EARLY HEARING DETECTION AND INTERVENTION (EHDI) PARENT RESOURCE TOOLKIT FOR WESTERN MISSOURI

Missouri DHSS
Department of Health and Senior Services

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Dear Parents,

Having a baby is one of the most exciting and intense experiences a family can have. With the birth of a baby, every family wonders what the future will hold. Sometimes babies and young children need extra help to grow and learn. By now, you have been told that your child has a hearing loss. You may have a lot of questions. You may be experiencing many different feelings. Parenting a child with hearing loss has its own set of challenges, but you will also find that it brings great rewards as you watch your child learn, grow, and develop.

Because the early years are such an important time for development, your child's clinical audiologist or doctor is required by law to notify the Missouri Department of Health and Senior Services' (DHSS) Missouri Newborn Hearing Screening Program (MNHSP), also known as Missouri's Early Hearing Detection and Intervention (EHDI) Program, of all young children who have hearing loss. After diagnosis of hearing loss, the EHDI goal is to support you. The MNHSP refers families to three key resources soon after a child is identified with hearing loss. These resources are available to help you understand more about your child's hearing loss and find answers to your questions. If you do not wish to receive these resources, you have the right to decline when the service provider contacts you.

1) The Family Partnership: The DHSS Family Partnership provides parent-to-parent support to families that have children with special health care needs. The DHSS Family Partnership's Family Partners for families with children who are deaf or hard-of-hearing (Family Partner DHH) contact families of infants diagnosed with permanent hearing loss so you can connect with someone who understands what you are going through. For more information, contact the Family Partnership Program at: (800) 451-0669.
2) The MOHear Project: MOHear is a collaboration between the DHSS MNHSP and Missouri State University (MSU). MOHears are audiologists, speech-language pathologists, or educators of the deaf or hard-of-hearing who can provide unbiased information to families with an infant newly diagnosed with hearing loss. MOHears help parents understand their baby's diagnosis and early intervention options. A parent may be connected to a MOHear through their audiologist, their First Steps intake coordinator, or the DHSS Family Partnership's Family Partner DHH. For more information, contact the MOHear Project at: (417) 836-6677.
3) Missouri First Steps: First Steps is Missouri's Early Intervention system that provides services to families with children, birth to three years of age, with disabilities or developmental delays. The program is designed to meet the needs of families to enhance their child's development, learning, and participation in family and community life. All children with permanent hearing loss are eligible to receive early intervention and educational support services. For additional information about First Steps, please call (866) 583-2392.

The Kansas City EHDI Learning Community (KCEHDI-LC) is a group of parents and professionals who work to increase knowledge and engagement within the EHDI system and improve access to and quality of services for children who are deaf or hard of hearing in the Kansas City area. KCEHDI-LC wants all children with hearing loss to get the care they need, when they need it. Included in this toolkit is information you may find helpful in learning about your child's hearing loss as well as resources for family support, intervention, and financial needs. The KC-EHDI-LC is committed to helping children with hearing loss reach their fullest potential.

Best wishes to you and your family.

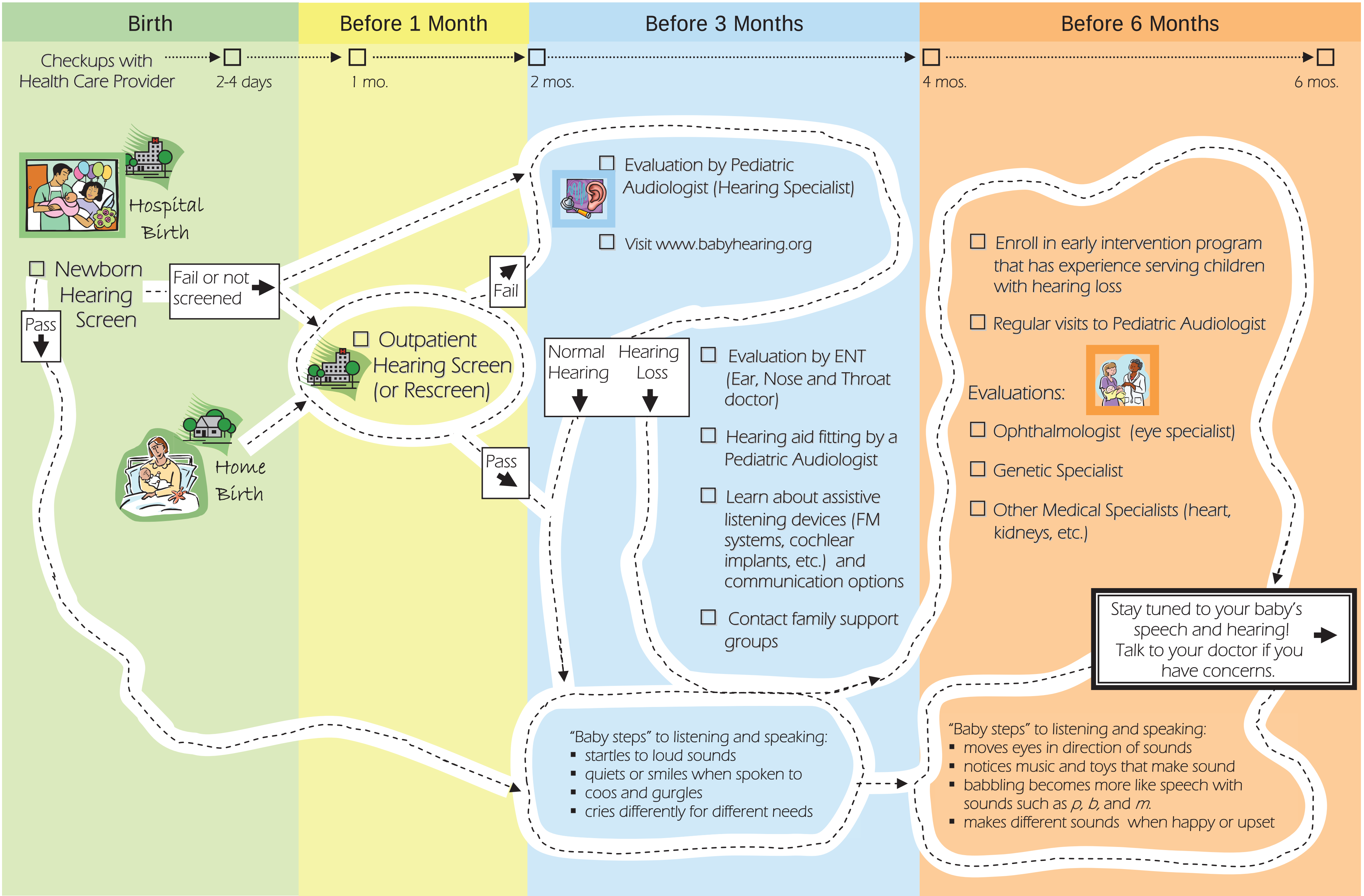
Sincerely,

The Kansas City EHDI Learning Community

GENERAL INFORMATION

Universal Newborn Hearing Screening, Diagnosis, and Intervention

Learning about Hearing Loss -- A Roadmap for Families



Birth

Checkups with Health Care Provider → ☐ 2-4 days → ☐ 1 mo. → ☐ 2 mos. → ☐ 4 mos. → ☐ 6 mos.

Hospital Birth

Home Birth

☐ Newborn Hearing Screen

- Pass
- Fail or not screened

Before 1 Month

☐ Outpatient Hearing Screen (or Rescreen)

- Fail
- Pass

Before 3 Months

☐ Evaluation by Pediatric Audiologist (Hearing Specialist)

☐ Visit www.babyhearing.org

Normal Hearing | Hearing Loss

☐ Evaluation by ENT (Ear, Nose and Throat doctor)

☐ Hearing aid fitting by a Pediatric Audiologist

☐ Learn about assistive listening devices (FM systems, cochlear implants, etc.) and communication options

☐ Contact family support groups

"Baby steps" to listening and speaking:

- startles to loud sounds
- quiets or smiles when spoken to
- coos and gurgles
- cries differently for different needs

Before 6 Months

☐ Enroll in early intervention program that has experience serving children with hearing loss

☐ Regular visits to Pediatric Audiologist

Evaluations:

☐ Ophthalmologist (eye specialist)

☐ Genetic Specialist

☐ Other Medical Specialists (heart, kidneys, etc.)

Stay tuned to your baby's speech and hearing! Talk to your doctor if you have concerns.

"Baby steps" to listening and speaking:

- moves eyes in direction of sounds
- notices music and toys that make sound
- babbling becomes more like speech with sounds such as *p, b,* and *m.*
- makes different sounds when happy or upset

Universal Newborn Hearing Screening, Diagnosis, and Intervention

Learning about Hearing Loss -- A Family's Checklist

Child's Name: ______________________

Child's Date of Birth: ___/___/_____

Checkups with Health Care Provider ☐ 2 -4 days ☐ 1 mo. ☐ 2 mos. ☐ 4 mos. ☐ 6 mos.

Birth

☐ Hospital Birth:
Newborn Hearing Screen

Date: ___/___/____

Screening Results

Left Ear		Right Ear
☐	Fail	☐
☐	Pass	☐
☐	Not screened (missed)	☐

Be sure your doctor gets the results. If your baby does not pass the screening on both ears, or was not screened, schedule an Outpatient Screen (or evaluation by a Pediatric Audiologist [Hearing Specialist]).

☐ Home Birth:
Contact ____________________
to schedule a hearing screening

Before 1 Month

☐ Outpatient Hearing Screen (or Rescreen)

Place: ____________________

Date: ___/___/____

Screening Results

Left Ear		Right Ear
☐	Fail	☐
☐	Pass	☐

Be sure your doctor gets the results. If your baby does not pass the screening on both ears, make an appointment to see a Pediatric Audiologist [Hearing Specialist]).

Before 3 Months

☐ Evaluation by Pediatric Audiologist[1,2] (Hearing Specialist) with experience testing children 0 – 2 years of age. (Babies over 4 mos. old may need sedation.) Be sure your doctor gets the results.

Place: ____________________

Date: ___/___/____

Test Results

Left Ear		Right Ear
☐	Normal hearing	☐
☐	Hearing loss	☐

☐ Visit www.babyhearing.org

If a baby has a HEARING LOSS, the next steps are:

☐ Evaluation by an ENT[1] (Ear, Nose and Throat doctor)
Place: ____________________
Date: ___/___/____

☐ Hearing aid fitting and monitoring by a Pediatric Audiologist, if needed, including information on loaner hearing aids

☐ Learn about assistive listening devices (FM systems, cochlear implants, etc.) and communication options

☐ Contact family support groups

Before 6 Months

☐ Enroll in early intervention program that has experience serving children with hearing loss
Place: ____________________
Date: ___/___/____

☐ Regular visits to a Pediatric Audiologist

Evaluations:

☐ Ophthalmologist[1] (eye specialist) every year
Place: ____________________
Date: ___/___/____

☐ Genetic Specialist[1]
Place: ____________________
Date: ___/___/____

☐ Other Medical Specialists[1] (heart, kidneys, etc.) as needed
Place: ____________________
Date: ___/___/____

Service Provider Contact Information

Health Care Provider:

Pediatric Audiologist:

Early Intervention Provider:

Family Support Group:

Other:

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[1] You will usually need a referral from your doctor to see these specialists

[2] Many services may be available at no cost; contact your state Early Hearing Detection and Intervention (EHDI) program coordinator at 1-866-HEAR (4327) or visit www.hearandnow.org

NCHAM National Center for Hearing Assessment and Management Utah State University™

American
Speech-Language-
Hearing
Association

AUDIOLOGY
Information Series

Type, Degree, and Configuration of Hearing Loss

When describing hearing loss, we generally look at three aspects: type of hearing loss, degree of hearing loss, and configuration of hearing loss.

TYPES OF HEARING LOSS

There are three basic types of hearing loss: conductive, sensorineural, and mixed.

❍ **Conductive hearing loss** occurs when sound is not sent easily through the outer ear canal to the eardrum and the tiny bones (ossicles) of the middle ear. Conductive hearing loss makes sounds softer and less easy to hear. This type of hearing loss can often be corrected medically or surgically. Some possible causes of conductive hearing loss are:

- Fluid in the middle ear from colds or allergies
- Ear infection (otitis media)
- Poor eustachian tube function
- Hole in the eardrum
- Too much earwax (cerumen)
- Swimmer's ear (external otitis)
- Foreign body in the ear canal
- Malformation of the outer ear, ear canal, or middle ear

❍ **Sensorineural hearing loss** (SNHL) happens when there is damage to the inner ear (cochlea) or to the nerve pathways from the inner ear to the brain. Most of the time, SNHL cannot be medically or surgically corrected. This is the most common type of permanent hearing loss.

SNHL reduces the ability to hear faint sounds. Even when speech is loud enough to hear, it may still be unclear or sound muffled.

Some possible causes of SNHL are:

- Drugs that are toxic to hearing
- Hearing loss that runs in the family (genetic or hereditary)
- Aging
- Head trauma
- Malformation of the inner ear
- Exposure to loud noise

❍ **Mixed hearing loss** occurs when a conductive hearing loss happens in combination with an SNHL. In other words, there may be damage in the outer or middle ear and in the inner ear (cochlea) or auditory nerve.

DEGREE OF HEARING LOSS

Degree of hearing loss refers to the severity of the loss. The table below shows one of the more commonly used classification systems. The numbers are representative of the patient's hearing loss range in decibels (dB HL).

Degree of hearing loss	Hearing loss range (dB HL)
Normal	–10 to 15
Slight	16 to 25
Mild	26 to 40
Moderate	41 to 55
Moderately severe	56 to 70
Severe	71 to 90
Profound	91+

Source: Clark, J. G. (1981). Uses and abuses of hearing loss classification. *Asha, 23*, 493–500.

CONFIGURATION OF HEARING LOSS

The configuration, or shape, of the hearing loss refers to the degree and pattern of hearing loss across frequencies (tones) as illustrated in a graph called an audiogram. For example, a hearing loss that only affects the high tones would be described as a high-frequency loss. Its configuration would show good hearing in the low tones and poor hearing in the high tones.

On the other hand, if only the low frequencies were affected, the configuration would show poorer hearing for low tones and better hearing for high tones. Some hearing loss configurations are flat, indicating the same amount of hearing loss for low and high tones.

Other descriptors associated with hearing loss are:

- **Bilateral versus unilateral.** Bilateral hearing loss means hearing loss in both ears. Unilateral hearing loss (UHL) means that hearing is normal in one ear but there is hearing loss in the other ear. The hearing loss can range from mild to very severe. UHL can occur in both adults and children.

  Approximately 1 out of every 10,000 children is born with UHL, and nearly 3% of school-age children have UHL. Children with UHL are at higher risk for having academic, speech-language, and social-emotional difficulties than their normal hearing peers. This may be because UHL is often not identified, and the children do not receive intervention.

  Below are some possible causes of UHL:
  - ○ Hearing loss that runs in the family (genetic or hereditary)
  - ○ An outer, middle, or inner ear abnormality
  - ○ Syndromes such as Down and Usher syndrome
  - ○ Illnesses or infections such as CMV, Rubella
  - ○ Head injury
  - ○ Exposure to loud noise
  - ○ Traumatic brain injury (TBI)
- **Symmetrical versus asymmetrical.** Symmetrical means the degree and configuration of hearing loss are the same in each ear. Asymmetrical means the degree and configuration are different in each ear.
- **Progressive versus sudden hearing loss.** Progressive means that hearing loss becomes worse over time. Sudden means that the loss happens quickly. Such a hearing loss requires immediate medical attention to determine its cause and treatment.
- **Fluctuating versus stable hearing loss.** Fluctuating means hearing loss that changes over time—sometimes getting better, sometimes getting worse. Stable hearing loss does not change over time and remains the same.

NOTES:

For more information and to view the entire Audiology Information Series library, scan with your mobile device.

For more information about hearing loss, hearing aids, or referral to an ASHA-certified audiologist, contact:

American Speech-Language-Hearing Association

2200 Research Boulevard
Rockville, MD 20850
800-638-8255

E-mail: actioncenter@asha.org
Website: www.asha.org

Compliments of
American Speech-Language-Hearing Association
2200 Research Boulevard, Rockville, MD 20850 • 800-638-8255

AUDITORY NEUROPATHY SPECTRUM DISORDER

Information Developed by the KCEHDI-LC

In addition to the three basic types of hearing loss (conductive, sensorineural, and mixed) there is a fourth type of hearing loss called Auditory Neuropathy Spectrum Disorder. It is often included in the sensorineural hearing loss category, but is actually very different.

Auditory neuropathy spectrum disorder (ANSD) occurs when there is damage to the auditory pathway beyond the cochlea. This includes damage to the inner hair cells, the auditory nerve, or the connection between the two. This type of hearing loss not only causes difficulties with volume of sound, but also the clarity of sound.

Some possible causes of ANSD:

- Prematurity
- Low birth weight
- Hyperbilirubinemia (extreme jaundice)
- Absent or very small auditory nerves
- Hypoxia
- Neurological disorders

Decision Guide to Communication Choices

For Parents of Children Who Are Deaf or Hard of Hearing

> *"I wish I knew when my son was little that the decisions I made for him were my decisions for that time. I wish I knew I could change course and that was okay. It would have taken a lot of pressure off. I wish I realized that as he grew older, he would become the decision-maker and I would become his consultant and biggest fan."*
>
> Candace Lindow-Davies, Luke's mom, © 2008 MN - Hands & Voices

National Center on Birth Defects and Developmental Disabilities
Division of Human Development and Disability

This pamphlet will help guide you through the steps in deciding about communication. Deciding which communication method(s) will be best for your child can be stressful. The right choices are up to your family. Discovering what works for your child is truly a work in progress. Your child's needs, and those of your family, along with your long-term goals for your child, may change with time and you'll want to review your choices regularly. The communication method you choose first may not be your last or only choice.

The keys to making a good decision for your child and your family are:

- Knowing all of the options,
- Learning all you can about those options, and
- Resisting pressure to make a decision until you have enough information and you feel ready to choose.

Learn all you can about the different communication options. You can get information from organizations that support children with hearing loss. You may also want to talk to professionals, other parents of children with hearing loss, and adults who have grown up with hearing loss. Check out books, journals, and quality web sites, too. A list of resources at the end of this pamphlet will help you get started.

This pamphlet will guide you through three steps:

1. Find your starting point in the decision-making process,
2. Identify and explore your decision making needs, and
3. Plan your next steps.

Step One: Find your starting point

This step will help you describe your starting point in exploring communication options. Please remember, this decision about communication involves the whole family.

How far along are you with your decision?

☐ I do not know what my options are.
☐ I am considering the options.
☐ I am close to making my choice(s).
☐ I have already made my choice(s).

Are you leaning toward certain communication option(s)?

☐ No
☐ Yes. Which option(s)? Why?

Step Two: Identify and explore your decision-making needs

This step will help you move forward in the decision-making process. It will help you assess the knowledge you already have about the communication options and weigh the advantages and limitations of each one. It will also help you evaluate your support system and identify any pressure you might be feeling to choose certain options.

Families that answer "No" to one or more of the questions in this section may be more likely to:

- Delay their decision,
- Feel regret about their choice or
- Blame others for bad outcomes.

Therefore, it is important to focus carefully on your needs. Ideally, after working through this guide, you will be able to answer "Yes" to each of the questions posed. Likewise, if you've already made your decision, you should be able to answer "Yes" to each question.

A. Support

☐ Do you have family members, caregivers, and others who support you and who can help you make an informed choice for your child and family?
☐ Yes ☐ No

☐ Are you choosing without pressure from others?
☐ Yes ☐ No

You may use separate sheets if you need more space.

From whom have you received support?	Name:	Name:	Name:
Which option does this person prefer?			
Is this person pressuring you?			
How can this person support you?			
What part of the person's background affects their opinion?			

Advantages *and* Limitations of Communication Options

This chart helps you work through your needs in the four categories (A, B, C and D) in Step 2 above.

You may use separate sheets if you need more space.

	Advantages: Reasons to choose this option	**How much it matters. Add ★ to ★★★★★**	**Limitations:** Reasons to avoid this option	**How much it matters. Add ★ to ★★★★★**
Option 1				
Option 2				
Option 3				
Combination of Options				

VS.

B. Knowledge

☐ Are you confident that you know all the options available? ☐ Yes ☐ No

☐ Have you considered the advantages and limitations to each option for your family? ☐ Yes ☐ No

☐ Have you looked for more information or talked with others who can help you find more information? Yes ☐ No

In the Advantages and Limitations table above: List the options and the main advantages and limitations that you already know. Underline the advantages and limitations that you think you are most likely to experience.

C. Values

Are you clear about which advantages and limitations matter most to you? ☐ Yes ☐ No

In the Advantages and Limitations table above: Use stars (★) to show how much each advantage and limitation matters to you. Five stars (★★★★★) means that it matters "a lot." Zero stars means it matters "not at all."

D. Certainty

☐ At this point do you feel confident that you know enough about each option and how it might affect your family? ☐ Yes ☐ No

In the Advantages and Limitations table above: Circle the option or combination of options with the advantages that (1) matter most to you and (2) you believe are most likely to happen.

*See **Step Three** on next page . . .*

Step Three: Plan the Next Steps Based on Your Needs

This final table will suggest specific steps that may help you feel confident about your decision. Don't give up. Keep looking for the resources you need to get to a level of comfort with this process. You will begin developing an understanding of your long term goals for your child, which may in turn shape your decisions and provide motivation. *You can do it!*

If you are having difficulty	What you can do
Do you feel you do not have enough support?	• Discuss your options with a trusted person • Find out what help is available to support your choice
Do you feel pressure from others to make a specific choice?	• Focus on the opinions of others that matter most to you • Share your guide with others • Ask others to complete this guide • Find a neutral person to help you and the other people involved
Do you feel you do not have enough facts?	• Find out about the advantages and limitations • List your questions and note where to find the answers
Are you not sure which advantages and limitations matter most to you?	• Review the stars in the Advantages and Limitations table to see what matters most to you • Find people who know what it is like to experience the advantages and limitations • Talk to parents who have made the decision • Read stories of what mattered most to others • Discuss with others what matters most to you

Are there other factors that make the decision difficult? If so, list them here:

....

....

....

Here are some of the resources available to help in your decision-making process:

- Early Hearing Detection and Intervention Program at Centers for Disease Control and Prevention www.cdc.gov/ncbddd/ehdi/default.htm
- National Center for Hearing Assessment and Management www.infanthearing.org
- Boys Town National Research Hospital and National Institute on Deafness and Other Communication Disorders (NIDCD) www.babyhearing.org/
- Hands & Voices www.handsandvoices.org

Format is based on the Ottawa Personal Decision Guide, University of Ottawa, Canada.

TYPES OF HEARING AIDS AND COCHLEAR IMPLANTS

Information Developed by the KCEHDI-LC

Description of Hearing Aids

Hearing aids can turn the volume of sound up to provide the best access to speech and language for your child. Hearing aids are all digital and programmed on the computer. This means that the hearing aid is set for your child's hearing loss specifically. The hearing aid will help your child hear the sounds they are missing, but will not make loud sounds any louder. This allows your child to hear speech, but not be uncomfortable in loud places. Your audiologist will discuss hearing aids they think are best for your child. Below are the different types of hearing aids.

Types of Hearing Aids

Behind-the-Ear (BTE) – This type of hearing aid has two parts, the hearing aid and the earmold. The hearing aid sits on the ear and connects to the earmold that sits in the ear canal. The earmold is usually made of silicone and can be easily remade as your child grows.

- *BTE hearing aids come in different sizes. The smaller models are for mild to severe hearing loss and the larger models are for severe to profound hearing loss.*
- *Most children wear the Behind-the-Ear (BTE) type because it can grow with your child.*

Bone Anchored Hearing Aid (BAHA) – This type of amplification uses your body's natural ability to hear sound through bone conduction. The hearing aid picks up sounds, converts the sounds to vibrations, and sends them through your skull bone and directly to the inner ear.

- *This type of hearing aid can only be used if your child has at least one normal hearing inner ear (i.e. single-sided deafness or conductive hearing loss due to abnormal outer or middle ear).*
- *A BAHA is worn on a softband (ie. headband) until age 5 years old. Once the skull has grown enough, an abutment or magnet is surgically implanted to use with the external processor.*

TYPES OF HEARING AIDS AND COCHLEAR IMPLANTS continued...

Cochlear Implants

Cochlear Implants (CI) – A cochlear implant is an electronic medical device that replaces the function of the damaged inner ear. It is different than a hearing aid because it does not rely on the cochlea to provide a signal to the hearing nerve and brain.

There are two parts to the cochlear implant, the internal electronics and the external sound processor. The internal part of the cochlear implant requires a surgery so it can be placed inside the ear. The external sound processor is responsible for picking up sound and sending it to the internal part.

A cochlear implant is typically for children who have severe to profound hearing loss who are not benefitting from hearing aids.

Making a Plan for Your Child

IFSP Considerations for Children who are Deaf and Hard of Hearing

National Center on Birth Defects and Developmental Disabilities
Division of Human Development and Disability

232011

Child's name:

Parent(s) name:

Date of birth:

Today's date:

This document is designed to guide conversations between you and your Individualized Family Service Plan (IFSP) team as you address the unique communication considerations for your child.

[You will hear a number of new terms as you build your IFSP. Some of them are bold and **blue** and included in a glossary at the end of this document.]

The Individualized Family Service Plan is developed by you and your early intervention providers working together to support your child's healthy development. This is an ongoing process. It begins when your child is referred to **Part C** early intervention services and it continues through your child's transition out of early intervention by the time he or she is 3 years of age (in most states). The key to achieving your vision for your child's future is your continuing work as an empowered parent. As you provide information, you are the driving force to help others see the unique communication needs of your child. The best way to produce successful outcomes for your child is to combine your effort as a deeply invested parent with the help of a responsive, qualified team of early interventionists.

There are many resources available to ground you in the basic IFSP process. The IFSP process includes tasks like deciding who should be at the meeting, writing appropriate functional outcomes, or developing strategies, etc. Hearing loss is considered a "**low incidence disability**". So, often it is up to the parent to ensure that important topics are addressed. These include **language**, communication choices, access to support, and other considerations unique to hearing loss. This document focuses on things you and your early intervention providers will want to discuss as a team.

[*] Try this link for more resources on IFSP's - http://www.nichcy.org/babies/IFSP/Pages/default.aspx http://www.nectac.org/topics/families/ifspprocess.asp

Some of the unique communication considerations are:

- Decisions about how to communicate with your child.
- Possible use of assistive technology (for example, amplification options and FM system).
- Family training, counseling, and home visits to help you serve as **language models**, to facilitate your child's language development and to become primary advocates for your child.
- How to benefit from peers and role models who are deaf or hard of hearing.
- The best way to work with the family service coordinator. This person should be one of the family's key service providers. Part C of the Individuals with Disabilities Education Act (IDEA) states that the family service coordinator is to be "from the profession most immediately relevant to the infant's, toddler's, or family's needs."
- How to link with qualified, knowledgeable service providers. They should have expertise, experience, and training in assessing and working with deaf or hard of hearing children from birth to 3 years of age. They should also know a lot about your family's chosen communication option, if you have decided on one. (Each service provider should have the appropriate certification.)
- Choosing **assessments** and curriculums that are tailored for children who are deaf or hard of hearing.

A good team listens to the concerns and ideas of each of its members. You are the decision-maker for your child's **modality**. Your confidence in your decision making comes from listening to and learning from the professionals who surround you. Know what you want, or at least which approach you most favor. Understand that your family's needs might change over time depending on many factors. These factors could include:

- Degree of your child's hearing loss,
- Technology your child might use,
- Primary language used in your home,
- And other special needs your child might have.

With your qualified team, develop family goals and outcomes that address the strengths and challenges specific to your child. You will be gaining knowledge about emerging **communication** considerations and making decisions related to communication. The outcomes you develop should reflect your new knowledge. The outcomes should be functional; that is, they should take into consideration communication during important family routines, such as meals, bedtime, and play. The "Communication Plan" on the next page will help you gather your thoughts and help shape discussions with your team.

Notes:

IFSP COMMUNICATION CONSIDERATIONS FOR A CHILD WHO IS DEAF OR HARD OF HEARING

The IFSP team should consider each the following areas and provide opportunities, regardless of the child's hearing level, the ability of the parent(s) to communicate, or the child's experience with other communication modes. (Please ask your IFSP team or other resource people to provide information on any of the following terms that are not familiar.)

1. Language and Communication

a. The language(s) we currently use in our home are: *(Check all that apply)*

☐ Home language (English, American Sign Language (ASL), Spanish etc), Specify ____________________

☐ Combination of several languages

Describe:

b. We currently communicate with our child using: *(Check all that apply)*

☐ American Sign Language (ASL)

☐ Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)

☐ Cued Speech/Cued English

☐ Fingerspelling

☐ Gestures

☐ Home signs

☐ Listening and spoken language

☐ Picture symbols/pictures/ photographs

☐ Signing Exact English/Signed English

☐ Speechreading

☐ Tactile/Object

☐ Other, please explain

____

c. We are considering or would like more information on the following: *(Check all that apply)*

☐ American Sign Language

☐ Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)

☐ Cued Speech/Cued English

☐ Fingerspelling

☐ Gestures

☐ Home signs

☐ Listening and Spoken language

☐ Pictures symbols/pictures/ photographs

☐ Signing Exact English/Signed English

☐ Speechreading

☐ Tactile/objects

☐ Other, please explain

____

Action Plan, if any:

d. Describe the supports that are necessary to increase the ability of parents and family members to become **language models**

Considerations:

Action Plan, if any:

2. **Assistive technology (AT) is any item that supports a child's ability to participate actively in his or her home, child care program, school, or other community settings. (Some examples are hearing aids, cochlear implants, special FM systems, closed captions, videophones, and adaptive toys.)**

a. **We are currently using the following assistive technology devices:**

b. **We are considering or would like more information on the following:**

Action Plan, if any:

3. **Identify opportunities for direct communication with others who are deaf/hard of hearing. Discuss what supports are needed to: Get adult role model connections for the family and identify opportunities for the child to have direct interaction with other children the same age who are deaf or hard of hearing.**

Opportunities considered:

Action Plan, if any

4. **Discuss supports the family needs to access the services and resources recommended or developed by the early intervention team. That could include the environment in which these might need to be provided.**

Services/Programs considered:

Action Plan, if any:

5. **List the qualified service providers on the IFSP team who have expertise, experience, and training in assessing and working with children from birth to 3 years of age who are deaf or hard of hearing. Specifically, indicate those service providers with the expertise, experience, and training in the child's and family's chosen communication option(s), if the family has decided on the option(s). (Make sure the providers have appropriate certification).**

Considerations:

Action Plan, if any:

6.a. **Identify the community opportunities and activities in which the family would like to participate (for example, playgroups, baby gyms, music programs, and story time at the library).**

Considerations:

Action Plan, if any:

b. **Discuss resources and supports needed to let the child and family fully participate in these community settings with full communication access (for example: visuals, seating, interpreting, FM systems, sound field, and appropriate group size).**

Considerations:

Action Plan, if any:

GLOSSARY OF NEW TERMS

ASSESSMENT

The way in which service providers document a child's progress and determine his or her developmental level. The methods used can be formal or informal.

COMMUNICATION

The exchange of information with intent (can be verbal, nonverbal, gestural, primitive, or iconic).

INDIVIDUAL FAMILY SERVICE PLAN (IFSP)

Written plan developed by parents or guardians and a multidisciplinary team. The IFSP will do the following:

a. Address the family's strengths, needs, concerns, and priorities.
b. Identify support services available to meet these needs.
c. Empower the family to meet the developmental needs of their child with a disability.

LANGUAGE

The systematic and rule-governed, conventional method of communicating. More sophisticated than "just" communication, language inspires cognition and cognition inspires language. They are intricately intertwined.

LANGUAGE MODEL

Anyone who provides a good demonstration of the family's chosen language(s) to communicate with the child.

LOW-INCIDENCE DISABILITY

Individuals with disabilities that make up a small percentage of the population. Some examples of these might be having a visual impairment, hearing loss, a deaf–blindness disability, or significant cognitive impairment. The definition of low-incidence disability varies from state to state.

MODALITY

The sensory channels (that is, vision, touch, or hearing, or a combination of these) through which the family will communicate.

PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

Part C is the section of Public Law 105-17 (IDEA) that refers to early intervention services available to eligible children from birth through 2 years of age and their families

Other resources are available at the following link: http://www.cdc.gov/ncbddd/hearingloss/index.html. Families also might be interested in the *Decision Guide to Communication Choices for Parents of Children who are Deaf or Hard of Hearing*, available at the same site.

SUPPORT RESOURCES

Family Partnership for Children and Youth with Special Health Care Needs

Description

The Family Partnership strives to enhance the lives of individuals and families impacted by special health care needs, providing resources and information to empower families to live a good life.

The Family Partnership hosts regional and statewide events to benefit families through development of leadership skills, networking among peers and staying current with trends and issues regarding special health care needs.

Each Family Partner is a parent of a child or youth with special health care needs and is well equipped to help you explore options and solutions in the following topic areas:

Daily Life: What your family members do as part of everyday life: school, employment, volunteering, communication routines, life skills
Social and Spirituality: Building friendships and relationships, leisure activities, personal networks and faith community
Community Living: Housing and living options, community access, transportation and home adaptations
Advocacy and Self-Determination: Developing advocacy skills, transition planning for the future, fostering independence and interdependence
Healthy Living: Managing health care and staying well: medical needs, exercise, therapy services, locating physicians and specialists, mental health, behavioral health, medical home
Safety and Security: Emergency planning, well-being, community support, guardianship options, legal concerns
Services and Supports: Using an array of integrated supports to achieve a good life, including mentor programs

Objectives

- Provide families with the opportunity to offer each other support and information.
- Give families the opportunity to provide SHCN input on the needs of individuals with special health care needs.
- Build public and community awareness of the unique needs and issues facing families of individuals with special health care needs.

Missouri Department of Health and Senior Services
Special Health Care Needs

FAMILY PARTNERSHIP

FAMILY PARTNER REGIONS & CONTACT INFORMATION

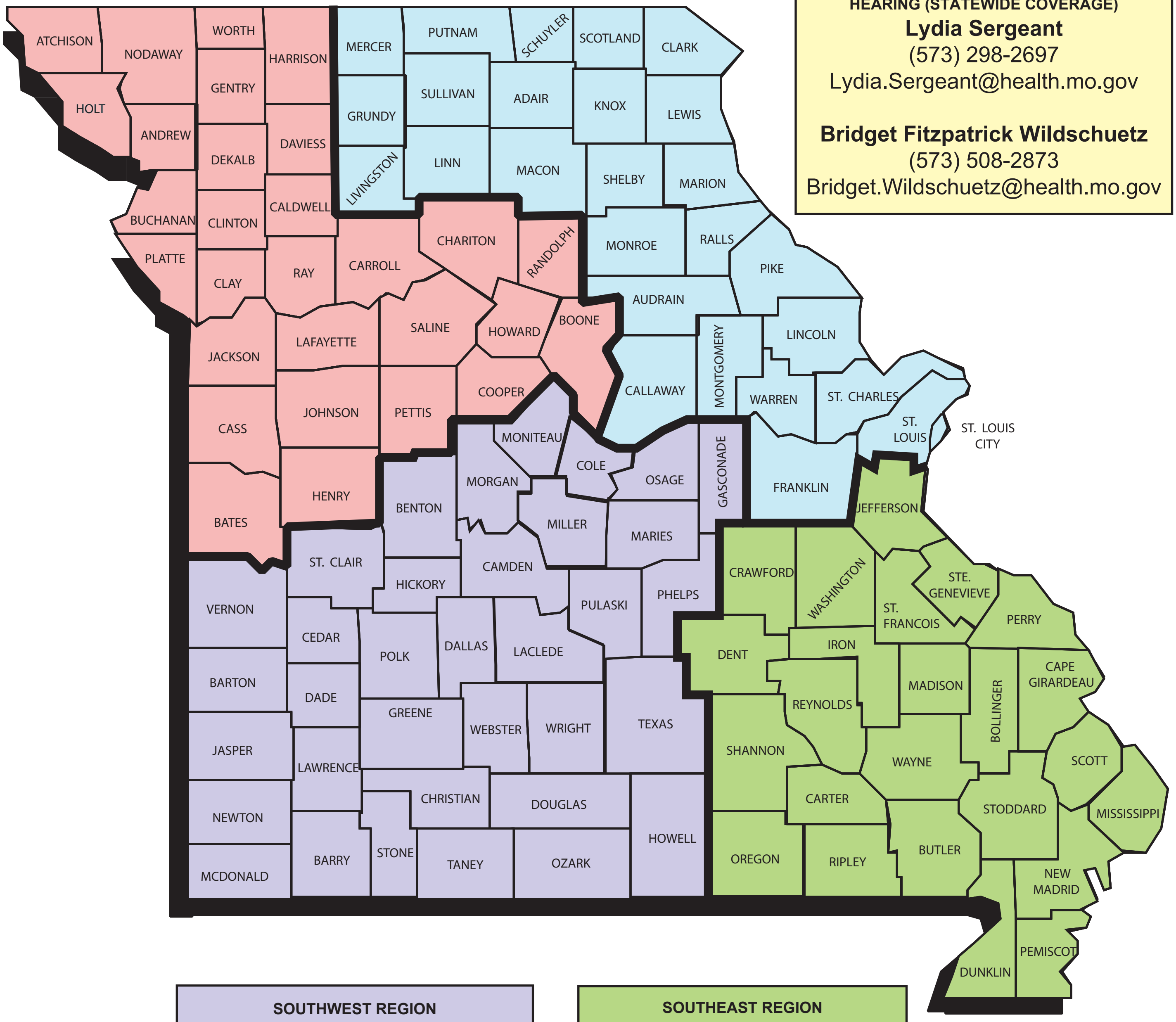
Toll-free: 1-800-451-0669

NORTHWEST REGION
Karese Love
(573) 301-7429
Karese.Love@health.mo.gov

NORTHEAST REGION
Pat Fox
(314) 409-7915
Pat.Fox@health.mo.gov

FAMILY PARTNERS FOR DEAF AND HARD OF HEARING (STATEWIDE COVERAGE)
Lydia Sergeant
(573) 298-2697
Lydia.Sergeant@health.mo.gov

Bridget Fitzpatrick Wildschuetz
(573) 508-2873
Bridget.Wildschuetz@health.mo.gov



SOUTHWEST REGION
Camelia Hallahan
(573) 644-2995
Camelia.Hallahan@health.mo.gov

SOUTHEAST REGION
Sheree Pursley
(573) 418-5683
Sheree.Pursley@health.mo.gov

SPECIAL HEALTH CARE NEEDS
P.O. BOX 570
JEFFERSON CITY, MO 65102-0570
TOLL-FREE: (800) 451-0669

2.1.19

ADDITIONAL RESOURCES FOR FAMILIES

Missouri Hands and Voices Chapter

- According to the Hands and Voices' website: "Hands & Voices is a non-profit, parent-driven organization dedicated to supporting families of children who are deaf or hard of hearing. We are non-biased about communication methodologies and believe that families can make the best choices for their child if they have access to good information and support. Our membership includes families who communicate manually and/or orally. From American Sign Language to cochlear implants, our organization represents people from all different approaches to, and experiences with, deafness or hearing loss. We have local chapters comprised mainly of parents along with professionals."
  - mohandsandvoices@gmail.com
  - (404) 545-6891
  - https://www.handsandvoices.org/

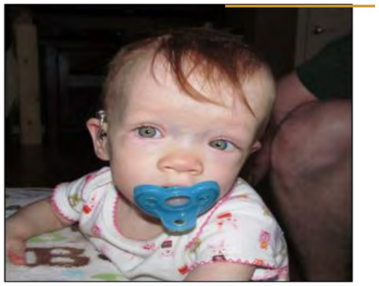
MOHear Project

- The MOHear Project is a collaboration between the Missouri Department of Health and Senior Services' (DHSS) Missouri Newborn Hearing Screening Program and Missouri State University. MOHears are audiologists, speech-language pathologists, or educators of the deaf or hard-of-hearing who can provide unbiased information to families with an infant newly diagnosed with hearing loss. MOHears help parents understand their baby's diagnosis and early intervention options. A parent may be connected to a MOHear through their audiologist, their First Steps intake coordinator, or the DHSS Family Partnership's Family Partner for families with children who are deaf or hard-of-hearing. For more information, contact the MOHear Project by phone at: (417) 836-6677. You may also directly contact the Northwest Missouri Region MOHear, Karen Harmon, at: (816) 616-5869 or karenharmon@missouristate.edu.

Missouri Family to Family (MOF2F)

- According to Missouri Family to Family's website: "MOF2F serves individuals with disabilities and/or special health care needs, their families, and professionals who support them."
  - 215 W. Pershing Rd., 5th floor
    Kansas City, MO 64108
  - (816) 235-1763
  - (800) 444-0821
  - info@mofamilytofamily.org
  - https://mofamilytofamily.org/leadership-volunteer-network/

RESOURCES FOR INTERVENTION



For more information about

Families First and other outreach services,

please contact one of the following:

Angela Turner
Families First Program Officer
Missouri School for the Deaf
505 East 5th Street
Fulton, MO 65251
Angela.Turner@msd.dese.mo.gov
573.592.2572 V (Captel)
573.544.8082 Text
573.826.4462 VP
573.592.2567 FAX

The Missouri School for the Deaf
Resource Center on Deafness
(573) 592-2543 V/VP

Families First

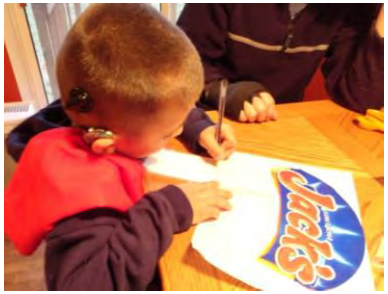
Missouri School for the Deaf

A Home-Based,
Early Intervention Program
for families with children
ages birth through eight with
hearing loss

Parent Advisors

We are able to share information in the following areas:

- Early Interactions
- Using natural environments, routines and play to learn language
- Literacy
- Hearing Aids
- Cochlear Implants
- Deaf Culture
- Parent Support
- Visual Communication Systems
- Language through Audition
- Communication Systems (ASL, Sign Support Speech, Bilingual-Bicultural, Aural-Oral, Cued Speech)
- Special Needs
- Transition to school



Who is eligible for this program?

If you have a child who

- Is between birth and 8 years of age
- Lives in Missouri
- Has been diagnosed as deaf or hard of hearing

What do I do?

Contact Families First, (contact info on back). A few questions will be asked about your child and you will be paired-with a Parent Advisor from your area.

The Parent Advisor will then call you to set up an initial meeting time. These services are free. They are provided at no cost to families. Families may participate in this program in addition to receiving other services.

What will happen at the first home visit?

- A Parent Advisor will meet with you and your child
- Basic information about the program will be shared with you
- The Parent Advisor will answer any questions that you have regarding services
- Through discussions with your family, helpful background information will be gathered

What will happen next?

If you decide that you would like to take part in the home visit program, you and the Parent Advisor will decide on a regular time to meet each week.

Visits will be made where the Parent Advisor provides information and models skills for the family to incorporate during the week.

Non-biased information will be shared to match each family's needs.

What do Parent Advisors Do?

Parent Advisors are professionals trained in the SKI-HI curriculum.

- Provide ideas for strategies you might use to help your child develop in the areas of language acquisition, communication, and social and emotional skills
- Conduct effective family-centered visits in the home and other natural environments
- Offer the family information, support, and encouragement
- Assist with transition to school programs

Families play an integral role in the development of children. The First Steps system provides families the tools they need to help their children be successful.

Contact your local First Steps System Point of Entry (SPOE) office for more information by calling toll free:

866-583-2392

Missouri First Steps Program

The goal of First Steps is to make sure that the family has the necessary supports, services and resources needed to raise a healthy, happy and successful child. Family members know their needs best and have the greatest influence on the child's development. They know the child's **likes, dislikes, family activities and routines**. They know which daily routines flow smoothly and which are more difficult, and they can prioritize their needs.

The First Steps system is responsive to these priorities and helps the family:

- Understand the child's needs.
- Increase the child's participation in family and community life.
- Obtain the assistance needed to deal with situations related to the child's development.
- Provide the best conditions for the child to learn.

Missouri First steps
EARLY INTERVENTION

Missouri
DEPARTMENT OF ELEMENTARY & SECONDARY
EDUCATION™

Office of Special Education
205 Jefferson St., P.O. Box 480
Jefferson City, MO 65102-0480
Phone: 573-522-8762 ▪ **Fax:** 573-526-4404
E-mail: webreplyspefs@dese.mo.gov
Website: dese.mo.gov/divspeced/FirstSteps

DESE 3752 1/11

Missouri First Steps Early Intervention
Department of Elementary and Secondary Education

How Do Families Find Out About First Steps?

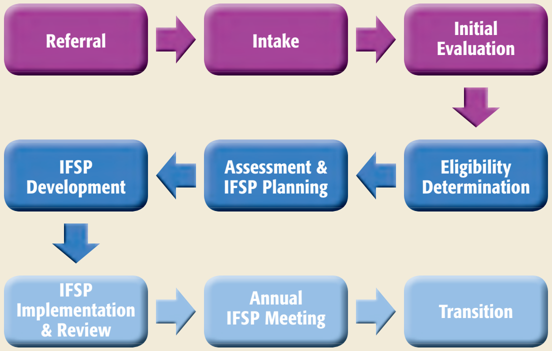
Parents may be referred to First Steps by their child's doctors, hospital staff, social-service agency caseworkers, the Parents as Teachers program or other public health entities. Parents may also contact First Steps directly if they are concerned about their child's development.

When a referral is received by the **System Point of Entry (SPOE)**, a **service coordinator** is assigned. The service coordinator contacts the family within two business days and schedules an appointment to discuss concerns and family priorities.

The service coordinator is responsible for:

- Meeting with the family to explain the First Steps program.
- Coordinating with various professionals to conduct any initial evaluations or assessments.
- Gathering all pertinent information in order to determine eligibility.
- Scheduling the initial meeting (if the child is eligible) to develop a plan within 45 days of the referral.

The Early Intervention Process



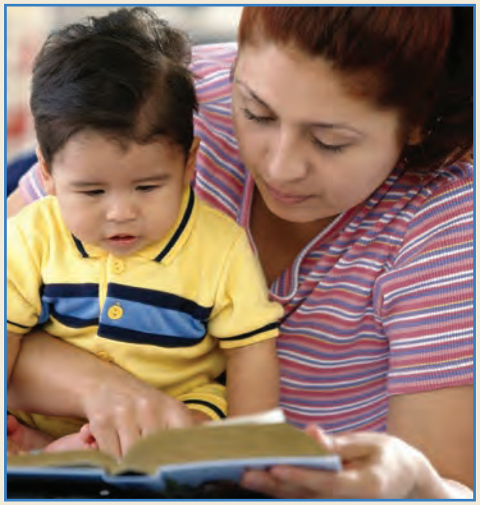
Who Is Eligible for Services?

Children between the ages of **birth and 36 months** who either 1) have a diagnosed physical or mental condition associated with developmental disabilities (such as Down syndrome, spina bifida or cerebral palsy), or 2) have a condition with a high probability of resulting in a developmental delay or disability (such as a very low birth weight child who has experienced intracranial bleeding or ventilator dependency), or 3) are functioning at half the developmental level expected for a child of equal age in one or more of the following areas: communication, adaptive, physical (including vision and hearing), cognitive or social/emotional.

Eligibility is determined through an **initial evaluation and assessment**. This includes the service coordinator collecting information about the child's birth, medical and developmental history and/or an evaluator administering a test to determine the child's current abilities. The evaluation is typically conducted in the family's home or another natural environment.

> The First Steps program provides the tools families need to help their children be successful.

Once a child is determined eligible for First Steps, the service coordinator will schedule an **Individualized Family Service Plan (IFSP)** team meeting to determine the family's priorities, develop outcomes and identify needed services. Each eligible child is also assigned to a group of professionals called an **Early Intervention Team (EIT)** that will provide the services and supports outlined in the IFSP.



How Are Services Provided?

First Steps is a **family focused program** designed not only to serve the needs of the child but also the family as a whole. Caregiver participation is essential for effective services and is the primary focus of those who serve the family. First Step professionals meet the child and the family in their natural environment where the child typically lives, learns and plays. The number and types of professionals involved with each family depend on the needs and outcomes identified in the IFSP. Some examples of professionals include occupational therapists, physical therapists, speech-language pathologists, special instructors and audiologists.

When Is the Plan Reviewed?

At a minimum, the IFSP will be reviewed every **six months** and updated annually. Other meetings might occur as the needs of the child and family change. As the child approaches age 2, a meeting will be held to prepare the child and the family for transitioning out of First Steps when the child turns 3 years old.

Questions you May Want to Ask Your Child's Early Intervention Team

Names of Early Interventionists: ______________________________

Phone/Contact Information: ______________________________

Appointment Date: ______________________________

Next Appointment Date: ______________________________

Early intervention is a program for children from birth to 3 years of age who have a developmental delay. Some states also provide services for children who are "at risk" for developmental delay. Children with hearing loss typically need early intervention services. An early interventionist, a specialist who works with infants and toddlers, will help identify your child's needs and create an Individualized Family Service Plan (IFSP). This plan will be used to provide your child with the services he or she needs.

For more information about children's hearing visit **www.cdc.gov/ncbddd/hearingloss**

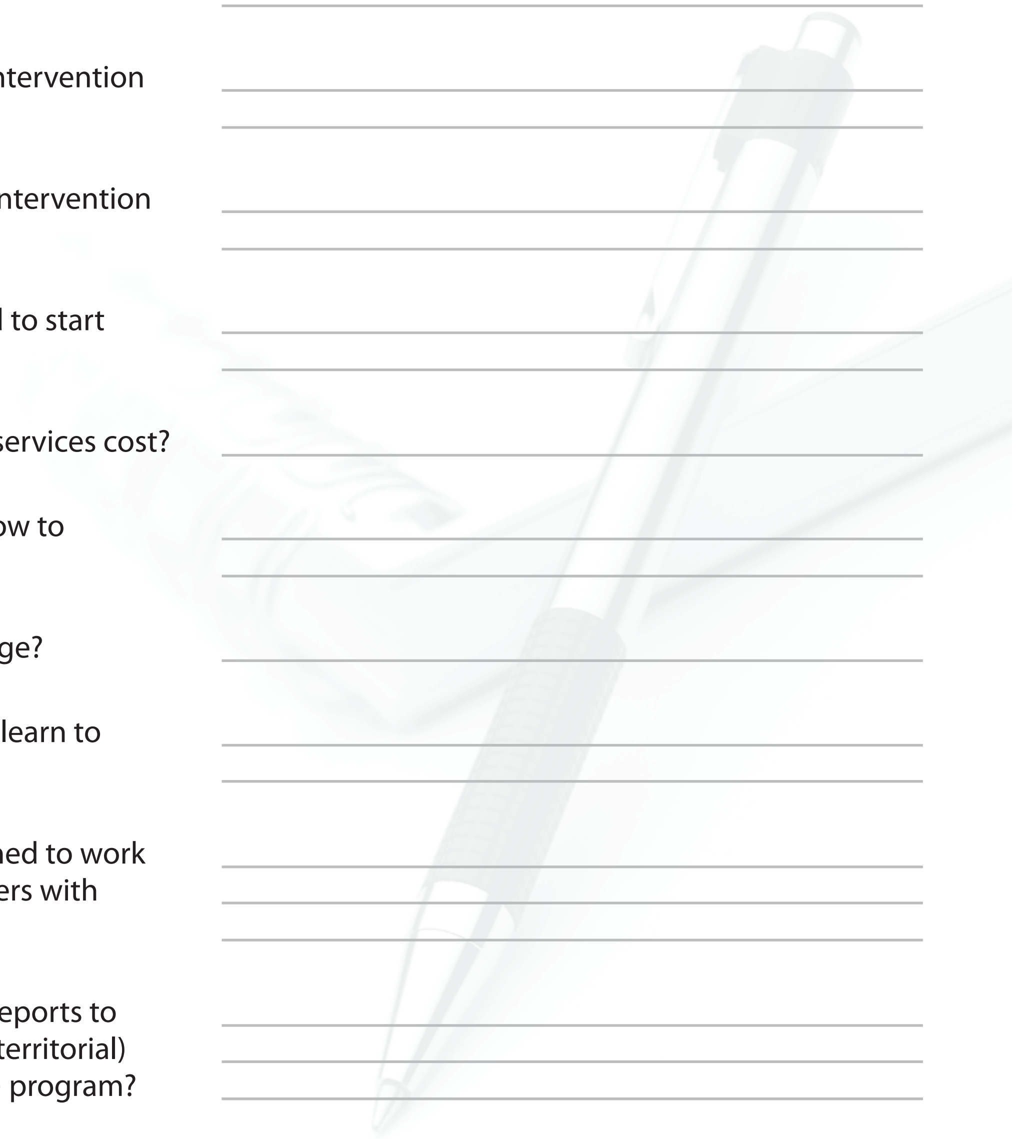
Early intervention services support families to help their children reach their full potential. These services can be offered through a public or private agency. Your child may receive services at home, a clinic, a daycare center, a hospital, or the local health department. Following a federal law called "Part C" of The Individuals with Disabilities Education Act (IDEA), states decide which children will qualify for services.

Each state has an agency that coordinates services for infants and toddlers with hearing loss or other special needs. Once your child is diagnosed with hearing loss, an early intervention coordinator or someone from your state's agency will contact you. If you do not receive a call, or would like to know more about intervention services in your state, you can call the state office and ask to speak with the agency that serves children with special needs. The state number can be found in your local phone book under "State Government", or on the Web at: http://www.cdc.gov/ncbddd/hearingloss/ehdi-contacts.html.

It is important that children with hearing loss begin early intervention services as soon as possible. The goal is to start early intervention no later than 6 months of age or within 3 months of the hearing test result. With appropriate intervention services and support, you child will develop communication and language skills that will last a lifetime.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Revised: November 2012 CS235978D



Questions you may want to ask your child's early intervention team:	After talking with the early intervention team, I/we learned:
1. What is early intervention? What services do you provide?	
2. Can you describe the intervention activities to me?	
3. How long and how often are the intervention activities?	
4. Where do I bring my child for the intervention activities?	
5. Why is it so important for my child to start intervention this early?	
6. How much will early intervention services cost?	
7. How do you help my child learn how to communicate?	
8. Can you tell me about sign language?	
9. Are there other ways my child can learn to communicate or talk?	
10. Does your program have staff trained to work with very young infants and toddlers with hearing loss?	
11. Will you send my child's progress reports to his or her doctor and the state (or territorial) newborn hearing screening (EHDI) program?	
12. Where can I meet other families who have young children with hearing loss?	
13. Where can I learn more about children with hearing loss?	
14. What will happen when my child is too old for your program? What do you mean by transition?	
15. What is Part B? What is Head Start?	

Kansas School for the Deaf Questions & Answers

450 E. Park Street
Olathe, KS 66061
913-210-8149

What is Kansas School for the Deaf (KSD)?

KSD is a fully accredited, center-based school offering comprehensive educational programming for students who are deaf or hard of hearing--preschool through high school. KSD is a least restrictive environment where students receive full language access in American Sign Language (ASL) and English. A full array of services including ASL tutoring, speech and language therapy, occupational therapy, physical therapy, counseling, health care, and dormitory options are available.

Why go to KSD when interpreters are in the public schools?

Direct instruction is best. Interpreters are state-licensed professionals who are experts in interpreting, not teaching. On days when the interpreter is absent, the student has no access to learning or language. At KSD, licensed teachers provide instruction *directly* to the students, not through an interpreter.

Are there children who talk at KSD?

It is anything but quiet on campus! Currently, about 40% of KSD's students have some functional hearing abilities and some speech skills, and around 30% of KSD’s students use cochlear implants. Students at KSD have a variety of hearing levels and speech abilities. While many of them do use their voices, they may prefer to sign if their voices may not be understood clearly.

What are the costs for a student to attend KSD?

KSD provides *free and appropriate* public education. There is no tuition. Parents are responsible for typical items just as would be expected at their local school.

Who is responsible for transportation?

The student's local school district is responsible for providing transportation to and from the school on a daily or weekly basis, depending on the student's IEP.

How are students enrolled in KSD?

Requests for admission can be made by parents or the local school district for students who reside in Kansas. A parent cannot enroll a student without involving the student’s local school district. An IEP meeting consisting of parents, KSD, and the local school district will make the determination if KSD is the least restrictive educational program. Once placement at KSD is decided, the student will begin attending KSD as soon as possible.

How can students attend KSD when they live so far away?

KSD has both “day” students and “dorm” students. Day students go home at the end of each school day; however, they may participate in after school activities. Special arrangements can be made in advance for day students to stay after school for special activities.

Dorm students (over the age of five) live on campus when they cannot live at home due to distance. KSD staff is on duty 24/7 to take care of the students. About 50% of KSD’s students are dorm students. Local students can stay in the dorm for language and social opportunities as dictated by their IEPs. Most students will generally travel home on Friday and return to KSD on Sunday (refer to annual school calendar for exact dates).

KSD Vision Statement

A school, a community, a society in which hearing acuity is incidental, barriers are minimized, human potential is maximized, and people are judged by their contributions and their character.

A Report of Achievement for Children and Families in the Moog Center Family School

A study of 43 children enrolled in the Moog Center Family School program for at least two years was conducted to determine how well the spoken language skills of these children were progressing. When compared with their hearing peers, the results of vocabulary testing achievement indicated that at three years of age 81% of the children who are deaf or hard of hearing scored within or above the average range for receptive vocabulary (identifying pictures) and 86% for expressive vocabulary (naming pictures) when compared with their hearing peers.

Parents of children who attended the Moog Center for at least a year were asked to rate their ability to work effectively with their child to accelerate spoken language development. Most rated themselves as good or very good in capitalizing on daily routines and other activities as learning opportunities for their children.

The Moog Center staff strives to ensure that children and parents enrolled in our Family Teleschool Program perform commensurate to those attending our on-site program. The availability for on-site meetings provides an opportunity to further develop a working relationship between the Moog Center staff and our teleschool families.

The Moog Center staff work with families and their state Early Intervention Program to secure funding to participate in this program.

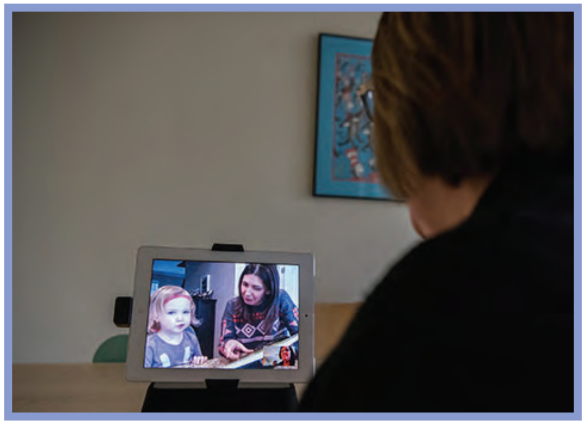
Limited financial aid based on need may be available for some families.

If you are interested in learning more about
the Moog Center Teleschool Program
contact Betsy Moog Brooks
at bbrooks@moogcenter.org or 314.692.7172

THE MOOG CENTER
FOR DEAF EDUCATION
12300 South Forty Drive, St. Louis, MO 63141
www.moogcenter.org

THE MOOG CENTER TELESCHOOL PROGRAM

WHERE CHILDREN WHO ARE DEAF OR HARD OF HEARING LEARN TO TALK



The Moog Center Teleschool Program provides services to families of children who are deaf or hard of hearing and to professionals working with these children, using distance technology.

The Family School Teleschool Program is the perfect solution for families who want their children who are deaf of hard of hearing to talk, but reside in areas where such services are not available or located too far away to be provided on a regular basis.

The Family Teleschool Program provides services to families of children who are deaf or hard of hearing, from birth to three years of age. Through distance technology families receive virtually the same curriculum and coaching strategies that have proven to be successful in our center-based and home-based Family School Program.

The Teleschool Program for Professionals provides services to professionals working with school-aged children who are deaf of hard of hearing. Using evidence-based coaching strategies our highly-skilled staff facilitates lessons in real-time to assist with the child's needs so that the teacher can work effectively with the student when Moog Center staff is not present.

Our Family Teleschool Program consists of the following components

An initial meeting on-site at the Moog Center for families and their children to begin developing relationships with Moog staff.

Online individual parent coaching sessions empower parents to work effectively and independently with their children to accelerate spoken language development.

Online individual parent information and support sessions help parents learn strategies to enhance communication with their children and address their questions or concerns about their children's development.

Online group information meetings focus on general topics such as hearing aids and cochlear implants, child development, and behavior management.

Online parent discussion groups provide opportunity for parents to share experiences and practical ideas for raising a child who is deaf of hard of hearing.

Individual family meetings at the Moog Center make it possible to measure each child's progress and meet face-to-face with Moog Center Staff to discuss next steps.

Audiology consultation can be scheduled at the Moog Center with one of our four highly experienced pediatric audiologists.

Our Teleschool Program for Professionals consists of the following components

An initial meeting discussing the student's goals and to determine frequency and duration of teleschool coaching sessions.

Online coaching sessions empower professionals to work effectively and independently with their students to accelerate speech, vocabulary, language, and/or auditory skill development, as well as all academic subjects.

Consulting over the internet, by phone, and/or e-mail to provide professionals with additional support.

Support developing weekly lesson plans to guide instruction.

Written communication after each teleschool session to provide professionals with a summary of the session and information about the student's performance, and ideas and suggestions for current and upcoming lessons.

IEP participation using distance technology allows Moog staff to provide important input about the student's progress, and assist in creating goals.

Initial 2-day meeting at the Moog Center
$400

Individual family meeting at the Moog Center
$250/day

Online parent coaching session
$135/hour

Online group information meetings
$35/hour

Online parent information & support session
$135/hour

Online parent discussion groups
$35/hour

Program Fees

Parents - Your Child's First Teachers

As a parent, you guide, nurture and support your children in all aspects of life, especially their education. That role extends to the iHear program, where you are an active participant, educator and advocate through partnership with your iHear therapist.

iHear - The Coaching Model

iHear is a powerful and effective therapy for your child and is also a resource for you as a parent. Throughout your child's therapy, you learn valuable techniques to maximize your child's learning in all aspects of life. You will actively partner with your iHear therapist in each session and between-session activities developed by your therapist specifically for your family, to further your child's progress. With guidance and support from your iHear team, you will coach your child through the learning process and work with your therapist to monitor progress.

The iHear program leverages the coaching model to maximize outcomes for each child. As a parent, you learn to implement strategies for your child that work in the context of real life activities. You are empowered to teach other family members techniques that will continue the iHear learning process throughout each day. That knowledge can also be shared with teachers and staff at your child's school, allowing you to advocate for changes in curriculum or everyday practices. iHear's coaching model expands your child's therapy well beyond the time spent with your iHear therapist in scheduled sessions. In essence, your child's therapy takes place all day, every day – making for successful outcomes.

Maximize Your Child's Education At Home!

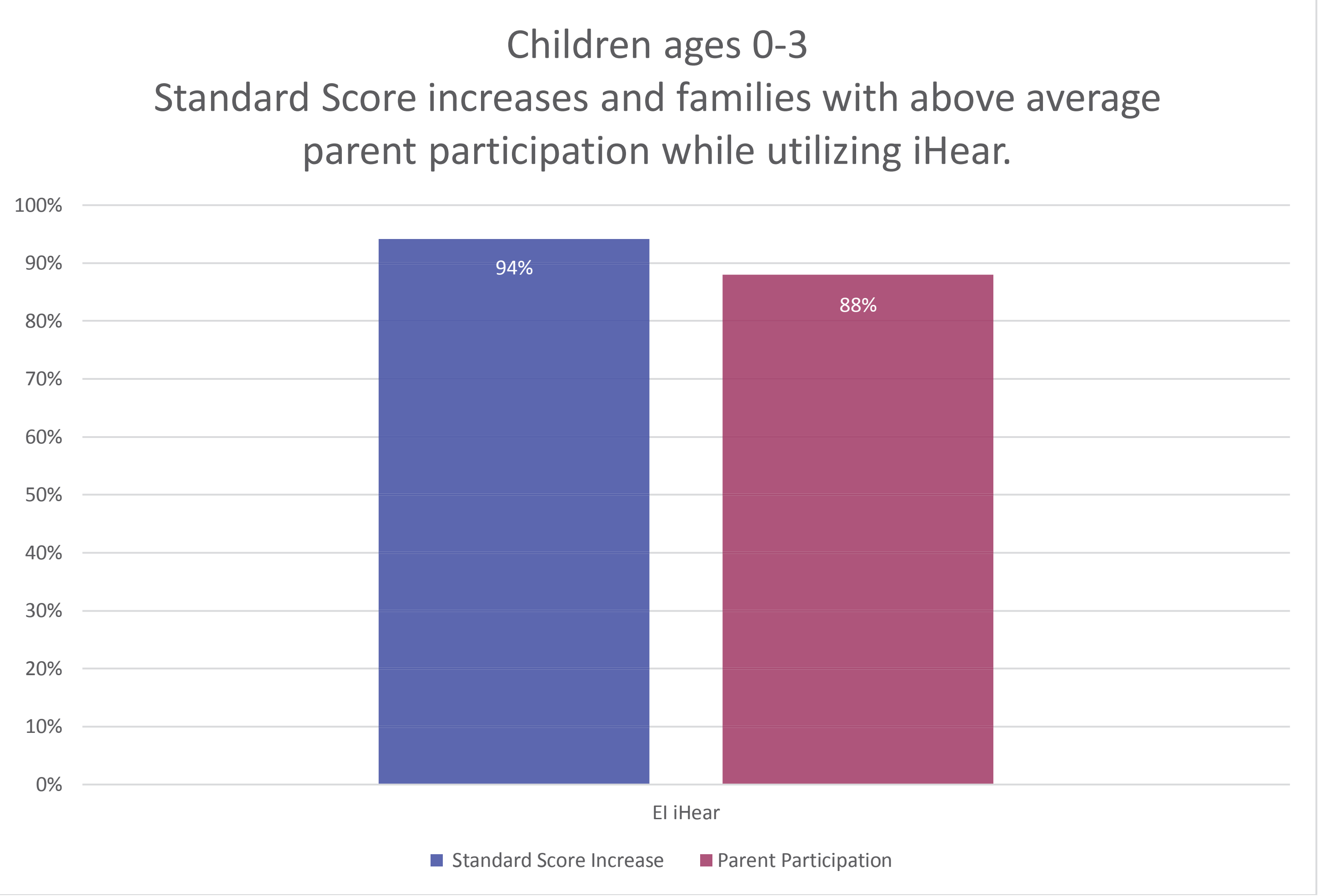
There are many practices that can enhance your child's experience with iHear:

- **Talk to your child**... think of yourself as a play-by-play announcer for your child's daily life. Narrate everything that happens, everything you see, so that your child hears the words and gains comprehension of those words. Next, work with your child to say those words back to you.
- **Remind your child to listen**... when there is a dog barking, a knock at the front door, an alarm clock ringing, or any other sound that occurs in daily life; bring those sounds to your child's attention. Continue to point them out when they occur.
- **Sing** ... music is engaging, fun, and can be a very effective part of your child's therapy. Play age appropriate music for your child and participate in the rhythm, pitch, and sounds of the song. These sing-along sessions can help further develop speech skills.
- **Engage your child** ...meet your child right where he or she is, whether it's at the dinner table or hiding under the bed. If your child stops communicating, don't be tempted to stop talking and stop teaching. Leverage the techniques you learn through iHear, and keep talking, singing, or dancing!
- **Prioritize sounds**... do a listening walk-through of your home and help your child identify background sounds, and those which should be tuned out when listening and communicating. Examples to point out to your child could include the hum of an air conditioner, refrigerator, or the chatter of a television.

iHear Outcomes

Success through iHear

Children across the United States are already experiencing great results through iHear. This hands-on, individualized approach has empowered families and educators. iHear provides children with online therapy led by internationally recognized therapists while providing parents and educators with the skills needed to continue the child's learning in daily life. The iHear program has advanced the listening and spoken language of children who are deaf and hard of hearing while increasing their confidence.



Results You Can See

The following testimonials serve as evidence of the progress children and families have made with iHear:

Mother in California

"iHear continues to climb Mt. Everest with us, enabling our daughter to acquire language that we previously thought might not be possible. They are responsive and attentive to our family styles and culture. The therapist takes the time to know our family, adapting and maximizing potential whenever and wherever possible. I feel the program is our third leg to stand on. Our iHear therapist is as invested in our child as we are."

Cochlear Implant Surgeon

"What the iHear program does is actually bring those talented professionals out to the community where the patients are, without regard to geographic location. So this has been an incredible way of delivering those services to patients who otherwise wouldn't have access to it."

Pediatric Audiologist

"Prior to the iHear program there was really nothing available for families that were in more remote and rural areas. Instead we would see that over time, the kids that have access to this specific type of auditory-oral therapy were doing better than children who didn't have access to that therapy."

HIPPA and FERPA Compliance

The iHear program is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Family Educational Rights and Privacy Act of 2008 (FERPA). HIPAA and FERPA are legal and ethical necessities.

The iHear Internet Therapy Program uses proprietary, noncommercial HIPAA and FERPA compliant software. This software comes certified and HIPAA-compliant from the vendor.

CID graduates attend their local elementary schools and high schools. They typically go to college and have succeeded in many fields, including architecture, business, dentistry, finance, communications, education, engineering, graphic art, law, public service, medicine and academia.

"Our daughter entered a solo choir contest with children at her junior high school. She won first place singing 'Tomorrow.' I have not had tears like that since she graduated from CID."

"The moment we walked in the door, we knew we were in the right place. The acoustically designed classrooms, the quality of the teaching staff and the care they showed the kids were unsurpassed."

"CID gave us confidence at a very scary time."

"I am so thankful for my parents sending me to CID. Without CID, I would not be the person I am."

"Because of CID, I know I can go out and achieve anything. I have no barriers."

CID

The CID Joanne Parrish Knight Family Center provides support for families and their babies with hearing loss birth to age 3.

In the **CID school,** children ages 3 to 12 who are deaf and hard of hearing learn to listen, talk, read and succeed without the use of sign language.

CID designed tests, curricula, workshops and in-services benefit professionals all over the world.

Contact Andrea Osman
314.977.0135 aosman@cid.edu
Toll free: 877.444.4574 ext. 135

Proud member
United Way of Greater St. Louis United Way

CENTRAL INSTITUTE FOR THE DEAF

825 South Taylor Avenue St. Louis, Missouri 63110

CID is conveniently located on St. Louis' central corridor, U.S. 64/40, just a few blocks from Forest Park and St. Louis Children's Hospital. CID is a member of the Washington University Medical Center.

CID gives full consideration to applicants without respect to gender, race, religion, color, sexual orientation or national origin.

Founded in 1914 www.cid.edu

CID
listen talk read **succeed**

CID CENTRAL INSTITUTE FOR THE DEAF

A Family Center and School for Children
Who Are Deaf and Hard of Hearing

CID serves children who are deaf and hard of hearing from birth to age 12 and their families.

EARLY INTERVENTION

Our audiologists can fit infants with hearing aids. Our educators are specially trained to assist families in helping their babies learn to listen and talk.

PREPARATION FOR SUCCESS

Without using sign language, we help children acquire the speech, language and academic skills they need to succeed alongside their hearing peers.

INDIVIDUALIZED TEACHING

We offer a 4–1 student–teacher ratio and assessment-based instruction to accommodate each child's abilities.

TEAM OF SPECIALISTS

Expert on-site audiologists, speech-language pathologists, occupational therapists and a school counselor work daily with our teachers. Parents are vital members of this team.

LITERACY IS KEY

Teaching language and reading starts early and is fundamental to our students' success. We offer effective instruction for all readers.

MORE THAN ACADEMICS

CID students participate in gym and music classes, field trips, special events and more.

SOCIAL DEVELOPMENT

Our teachers help children develop social skills, self esteem, self advocacy and respect for others.

FAMILY INVOLVEMENT

Family members can visit, interact and observe children in class. Our Hearing from the Heart program offers regular opportunities to share, learn and connect.

"The CID teachers don't just see a child who is deaf, they see a **whole child,** with a full range of abilities and possibilities."

"Just walking in the door, I could see how much the teachers care about the children. After only five minutes in one classroom, I was convinced."

"The intensity of how the teachers taught and the way the kids responded was crazy! I walked out, called my wife in Florida and said 'Guess what? We're moving.'"

"When my daughter has a question about her hearing aids, she walks across the hall to see her audiologist. Now that's convenient."

"At CID, the learning doesn't stop at 3 o'clock. The after school program keeps my son engaged and helps him improve his social skills."

"We're impressed by CID's working relationship with Washington University...it's strong history of teaching deaf children to talk..."

"At CID, it doesn't matter who you are or where you live. Everyone is treated with respect."

CID offers generous scholarships for children who are deaf and hard of hearing.

FINANCIAL RESOURCES

Children and Youth with Special Health Care Needs (CYSHCN) Program

Description

The CYSHCN Program provides assistance statewide for individuals from birth to age 21 who have or are at increased risk for a medical condition that may hinder their normal physical growth and development and who require more medical services than children and youth generally. The Program focuses on early identification and service coordination for individuals who meet medical eligibility guidelines. As payer of last resort, the CYSHCN Program provides limited funding for medically necessary diagnostic and treatment services for individuals whose families also meet financial eligibility guidelines.

Eligibility

The participant must:

- Be a Missouri resident
- Be birth to age 21
- Have an eligible special health care need (conditions such as Cerebral Palsy, Cystic Fibrosis, Cleft Lip and Palate, Hearing Disorders, Hemophilia, Paraplegia, Quadriplegia, Seizures, Spina Bifida, and Traumatic Brain Injury)
- Meet financial eligibility guidelines for funded services (family income at or below 185% of the Federal Poverty Guidelines)

Services

The CYSHCN Program provides two primary services:

- Service coordination is provided to all participants, regardless of financial status.
  - Outreach/Identification and Referral/Application
  - Eligibility Determination
  - Assessment of Needs
  - Resource identification, referral and access
  - Family support
  - Service Plan Development/Implementation
  - Monitoring and Evaluation
  - Transition/Closure
- Limited funding for medically necessary diagnostic and treatment services for participants whose families meet financial eligibility guidelines.
  - Funded services may include but are not limited to: doctor visits, emergency care, inpatient hospitalization, outpatient surgery, prescription medication, diagnostic testing, orthodontia and prosthodontia (cleft lip/palate only), therapy (physical, occupational, speech and respiratory), durable medical equipment, orthotics, hearing aids, specialized formula, and incontinence supplies.

CYSHCN is payer of last resort. The Service Coordinator will assist the participant/family with resource identification and referral. All third party liability must be exhausted prior to accessing CYSHCN funds.

Special Health Care Needs
PO Box 570
Jefferson City, MO 65102-0570

Phone: (573) 751-6246
Toll-free: (800) 451-0669
Hearing- and speech-impaired
citizens can dial 711.

http://health.mo.gov/living/families/shcn/

Rev. 04/19

Healthy Children and Youth (HCY) Program

The HCY Program provides service coordination and authorization for medically necessary in-home services for MO HealthNet recipients with special health care needs from birth to age 21. Service coordination includes assessment through home visits and links to services and resources that enable individuals to remain safely in their homes with their families. Authorized services may include personal care, nursing care, and skilled nursing visits.

Medically Fragile Adult Waiver (MFAW) Program

The MFAW Program provides service coordination and authorization for medically necessary services to MO HealthNet recipients with serious and complex medical needs who have reached the age of 21 and are no longer eligible to receive services through the HCY Program. Individuals must require medical care equivalent to the level of care received in an intermediate care facility, not be enrolled in another waiver, and have been eligible for private duty nursing through the HCY Program. Authorized services may include personal care, nursing care, registered nurse visits, and specialized medical supplies.

Missouri Department of Health and Senior Services
Special Health Care Needs
920 Wildwood Drive
P.O. Box 570
Jefferson City, MO 65102

Phone: 573-751-6246
Fax: 573-751-6237
800-451-0669
http://health.mo.gov/shcn

SHCN provides interpreter services (language or sign) for participants and/or family members. Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services at the number listed.

An EO/AA employer: Services provided on a nondiscriminatory basis. Individuals who are deaf, hard-of-hearing, or have a speech disability can dial 711 or 1-800-735-2966.

#31 11/2019

children family changing needs transitions
SHCN opportunity adults support
health care empower goals medical services
resources diversity special partnership assess
exceptional brain injury home visits
community awareness independence

Special Health Care Needs

Missouri Department of
Health and Senior Services

Missouri
DHSS
Department of Health
and Senior Services

Special Health Care Needs

Special Health Care Needs (SHCN) provides statewide health care support services, including service coordination, for children and adults with disabilities and chronic illness. State and federal funding support SHCN services. To be eligible for SHCN services, an individual must be a Missouri resident, have a special health care need, and meet medical and financial eligibility when required. There is no fee for applying for these services.

Brain Injury Waiver (BIW) Program

The BIW Program provides service coordination and home and community-based services to MO HealthNet recipients ages 21 to 65 who are living with a traumatic brain injury (TBI). Individuals must require medical care equivalent to the level of care received in a nursing home, not be enrolled in another waiver, and have been diagnosed with a TBI. Authorized services may include in-home personal care, applied behavioral analysis, assistive technology, cognitive rehabilitation therapy, environmental access and modification, neuropsychological evaluation, occupational therapy, physical therapy, and speech therapy.

Adult Brain Injury (ABI) Program

The ABI Program assists Missouri residents, ages 21 to 65, who are living with a traumatic brain injury (TBI). Through service coordination, the program links individuals to resources that enable each person to obtain goals of independent living, community participation, and employment. Individuals who meet financial eligibility requirements may also receive community-based rehabilitation services to help achieve identified goals. Rehabilitation services include counseling, vocational training, employment supports, and home and community-based support training.

Children and Youth with Special Health Care Needs (CYSHCN) Program

The CYSHCN Program provides assistance statewide for individuals from birth to age 21 who have or are at increased risk for a medical condition that may hinder their normal physical growth and development and who require more medical services than children and youth generally. The program focuses on early identification and service coordination for individuals who meet medical eligibility guidelines. As payer of last resort, the CYSHCN Program provides limited funding for medically necessary diagnostic and treatment services for individuals whose families also meet financial eligibility guidelines.

Family Partnership Initiative

The Family Partnership strives to enhance the lives of individuals and families impacted by special health care needs, providing resources and information to empower families to live a good life. The Family Partnership hosts regional and statewide events to benefit families through development of leadership skills, networking among peers, and staying current with trends and issues. Special Health Care Needs employs Family Partners, who are parents of individuals with special health care needs and are well equipped to assist in exploring options and solutions for the unique needs of individuals with complex medical conditions.

Call 800-451-0669 or visit health.mo.gov/shcn

First Steps
Eligibility Criteria

As outlined in the Missouri State Plan for Part C – First Steps (34 CFR 303.21), children who are eligible for early intervention services are children between the ages of birth and 36 months who have been determined to have a diagnosed physical or mental condition associated with developmental disabilities, or a high probability of resulting in a developmental delay or disability, or children who have a developmental delay.

A) <u>State Definition of Diagnosed Conditions</u>

1) <u>Newborn condition</u>, for a child referred prior to 12 months of age with a birth weight less than 1,500 grams with one or more of the following conditions diagnosed at birth or within 30 days post birth:

- APGAR of 6 or less at 5 minutes
- Intraventricular hemorrhage (IVH) (Grade II, III, or IV)
- Any Positive Pressure Ventilation greater than 48 hours, including ventilator or oscillator
- Resuscitation/code-event requiring chest compressions

2) <u>Diagnosed conditions</u>, for a child referred prior to 36 months of age, include, but are not limited to, the following:

- **Autism Spectrum Disorders**
  Autism, Pervasive Development Disorder-Not Otherwise Specified
- **Chromosomal Trisomy**
  Down syndrome, Edwards Syndrome, Patau Syndrome
- **Craniofacial Anomalies**
  Cleft lip, Cleft Palate, Cleft Lip/Palate
- **Disorders of the Nervous System**
  Cerebral Palsy, Encephalopathy, Epilepsy, Hydrocephalus, Infantile Spasms, Macro/Microcephalus, Periventricular Leukomalacia (PVL), Seizure Disorder, Shaken Baby Syndrome, Spina Bifida, Stroke, Traumatic Brain Injury (TBI)
- **Disorders Related to Exposure to Toxic Substances**
  Fetal Alcohol Syndrome, Lead Poisoning Level >10 μg/dL
- **Infections/Viruses/Bacteria**
  Acquired Immune Deficiency Syndrome, Cytomegalovirus, Herpes, Rubella, Syphilis, Toxoplasmosis
- **Other Chromosomal Abnormalities**
  Angelman Syndrome, Cri-du-Chat Syndrome, DiGeorge Syndrome, Fragile X Syndrome, Triple X Syndrome, Williams Syndrome
- **Other Genetic/Congenital/Metabolic Conditions**
  Cyanotic Congenital Heart Disease, Hypoplastic Left Heart Syndrome, Muscular Dystrophy – Duchenne Type, Noonan Syndrome, Phenylketonuria (PKU), Pierre Robin, Tetralogy of Fallot
- **Sensory Impairments**
  Blind, Deaf, Hard of Hearing, Visually Impaired
- **Severe Attachment Disorders**

3) Other Diagnosed Conditions, for a child referred prior to 36 months of age, include conditions known to be associated with developmental disabilities. In order for other diagnosed conditions to be considered for eligibility, there must be an informed clinical opinion provided by Board certificated neonatologists, pediatricians, geneticists, pediatric neurologists and/or other pediatric specialists. These physicians may refer a child by indicating the specific condition and documenting the potential impact of the condition in any of the five developmental areas.

B) State Definition of Developmental Delay (34 CFR 303.111)

A developmental delay, as measured by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion, is defined as a child who is functioning at half the developmental level that would be expected for a child developing within normal limits and of equal age. In the case of infants born prematurely, the adjusted chronological age, which is calculated by deducting one-half of the prematurity from the child's chronological age, should be assigned for a period of up to 12 months or longer if recommended by the child's physician. The delay must be identified in one or more of the following areas:

- cognitive development
- communication development
- adaptive development
- physical development, including vision and hearing
- social or emotional development

C) Services to At-Risk Children

It is the policy of the State of Missouri to not include children considered to be "at-risk" of having substantial developmental delays for eligibility in the Part C program.

D) Residency Requirements

1) A child must be a resident of the State of Missouri to receive Part C services from the Part C program. This means:

a) a child living with a parent as defined in Part C of IDEA in the State of Missouri is considered a resident, and

b) a child living in Missouri solely for the purpose of receiving Part C services is not considered a resident.

2) Citizenship or immigrant status is not a requirement of residency and cannot be used to deny Part C services to an eligible child and family.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; fax number 573-522-4883; email civilrights@dese.mo.gov. *(December 2013 State Plan)*

Technical Assistance Document
Assistive Technology
AT Services and Resources
May 28, 2010

The following guidance addresses the selection and use of assistive technology devices and services for children and families enrolled in Missouri First Steps.

Between birth and age 3, many basic skills are developed. Part C of the Individuals with Disabilities Education Act (IDEA) provides for an early intervention program that offers services to eligible children and their families that are designed to enhance the child’s developmental needs. Assistive technology is one of 16 early intervention services recognized under IDEA.

Federal and state regulations implementing Part C of IDEA provide for assistive technology devices **when these devices are necessary to increase, maintain, or improve the functional capabilities of an infant or toddler in one or more of the following areas of development:**

- physical
- communication
- cognitive
- social-emotional
- adaptive

IDEA defines assistive technology devices and services as follows:

Assistive technology device *means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.*

AT devices can range from items considered low technology to those considered high technology. Low technology devices are items that rely on mechanical principles and can be purchased or made using simple hand tools and easy to find materials. High technology devices include sophisticated equipment and may involve electronics.

Assistive technology service *means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:*

“(i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;

(ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;

(iii) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

(iv) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

(v) Training or technical assistance for a child with disabilities or, if appropriate, the child's family; and,

(vi) Training or technical assistance for professionals (including individuals providing

early intervention services) or other individuals who provide services to, or are otherwise substantially involved in, the major life functions of individuals with disabilities" 34 CFR Sec. 303.12 (d)(1).

Some examples of assistive technology services include installing, customizing or adapting equipment; assisting children utilizing these devices, and training of parents and other caregivers (including child care providers) in using assistive technology devices to improve children's functional capabilities. Customizing equipment can include constructing new equipment or fitting commercial items to an individual child (for example, a tri-wall insert can be made for a child to provide a customized fit in a chair or child-seat). Training of parents and caregivers can include specific instruction on the use of the device or follow-up visits to make adjustments to the device. **Attachment A** of this document contains examples of the types of assistive technology devices, both high and low, that may be provided to eligible children under First Steps, as well as, examples of items that are not considered assistive technology devices under First Steps. **Attachment B** of this document contains more information about hearing devices and accessories.

Information on assistive technology equipment loan programs, device recycling and exchange, assistive technology activities and web resources can be accessed through Missouri Assistive Technology at: http://www.at.mo.gov

Attachment A

Assistive Technology Examples

The following are examples of assistive technology devices that **may be provided** to children eligible for First Steps and their families when determined necessary by the IFSP team. The assistive technology available to young children is changing and expanding at a rapid pace, and it should be noted that this list is not an exhaustive list of assistive technology devices. This list is intended to provide guidance for local decisions about assistive technology devices for individual children. There may be other items not listed that would appropriately meet the needs of children.

- **Devices to increase, maintain, or improve self-help skills and functional abilities related to daily living activities and routines.** Examples include adapted feeding utensils, devices that assist with seating and positioning, such as prone standers, and insertions and adaptations necessary to correctly position or support an infant or toddler in a seating position. These may include adaptations to common items such as car seats and strollers.

- **Devices to increase, maintain, or improve functional mobility**. Examples include orthotics, prosthetics, scooter boards, walkers, therapeutic strollers and wheel chairs.

- **Vision and hearing aids for children with diagnosed visual impairments and hearing impairments.** Examples include eyeglasses, external contact lenses, and magnifiers for children with diagnosed visual impairment; and assistive listening devices, such as hearing aids or other forms of amplification, for a child with a diagnosed hearing impairment.

  Note: IDEA excludes medical devices that are surgically implanted, or the replacement of such devices (Sec. 602 B definitions).

- **Devices to increase, maintain, or improve communication skills and development, consistent with expectations for age-appropriate development.** Examples include communication boards, augmentative and alternative communication aids, and more complex communication systems.
- **Devices to increase, maintain, or improve cognitive development**. Examples include adapted toys, switches, and necessary connections to toys to enable an infant or toddler with disabilities to become more independent in their interactions with the physical environment (e.g., adapted toys with auditory signals for infants and toddlers with visual impairments).

The following are examples of items that are **NOT** considered assistive technology devices in First Steps

Equipment or medical supplies solely related to a medical condition or chronic illness unrelated to the child's disability and developmental status, or that are life-sustaining in nature. Examples include medical equipment such as suction machines, accessory pieces used for the maintenance of cochlear implants, feeding pumps, nebulizers, ventilators, apnea monitors, neuromuscular stimulators for shock treatment and pulse oximeters which are life sustaining and/or that would be needed by any child to maintain his or her health.

- **Toys not adapted for children with disabilities**. Examples include items such as building blocks, dolls, puzzles, balls and other common play materials that are used by all children and are not specifically designed or adapted to increase, maintain, or improve the functional capabilities of children with disabilities.

- **Generic items typically needed by all children**. Common child items such as car seats, high chairs, youth beds, play tables, bath seats, infant swings, potty chairs or strollers, which are typically needed by all children, are not considered assistive technology devices reimbursable under First Steps, unless these items require highly specialized adaptations to accommodate the child's disability (see first bullet on previous page).

- **Standard equipment** used by service providers in the provision of early intervention services (regardless of the service delivery setting). Examples include tables, desks, chairs, therapy mats, tumble forms, therapy balls, vestibular swings, gait ladders, etc.

- **Standard equipment and supplies** used by providers for the provision of preferred methodologies, such as listening tapes, special CDs, head phones, etc. are not considered assistive technology devices reimbursable under First Steps. This equipment should be provided or loaned to the family by the provider.

Attachment B

Hearing Devices and Accessories

First Steps does **not** purchase cochlear implants, accessories related to cochlear implants, or warranties related to cochlear implants.

First Steps does **not** purchase warranties on hearing aids or FM systems.

Generally IDEA considers hearing aids to be a personal use device that the child would need whether or not they are receiving services under IDEA and therefore not generally considered as necessary assistive technology. However, if the child's IFSP team determines a hearing aid to be a necessary assistive technology device in order to increase, maintain or improve the functional capabilities of the child, First Steps will purchase a hearing aid that is appropriate for the age and needs of the child during their participation in First Steps.

When it has been determined by the IFSP team that obtaining a hearing aid is an appropriate early intervention service for the child, First Steps will cover basic accessories for the hearing aid, if purchasing these accessories is necessary in order for the child to benefit from using the device.

Some examples of accessories and maintenance items that may be purchased if deemed necessary are:

- Batteries (estimated at not more than 40 per year)
- Ear molds (on average about 4 pair per year)

Items that are typically needed for care and maintenance may include:

- Battery tester
- Stethoset (allows you to listen to the hearing aid sounds)
- Air blower (blows out moisture and ear wax)
- Dry aid jar (necessary to help evaporate moisture out of the aid)
- Audio wipes (sterilize the ear molds and the aid)
- Volume control cover (prevents the child from accidentally turning up or down the volume)

Items that may be necessary on an individual child basis determined by the IFSP team:

- Otoease – sterile gel that is used to help with the fit when necessary
- Otoferm – similar to Otoease in purpose
- Oto clips – clips the aid to clothing to keep it from falling and being lost.
- Oto adhesive pads
- Super seals – used when there is feedback or fit needs to be improved
- Ear hooks
- Huggies – help keep the aid on and positioned properly
- Mic lock

If a child with a hearing aid is receiving services at a special purpose center, it is recommended that the parent provide the center with a supply of batteries or other accessories that may be needed while the child is in attendance (whether purchased by the parent or by First Steps). The center may already have on hand some of the non child-specific items such as battery testers, so those may not need to be provided.

Additional Programs

Eligibility Requirements Apply

Home & Community Based Services

Helps seniors stay in their homes

Nursing Home Coverage

Helps pay for nursing home costs

Medicare Cost Savings Program

Helps pay for copays, deductibles and Part A and/or B premiums

Refugee Medical Assistance

Up to 8 months health care coverage for Refugee Assistance Program participants

Non-Emergency Medical Transportation (NEMT)

Provides transportation to and from medical appointments

Our Mission

We will lead the nation in building the capacity of individuals, families, and communities to secure and sustain healthy, safe, and productive lives.

Missouri Department of Social Services Family Support Division is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.
TDD/TTY: 800-735-2966, Relay Missouri: 711

To file a complaint of discrimination contact:
U.S. Department of Health and
Human Services
Office for Civil Rights
601 East 12th Street, Room 353
Kansas City, MO 64106

www.hhs.gov/civil-rights/filing-a-complaint

(800) 368-1019 (Voice); (800) 537-7697 (TDD)

or

Office of Civil Rights
P.O. Box 1527
Jefferson City, MO 65102-1527
(800) 776-8014

IM-4 Health Care (2-19)

Health Care

MO HealthNet

Help with your medical coverage

Missouri Department of Social Services
FAMILY SUPPORT DIVISION

Missouri Department of Social Services
FAMILY SUPPORT DIVISION

A statewide team here to help you.

What is MO HealthNet?

Missouri's Medicaid program is called MO HealthNet. MO HealthNet covers qualified medical costs for individuals who meet certain eligibility requirements.

Help may be available for:

Persons with Disabilities

Are permanently & totally disabled

Blind and Visually Impaired

Must be 18 years or older

Seniors

Must be 65 years or older

Pregnant Women and Newborns

Pregnant women or a child born to a woman covered by MO HealthNet

MoHealthNet

Uninsured Women

Uninsured women ages 18 through 55

Kids

Children under the age of 19

Families

Children under the age of 19 and their parents/guardians

Breast or Cervical Cancer

Uninsured women who are under age 65 & have been screened through the Show-Me Healthy Women Program & need treatment for breast or cervical cancer

Who is Eligible?

To find out more about the eligibility requirements for MO HealthNet, visit:

myDSS.mo.gov/healthcare

How to Apply:

ONLINE

Visit **mydss.mo.gov/healthcare** and choose a program to apply

PHONE

1-855-FSD-INFO
(1-855-373-4636)
Monday–Friday, 7:30 a.m. to 5:30 p.m.

Relay Missouri: 711
(Information line if you are hearing and/or speech impaired)

IN PERSON

There's a Resource Center nearby to serve you. To find your nearest location, visit **dss.mo.gov/fsd** or call **1-855-FSD-INFO (1-855-373-4636)**

myDSS.mo.gov

DENIAL OF INSURANCE COVERAGE

If your insurance company denies coverage for your baby's first hearing aid, the following actions may help:

1. Initiate and follow your insurance company's appeal process.
2. Contact the Missouri Department of Insurance to file a complaint. Call 800-726-7390 or file your complaint online at: https://insurance.mo.gov/consumers/complaints/index.php.
3. Work with your audiologist or physician to gather documentation showing the reasons for requesting the hearing aid. Enclose a copy of Section 376.1220, RSMo, (see next page) in correspondence to the insurance company.
4. Ask your audiologist about financial aid options provided through the clinic or hospital.
5. Ask your First Steps Provider about financial support for hearing devices provided through First Steps.

STATUTE FOR INSURANCE COVERAGE

Statute

376.1220. Insurance coverage for newborn hearing screenings mandated. — 1. Each policy issued by an entity offering individual and group health insurance which provides coverage on an expense-incurred basis, individual or group health service, or indemnity contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group health arrangements to the extent not preempted by federal law, and all health care plans provided by managed health care delivery entities of any type or description that are delivered, issued for delivery, continued or renewed in this state shall provide coverage for newborn hearing screening, necessary rescreening, audiological assessment and follow-up, and initial amplification.

2. The health care service required by this section shall not be subject to any greater deductible or co-payment than other similar health care services provided by the policy, contract or plan.

3. This section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policies of six months or less duration, or any other supplemental policy as determined by the director of the department of commerce and insurance.

4. Coverage for newborn hearing screening and any necessary rescreening and audiological assessment shall be provided to newborns eligible for medical assistance pursuant to section 208.151, and the children's health program pursuant to sections 208.631 to 208.660, with payment for the newborn hearing screening required in section 191.925, and any necessary rescreening, audiological assessment and follow-up, and amplification as described in section 191.928.

(L. 1999 H.B. 401 § 376.685)
CROSS REFERENCE:
Rulemaking authority, 191.937

Link to the website:
http://revisor.mo.gov/main/OneSection.aspx?section=376.1220&bid=20940&hl

CARE COORDINATION CONTACTS

CARE COORDINATION CONTACTS

______________’s
Team

Medical Equipment Vendor
____

Occupational Therapist (School)
____
Occupational Therapist (Community)
____

Physical Therapist (School)
____
Physical Therapist (Community)
____

Behavioral Therapist (School)
____
Behavioral Therapist (Community)
____

Speech Therapist (School)
____
Speech Therapist (Community)
____

Medical Foods/Equipment Provider
____

Primary Care Provider
____
Care Coordinator
____

ENT/Otolaryngologist
____

Audiologist
____

Eye Doctor/Ophthalmologist
____

Geneticist
____

Other
____

Teacher
____
School Nurse
____
Special Education Coordinator
____

Pharmacy/Compounding Pharmacy
____

Parent Partner/Peer Support
____

Developmental Disabilities Case Manager
____

Missouri DHSS

Missouri Newborn Hearing
Screening Program

Use this form to help you remember the names and numbers of the professionals who work with your child.

For additional information, contact the Missouri Department of Health and Senior Services' (DHSS) Missouri Newborn Hearing Screening Program at 800-877-6246 or visit http://health.mo.gov/newbornhearingscreening.

Missouri
DHSS
Department of Health
and Senior Services

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01/2020