

**MINUTES**  
**STATE ADVISORY COUNCIL FOR EARLY IDENTIFICATION**  
**OF DEAF AND HARD OF HEARING INFANTS**

**Quarterly Council Meeting**  
**Tuesday, October 31, 2017**  
**New Orleans, Louisiana**

**COUNCIL MEMBERS PRESENT:** Marbely Barahona, Thiravat Choojitarom, Amy D'Alfonso, Gina Easterly, Sohith Kanotra, Melissa McConnell, Ashley Nielsen, Leigh Ann Norman (by phone)

**COUNCIL MEMBERS ABSENT:** Susannah Boudreaux, Gina Easterly, Patti Moss

**GUESTS PRESENT:** Jill Guidry, Melinda Peat, Dawne McCabe, Patti Barovechio, Tri Tran, Jimmy Gore

The meeting was called to order by Dr. Choo at 10:00 am. The minutes from the previous meeting were reviewed and approved as provided with unanimous vote of attending Council.

**Council Business:**

**Coordinated Care:**

Patti Barovechio, CSHS Statewide Care Coordinator Supervisor with the Bureau of Family Health presented on Coordinated Care. Pattie reports that Jeanette Webb worked out about collaborative work on care coordination and workplans, building that learning collaborative. As part of CSHS we do a lot of work on care coordination and the medical home. We have worked to build care capacity of providers around care coordination. There are many models and when we talk about care coordination it has many, many definitions. Even Hands & Voices, that you have the parent support, coordination of support, we have parent liaisons in our clinics, and we also have a clinic based care coordination model which we could hold tenants of that as a learning collaborative. One of the things I brought today is the Regional Resource Guide that is put out by CSHS and this like a listing that is to help families with care coordination with pediatric population (Attachment A). This is something we disseminate to practices across the state and if you know of a practice that could benefit from a tool such as this, it is available at the CSHS website. If you look at the first set of programs, it has our web address where the services are available, as well as the website for the EHDI program. Just a little bit around the practice based care coordination model, there is a toolkit available online. It is a rather comprehensive model in that it requires a half-time employee to provide care coordination services to do all of the followup and follow through activities. Even though many of those services are not billable, providers are able to benefit as they are taking much of that busy work away from the clinician so they can see more patients in a day because the Care Coordinator ultimately takes on those activities. The other two pieces of paper that I've provided in our clinics, so that we don't miss kids with special health care needs (Attachment B). We use a national screener to screen all children that come into a clinic and then this is the template for the care coordinator. I had reached out to Terri and she provided me a list of providers that serve to children with hearing loss and we have identified a couple of providers that may be able to support some of this workgroup collaborative. We are just in the early stages around

that work and I will take pieces and parts of our work care coordination and work that we are already aware of, like Hands & Voices.

Terri adds that these Regional Resource Guide sheets could also be linked on our website, and included with the Parent Resource Guide that Hands & Voices provides to families of children who are deaf or hard of hearing. Terri also added that with our Maternal Child Health Bureau grant, part of that was to initiate care coordination for deaf and hard of hearing children. They did not give us the specifics on how we should go about that. So what we chose to do – we know that CSHS, under Bureau of Family Health, already had Care Coordination initiated in several practices, so what Patti said was, we took a list of the pediatricians who were identified as the pediatrician or PCP for our deaf or hard of hearing kids in our database. So I sent her the physicians' names and we were able to identify two practices that have care coordination that have deaf or hard of hearing patients involved in their practice. They already have a toolkit developed, so eventually we will have our own EHDI toolkit, but for now we are going to combine our information with theirs. The long range goal is when a child is identified to be able to provide the pediatric facility with a toolkit for that child as far as guidance steps and things should happen for this child, where to go for that, some parent information. We're not sure of all that is going to be in the toolkit. We are just in the beginning stages. If anyone would like to participate in that committee, we might end up having an Advisory Council committee for that. I think that would be a good idea and that would be the bridge. We participate in monthly meetings with CSHS and the activities they are working on. Yes, that is right, every parent of a child with hearing loss is linked with a parent guide, they are also linked with the Parent Pupil Education Program and now we need to include the PCP in that. Pattie adds that currently they are linked with Dr. Doucet with Tulane and Daughters of Charity, but we are not sure which provider yet, but they have care coordination as well.

Gina Easterly questions: Are there PCPs in other parts of the state? Not yet. Does care coordination also include Early Steps, like comprehensive overall care coordination based on the needs of the family, right? Yes. Terri adds is that part of the procedure is that when a child is identified, within 14 days they are referred to Early Steps. This all goes back to the initiation of the contact is from someone knowledgeable of hearing loss. The goal is for within those two weeks for them to meet with the family, and if for some reason they can't, then make contact by phone by day 14. There had been inconsistencies with that for many reasons, not just a lack of making the referral, for example, they couldn't get in touch with the family. And if they couldn't get in touch with the family, then they would wait to make the referral until they got in touch with the family. Then that would take a few weeks. It just wasn't always consistently happening within the 14 days. So now we have modified the procedure so that Margaret Berry, our Early Intervention Coordinator, when a child is identified, she make the referral to PPEP and GBYS. She will now make the referral to ES in 14 days. That way it consistently made, regardless if contact has been made. It assures that 100% of the children will be referred. Margaret, Susannah and I met and that decision was made.

Gina also mentions Parents as Teachers in the northern part of the state that might be eligible for it as well. Referrals should be made to Parents as Teachers as well. Nurse Family Partnership are for first time pregnant moms, but Parents as Teachers are for pregnant and parenting families. So based on its more income based, eligible for WIC, SSI, anything like that these families are eligible to receive those supportive services. The services are available to

families. We have a certified parent educator come in and talk with the families about parenting, child development, early identification and accepting early intervention. They stay with the children and families till the enter Kindergarten. Yes, I would encourage making referrals to Parents as Teachers. Terri suggested that perhaps a presentation could be made the Advisory Council, PPEP, GBYS Parent Guides so that they could understand that referral process better. Gina said she'd be happy to do that.

Pattie adds that the specific practices that they are working at CSHS sponsors three care coordinators that service 7 clinics in the greater New Orleans area and there is one in Lafayette. This is not universally available across the state. In those practices where we have an established care coordination working in those practices and incorporating lessons learned about what these families need, and how did that care coordinator expand those services for them and what were the things they were most in need of. What did those assessments find as they worked with those families? Some stats are tracked and right now CSHS is in the process of developing some measurements. The initial study that they did on the care coordination model, Dr. Tri helped them analyze that data. It is a self-report like a practice tool that measures the medical home. But moving forward, we will continue to collect stats from the care coordinator and beginning to look at those cost saving measures, ER use and that sort of thing. Patti mentions that the Care Coordination Study was just published in the Maternal Child Health Journal this month (in October) so our next step is to look at the cost saving measure. Dr. Choo mentioned that as the process gets further along, he would be happy to assist.

#### **2015 CDC Survey Data:**

Dr. Tri Tran, MD, MPH, LA EHDI Epidemiologist presented a report on 2015 CDC Survey Data. Dr. Tri shared update on EHDI data to see how successful we are working towards 1-3-6 EHDI goals. There are three parts to the data. The first page of Dr. Tri's report is Screening. The second page covers Followup diagnostic and the third page covers Early Intervention. The data covers births that occurred in 2015. Dr. Tri's three page report outlining reported data is attached hereto as "Attachment C". After the report, questions, answers and discussions were exchanged by Council and EHDI team members.

Dr. Kanotra queried what happens if they are unable to contact a family. Terri Ibieta shared some input she had from conversations with Susannah Boudreaux about PPEP staff contacting families. Marbely Barahona shared steps GBYS parent guides take to contact families. Resultant of the conversation was the suggestion for unresponsive families, to possibly at some point add the step to contact the PCP. Terri clarified that the PCP is contacted if they are lost to followup, but not for babies that are unidentified. Leigh Ann Norman also mentioned the importance of keeping the audiologist in the loop. Terri shared discussions with GBYS for Parent Guides to followup with audiologists for referred children.

**Brochures.** Council members also discussed information given to families in the hospital when screening results are given. Terri shared that there are brochures given to families in the hospital. Leigh Ann also shared that best practices is for families to leave the hospital with an appointment. Marbely Barahona shared her perspective about the brochures that are given to families at the hospital when their child is born. What parents want to know when their baby is just born, is simply that they didn't pass the screening test and that they need to followup. The brochure that LA EHDI has right now is good. Parents know that their baby didn't pass and the

next step. Other information for families will come. It comes from PPEP, early intervention and Hands & Voices. Dr. Kanotra stated that at his hospital, followup appointments are made, but he isn't aware of brochures. The LA EHDI brochures are free and available to hospitals. Dr. Kanotra validated Marbely's input saying that moms can get lost in the ocean of information they are given and if we have a standardized EHDI brochure shared -- very good basic way of educating families. Terri shared that one thing that every hospital does use the Newborn Hearing Screening Report Form and on the back of the parents copy, we have a developmental checklist, and it shares that even if your baby passed the screening today, discuss this with your pediatrician and use this developmental checklist. That is the only thing that is required to be used by hospitals. I don't know if there is some way we could incorporate this information on there. It doesn't say what to do on that if you don't pass. Maybe it could have the developmental milestones on the top and then on the bottom what to do if you don't pass. There is a space on the front of that form that every family receives to document the appointment. We currently can't mandate that a baby leave with an appointment, but it is a best practice recommendation. Terri mentions that at one point we had a Roadmap for Families, and it came from Hands & Voices. It is basically a one page document. Okay, you had the newborn hearing screening. What to do if you passed, what to do if you didn't pass and it went through to early intervention. There were some revisions, but then it stopped. The feedback was that it was not a valuable document. Dr. Kanotra suggested we possibly revisit that. Dr. Kanotra also suggested that he could charge his nurses in the NICU with handing out the brochures kind of as an experiment to see if this is a valid thing. Terri also shares that as part of the scorecard review, they is a grade given for whether or not appointments are being scheduled for those not passing the screening. When we have meetings with hospitals, every hospital has a newborn hearing screening supervisor. That is one of our recommendations. Since we've had the scorecards, there were a couple of hospitals that did not like their score being low and so they started scheduling outpatient screenings. Research does show that parents are more likely to followup if the appointment is scheduled prior to hospital discharge. Dr. Choo asked for a couple of brochures and he'll bring them over at Womens Hospital to see if he can council some of them to see if we can improve their scheduling appointments before hospital discharge. Terri says that a new campaign of 'use these brochures' could be tried -- that hasn't been done in a while.

**Update from Hands & Voices:** Jill Guidry reports that the GBYS program continues to receive referrals of those newly identified with hearing loss. Parent Guides contact families, work closely with PPEP to ensure Parent Guides have the information necessary to contact families to provide support. The information is then entered into the LA EHDI information system to ensure the data is updated. H&V will be attend an informational event at Ochsners in December. The Hands & Voices website has been active with visitors from the US and other countries as well. There are Hands & Voices tshirts for sale as well.

**CMV testing.** Dr. Kanotra shared that there is a wave going across in which CMV testing is going to possibly become either universal or at least targeted, CMV screening at birth. We all know that CMV is one of the leading causes of non-genetic causes of hearing loss. The numbers are as high as 21-24 % of hearing loss is caused by CMV. We still don't have a treatment protocol for CMV. There is a new study beginning in January an initiative a double

blinded trials using valganciclovir and ganciclovir and whether it helps in delaying hearing loss in kids that been diagnosed with CMV. The problem with CMV is that it has to be diagnosed within the first three weeks of life for us to start the medication in order to reverses the hearing loss. But the data is not on management part at the moment. It is on the diagnosis of congenital CMV. If you do a targeted CMV you miss at least 25-30% of the children who have CMV and are going to later develop a hearing loss. Utah and Connecticut already have at state level CMV testing for every baby who fails a newborn hearing screening. That's legislation they have passed recently. The reason I bring it up it is not going to be a quick change. It's going to happen, whether it happens in five years or what, it is going to happen. We all need to make a roadmap and how we are going to deal with it in our state. The testing is expensive. That's the number one thing. They have done cost effective studies showing it is still cost effective to do CMV testing in children. Targeted would be done on kids that fail newborn hearing screening. The question now how do we go about it in our scenario. They have to be tested in three weeks. The test is expensive and we still don't have how we can actually take it to the grassroot level, so that's something we are going to do that. One of the recommendations I thought about is doing it in a block research study in a small population. Maybe we get a small local population where all of the people who fail their newborn hearing screening, all get CMV testing done and see what we find in our own scenario, and then extrapolate on a state level. But this is going to come up in the next two three years. The testing can be done through either urine or saliva. Urine is very difficult to collect on babies, so possibly the saliva swab would be better. My thought was maybe starting in one area, maybe as a research. Utah has to really fight an uphill battle. There are lots of questions, but this is something that is going to come up. Dr. Choo shares that more information could be obtained at the next CMV conference, as well as an international meeting. Dr. Choo shares the science is not there, blood spot testing is very expensive, and the treatments with ganciclovir is a harsh treatment. Those treatments have be given in the hospital. Dr. Choo shares he was at meetings when it was discussed. He shares he still doesn't know how Utah was able to accomplish that, except that they had a strong advocate in government, a representative that was effective, to get it through the legislature. Universal testing would be preferable because it gives you so much information. Dr. Kanotra says they will be part of this trial, beginning early next year. Hopefully they will get it all lined out. That will at least answer the therapeutic part of it.

**Next Advisory Council Meeting:**

The next Advisory Council meeting will convene January 25, 2018 location TBA, preferably in LaPlace.

**Adjournment:**

A motion to adjourn the meeting was made by Dr. Choojitarom and seconded by Gina Easterly. By unanimous vote the meeting was adjourned.





**CSHS REGIONAL RESOURCE GUIDE – REGION 1**  
**Jefferson - Orleans - Plaquemines - St. Bernard**

Organization	Contact	Services/Information	Eligibility	Physician Referral
<b>Children and Youth with Special Health Care Needs Programs (CYSHCN)</b> <a href="http://www.ldh.la.gov/cshs">www.ldh.la.gov/cshs</a>  <a href="http://www.ldh.la.gov">www.ldh.la.gov</a>  <a href="http://www.ldh.la.gov/ehdi">www.ldh.la.gov/ehdi</a>  <a href="http://www.ldh.la.gov/genetics">www.ldh.la.gov/genetics</a>  <a href="http://www.ldh.louisiana.gov/lead">www.ldh.louisiana.gov/lead</a>	Children's Special Health Services (CSHS) 504-568-5055	CSHS Central Office NOLA	Eligibility criteria Birth–21 years	Specialty Clinics- dx from MD
	Family Resource Center 504-896-1340	Children's Hospital Rm 2020	All LA families	
	Early Hearing Detection and Intervention (EHDI) 504-568-5028	NB Hearing Screens info	All newborns	No
	Genetic Diseases 504-568-8254	NB Heel Stick Screening Genetic Diseases Resources	All newborns	
Childhood Lead Poisoning Prevention 504-568-8254	Information and resources	All LA families		
<b>Child Care Assistance Program (CCAP)</b> <a href="http://www.louisianabelieves.com">www.louisianabelieves.com</a>	Toll free 877-453-2721	Child care assistance for children under 13 or under 18 with a disability	Financial criteria; support for low-income families	No
<b>Dental Services (MCNA)</b> <b>MCNA</b> <a href="http://www.mcna.net/">www.mcna.net/</a>	Main 800-494-6262	Medicaid dental provider locator *MCNA web site - benefit info	Medicaid eligible	No
<b>Department of Children and Family Services (Food Stamps-SNAP)</b> <a href="http://www.dcf.s.la.gov">www.dcf.s.la.gov</a>	State reporting* hotline-abuse/neglect (DCFS) 855-452-5439	Investigates abuse and neglect reports for children	Birth – 17 years	No
	Family Support Services 888-524-3578	24 hour hot line – SSI, WIC, Medicaid, emergency funds	Financial	
	Supplemental Nutrition Assistance Program 888-524-3578	Food/nutrition assistance	Financial	
<b>Developmental Disabilities Services</b>  <b>Metropolitan Human Services District</b> <a href="http://www.mhstdla.org">www.mhstdla.org</a>  <b>Jefferson Parish Human Services Authority</b> <a href="http://www.jp.hsa.org">www.jp.hsa.org</a>  <b>OCDD Resource Center on Developmental Disabilities</b> <a href="http://www.ldh.la.gov">http://www.ldh.la.gov</a>	Office for Citizens with Developmental Disabilities (OCDD) Region 1 504-599-0245	WAIVER Registry; DD services; cash subsidy; EarlySteps; supported living	Developmental disability criteria – Includes patients with Autism, MR, CP (severe), Epilepsy (severe) – diagnosed before age 22	No  MD signs forms during enrollment process
	OCDD Jefferson 504-838-5357 504-838-5700			
	OCDD Supports GNO Resource Center 225-567-1248	Nursing/Mental Health DD Community Training		
<b>Early Intervention Services</b>  <b>EarlySteps</b> <a href="http://www.earlysteps.ldh.la.gov">www.earlysteps.ldh.la.gov</a>	Orleans/Plaquemines St. Bernard 504-595-3408	Developmental Screening and Early intervention; ST, OT, PT	Birth - 3 years	No
	Jefferson 504-496-0165			
<b>Educational Assessments</b>  <b>Department of Education-child search</b> <a href="http://www.opsb.us">www.opsb.us</a> <a href="http://www.jp.schools.org">www.jp.schools.org</a> <a href="http://www.ppsb.org">www.ppsb.org</a>	Orleans East Jefferson West Jefferson Plaquemines St. Bernard 504-304-4988 504-349-8677 504-349-7912 504-595-6055 504-301-2000	Developmental Screening Special Education Preschool; ST, OT, PT	Ages 3 - 21 yrs Developmental Screens 3 – 5 yrs	No
<b>Emergency/Disaster</b>  <b>American Red Cross LA</b> <a href="http://www.redcross.org/la/new-orleans">www.redcross.org/la/new-orleans</a>  <b>United Way-Southeast LA</b> <a href="http://www.unitedwaysela.org">www.unitedwaysela.org</a>  <b>Dept of Family Services</b> <a href="http://www.dcf.s.state.la.us">www.dcf.s.state.la.us</a>	Am Red Cross 800-229-8191	Emergency relief Vietnamese/Spanish Evacuation guides	Need based	No
	United Way 211 504-822-5540	Community services link	Financial Criteria for some services	
	Family Services 888-524-3578	24 hr hot line-SSI WIC, Medicaid, Food Stamps	Financial Criteria	
<b>Family/Peer Support</b>  <b>Families Helping Families (FHF) Southeast Louisiana</b> <a href="http://www.fhf.sela.org">www.fhf.sela.org</a>  <b>FHF Jefferson</b> <a href="http://www.fhfjefferson.org">www.fhfjefferson.org</a>  <b>Bayouland FHF Information Center</b> <a href="http://www.bl.fhf.org">www.bl.fhf.org</a>  <b>Hands and Voices/Guide by your side</b> <a href="http://www.lahandsandvoices.org">www.lahandsandvoices.org</a>	FHF Orleans Toll free 504-943-0343 877-243-7352	Information, Training & Referrals/Education-IEP Support	No cost	No
	FHF Jefferson Toll free 504-888-9111 800-766-7736	Peer to peer mentoring		
	Family 2 Family Center 985-447-4461	Resources		
	Hands and Voices 504-388-5712	Family peer support for children with hearing impairments		

**CSHS REGIONAL RESOURCE GUIDE – REGION 1**  
**Jefferson - Orleans - Plaquemines - St. Bernard**

Organization	Contact	Services/Information	Eligibility	Physician Referral
<b>Insurance Helpline*</b> <b>Healthy Louisiana Special Needs Help-line</b> <a href="mailto:kscallan@gmail.com">kscallan@gmail.com</a>	Statewide Help-line *call, text, or email <b>504-300-5117</b>	Medicaid/Medicaid MCO -Free assistance with complaints/claim denials and service approvals	Child/adult BH/MH, medical & child dental claims	No
<b>Legal Assistance</b> <b>Advocacy Center</b> <a href="http://www.advocacyla.org">www.advocacyla.org</a>	Toll free Spanish/Vietnamese <b>800-960-7705</b>	Legal Services Advocacy/outreach/training Education/Voting/Access	Persons with disabilities and elderly no cost to client	N/A
<b>Medicaid/Healthy LA Plans</b> <b>Aetna Better Health</b> <b>Amerigroup/Healthy Blue</b> <b>AmeriHealth Caritas</b> <b>LA HealthCare Connections</b> <b>United HealthCare</b>	Medicaid Info Line  Aetna Amerigroup/Healthy Blue AmeriHealth LA HealthCare United HealthCare <b>855-229-6848</b> <b>855-242-0802</b> <b>800-600-4441</b> <b>888-756-0004</b> <b>866-595-8133</b> <b>855-650-6627</b>	Medicaid/Healthy LA Medical, Dental, and behavioral health provider links	Medicaid Eligible	No
<b>Mental/Behavioral Health Services</b> <b>Metropolitan Human Services Authority (HAS)</b> <a href="http://www.mhsdla.org/">http://www.mhsdla.org/</a> <b>Jefferson Parish HSA</b> <a href="http://www.jpsha.org">www.jpsha.org</a> <b>Tulane Infant Mental Health Services</b> <b>Children's Bureau GNO</b> <a href="http://www.childrens-bureau.com">www.childrens-bureau.com</a>	Orleans  West Jefferson East Jefferson Mobile Crisis Line <b>504-568-3130</b> <b>504-349-8833</b> <b>504-838-5257</b> <b>504-832-5123</b>  Tulane  Children's Bureau <b>504-988-9184</b> <b>504-525-2366</b>	Mental Health & Addictive Disorders  Suicidal/Homicidal crisis & homeless outreach  Infant and child mental health/parenting & family support & education	Financial criteria Call for eligibility  In crisis  Children under 6 Assess & treat MH	No
<b>Mental Health Supports – Louisiana Federation of Families for Children's Mental Health</b> <a href="http://www.laffcmh.org">www.laffcmh.org</a>	Main Parent Line (Toll Free) <b>225-293-3508</b> <b>800-224-4010</b>	Info, referrals, education peer and family mentoring thru age 24	Parent/caregiver & child/youth with emotional, MH/BH challenges	No
<b>Parenting Support</b> <b>Parenting Center- Children's Hospital New Orleans/Metairie</b> <b>Healthy Start - Orleans</b>	Parenting Center <b>504-896-9591</b> Healthy Start <b>504-658-2600</b>	Parenting class/support Pregnant/parenting children under age 2 Counseling/nutrition	Sliding scale fees  No fees	No  No
<b>Personal Care Services (PCS)</b> <b>Medicaid EPSDT</b> <a href="http://www.ldh.la.gov">www.ldh.la.gov</a>	Toll free <b>877-455-9955</b>	Personal Care Services (PCS)	Medical criteria Medicaid eligible Birth - 21 yrs	Diagnosis on MD Rx.
<b>Prescription Assistance – Partnership for Prescription Assist</b> <a href="http://www.pparxla.org">www.pparxla.org</a> <b>St. Vincent De Paul</b>	PPA <b>888-477-2669</b> St. VDP <b>504-940-5031</b> <b>888-443-7494</b>	Rx assistance  ST. VDP Mon/Wed 8-10	Financial criteria Low/no cost	No
<b>Social Security Disability (Income/SSI)</b> <a href="http://www.ssa.gov">www.ssa.gov</a>	Toll free <b>800-772-1213</b>	Income for disabled <b>*Reapply</b> if denied – Age 18 redetermination	Medical Criteria	Diagnosis from MD
<b>Transportation (Medical)</b> <b>Healthy Louisianan Plans Medicaid</b> <a href="http://www.ldh.la.gov/medicaid">www.ldh.la.gov/medicaid</a>	Medicaid Amerigroup/Healthy Blue Aetna AmeriHealth Louisiana Healthcare United Healthcare <b>855-325-7565</b> <b>866-430-1101</b> <b>877-917-4150</b> <b>888-913-0364</b> <b>855-369-3723</b> <b>866-726-1427</b>	Non-emergency medical transport (cab) to/from medical visit- parent/child <b>*Must schedule 2 days before appointment</b>	Medicaid Eligible	No
<b>Vocational Rehab - Louisiana Rehab Services (LRS)</b> <a href="http://www.laworks.net">www.laworks.net</a>	LRS Eastbank Office <b>504-838-5180</b> LRS Westbank Office <b>504-361-6816</b>	Vocational rehab/work support & counseling for persons with disabilities	Eligibility assessment	No
<b>WIC-Nutrition Supports Women Infants and Children Program (WIC)</b> <b>Partners for Healthy Babies-website</b> <a href="http://1800251baby.org/">http://1800251baby.org/</a>	Toll free National helpline *service locator & appointments <b>800-251-2229</b>  Online resources for mom & baby	Food and formula Nutrition education Breastfeeding support Health and pregnancy resources	WIC program - financial criteria <b>*Must keep MD appointments</b>	MD signs WIC app & referral



Children with Special Health Care Needs Parent Survey - CSHCN Screener\*(Modified)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's date: \_\_\_\_\_

If you filled out a survey at your last appointment and there have been **no changes**, check the box below. If there has been a change, or if your child is a new patient, please answer all questions. Give the survey to staff when you are done.

No changes since last appointment.

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1. Does your child need or use **medicine** prescribed by a doctor?  
 Yes  
 No

List **prescription** medicines your child takes on a **regular basis**:

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2. Does your child need **OR** use more **medical care** than other children the same age?  
 Yes  
 No
3. Does your child have trouble **doing things most children the same age can do**?  
 Yes  
 No
4. Does your child need **OR** get special therapy, such as **physical therapy, occupational, or speech therapy**?  
 Yes  
 No
5. Does your child need **counseling or treatment** for behavior problems, emotional problems, or delays in walking, talking, or activities other children his age can do?  
 Yes  
 No
6. If you answered yes to any question: Has this problem lasted or is expected to last at least 12 months?  
 Yes  
 No
7. Optional - what is your child's race and ethnicity? (Information used for Federal grant reporting only)

Race:  Black/African Am.  White  Asian  Am. Indian/Alaskan-native  Pacific Islander/Native-Hawaiian  
Ethnicity:  Hispanic  Non-Hispanic

# CSHS Care Coordination Assessment Form

<b>Patient Name</b>	<b>M.R. #</b>	<b>DOB</b>	<b>Sex</b>	<b>Race</b>
<b>Address</b>	ID# _____			
<b>Contact</b>	<b>Relationship</b>	<b>Payor</b>	<b>Phone Number</b>	<b>Phone Number</b>
<b>Contact</b>	<b>Relationship</b>	<b>Phone Number</b>	<b>Phone Number</b>	<b>Phone Number</b>

**Medical History**

<b>Primary Diagnosis</b>	<b>Secondary Diagnosis</b>
Other _____	
Brief History _____	

**ER Visits (last 12 months)**

ER Visits (last 12 months)		Hospitalizations (last 12 months)	
Date	Reason	Date	Reason

**Procedures/Treatments**

Date	Date

**Psychosocial**

<b>Primary Language</b>	Housing	Temp/Perm	SF	Public	Transportation
	Apt	Trailer		Number of siblings	Private
<b>Support System (family)</b>	Occupants in house _____				

**Education**

<b>School</b>	Grade Level	Special Education	IEP	504	Therapies

**Behavioral/Mental Health Concerns**

<b>At Home</b>	<b>At School</b>

**Financial and Community Resources – Existing**

Food Stamps	SSI	FITAP	Waiver Programs	WIC	Office of Child Services (foster care)
CSHS	OCDD	Early Steps	Child Search	EPSDT	
Remarks _____					
Original Date ____ / ____ / ____					

## 2015 LA EHDI – SCREENING

	Number	Percent
Occurrent Births	64705	
Screened	63860	98.7 (99.3 / eligible NB)
Not Screened	845	1.3
Passed	60583	94.9
Not Passed	3277	5.1
Screened by one month	62703	96.9 (98.2 / screened)
Inpatient screened	63597	99.6
Outpatient screened	263	0.4

### Reasons for not screened (845)

Infant Died	367	43.4
Transferred	67	7.9
Parents declined services	18	2.1
Homebirth	6	0.7
Medical Reasons	2	0.2
Other	111	13.1
Unknown	<del>367</del> 274	32.4

## 2015 LA EHDI – FOLLOW-UP/DIAGNOSIS

	Number	Percent
Not Passed	3277	
Documented Diagnosis	2395	73.1
No Documented Diagnosis	882	26.9
Diagnoses by 3 months of age	2041	62.3
Hearing Loss	103	1.6/1000 births
<b>Reasons for no documented diagnosis (882)</b>		
Parent contacted but unresponsive	350	39.7
Unknown	131	14.9
Audiological diagnosis in process	101	11.5
Unable to contact	49	5.6
Infant died	25	2.8
Moved out of state	7	0.8
Other	219	24.8

## 2015 LA EHDI – EARLY INTERVENTION (EI)

	Number	Percent
Hearing Loss	103	
<b>Total EI referral</b>	97	94.2
- EI referral by 6 months of age	70	68.0
EarlySteps (ES) referral	79	76.7
- ES referral by 6 months of age	56	54.4
Non part C referral	101	98.1
- Non part C referral by 6 months of age	57	55.3
<b>Total EI Enrollment</b>	77	<b>74.8</b>
- EI Enrollment by 6 months of age	45	<b>43.7</b>
ES enrollment	61	59.2
- ES enrollment by 6 months of age	33	32.0
Non part C enrollment	58	56.3
- Non part C enrollment by 6 months of age	31	30.1
 <b>Reasons for no EI enrollment (26)</b>		
Parents contacted but unresponsive	12	46.2
Parents declined	8	30.8
Moved out of state	2	7.7
Unable to contact	2	7.7
Infant deceased	1	3.8
Enrollment pending	1	3.8