

## ESIT/DHH Policies & Procedures FAQs

### **Referrals:**

#### ***Q: What happens when a DHH Agency gets a direct referral?***

A: If a DHH agency gets a direct referral, the family will still need to be linked with a DHH FRC at a full-service agency that serves the family's address.

The DHH agency can either:

- Help the family by using the ESIT map tool to identify which full-service agency, and if more than one, support their choice, then refer the family to the DHH Point Person or DHH FRC at that agency; OR,
- Involve WithinReach to support the family's choice of a full-service agency and the DMS referral to that agency.

The rest of the process will be the same as with all other types of referrals. The family will be informed that there are 3 DHH agencies and shared the video, flyer and encouraged to attend a Welcome Session. At any point they share with the DHH FRC that they have chosen a DHH agency, the DHH FRC will involve that agency in all of the next steps.

#### ***Q: Who is the "follow up" person for WithinReach & Department of Health (DOH)?***

A: The ESIT/DHH Point Person is the "follow up" person. All agencies will be asked to keep their list of ESIT/DHH Point People and DHH/FRCs up to date. The list will be kept on the ESIT/DHH website and shared with all agency partners.

#### ***Q: Do referrals from audiologist go through Early Hearing Loss Detection, Diagnosis and Intervention (EHDDI) program or direct to WithinReach?***

A: Sometimes an audiologist is able to successfully use the EHDDI system which sends their referral directly into the ESIT DMS. WithinReach would see this type of referral, and forward to the full-service agency DHH FRC, or if more than one

full-service agency, contact the family first.

It is hopeful that this system will work better in the future, but because it is currently unreliable, audiologist (or anyone else) may make the referral directly to WithinReach.

***Q: Someone mentioned sharing minimal information about the child with the DHH providers prior to the family choosing (I think that's what I heard- may have heard incorrectly). Wouldn't the full-service agency need signed ROIs on file for each agency in order to share information prior to the family choosing?***

**A: You will need to discuss this with your agency's privacy officer. It is our understanding that HIPAA allows sharing information as care coordination for referrals and should not interfere with referrals to services.**

HIPAA allows for sharing of medical information for referral and care coordination. This includes medical information received by one ESIT provider that did not originate with their agency. The example is Agency A, a full-service ESIT provider, is serving a child and received an audiology report confirming the child has hearing loss, OR a vision report from an ophthalmologist with a diagnosis of vision loss. In our King County ESIT system, Agency A is then responsible to refer to one of our other provider agencies who specializes in serving children who are deaf/hard of hearing or have a vision impairment. Under HIPAA, Agency A is allowed to share the medical information with the partner ESIT agencies providing these specialized services, as part of the referral for services. This would be allowable as coordination of care.

### **Intake:**

***Q: Is the child's diagnosis always clear?***

A: Often, but not always, the audiologist will include a diagnosis with the child's referral information. If there is no diagnosis listed, a first step would be to contact the audiologist and find out if there is already a diagnosis.

***Q: Can DHH FRCs share information available in the tri-agency flyer?***

A: Yes, the DHH FRC can share information available in the tri-agency flyer, keeping in mind to do so in a neutral manner. If the family has questions about specific programs, communication approaches, or modalities, etc. the DHH FRC should refer the family to the DHH Agencies directly.

***Q: What can the DHH FRC share about the DHH Agencies?***

A: Some things FRC should share: The system is here to support you in learning about your child's hearing levels and the impact on their development. All 3 programs meet and exceed best practice guidelines and support kids with all levels and configurations of hearing differences; you get to choose what best fits your family now and can change if it isn't a good fit.

***Q: How does the DHH FRC answer the question, "Why are there three DHH Agencies?"***

A: While there are many common threads between all three agencies, each uses a unique combination of communication approaches to support children and families. You'll get the most accurate information by talking with each of them.

***Q: I wonder about scheduling the IFSP at the intake. At the evaluation it will be determined if other services besides DHH will be added. It seems important to have both the DHH provider and any other service provider there for the initial IFSP. It seems like scheduling at the evaluation rather than intake might help ensure they can be there.***

A: Each full-service agency has their own processes for scheduling assessments/evaluations and Initial IFSPs. We're asking them to be responsible for these processes and timelines, and so not asking them to change their process, **except** that the DHH FRC will:

- Inform all 3 DHH agencies that a child has been referred and to hold the scheduled dates; and,
- As soon as the family has chosen a DHH agency, work with that DHH provider to schedule all upcoming activities (and inform the other DHH agencies that the family has chosen so their time may be released).

## **Pilot Welcome Session (in development):**

### ***Q: Why are we offering this?***

A: We are piloting the Welcome Session with all three DHH Agencies to center families. We hope one Welcome Session with all three DHH Agencies will be smoother and less time consuming for a family, rather than having families schedule and attend three separate individual meetings with each agency. This Welcome Session will be a one stop shop for a family to learn about the different modalities available and get answers to any questions they may have. We hope this will create a smooth process for families to make a well-informed choice and access services sooner.

### ***Q: What is not working with the current system?***

A: It can be time consuming and challenging for families to schedule three separate meetings to learn about the options available. Families have various appointments and meetings to navigate. We want to streamline the process.

### ***Q: How often are the Welcome Sessions?***

A: They will be regularly scheduled “on hold” on a weekly basis. If no families are attending, the session will be cancelled for that week.

### ***Q: What if a family chooses a DHH Agency, do they still need to attend the Welcome Session?***

A: The DHH FRC would still offer the Welcome Session to the family, so the family may meet with the other agencies and learn about their programs. If the family declines the Welcome Session, they move on in the ESIT/DHH Process. If no other families are attending the Welcome Session that week, the session is cancelled.

***Q: Will the welcome sessions be recorded if families are unable to attend them at the scheduled time?***

A: No, Welcome Sessions will not be recorded. If a family is not able to attend a regularly schedule session, one can be specifically scheduled to accommodate their needs.

***Q: Will multiple families be in the same welcome session? Will they interact with each other?***

A: Multiple families may attend the same Welcome Session. Break-out rooms can be utilized for privacy, so each family may meet with each DHH Agency individually. We are still working out the logistics of this pilot offering.

***Q: What if a family cannot attend a scheduled Welcome Session?***

A: If no other families will be attending the planned Welcome Session, it can be cancelled and rescheduled to accommodate the family's needs. If other families are already planning to attend a pre-planned Welcome Session, another session can be planned for a family who cannot attend.

***Q: What if one of the caregivers is unable to attend the welcome session? Are other caregivers (like grandparents) able to attend welcome sessions?***

A: Yes! All caregivers are welcome. If they are not all available for the same session, they could attend separate sessions.

***Q: What if the family leaves with more questions, how can they get answers after the session?***

A: The DHH Agencies can support the family with any questions specific to their program and modalities. The DHH FRC can support the family with questions about next steps in the ESIT/DHH Process.

***Q: Would the DHH FRC be welcomed into the Welcome Sessions?***

A: Absolutely! The DHH FRC is welcome to attend if they would like to, but it is not a requirement.

**Evaluation/Assessment:**

***Q: How does the FRC schedule the evaluation without talking to the person doing the evaluation?***

A: Each full-service agency has their own process for evaluation. The DHH FRC uses their agency's processes to schedule the evaluation or assessment. They let the 3 DHH agencies know about the time and location.

***Q: What assessments will be conducted at intake?***

A: When DHH FRC's connect with families at intake, they will be asking some level of family resources, priorities, and concerns. They will be ALSO explaining King County's DHH system and the family's opportunity to choose. We are asking that the DHH FRC do the intake, rather than typical intake person to streamline the process for families and decrease the number of people involved in supporting the family to get services. In general assessment tools are not used during intake, but rather at the assessment or evaluation.

***Q: If a family chooses a DHH program prior to the assessment, is the DHH provider responsible for all Present Levels of Development (PLODS)?***

A: No, the DHH provider will work in partnership with the full-service agency provider to identify which areas of assessment each will be responsible for.

***Q: When the DHH agency is not picked before the evaluation happens who does the evaluation? I think you mentioned that an SLP will do it...is that consistent across the board for all DHH children?***

A: Yes, full-service agency's will use their agency processes to schedule assessment or evaluation, typically including a team of 2 ESIT providers, with at

least one related to family's concerns. For DHH children the related provider might be an SLP or an educator, or another relevant provider when the family has not yet chosen a DHH agency.

The focus of assessment, for children eligible by diagnosis, is to ensure thoughtful review of child's development across domains in preparation for IFSP. In addition to this, the focus of an evaluation is to determine if child is eligible for ESIT, when a child is not already eligible by diagnosis.

Once service provider(s) are added to the IFSP, they will be responsible for their own ongoing assessments.

***Q: Kids with hearing loss don't need to "qualify" in communication. They automatically qualify. Often times a 3-month-old may not show a communication delay. How will this be addressed by the evaluators to ensure that the evaluators are taking into account the details of working with DHH children and families?***

A: All ESIT evaluation teams in King County know that a child can be determined eligible for ESIT services in one of three ways.

- A qualifying diagnosis, OR
- Qualifying scores in one or more developmental domains, OR
- Informed Clinical Opinion.

Once a child is determined to be eligible for services, the recommended services and outcomes should be related to the family's priorities and concerns. A child does not qualify for services in just one domain.

***Q: Providers can attend IFSP's that they did not do the assessment for or will not be the provider for?***

A: A provider can attend the IFSP meeting if they will be on the child/family's IFSP team, even if they were not part of developing the assessment or evaluation. If they will not be a provider for that child and family, they probably would not

participate in the IFSP meeting.

***Q: What if a future assigned provider is not available during scheduled time? How will the DHH FRC know the individual provider's schedule?***

A: It depends when the family chooses a DHH agency. All DHH agencies will be notified of a referral and the scheduled assessment and Initial IFSP times to place a hold on their calendars in the eventuality that they are chosen as the DHH agency. The full-service agency will likely get the assessment on the schedule soon after the family is referred.

**If the family chooses a DHH agency before the assessment,** but DHH provider is not available at assessment time, the assessment will go forward. The DHH FRC will work with the family and the DHH provider to identify a workable time for the Initial IFSP. All subsequent meetings will be planned by coordinating with the family and all IFSP team providers in advance.

**If the family chooses a DHH agency before the IFSP,** but the IFSP is already scheduled, and DHH provider is not available for Initial IFSP, the DHH FRC will attempt to find an alternate time that works for the family and the DHH provider. However, there may be some situations that require an Initial IFSP to be completed without the DHH provider present in order to meet Part C timelines. All subsequent meetings will be planned by coordinating with the family and all IFSP team providers in advance.

***Q: Can the "calendar hold" for all 3 dhh agencies for families who haven't chosen yet be revisited after we see how that goes?***

A: Yes. The purpose of the calendar hold is to ensure that 1) all 3 DHH agencies are informed that a child has been referred and are aware of the schedule, and 2, allow time for scheduling if one of the providers needs an interpreter to participate in the session.



***Q: It would be helpful for the DHH agencies to share who at their agencies need to be notified for the calendar hold. Also, what other information about the child, if any they would like in addition to the date.***

A: The DHH Point Person at each of the DHH agencies should be sent the calendar hold and they will be responsible for forwarding if another provider would be participating. See list (with link).

***Q: When does the initial COS happen? Who participates? Is our provider required to participate depending on when we join the IFSP?***

A: The COS happens at the initial IFSP meeting with the family.

The DHH FRC writes the Summary of Functional Performance using information from the family assessment, the present levels of development, and team discussion within 5 days after the meeting unless the 45-day timeline is sooner. The provider(s), shares information from the assessment/evaluation during the discussion, adds knowledge of same age peers if needed.

Correct, the provider(s) participate depending on when they join the IFSP.

***Q: Who is responsible for uploading the IFSP signature page, PWN, and consent to evaluate? Do DHH Agencies need to download and keep in our files?***

A: FRCs are responsible for uploading documents into the DMS and notifying all team members. All individuals included on the IFSP are responsible for checking for accuracy and communicating regarding any missing items.

DHH agencies do NOT need to download and keep in your files.

***Q: It is my understanding that the developmental center teams will do the initial/eligibility evaluations and the exit - this would include the DECA and vision screen - right? Are providers responsible for an initial report?***

A: Vision screening is required with initial evaluation/assessment, the full-service agency would be responsible. Provider would be responsible for annual

assessment. If dually served, providers should discuss who would complete the vision screening.

Whichever provider completes a domain, would be responsible for writing up that area. E.G. DHH does communication assessment- needs to write that section of the report and provide to FRC.

***Q: Wow often is the vision screen required? (Is the provider or FRC/team responsible for subsequent vision screens?)***

A: Vision screens are required annually.

The provider is responsible for subsequent vision screens and referring to a TSVI when necessary.

DECA- required at entry and exit. Full-service agency is responsible for the DECA because they are responsible for the eval/assessment.

***Q: Sometimes the DECA is useful for us to see the impact of reduced access or lower language levels on social-emotional development including things like self-regulation, initiation etc. We do the DECA as a screen when a family is in service if we have any concerns. For the initial and exit DECAs is it possible to get a copy of the raw score sheet, rather than just the scores in the IFSP - the individual info is often useful for us.***

A: All members of the child's team should have access to relevant scores and information needed to support the child.

### **Community of Practice:**

***Q: Will our Community of Practice be an opportunity to learn more about DHH community? Or will it be more discussions about policies/steps?***

A: All of the above! The Community of Practice meetings will be an opportunity to:

- Continue building relationships in community to better support families;

- Learn more about best practices for supporting D/HH children and their families;
- Discuss implementation of policies/procedures;
- Create a feedback loop for continuous systems improvement; and
- Continue building shared knowledge