

INTERVENTION

Intervention is initiated after the hearing loss has been confirmed by an audiologist.

A. EHDI-M procedures for confirmed hearing losses:

1. The child's information is entered as a referral into the First Steps Information System's Child Registry by the Diagnostic Intervention Coordinator.
2. The Diagnostic/Intervention Coordinator faxes or mails an EHDI-M Status Report (Exhibit 6), First Steps Early Intervention Central Office Referral Form (Exhibit 7), a copy of the Audiological Diagnostic/Follow-Up Report, all audiological test results, and Form # 288 to the First Steps Early Intervention District Coordinator and Hearing Resource Consultant who serves the region in which the baby resides.
3. The First Steps District Coordinator immediately assigns a Service Coordinator (SC) to provide service coordination to the family.
4. The Diagnostic/Intervention Coordinator faxes/mails a copy of the diagnostic report to the child's identified PCP if not sent by Diagnostic Center.

B. Service Coordinator responsibilities for confirmed hearing losses:

1. Coordinates initial meeting of SC and HRC with the family to explain the First Steps Early Intervention Program and enroll the family in First Steps. HRC provides unbiased information regarding communication options and available service providers. **(SC should contact HRC within 2 days of receiving referral.)**
2. Notifies the HRC of dates of the comprehensive evaluation, initial IFSP meeting, 6 month review, revisions and annual updates.
3. **Faxes or mails developmental history, comprehensive report, IFSP and referral for service to Early Intervention Parent Education program selected by the family, and coordinates other recommended services within 2 days of IFSP meeting.**
4. **Faxes or mails updated IFSP to HRC and providers.**
5. Provides status updates as needed to the HRC and Diagnostic/Intervention Coordinator.
6. **Faxes or mails First Steps Decline Form to the HRC if the family declines program, evaluations, and one or more services.**

C. Hearing Resource Consultant responsibilities for confirmed hearing losses:

1. **Contacts the Service Coordinator (if SC has not made contact) within 2 days of receiving EHDI-M Status Report, audiological test results, Form #288, Form # 53, and First Steps Early Intervention Central Office Referral Unit Form to coordinate the initial meeting with the family.**
2. Meets jointly with the SC and family during the initial visit to explain hearing loss, communication options, parent education programs, importance of having medical home, and to answer any hearing related questions the family may have.
3. **Participates in the comprehensive evaluation, initial IFSP development, 6 month review, revisions, annual updates, and transition meeting by attendance, phone,**

- teleconference, prior written report, etc.
4. Requests a copy of IFSP from Service Coordinator if not received within 5 days after evaluation, review, revision, or annual.
 5. Provides an electronic copy, mail, or fax HRC report of initial visit with family and subsequent home visits to Diagnostic/Intervention Coordinator.
 6. Provides a quarterly report (March, June, September, December) via electronic, mail or fax to EHDI-M Director of active caseload, service being provided (as it relates to hearing), agency providing service, name of provider, District, and name of child's Service Coordinator.

HRC Monitoring Activities:

1. The HRC contacts the family by phone or in person as needed to monitor intervention(s), as directed by the IFSP. Situations that may call for more direct contact are: adjusting to hearing loss and hearing aids, consideration of cochlear implant, slow or delayed language development, transitioning into public or private schools. **NOTE: Attendance at transition meeting is only required if family and Service Coordinator request the HRC as a participant/advocate.**
2. The HRC keeps EHDI-M and the Service Coordinator informed through periodic status updates.
3. The HRC will remain in contact with the family, Service Coordinator and providers until the child is at least three years of age.
4. The needs of the family, the degree of the hearing loss and the availability of appropriate services will determine the HRC's level of contact. If services being provided are appropriate and adequate, the HRC acts as a resource and the SC, audiologist and/or interventionist manage the concerns of the family.
5. The HRC periodically visits the diagnostic centers in their area to provide technical assistance and update centers on any changes within the EHDI-M program.

D. Procedures for infants or children with hearing loss who are referred to First Steps from outside the of the EHDI-M program:

Any child identified with a hearing loss without an EHDI-M Status Report should be reported to the EHDI-M office immediately. These children may be direct referrals from physicians, delayed-onset hearing losses, recently arrived to the state of Mississippi or children who have been evaluated out-of-state and for whom no information was forwarded to the EHDI-M office.