style="list-style-type: none"> <li>• Difficulty hearing or understanding speech spoken at the loudness level of normal conversation unless very close to the speaker (0-3 feet).</li> <li>• Unaided, child may miss 50-75% to 80-100% of speech information (if hearing thresholds are at 55 dB)</li> </ul>	<ul style="list-style-type: none"> <li>• Speech and language development will be delayed.</li> <li>• Child will develop some speech communication but with poor intelligibility as heard by unfamiliar and familiar listeners. Language development will be compromised in all major areas (content, form, use).</li> <li>• Likely to have delayed syntax, limited vocabulary, errors in speech production, and atonal voice quality.</li> <li>• Child will have related developmental impact in social/emotional growth, cognition, early literacy.</li> </ul>	<ul style="list-style-type: none"> <li>• Highly recommended for Part C early intervention services.</li> <li>• Referral to other early intervention resources, as appropriate.</li> </ul>

**BILATERAL Hearing Loss: 56 – 70 dB HL**

Impact on Hearing	Potential Impact on Speech & Language Development	Part C Eligibility Considerations
<ul style="list-style-type: none"> <li>• Cannot hear normal conversations in a quiet atmosphere at very close range (1 to 2 feet).</li> <li>• Unaided, conversation must be very loud in order for the child to recognize that someone is speaking. Child may miss up to 100% of speech.</li> </ul>	<ul style="list-style-type: none"> <li>• Speech and language development will be delayed.</li> <li>• Child may develop some speech communication but with poor intelligibility as heard by unfamiliar and familiar listeners.</li> <li>• Language development will be compromised in all major areas (content, form, use)</li> <li>• Child will have related developmental impact in social/emotional growth, cognition, early literacy.</li> </ul>	<ul style="list-style-type: none"> <li>• Highly recommended for Part C early intervention services.</li> <li>• Referral to other early intervention resources, as appropriate.</li> </ul>

**BILATERAL Hearing Loss: 71 – 90 dB HL**

Impact on Hearing	Potential Impact on Speech & Language Development	Part C Eligibility Considerations
<ul style="list-style-type: none"> <li>• Cannot hear speech. Can only hear loud noises at close range (i.e., lawn mower).</li> <li>• Child may hear someone “yelling” near their ear.</li> <li>• Unaided, child will miss up to 100% of speech.</li> </ul>	<ul style="list-style-type: none"> <li>• Speech and language development will be delayed.</li> <li>• Child may or may not develop speech communication but with no intelligibility as heard by unfamiliar to familiar listeners.</li> <li>• Language development will be compromised in all major areas (content, form, use)</li> <li>• Child will have related developmental impact in social/emotional growth, cognition, early literacy.</li> </ul>	<ul style="list-style-type: none"> <li>• Highly recommended for Part C early intervention services.</li> <li>• Referral to other early intervention resources, as appropriate.</li> </ul>

**BILATERAL Hearing Loss: 91+ dB HL**

Impact on Hearing	Potential Impact on Speech & Language Development	Part C Eligibility Considerations
<ul style="list-style-type: none"> <li>• Cannot hear speech. May only hear or feel very loud noises (i.e., airplane at close distance, chain saw).</li> <li>• Aware of vibrations.</li> </ul>	<ul style="list-style-type: none"> <li>• Speech and language development will be delayed.</li> <li>• Child will develop minimal to no speech communication.</li> <li>• Language development will be compromised in all major areas (content, form, use)</li> <li>• Child will have related developmental impact in social/emotional growth, cognition, early literacy.</li> </ul>	<ul style="list-style-type: none"> <li>• Highly recommended for Part C early intervention services.</li> <li>• Referral to other early intervention resources, as appropriate.</li> </ul>