

## Questions and clarifications related to the revised HMG Rules

1. For the new Form # 8032 - Ohio Help Me Grow Evaluation and Assessment Report (pg. 4). How should the RIHP be noted in the area where the child needs services? Are we considered "Family Training, counseling, and home visits," "Special Instruction," or should we be classified as something else?

RIHP services could include family training, counseling, and home visits (for hearing loss) or special instruction. The RIHP services could also be related to audiology, assistive technology, sign language, and speech pathology depending upon the needs of the child and the family. However, RIHP services are not those specific disciplines only. You may include more than one of these choices if the child and family need them.

For consistency, whether the child needs only RIHP EI Services or a combination of services, we would recommend documenting the need for early intervention for hearing loss as ***Family Training, counseling and home visits.***

Families may be eligible for just service coordination for RIHP services for a hearing loss.

2. In addition to the documentation regarding diagnosis - can the physician signature be "electronic signature" or does it have to be a physical signature? Since the switch to electronic records, most signatures are now electronic.

Electronic signatures of health care providers are acceptable for documentation; as long as it prints out on form as required.

3. Both HMG supervisors and service coordinators are under the impression that all Service Providers on the IFSP have to provide visit documentation. Would ODH please provide written confirmation that the RIHP is not required to provide a copy of each family visit documentation to the HMG Service Coordinator?

As noted during the teleconference on August 23, 2012, service providers DO NOT have to provide documentation of visits to service coordinators. However, you must maintain records and notes of your family visits and make them available for audit upon written request. Written clarification will be provided to the HMG and RIHP staffs. ODH will add this to the monthly call notes for Service Coordinators.

4. It is the Service Coordinator's requirement to obtain documentation of the diagnosis. However, the RIHP generally gets documentation of the diagnosed hearing loss to show eligibility for RIHP services. Can an Audiologist be the accepted signature, or does it need to be signed off on by the ENT or PCP? Many times the BAER report has the ICD9 code, the diagnosis written out, as well as the Audiologist signature.

The Infant Hearing Program accepts the Form 8017 with the Audiologist's signature as confirmation of hearing loss and can continue to forward this to the Service Coordinator. As outlined in Appendix 7A of the rules the child with a hearing loss is one of the diagnosed conditions with a high probability of resulting in a developmental delay. No further documentation is needed for confirmation of eligibility.

Remember, this is only confirmation of *eligibility* for services. Infants and toddlers with a hearing loss do not need a PCP or ENT to document the Form 8024 to be *eligible* for services. But, the service coordinator will still need to coordinate for an assessment to determine the child's needs for EI services. Participate if you can!!! Your input as to why the child needs services is CRITICAL to them moving onto an IFSP. The child assessment TOOL is only ONE PIECE of information requires to made the determination if a child needs EI services (see below).

5. What happens once the infant is eligible for services? How is the determination of the need for EI services made?

Once a child is eligible for services the child must be *assessed* to determine the need for services. The assessment may be done by one individual with licensure in two of the specified disciplines or by two individual with licensure in a single specified disciplines.

One of the experts assessing a child with a hearing loss should be an expert in the Communications Domain. RIHP personnel with appropriate credentials and experience are encouraged to become assessment team members for infants and toddlers with a hearing loss.

For children with a hearing loss, assessment by any of the following *licensed* providers within the RIHP program would be allowed and appropriate: early childhood education provider, special education provider, early intervention provider, hearing impairment intervention provider, or speech-language pathology provider.

Early intervention providers may request other assessment tools be added to the list of approved assessment tools. If you are aware of any that may be appropriate for children with a diagnosed hearing loss, please request their addition. (The consultant audiologists here will also look into this.)

Family input is still another component of the complete assessment. What does the parent identify as communications needs and then skills development as the child grows and communications become more complex?

After the initial determination of the need for services and enrollment, all children need to be assessed annually (within 90 days of annual IFSP) to determine the continued need for services. A family- directed assessment and multi-disciplinary assessment of the strengths and needs of the family must be taken into consideration initially and at annual reassessments. A determination to enroll in or to discontinue services cannot be solely based on test scores.

The RIHP PAs should also plan on participating in the annual reassessments. To maintain communication skills within normal development parameters for children with a hearing loss requires the continuation of RIHP habilitative services. We need to work on documenting the specific needs for each child as a continuum of services during the annual assessment, as well as educating Service Coordinators of the importance of continued services to meet those needs as the child progresses.

6. Where can we access the forms and the new rules?

They are available at [www.helpmegrow.org](http://www.helpmegrow.org). Scroll down the homepage and find the “News” section. There is one PDF document with all 16 HMG Rules included.

Another helpful link is “HMG Forms as Referenced in Rule Package 7-13-2012”. It has the forms HMG/SC will be using.

Forms Questions:

HEA Form # 8018, Notice and Consent for Screening/Evaluation/Assessment

Children with a permanent hearing loss should mostly be the 3rd box (multidisciplinary assessment) because they do not need screening or evaluation.

HEA Form # 8024, Documentation of Diagnosed Condition

This form must be completed by an MD, a DO, psychologist, psychiatrist, CNP, or a professional licensed to diagnose and treat mental and emotional disorders and is required ONLY FOR CHILDREN WHO DO NOT HAVE A CONDITION ON THE STATE'S LIST (RULE 07, APPENDIX A). It is not required for a child with a hearing loss.

HEA 8032, HMG Evaluation and Assessment

This form must be used for Evaluation and Assessment (required for all eligible applicants). Licensed professionals (see # 5. above) will utilize this form for documenting the results of their assessment.

HEA 8039, Written Notification of IFSP Meeting.

Each service provider should get these for annual meetings for each infant or toddler for whom you provide EI services. The invitation is mandatory and you need to provide your assessment and recommendations to the service coordinator. Periodic IFSP reviews do not require a meeting and these, will not require this form or invitation.