DEPARTMENT OF HEALTH SERVICES

714 / 744 P STREET P.O. BOX 942732 SACRAMENTO, CA 94234-7320 (916) 654-0499



December 31, 1999

CHDP Program Letter No. 99-11

TO: ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP)

PROGRAM DIRECTORS, DEPUTY DIRECTORS, MEDICAL

CONSULTANTS, STATE CHILDREN'S MEDICAL SERVICES (CMS)

BRANCH STAFF AND REGIONAL OFFICE STAFF

SUBJECT: PROCEDURES FOR RESPONSE TO REFERRAL FOR FOLLOW UP

FROM THE NEWBORN HEARING SCREENING PROGRAM (NHSP)

HEARING COORDINATION CENTERS (HCCs)

BACKGROUND

As you are aware, the CMS Branch is continuing to work toward the implementation of the California NHSP. California's program includes a tracking and follow up component designed to ensure that infants with possible hearing loss are linked with essential services, including re-screening, diagnostic, medical and early intervention services in a timely manner. This critical component includes follow up to missed appointments implemented through the CHDP program. The goals of the NHSP are to identify hearing loss by three months of age and to link all infants with hearing loss to intervention services by six months of age. To meet the goals of the NHSP, follow up to missed appointments must occur in a timely fashion.

The following protocol was developed by CMS staff with the assistance of regional CHDP representatives and is provided for your information. This information will be presented for discussion at the California Children's Services/CHDP educational seminars scheduled in January.

POLICY AND POLICY IMPLEMENTATION

The process outlined below is designed to facilitate follow up to missed appointments within a time frame that allows the goals of the NHSP to be accomplished.

1. The HCC is responsible for the process of determining the need for referral to CHDP.

- a. The HCC shall query the outpatient hearing screening provider or diagnostic evaluation provider for results of the hearing screening or diagnostic evaluation if results have not been received by 14 calendar days after the appointment date.
- b. If the family has not kept any appointments and/or the provider has made three attempts to contact the family, the HCC will determine the need for referral to the CHDP program.
- c. The HCC shall refer the family to the CHDP program for follow up by faxing the designated referral form and shall also notify the infant's primary care provider and the family (if possible) of the referral to the CHDP program.
- d. The CHDP referral form shall contain the name of the infant, mother or other caregiver; date of birth of the infant; address and telephone number or message number of parent or caregiver; primary language spoken by the parent or caregiver; insurance status; primary care provider and telephone number; appointment history including name of the outpatient hearing screening provider or diagnostic evaluation provider; and any other information about the attempted contacts with the family.
- 2. The CHDP program shall respond to the referring HCC within one month of receiving the referral. The response shall include the action taken and outcome for follow up on infants whose families are identified by the HCC as needing assistance in accessing hearing screening or diagnostic evaluation for hearing loss. The process for responding to a referral from the HCC shall include the following:
 - a. The CHDP program shall receive a referral from the HCC for infants whose families have not kept appointments with the outpatient hearing screening provider or diagnostic evaluation provider.
 - b. The CHDP program shall have a system to track the referral received from the HCC.
 - c. The CHDP program shall initiate follow up to HCC referrals within two to five working days from the date of receipt of the referral.

- d. The CHDP program shall contact the family of the referred infant to determine if:
 - (1) Assistance with scheduling an appointment for hearing screening or diagnostic evaluation for hearing loss is needed.
 - (2) Assistance with transportation to a hearing screening or diagnostic evaluation appointment is needed.
- e. The CHDP program shall educate the family about the importance of completing the hearing screening or diagnostic evaluation process.
- f. The CHDP program shall determine if the referred infant has kept the appointment for the hearing screening or diagnostic evaluation.
- g. If the family fails to keep the appointment, the local CHDP shall contact the family a second time and again offer assistance to the family with scheduling an appointment and/or transportation.
- h. A referral shall be complete when the local CHDP program has verified that:
 - an appointment for the hearing screening or diagnostic evaluation was kept;
 - (2) there were two missed appointments;
 - (3) the family of the referred infant refuses further care through the California NHSP or the infant's failure to keep the appointment was due to an action or decision by the family;
 - (4) no contact with the family was made after two good faith efforts.
- 3. The CHDP program shall complete the CHDP referral form and fax the form to the appropriate HCC within one month of receiving the referral. Documentation shall include the following:
 - a. Date and type of contract(s) (face to face, telephone, mail) or reason for no contact(s).

- b. Responsible person contacted.
- c. Type of assistance given (scheduling or transportation) and response.
- d. Date and time of appointment or rescheduled appointment for hearing screening or diagnostic evaluation.
- e. Hearing screening or diagnostic evaluation provider name and telephone number.
- f. Date appointment was kept or not kept and reason that appointment was missed.
- g. Updated family or primary care provider information.
- h. Information as to whether family declined appointment(s) or could not be located.

If the referral cannot be completed within one month of receipt of the referral because of the new appointment date or other factors, the CHDP program shall notify the referring HCC and report the status of the follow up and anticipated completion date.

If you have any questions, please contact David Banda, at (916) 323-8091.

ORIGINAL SIGNED BY MARIDEE A. GREGORY, M.D.

Maridee A. Gregory, M.D., Chief Children's Medical Services Branch

Enclosures