

INTRODUCTION

Early Intervention

For children who are identified as D/deaf and hard of hearing, early intervention (EI) services have been shown to benefit development and are called for by the Joint Committee on Infant Hearing.¹⁻⁷

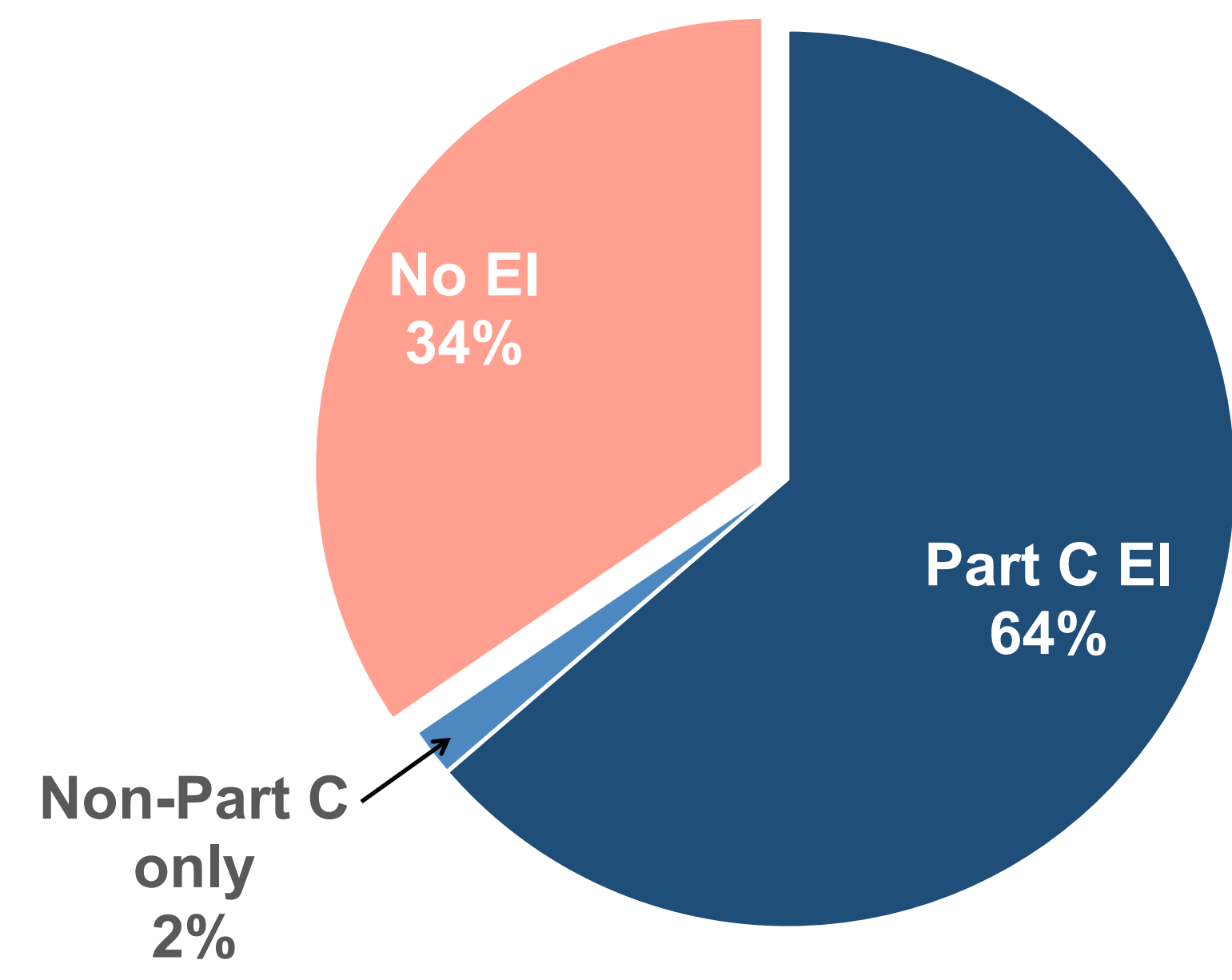


Figure 1. Child access to early intervention via EHCI in 2018

Figure 1 highlights that 2,262 of the 6,432 children identified by EHCI programs in 2018 were reported to not have accessed any forms of early intervention.⁸ There is the potential for these children to experience delays in having access to language and long-term negative impacts on development including language deprivation.^{2-4,9}

Part C Structure

EI is organized based on Part C of the Individuals with Disabilities Education Act of 2004 and managed at the state level in terms of implementation.

Depicted by Figure 2, each state has the opportunity to take the federal requirement to provide services based on “developmental disability” and operationalize what that means in terms of hearing-related eligibility criteria.

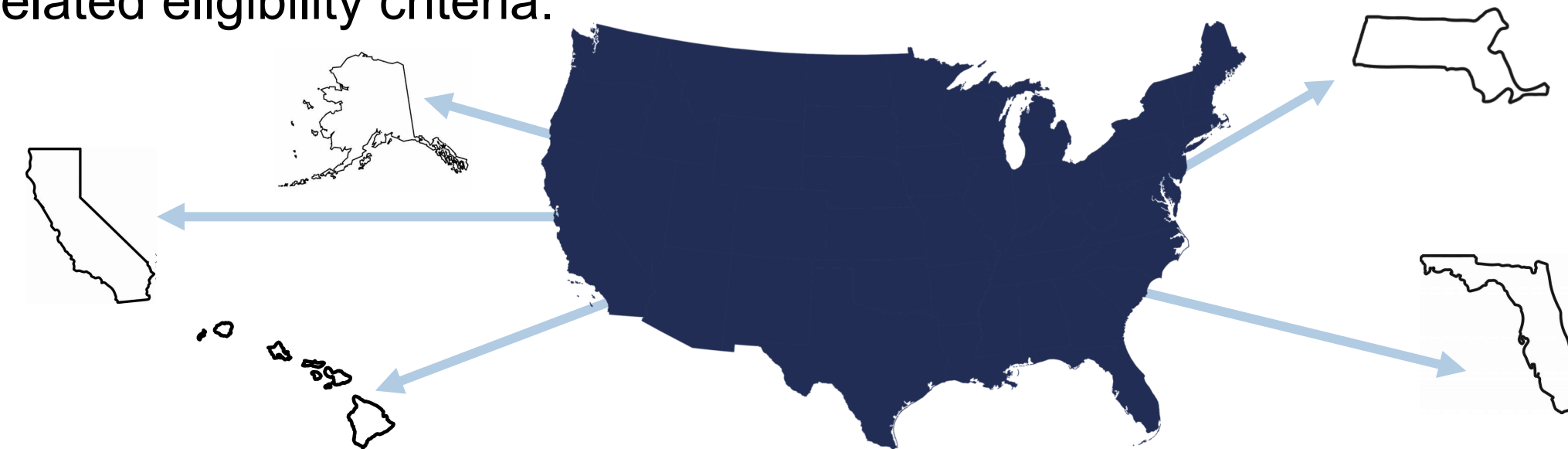


Figure 2. Delineation of eligibility criteria from the federal to state level. Once deemed eligible for Part C early intervention, families have the option to enroll and receive personalized services based on individual goals and needs.

Purpose

- The primary goal was to access policies for eligibility in early intervention enrollment for children who are D/deaf and hard of hearing. This drives the first step toward early intervention access for children who are D/deaf and hard of hearing.
- The secondary goal was the creation of a directory of eligibility criteria. When delving into this topic, it became apparent that a comprehensive list of individual state’s operationalized hearing-related eligibility criteria for Part C early intervention is not readily accessible.

Figure 3. Goals of the study

METHOD

This study was determined to be non-human subjects work by the University of Connecticut Institutional Review Board. We sought out publicly-accessible information about individual state eligibility requirements for Part C EI services for children identified as D/deaf and hard of hearing, for the years 2017 and 2018.¹⁰⁻¹⁵

Eligibility Data

The specific criteria used to determine if a child is eligible for Part C EI is not universally represented on individual state webpages.

Each of the 50 states and the District of Columbia were contacted and asked to provide the eligibility criteria as it relates to children who are D/deaf and hard of hearing (n=51).

Contact was made via email and phone to Part C, EHCI, and Health Service collected from CDC and NCHAM directories¹⁶⁻¹⁷.

Up to 10 attempts were made to make contact and ascertain criteria. Responses to requests (and clarifications) were copied verbatim into Excel.

These responses were then reviewed for key components (pure tone average or threshold in dB requirements, etiologic requirements, laterality requirements, permanency requirements) and if the criteria explicitly noted the eligibility of individuals identified with auditory neuropathy/dyssynchrony or recurrent otitis media. This led to the development of four distinct categories of eligibility criteria.

Response coding and group development were confirmed by a research assistant.

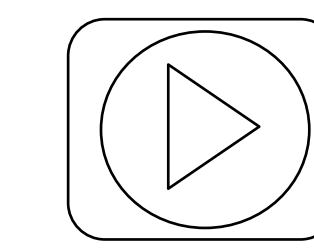
States were assigned to an eligibility category based on reported criteria. Given that each state has the flexibility to update their eligibility criteria independently, the policies for each state were assessed for 2017 and 2018. States that reported policy changes during the course of a year were excluded from that year’s analysis.

Group assignments for each state were confirmed by a research assistant.

Figure 4. Steps to accessing state-level eligibility requirements

RESULTS

Policy Types



Eligibility category has been broken down by geographic location (Figure 5) and year (Figures 6 and 7).

- no written state rule based on thresholds
- hearing thresholds equal to or less than 25dBHL or “any level”
- hearing thresholds equal to or less than 25dbHL and additional components related to laterality, type, or permanency
- hearing thresholds exceeding 30dBHL including those with additional requirements in terms of laterality
- changed policy mid year or no data

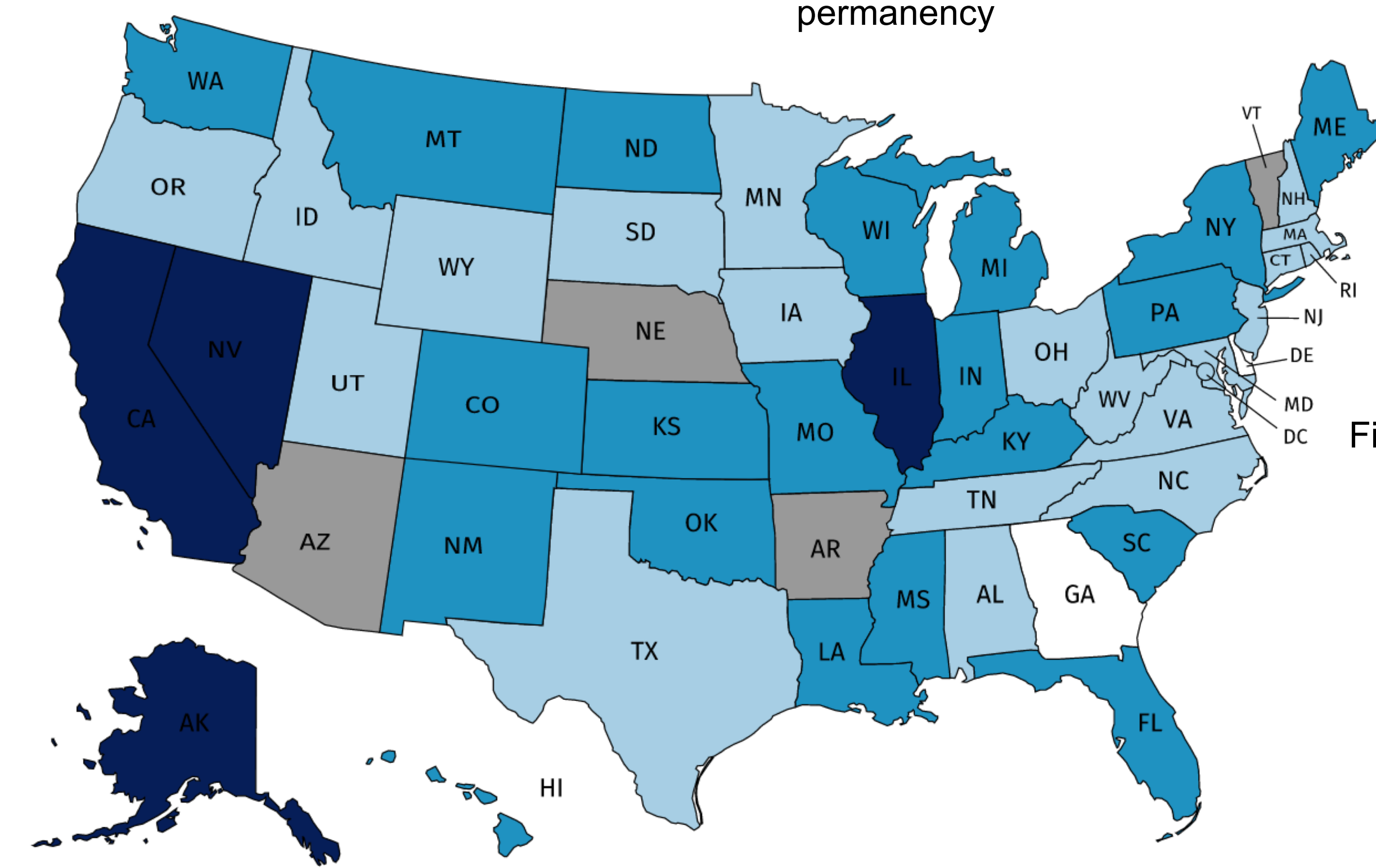


Figure 5. Eligibility Criteria as of 2018 by State

State-specific policies are being updated and organized for an appendix

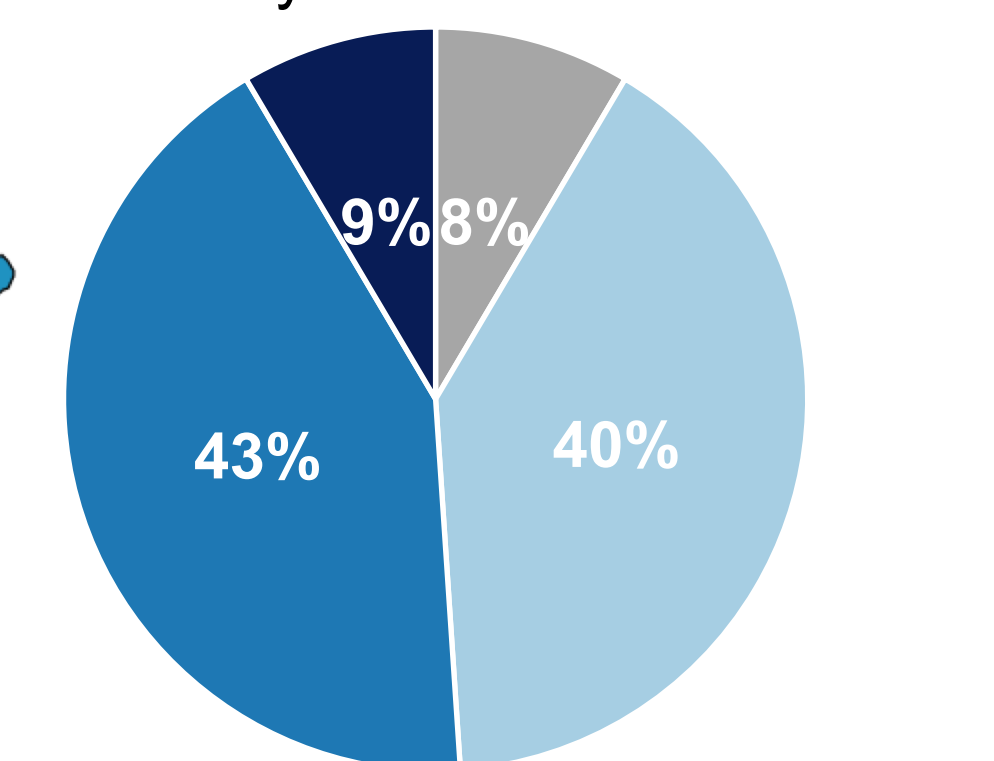


Figure 6. Eligibility Criteria for 2017 n=47

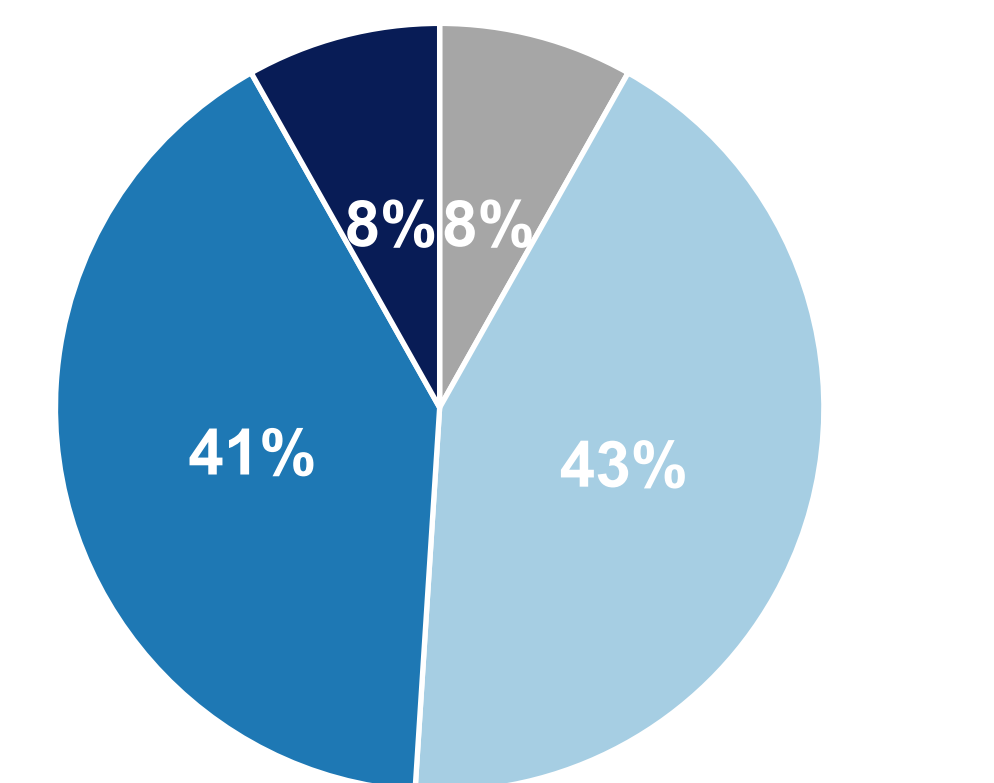


Figure 7. Eligibility Criteria for 2018 n=49

DISCUSSION

Policy Types

While there were four general groups to describe the eligibility criteria for Part C EI, a majority of states utilize dB threshold on a hearing evaluation to aid in the determination of Part C EI eligibility. However, it is of note that many syndromic or etiologic diagnoses can also contribute to EI eligibility regardless of a child’s hearing thresholds.

As a cut off value, 25dBHL or “any level” was the most common eligibility indicator with various states including additional requirements around that threshold, such as laterality, or type.

Directory of Eligibility

The data collection process for this analysis created a repository for:

- States to compare their policy to others and make decisions on policy change
- Providers to have more in-depth information to support out-of-state families and those contemplating moving

Once finalized this directory will be published to increase accessibility

While, not every state could be analyzed, there was a high response rate.

Additional assessments must acknowledge the role of non-Part C EI for these children and families and consider how these vary within and across state lines.

For those who responded to this inquiry, there were one to ten points of contact (emails and/or phone calls) needed to clarify and operationalize the Part C EI eligibility criteria.

Study considerations highlight logistical barriers when learning about Part C EI that are primed for future evaluation.

While beginning their journey of raising a newborn who has been identified as D/deaf or hard of hearing if this has not been anticipated or hoped for, families may face emotional challenges that complicate or impact their ability to follow-up with the system.²¹⁻²²

Future Directions

This information is currently being crossed with the data reported to the CDC, for the years 2017 and 2018.¹⁰⁻¹⁵ This is being done to assess for any statistical impact of eligibility criteria group on variables related to early intervention enrollment as seen below.

Total number of children identified	Total enrolled in EI (for Part C and non-Part C)
Unable to contact as a reason for no documented EI	Not eligible for Part C EI as a reason for no documented EI
Other reason for no documented EI	Unknown reason for no documented EI
Parents/Family declined EI as a reason for no documented EI	Parents/Family contacted but unresponsive as a reason for no documented EI
Total not enrolled in EI	Total receiving monitoring services only
Total referred to Part C EI	Total enrolled in Part C EI

Figure 8. Variables being considered for further analysis

Study Considerations

This follow-up may be challenging for families who are evaluating their eligibility while managing other needs, as it is estimated that between ¼ and ½ of children identified as D/deaf and hard of hearing have additional needs/educationally relevant conditions.¹⁷⁻²⁰

As noted above, in 2017, two states changed their eligibility criteria and in 2018 another state changed. These changes as a whole may be designed to support enrollment and families, but might be a challenge for providers and informal supports to be aware of over the course of their involvement.

Figure 9. Challenges for Parents and Providers

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