Hearing Coordination Center

Tracking and Monitoring Procedure Manual

Department of Health Care Services
Children’s Medical Services Branch
MS 8100
P.O. Box 997413
Sacramento, CA 95899-7413
Outpatient Screen required

- Appointment scheduled
  - Go to flowchart #1 A

- If the infant resides outside of CA
  - Go to flowchart #5

- Appointment not scheduled
  - Go to flowchart #1 B
Outpatient screen appt. not scheduled

HCC contacts birth hospital re: their responsibility to schedule & notify HCC*

Appt. scheduled

Go to flowchart #1 A

No notification of appt. date/time after 2 weeks

HCC contacts hospital

Hospital working with the family

Wait 2 weeks & contact again

Appt. scheduled

Go to flowchart #1 A

No results or info received

Hospital can’t find/schedule the family

Hospital to inform PCP

Send case closure letter #3 to hospital NHSP director

Send case closure letter #2 to PCP & family

Close case

*See HCC Contacts Attempts

Revised 4/07
Outpt re-screen or NICU
initial outpt screen not completed

If child already had a CHDP referral for outpt screening & N/S this appt., send case closure letter #4 to PCP & family. There is only one CHDP referral per child per stage of the program.

No successful contact w/family after 3 attempts at various times of the day on separate days*

CHDP referral

30 days & 2 good faith efforts by CHDP

CHDP still working with the family-wait 30 days*

Provider refuses to r/s. Appt. needed w/new provider. NOT HCC responsibility to r/s

Send case closure letter #5 to PCP & family

Close case

Diagnostic not completed

If child already had a CHDP referral for diagnostic & N/S this appt., send case closure letter #8 to PCP & family. There is only one CHDP referral per child per stage of the program.

HCC contacts family by phone*

HCC determines why family has not kept appt(s), reminds them of importance of appt and advises them to r/s with provider &/or gives the names of certified providers if current provider refuses to schedule further appts.

No appt scheduled

HCC contacts provider(s) within one wk of family contact to confirm appt. scheduled*

New appt. made or facilitated

Appt. scheduled

Go to flowchart 1A (screening) or flowchart 2 (diagnostic)

3 attempts or 2 n/s

Send case closure letter #4 (screening) or #8 (dx) to PCP & family

Close case

*See HCC Contacts Attempts
Flowchart #2-Diagnostic Evaluation Needed

Diagnostic Evaluation needed

Appointment scheduled

Send appt. notification letter #1 to the family and PCP

Diagnosis reporting form received

Go to flowchart 2A

Diagnostic reporting form not received within 14 days of scheduled appointment.

Go to flowchart 2B

If child resides outside of CA

Go to flowchart #5

Appointment not scheduled

Go to flowchart 2C

NHSP Tracking and Monitoring Procedure
Flowchart #2A-Diagnostic Evaluation Needed-Diagnostic Reporting Form Received

Pass

Send case closure letter #6 to PCP & family

Close case

Hearing loss identified

Go to flowchart #3

Diagnostic Reporting form received

3 attempts to contact family or 2 no show appts.

Go to flowchart #1C

Results incomplete

HCC contacts diagnostic provider*

Patient to return in >3 month’s time

HCC reinforces program goals

New Audiology appt. scheduled within 3 months

Referred to ENT

If patient has been thru ENT-Aud. loop 2 times and results are still incomplete

Send appt. notification letter #1 to PCP & family

If no diagnostic reporting form received, go to flowchart #2 B

Send case closure letter #7 to the family and PCP

Close case

Refer to State Audiologist

State Audiologist to provide input back to HCC

HCC continues to monitor Audiology appts & results

*See HCC Contacts Attempts
Diagnostic Reporting Form not received within 14 days of scheduled appointment

HCC contacts diagnostic provider*

- Diagnostic completed
  - Obtain completed diagnostic reporting form
    - Go to flowchart #2A

- Appt. rescheduled
  - Send appointment notification letter #1 to PCP & family
    - Go to flowchart #2

- Diagnostic not completed
  - 3 attempts or 2 N/S
    - If child already had a CHDP referral for a diagnostic evaluation and N/S this appt., send case closure letter #8 to PCP and family. There is only one CHDP referral per child per stage of the program.
      - Go to flowchart #1C
    - Close case
  - Close case

*See HCC Contacts Attempts
Flowchart #2C-Diagnostic Evaluation Needed-No Appointment Scheduled

Diagnostic evaluation not scheduled

- CCS referral made
  - CCS sends copy of auth to HCC
    - Appt. not scheduled
      - HCC contacts dx provider to find out when appt. is scheduled (not HCC responsibility to schedule appt.).
        - Appt. scheduled
          - Go to flowchart #2
        - No appt. scheduled and/or no intention to schedule appt.
          - Send case closure letter #19 to PCP & family.
            - Close case
      - Appt. scheduled
        - Go to flowchart #2
    - HCC contacts dx provider re: svc. from another provider?
      - No appt. scheduled and/or no intention to schedule appt.
        - Send case closure letter #19 to PCP & family.
          - Close case
      - Send appt. not scheduled letter #1 to PCP and family.
        - HCC follows up with appt. not scheduled letter #2 to PCP and family
          - HCC recontacts dx provider in one month
            - Appt. not scheduled
              - Go to flowchart #2
            - Appt. scheduled
              - Send case closure letter #19 to PCP & family.
                - Close case
      - Close case
    - HCC calls family to confirm dx provider & remind family to schedule dx appt*
      - Receive info on DX provider
        - No info. received after 1 month
          - HCC contacts PCP (2 attempts)
            - Send case closure letter #9 to PCP and parents
              - Close case
          - HCC contacts PCP (2 attempts)
            - Send appt. not scheduled letter #1 to PCP and family.
              - HCC follows up with appt. not scheduled letter #2 to PCP and family
                - HCC recontacts dx provider in one month
                  - Appt. not scheduled
                    - Go to flowchart #2
                  - Appt. scheduled
                    - Send case closure letter #19 to PCP & family.
                      - Close case
                - Close case
    - HCC contacts dx provider to find out when appt. is scheduled (not HCC responsibility to schedule appt.).
      - Appt. not scheduled
        - HCC contacts dx provider to find out when appt. is scheduled (not HCC responsibility to schedule appt.).
          - Appt. scheduled
            - Go to flowchart #2
      - Close case
  - CCS does not issue auth due to parental non-compliance
    - Family declines services
      - HCC contacts outpatient screener or NICU re: responsibility to refer to CCS
        - Send appt. not scheduled letter #1 to PCP and family.
          - HCC follows up with appt. not scheduled letter #2 to PCP and family
            - HCC recontacts dx provider in one month
              - Appt. not scheduled
                - Go to flowchart #2
              - Appt. scheduled
                - Send case closure letter #19 to PCP & family.
                  - Close case
            - Close case
    - CCS sends copy of auth to HCC
      - CCS referral not made
        - HCC makes referral to CCS
          - HCC contacts outpatient screener or NICU re: responsibility to refer to CCS
            - Send appt. not scheduled letter #1 to PCP and family.
              - HCC follows up with appt. not scheduled letter #2 to PCP and family
                - HCC recontacts dx provider in one month
                  - Appt. not scheduled
                    - Go to flowchart #2
                  - Appt. scheduled
                    - Send case closure letter #19 to PCP & family.
                      - Close case
                - Close case
          - Close case
    - Family declines CCS services
      - HCC contacts outpatient screener or NICU re: responsibility to refer to CCS
        - Send appt. not scheduled letter #1 to PCP and family.
          - HCC follows up with appt. not scheduled letter #2 to PCP and family
            - HCC recontacts dx provider in one month
              - Appt. not scheduled
                - Go to flowchart #2
              - Appt. scheduled
                - Send case closure letter #19 to PCP & family.
                  - Close case
            - Close case
      - Close case
  - CCS referral not made
    - HCC contacts outpatient screener or NICU re: responsibility to refer to CCS
      - Send appt. not scheduled letter #1 to PCP and family.
        - HCC follows up with appt. not scheduled letter #2 to PCP and family
          - HCC recontacts dx provider in one month
            - Appt. not scheduled
              - Go to flowchart #2
            - Appt. scheduled
              - Send case closure letter #19 to PCP & family.
                - Close case
          - Close case
    - Close case

*See HCC Contact Attempts
Flowchart #3 Hearing Loss Identified

Sensorineural

Child resides outside of CA

Go to flowchart #5

Conductive

Mixed

Long term-anomaly/malformation

Transient (Infection or fluid)

Make Early Start Referral

Hearing loss identified

Transitent >3 mos. duration

HCC contacts family 7 days after receiving results*

Case known to CCS

yes

no

HCC makes referral w/n 2 working days

HCC makes referral w/n 2 working days

Close case

Send hearing loss id letter #1 to PCP & family.

HCC contacts family 7 days after receiving results*

HCC contacts family 7 days after receiving results*

Parent packet received

Linked with Audiology

Mail to family

Discuss options of providers &/or funding

Update child’s records

Verify PCP & contact info.

Unable to contact the family after 3 attempts at various times of the day

Make referral to Early Start

Family refuses services

Program refusal (ie parent asks not to be contacted again)

Send case closure letter #20 to parent and PCP

Close case

Unable to contact the family after 3 attempts at various times of the day

Family refuses 1 or more recommended services (ie hearing aids)

Verify link w/ ongoing medical, audiologic & community svcs.

Previous contact indicated the child was linked with services. Close the case as Linked (1 mos.) or Linked (2 mos.) as appropriate.

Verify current Eary Start Svcs.

Report to CDE * if no IFSP

Report to CDE * any problems accessing svcs.

Send case closure letter #11 to PCP & family

Send case closure letter #22 to the family and PCP

Close case

Send case closure letter #10 to PCP, family & DX provider.

HCC makes Early Start referral

Parent packet received

Linked with Audiology

Mail to family

Discuss options of providers &/or funding

Update child’s records

Verify PCP & contact info.

HCC contacts family 2 months after diagnosis*

HCC contacts family 2 months after diagnosis*

HCC contacts family 6 months after diagnosis*

HCC contacts family 6 months after diagnosis*

Verify ongoing medical, audiologic & community svcs.

Make necessary referrals

Make necessary referrals

Verify current, ongoing audiologic & community svcs.

Make necessary referrals

Make necessary referrals

Close case

Child resides outside of CA

Go to flowchart #5

Deaf and Hard of Hearing Unit
Infant transferred (Hospital should document in transfer notes whether a screening was completed, results &/or f/u info.)

Within the same facility

To another hospital within the HCC’s geographic service area (GSA)

Non-nursery unit

NICU

Go to flowchart #4C

Receiving unit provides results

HCC contacts receiving unit within 2 days or 1 wk depending on length of hosp. cert. or compliance (see contact attempts) to verify

Send transfer status form at least every 2 weeks to receiving unit*

DX eval. results

Screening results

Obtain results

Go to flowchart #2A

Screen not done

Pass

Refer

Close case

Outpt screen scheduled

DX appt. scheduled or needed (where appropriate)

Go to flowchart #1A

Go to flowchart #2 or 2C as appropriate

Go to flowchart #2A

Go to flowchart #1A, 2, 2A, or 3 as appropriate

Baby still an inpatient

Receiving unit is unresponsive despite prescribed contact*

Info obtained

Report to DHCS contract mgr

Unit is still unresponsive

Send case closure letter #12 to PCP & NHSP director

Close case

*See HCC Contacts Attempts
Infant transferred to a hospital outside the HCC’s geographic service area (GSA)

Non-nursery Unit (i.e. PICU)

Home HCC notifies the receiving HCC of the transfer baby within two working days and closes the case

Send transfer status form at least every 2 weeks to the receiving unit*

Receiving unit provides results

Dx eval results

Screening results

Go to flowchart #2A

Pass

Receiving HCC contacts receiving unit within 2 days or 1 wk depending on length of hosp. cert. or compliance (see contact attempts) to verify transfer*

Refer

Screen not done

Obtain results

Baby still an inpatient

Close case

Outpt screen scheduled

DX appt. scheduled or needed (where appropriate)

Receiving HCC transfers case back to home HCC and closes case

Home HCC re-opens the case/go to flowchart #1A for screening

Home HCC re-opens case/go to flowchart #2 for diagnostic

Receiving unit is unresponsive despite prescribed contact attempts*

Send case closure letter #12 to PCP with a copy to the home HCC

Close case

*See HCC Contacts Attempts

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Revised 4/07
Infant transferred to a long term care facility

Screened before discharge

- Pass
  - Close case
  - DX completed, if appropriate
    - Pass
      - Close case
    - Refer
      - Re-screen
        - Pass
          - F/U care to be arranged by PCP & discharge coordinator
            - Send case closure letter #15 to PCP
              - Close case
          - Refer
            - Close case
  - Refer
    - Early Start referral made
      - F/U care to be arranged by PCP & discharge coordinator
        - Send case closure letter #16 or #17 to PCP
          - Close case
    - Some level of hearing loss identified
      - Close case

Not Screened

- F/U to be arranged by the PCP &/or the discharge coordinator
  - Send case closure letter #16 or #17 to PCP
    - Close case
Infant transferred to a non-nursery unit (ie PICU)

Home HCC contacts receiving unit within 2 days to verify transfer*

Baby still inpt.

No outpt screen appt scheduled

Send appt. not scheduled letter #3 to parents and PCP

Go to flowchart #2A

Pass

Screen results

Refer

Screen not done

DX eval results

Go to flowchart #2

DX appt. scheduled or needed (where appropriate)

No outpt screen appt scheduled

Outpt screen scheduled

HCC waits one week & contacts parents to determine outpt. provider*

Parents refuse

Send case closure #4 to PCP & Parents

Close case

HCC waits one week & contacts parents again*

Appt. not scheduled

Send case closure letter #2 to PCP & Parents

Close case

Send case closure letter #12 to PCP

Close case

Unit is unresponsive despite prescribed contact attempts*

*See HCC Contacts Attempts
Infant resides outside of California

Inpatient reporting form received

Baby was transferred
- To a NICU or nursery
  - Go to flowchart #4
- To a non-nursery unit (i.e. PICU)
  - To a non-nursery unit (i.e. PICU)
  - To a non-nursery unit (i.e. PICU)

Baby was missed or referred
- Send case closure letter #23 to PCP and family
  - Close case

Information received indicates that the infant now has a CA address
- Complete normal tracking & monitoring procedures outlined in this manual

Follow-up reporting form received

Infant continues to live outside of CA
- No action required, case already closed

*See HCC Contacts Attempts
HCC Follow-up letters

All letters should contain the baby’s name, date of birth and results as appropriate. Each letter should be tailored for the specific situation.

Case Closure letters

Case closure letter #1 – (Letter to PCP)
- Flowchart #1A, 2A
- Pass screening
- Should inform the reader of the date of birth, date of screening and results.
- Include a reference to late onset or progressive hearing loss

Case closure letter #2 – (Letter to PCP and family)
- Flowchart #1B, 4C
- No appointment scheduled for OP Screen
- Reference family contacts if appropriate
- Should include information on transferring the responsibility of monitoring the patient’s follow up to the PCP and the parents. It is not the responsibility of the HCC to schedule appointments.
- Include a reference to an enclosed list of certified outpatient screening providers in their area, should they choose to schedule the screening.
- HCC will close the case, but will reopen if further results are received

Case closure letter #3 - (Letter to hospital NHSP Director)
- Flowchart #1B
- No appointment scheduled for OP Screen
- Should include information on the hospital’s responsibility to schedule the outpatient screening and mention hospital medico-legal liability for this child.
- The responsibility for scheduling follow-up appointment belongs to hospital and PCP
- Include a reference to an enclosed list of certified outpatient screening providers in their area, should they choose to schedule the screening.
- HCC will close the case, but will reopen if further results are received

Case closure letter #4 – (Letter to PCP and family)
- Flowchart #1A, 1C, 4C
- Unable to locate family or family refuses outpatient screening services
- Include Ages and Stages (for families who refused)
- Include information on transferring the responsibility of monitoring the patient’s follow up to the PCP and the parents. It is not the responsibility of the HCC to schedule appointments.
- Should contain a reference to an enclosed list of certified outpatient screening providers in their area, should they choose to schedule the screening.
- Encourage families to come back in to the system
- HCC will close the case, but will reopen if further results are received

Case closure letter #5 – (Letter to PCP and family)
- Flowchart #1A, 1C, 2B
- Outpatient screen or Diagnostic provider refuses to reschedule the patient due to excess no-shows or non-compliance
- Include information on transferring the responsibility for monitoring the patient's follow up to the PCP and the parents. It is not the responsibility of the HCC to schedule appointments.
• Include reference to a list of enclosed certified outpatient screening providers or Communication Disorders Centers in their area as appropriate.

• HCC will close the case, but will reopen if further results are received

**Case closure letter #6** – (Letter to PCP and family)

- Flowchart #2A
  - Pass DX evaluation
  - Observation of communication milestones
  - Include a reference to late onset or progressive hearing loss
  - Include Ages and Stages in family letter

**Case closure letter #7** – (Letter to PCP, family and audiologist)

- Flowchart #2A
  - Repeated diagnostic referrals between the audiologist and ENT
  - Emphasize need for complete results of diagnostic evaluation
  - Emphasize the importance of Early Intervention services for children identified with hearing loss to improve their communication abilities
  - Transfer responsibility for assuring access to appropriate services to family, PCP, and audiology provider
  - HCC will close the case, but will reopen if complete diagnostic results are received.

**Case closure letter #8** – (Letter to PCP and family)

- Flowchart #1C, 2B, 2C
  - Unable to locate family or family refuses diagnostic evaluation services
  - Include Ages and Stages for families who refused services
  - Include reference to a list of enclosed Communication Disorders Centers in their area for both families and PCP.
  - Encourage families to come back in to the system
  - Transfer responsibility for scheduling diagnostic appointment to PCP and family. It is not the responsibility of the HCC to schedule appointments.
  - HCC will close case, but will reopen if results of a diagnostic evaluation are received.

**Case closure letter #9** – (Letter to PCP and family)

- Flowchart #2C
  - No response to Appointment Not Scheduled Letter #1 or #2
  - Have received no response to prior letter requesting information about appointment or no appointment has been scheduled to date
  - Emphasize importance of a comprehensive audiology evaluation
  - Include reference to a list of enclosed Communication Disorders Centers in their area for both families and PCP.
  - Include Ages and Stages brochure
  - Transfer the responsibility for scheduling diagnostic appointment and assuring access to appropriate services to PCP and family
  - HCC will close case, but will reopen if results of diagnostic evaluation are received.

**Case closure letter #10** – (Letter to PCP and family)

- Flowchart #3
  - Conductive hearing loss
  - Include diagnostic results and recommendations
  - Ongoing infection or middle ear fluid may cause language delays, monitor development carefully. If the child is not following normal language development outlined in the Ages and Stages brochure, he/she may be eligible for special services.
  - Include reference to Early Start referral if appropriate.
  - Emphasize the need to follow provider recommendations
  - Include Ages and Stages (in parents copy)
  - HCC will not continue to track this child.
**Case closure letter #11** (Letter to PCP and family)
- Flowchart #3
  - Six months post diagnosis of hearing loss
  - Include child’s current status with audiology, medical care and early intervention services
  - Indicate that the child has successfully completed the tracking and monitoring phase of the NHSP.
  - Emphasize the importance of continuing audiology, medical and early intervention services.
  - The HCC will no longer be contacting the family or providers regarding baby

**Case closure letter #12** (Letter to PCP and Home HCC, as appropriate)
- Flowchart #4, 4A, 4C
  - HCC is unable to get screening results on a transferred baby
  - Indicate attempts were made to obtain screening results
  - Indicate that without the records, the results of the screening or whether a screening was completed is unknown
  - Emphasize that the PCP needs to facilitate a screening appt. if they’ve not been screened or if they had a refer result
  - HCC will close the case, but will reopen if screening results are received.

**Case closure letter #13** (Letter to PCP and NHSP director, as appropriate)
- Flowchart #4, 4C
  - No f/u screening scheduled for a transfer baby
  - Indicate the results of original screening, if done
  - Emphasize the need for completion of screening process
  - Indicate PCP’s responsibility for facilitating the f/u screening
  - HCC will close the case, but will reopen if results are received (N/A if infant resides outside of California)

**Case closure letter #14** (Letter to PCP and NHSP director, as appropriate)
- Flowchart #4, 4C
  - DX appt. not scheduled for transfer baby
  - Indicate results of original screening
  - Emphasize the need for completion of DX evaluation
  - Indicate the PCP’s responsibility for facilitating DX evaluation
  - HCC will close the case, but will reopen if further results are received (N/A if infant resides outside of California)

**Case closure letter #15** (Letter to PCP)
- Flowchart #4
  - Child in long-term care facility with some level of hearing loss identified
  - Indicate results of DX evaluation
  - Indicate when Early Start referral was made and by whom (provider vs. HCC)
  - Emphasize the need for the PCP to ongoing follow-up services
  - HCC will not track the baby while in long-term care

**Case closure letter #16** (Letter to PCP)
- Flowchart #4
  - Child in long-term care facility that was not screened before hospital discharge
  - Indicate that the child has not undergone a hearing screening
  - Emphasize the need for hearing screening
  - Indicate the PCP’s responsibility for facilitating hearing screening
  - Indicate that the HCC will not track the baby while in long-term care
**Case closure letter #17**-(Letter to PCP)
- Flowchart #4
  - Child in long-term care facility that did not complete a diagnostic evaluation prior to hospital discharge
  - Include results of the original screening
  - Indicate the need for a complete DX eval
  - Emphasize the importance of the DX eval
  - Indicate the PCP’s responsibility for facilitating the DX evaluation
  - Indicate that the HCC will not track the baby while in long-term care

**Case closure letter #18**-(Letter to family, PCP and screening provider)
- Flowchart #1A
  - Child was screened with a method other than what is acceptable under the California Newborn Hearing Screening Outpatient Infant Hearing Screening Provider Standards
  - Emphasize the methods of hearing screening that meet California Standards.
  - HCC will close the case, but will reopen if results consistent with program protocols are received
  - Transfer responsibility for appropriate follow-up to the PCP and family
  - Include a list of certified outpatient infant hearing screening providers

**Case closure letter #19**-(Letter to family and PCP)
- Flowchart #2C
  - Child referred on inpatient (NICU) or outpatient screening and requires a diagnostic evaluation
  - No appointment has been scheduled or the family has no intention of scheduling appointment, whichever is appropriate.
  - Referral was made to CCS, if done.
  - Transfer the responsibility for scheduling diagnostic appointment and assuring access to appropriate services to PCP and family
  - HCC will close the case, but will reopen if results of a diagnostic evaluation are received.

**Case closure letter #20**-(Letter to family and PCP)
- Flowchart #3
  - Parents of a child with confirmed hearing loss are refusing assistance from the HCC in the follow up process
  - Transfer the responsibility for assuring access to appropriate services to the PCP and family.
  - HCC will close the case, but will reopen if the family requests assistance and the child is less than twelve months of age.

**Case closure letter #21**-(Letter to family and PCP)
- Flowchart #1A
  - Child was not screened as an inpatient
  - Transfer responsibility for assuring access to appropriate services to the PCP and family
  - HCC will close the case, but will reopen if screening results are received
  - Include a list of certified Outpatient Infant Hearing Screening Providers

**Case closure letter #22**-(Letter to family and PCP)
- Flowchart #3
  - Child with confirmed hearing loss
  - Unable to contact family after repeated attempts by the HCC
  - Report child’s status with respect to Early Start and audiolologic services if known
  - Transfer responsibility for assuring access to appropriate services to the PCP and family
  - HCC will no longer track the child’s progress and will close the case
Case closure letter #23-(Letter to family and PCP)
- Flowchart #5
  - Child resides outside of CA
  - Provide results of screening if known
  - HCC will not track the progress of the infant
  - Transfer responsibility for assuring access to appropriate services to the PCP and family

Appointment notification letters

Appointment notification letter #1- (Letter to family, PCP,)
- Flowcharts #2, 2A, 2B and 4
  - DX Evaluation appointment pending
  - Reference screening results
  - Inform re location, and provider of DX Evaluation appointment
  - Encourage families to contact the provider to determine/confirm date and time of appointment if unknown
  - Emphasize the importance of keeping the appointment
  - Reference referral to CCS, if the baby is a California resident
  - Reference prior authorization requirements if the patient is using private insurance

Appointment not scheduled letters

Appointment Not Scheduled letter #1 – (Letter to PCP and family)
- Flowchart #2C
  - No DX evaluation appointment scheduled and family declines CCS services
  - Include results of screening to date
  - Emphasize that an appointment needs to be scheduled
  - Emphasize importance of comprehensively evaluating the hearing
  - Notify the HCC of the DX evaluation appointment and provider
  - Disclosure is required by law (in PCP letter)

Appointment Not Scheduled letter #2 – (Letter to PCP and family)
- Flowchart #2C
  - No DX evaluation appointment scheduled with identified provider
  - Include results of screening to date
  - Identify the provider who has been authorized to provide the service
  - Emphasize that an appointment needs to be scheduled
  - Emphasize importance of comprehensively evaluating the hearing
  - Notify the HCC of the DX evaluation appointment and provider
  - Disclosure is required by law (in PCP letter)
  - Include a list of approved providers

Appointment Not Scheduled letter #3-(Letter to PCP and family)
- Flowchart #4C
  - No outpatient screening appointment scheduled
  - Introduce the HCC and its role in the NHSP
  - Baby transferred to a non-nursery unit
  - No indication that an inpatient screening was completed or there was documentation of a refer result on inpatient screen, whichever is appropriate.
  - Emphasize that an outpatient appointment needs to be scheduled.
  - Emphasize the significance of completing the outpatient appointment.
• Include a list of certified Outpatient Screening Providers
• Ask parent/PCP to notify the HCC of the outpatient provider and appointment time
• HCC will contact family if no appointment information is received.

Hearing loss identified letter

**Hearing loss identified letter #1**-(Letter to PCP and Parents)

• Flowchart #3
  • Include results of diagnostic evaluation
  • Include the date of diagnostic evaluation and the name of the diagnostic provider
  • Emphasize the need for continued intervention and monitoring
  • Reference the importance of early intervention services
  • Document that an early intervention referral was made
  • Reference CCS referral if not previously made
  • Remind PCP of the risk of progressive hearing loss, developmental delays and added deficits of otitis media (PCP letter)
  • Reference the unique needs and risks of unilateral loss (for unilateral identification only)

Flowchart key:

Case closure

Go to another flowchart

HCC makes a contact

Reverse direction... or...

WBN-Well Baby Nursery

NICU-Neonatal Intensive Care Unit
HCC Contact Attempts

The first contact with any new provider must be by telephone to develop relationships, establish rapport, explain or reinforce reporting requirements and ensure providers have appropriate program materials. The timing of the contacts with providers and parents is either prescribed herein or should be determined by the needs of the individual babies. All contact attempts must be documented in the HCC infant records.

INPATIENT PROVIDERS

Implementation of a new reporting method needs to be discussed with the NHSP director or designee prior to initiation.

I. Infant transferred into a nursery unit within the HCC’s Geographic Service Area (GSA).

A. Hospital certified less than three (3) months or hospital is non-compliant with reporting.
   1. Verify admission to unit within two (2) days of transfer notification
      a. Call NHSP contact at receiving unit within two (2) days of transfer notification.
         • Confirm infant’s admission to the unit
         • If no response to initial attempt at contact, wait two (2) working days, before making second contact attempt.
         • If information is obtained go to flowchart #4
      b. If no response, call NHSP contact two (2) working days after initial contact attempt.
         • Inform contact directly or via voicemail of the need to confirm infant’s admission to unit, reference first attempt to obtain information.
         • If no response to second contact attempt, wait two (2) working days before making third contact attempt.
         • If information is obtained go to flowchart #4
      c. If no response, call NHSP contact two (2) working days after second contact attempt.
         • Inform contact directly or via voicemail of the need to confirm infant’s admission to unit, reference previous attempts.
         • Inform contact that the request will be elevated to the NHSP director if no response received within two (2) working days (if NHSP contact is the NHSP director go to Section A.1.g and report to contract manager).
         • If information is obtained go to flowchart #4
      d. If no response, call NHSP director two (2) days after last attempt to reach NHSP contact.
         • Inform the director of previous attempts to obtain information and continued need for results or status of the infant.
         • If no response, wait two (2) working days before making second contact attempt.
         • If information is obtained, go to flowchart #4
      e. If no response, call NHSP director two (2) working days after initial contact attempt.
• Inform the director of previous attempts to obtain information and continued need for results or status of the infant.
• If no response, wait two (2) working days before making third contact attempt.
• If information is obtained, go to flowchart #4

f. If no response, call NHSP director two (2) working days after second contact attempt.
   • Inform the director of previous attempts to obtain information and continued need for results or status of the infant.
   • Inform the director that the situation will be reported to the Department of Health Care Services if no response is received within two (2) working days.
   • If information is obtained, go to flowchart #4

g. If no response, wait at least two (2) working days, but not longer than one (1) week to report the provider to your contract manager for State intervention; include documentation of contact attempts.
   • Keep the case open pending DHCS response.

B. Hospital has been certified greater than three (3) months and is compliant with reporting requirements.
   1. Verify admission to unit within one (1) week of transfer
      a. Contact receiving unit within one (1) week by fax or phone for status/disposition.
         Information may be conveyed/received by faxed transfer lists.
         • Confirm infant’s admission to the unit
         • If no response to initial attempt at contact, wait one (1) week before making second contact attempt.
         • If information is obtained go to flowchart #4

b. If no response, call NHSP contact one (1) week after initial contact attempt.
   • Inform contact directly or via voicemail of the need to confirm infant’s admission to unit, reference first attempt to obtain information.
   • If no response to second contact attempt, wait two (2) working days before making third contact attempt.
   • If information is obtained go to flowchart #4

c. If no response, call NHSP contact two (2) working days after second contact attempt.
   • Inform contact directly or via voicemail of the need to confirm infant’s admission to unit, reference previous attempts.
   • Inform contact that the request will be elevated to the NHSP director if no response received within two (2) working days (if NHSP contact is the NHSP director go to Section B.2.g and report to contract manager).
   • If information is obtained go to flowchart #4

d. If no response, call NHSP director two (2) days after last attempt to reach NHSP contact.
   • Inform the director of previous attempts to obtain information and continued need for results or status of the infant.
• If no response, wait two (2) working days before making second contact attempt.
• If information is obtained, go to flowchart #4

e. If no response, call NHSP director two (2) working days after initial contact attempt.
   • Inform the director of previous attempts to obtain information and continued need
     for results or status of the infant.
   • If no response, wait two (2) working days before making third contact attempt.
   • If information is obtained, go to flowchart #4

f. If no response, call NHSP director two (2) working days after second contact attempt.
   • Inform the director of previous attempts to obtain information and continued need
     for results or status of the infant.
   • Inform the director that the situation will be reported to the Department of Health
     Care Services if no response is received within two (2) working days.
   • If information is obtained, go to flowchart #4

g. If no response, wait at least two (2) working days, but not longer than one (1) week to
   **report the provider to your contract manager for State intervention**; include
   documentation of contact attempts.
   • Keep the case open pending DHCS response.

C. Obtain screen results or status of infant
   1. Fax Transfer Status Form to NHSP contact at least every two (2) weeks.
      • Update infant information on Transfer Status Form as received from the Inpatient
        Provider.

   2. If Inpatient Provider does not return a completed Transfer Status Form within one (1)
      week, call the NHSP contact to:
      • Determine why Transfer Status Form was not returned or was returned
        incomplete.
      • Obtain results
      • If no response, wait two (2) working days before making second contact attempt.

a. If no response, call NHSP contact two (2) working days after initial contact attempt.
   • Determine why Transfer Status Form was not returned or was returned
     incomplete.
   • Obtain results
   • Inform NHSP contact that the request will be elevated to the NHSP director if no
     response received within two (2) working days(if NHSP contact is the NHSP
     director go to Section C.2.c. and report to contract manager).
   • If no response, wait two (2) working days after second contact attempt and
     contact the NHSP director
   • If results or status is received, go to flowchart #4

b. If no response, call the NHSP director two (2) working days after last attempt to reach
   NHSP contact
• Inform the director of previous attempts to obtain the information and the continued need for the status.
• If no response, wait two (2) working days before making the next contact attempt.
• If information is obtained, go to flowchart #4

c. If no response, call NHSP director two (2) working days after prior contact attempt
• Inform the director of previous attempts to obtain information and continued need for status.
• Inform director that the request will be elevated to DHCS if no response received in two (2) working days.
• If no response, wait two (2) working days and report the provider to your contract manager for State intervention. Include documentation of contact attempts
• Keep the case open pending DHCS response.

II. Infant transferred to a non-nursery unit

A. An example of a non-nursery unit is a PICU or cardiac unit, etc.

B. Verify admission to unit within two (2) working days of notification of transfer
   1. Phone contact with the nurse manager of the unit within two (2) working days of notification of transfer.
      • Explain the program and the HCC role
      • Obtain status information regarding the plan for the infant and anticipated discharge date.
      • Fax reporting form and ask the manager to complete the form whether the baby is a pass, refer, transfer or discharged home without screening (if no screening is available in the unit).
      • If no response to initial attempts at contact, wait three (3) working days but not longer than one (1) week before making second contact attempt.
      • If information is obtained, go to flowchart #4C

   2. If no response, call the nursery manager at least three (3) days but not longer than one (1) week after the initial contact attempt.
      • Phone nursery manager and inform him/her that the HCC is still waiting on results or status update.
      • Inform the manager that a response via fax or voicemail is acceptable.
      • Fax forms again if necessary
      • If no response, wait three (3) working days but not longer than one (1) week before making next contact attempt.
      • If information is obtained, go to flowchart #4C

   3. If no response, call the nursery manager at least three (3) days but not longer than one (1) week after previous contact attempt.
      • Phone nursery manager and inform him/her that the HCC is still waiting on results or status update, reference previous contact attempts.
• Inform the manager that a response via fax or voicemail is acceptable.
• Fax forms again if necessary
• If no response, wait three (3) working days and close the case as per Flowchart #4C of the Tracking and Monitoring Procedure Manual.
• If information is obtained, go to flowchart #4C

C. Obtain results or status of infant
   1. Phone one (1) week prior to anticipated discharge date, if known or follow-up weekly if unknown.
      • Collect information on screening results and/or discharge status of the infant.
      • If no response, wait three (3) working days, but not longer than one (1) week, before making next contact attempt.
      • If information is obtained, go to flowchart #4C

   2. If no response, make second contact attempt (3-7 days after initial contact attempt) - Phone
      • Phone nursery manager and inform him/her that the HCC is still waiting on results or status update.
      • Inform the manager that a response via fax or voicemail is acceptable.
      • Fax forms again if necessary
      • If no response, wait three (3) working days but not longer than one week before making next contact attempt.
      • If information is obtained go to flowchart #4C

   3. If no response, make third contact attempt (3-7 days after second contact attempt) - Phone
      • Phone nursery manager and inform him/her that the HCC is still waiting on results or status update, reference previous contact attempts.
      • Inform the manager that a response via fax or voicemail is acceptable.
      • Fax forms again if necessary
      • If no response, wait three (3) working days and close the case as per Flowchart #4C of the Tracking and Monitoring Procedure Manual.

OUTPATIENT PROVIDERS

I. No Reporting Form from Outpatient Screening or Diagnostic Providers

   A. First Contact Attempt (14 days after appointment date) - Fax
      1. Fax screening or diagnostic reporting form with patient specific information completed.
         • Include fax cover sheet that outlines the requirement to report.
         • If no response, wait at least three (3) working days, but not longer than one (1) week, before making second contact attempt.
         • If information is received go to flowchart #1A or 2A, as appropriate
B. If no response, make second contact attempt (3-7 days after first contact attempt) - Phone
   1. Attempt to reach provider office by telephone
      • Inform the provider/staff directly or via voicemail/message that this is the second
        attempt to obtain results and the requirement to report results.
      • Fax screening or diagnostic form again if necessary (this does not constitute the
        third contact attempt)
      • If no response, wait at least three (3) working days, but not longer than one (1)
        week, before making the third contact attempt.
      • If information is received go to flowchart #1A or 2A, as appropriate

C. If no response, make third contact attempt (3-7 days after second contact attempt) - Phone
   1. Attempt to reach the provider office by telephone
      • Inform the provider/staff directly or via voicemail/message of the previous contact
        attempts.
      • Inform the provider/staff that the HCC needs the results to assist families in
        receiving appropriate access to services through screening, diagnostic and
        intervention services.
      • Inform the provider/staff that they are required by law to report the results to the
        HCC. If the information is not received the provider will be reported to the
        Department of Health Care Services for non-compliance.
      • If information is received go to flowchart #1A or 2A, as appropriate

   2. If no response, wait at least three (3) working days, but not longer than 4 weeks after
      1st contact attempt to report the provider to your contract manager for State
      intervention. Include documentation of contact attempts.
      • Keep the case open pending DHCS response

II. Outpatient Screening Method Does Not Comply with Standards

A. First Contact Attempt (within two (2) working days after receipt of indication of non-
   standard method)-Phone
   1. Attempt to reach provider by phone
      • Inform the provider that the screening method does not meet the outpatient
        screening standards and request that the provider schedule another screening
        appointment (or refer the infant to a provider who can perform appropriate
        screening)
      • If no response, wait at least three (3) working days but not longer than one (1)
        week before making the second contact attempt.
      • If provider agrees to reschedule or refer go to flowchart #1A

B. If no response, make second contact attempt (3-7 days after initial contact attempt)-Phone
   1. Attempt to reach provider by phone
Inform the provider that the screening method does not meet outpatient provider standards and request that the provider schedule another screening appointment (or refer the infant to a provider who can perform appropriate screening).
Inform the provider that this is the second attempt to make contact.
If no response, wait at least three (3) working days but not longer than one (1) week before making third contact attempt.
If provider agrees to reschedule or refer go to flowchart #1A.

C. If no response, make third contact attempt (3-7 days after second contact attempt)-Phone
1. Attempt to reach provider by phone
   Inform the provider that the screening method does not meet outpatient provider standards and request that the provider schedule another screening appointment (or refer the infant to a provider who can perform appropriate screening).
   Inform the provider that this is the third attempt to make contact.
   Inform the provider that if there is no response to this inquiry that the case will be elevated to DHCS.
   If provider agrees to reschedule or refer go to flowchart #1A.

2. If no response or provider does not comply as requested within one (1) week of last contact attempt report the provider to your contract manager for state intervention. Include documentation of contact attempts.
   Keep the case open pending DHCS response.

III. Outpatient or Diagnostic Provider submits incomplete reporting form

A. First Contact Attempt (within two (2) working days of receipt of reporting form)-Phone
1. Attempt to reach provider by phone
   Inform the provider that an incomplete form was received
   Attempt to obtain missing information
   Fax reporting form if necessary (this does not constitute the second contact attempt)
   If no response, wait at least three (3) working days but not longer than one (1) week after initial contact attempt before making second contact attempt.
   If completed form is received go to flowchart #1A or 2A, as appropriate.

B. If no response, make second contact attempt (3-7 days after initial contact attempt)-Phone
1. Attempt to reach provider by phone
   Inform the provider that an incomplete form was received
   Attempt to obtain missing information
   Reference previous attempt to obtain information
   Fax reporting form if necessary (this does not constitute the third contact attempt)
   If no response, wait at least three (3) working days but not longer than one (1) week after second contact attempt before making third contact attempt.
   If completed form is received go to flowchart#1A or 2A, as appropriate.
C. If no response, make third contact attempt (3-7 days after second contact attempt)-
Phone
1. Attempt to reach provider by phone
   • Inform the provider that an incomplete form was received
   • Attempt to obtain missing information
   • Reference previous attempts to obtain information
   • Fax reporting form if necessary
   • Inform the provider that if no responsive is received the matter will be elevated to DHCS
   • If completed form is received go to flowchart #1A or 2A, as appropriate.

2. If no response wait at least three (3) days but not longer than one (1) week and report the provider to your contract manager for State intervention. Include documentation of your contact attempts.
   • Keep the case open pending DHCS response

CHDP
I. No disposition received from CHDP 30 days after referral
   A. Contact CHDP program by phone
      • If they are still working with the family, wait another 30 days for report

      1. If no disposition received after specified waiting period, report the situation to your contract manager for State intervention. Include any associated documentation.
         • Keep the case open pending DHCS response

   B. Local programs providing inappropriate information to families or not following NHSP standards
      1. Report the situation to your contract manager for State intervention within one (1) week of becoming aware of the situation. Include any associated documentation.

PARENTS OR GUARDIAN
I. All required parent/guardian calls shall be attempted at least three times at various times of the day on separate days. If families are unreachable despite these prescribed contact attempts, follow the instructions on the proper flowchart to determine alternative contact attempt (i.e. PCP), CHDP referral or case closure procedures as appropriate.