MN EHDI Part C Q&A Document

This Q&A document was created on 12/11/23 with a group of Early Hearing Detection & Intervention (EHDI) providers working in early intervention. The group viewed the Minnesota Department of Education (MDE) Part C Webinars and then had a follow-up session with the MDE Staff to answer these questions.

MDE Part C Webinar: https://education.mn.gov/MDE/dse/early/ecse/bc/

Question	Response from MN Department of Education 12/11/23
How long can you serve via interim IFSP?	Interim IFSPs are an option for a child who is determined to be eligible, even though you have not yet completed the entire identification process.
Example: A child is suspected of a hearing loss and waiting for the audiology appointment and the appointment is 3 months out…is 3 months too long and should push forward with testing and full IFSP?	There is no time limit for an interim IFSP, but it must not be implemented beyond age 3 or if the conditions warranting its use no longer exist.
On the prior written notice (PWN) for evaluation, should the observation be written under the evaluation section or the assessment section? Which section should the parent interview be written?	34 CFR 303.321: (b) Procedures for evaluation of the child. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility under this part. Procedures must include— (1) Administering an evaluation instrument; (2) Taking the child's history (including interviewing the parent); (3) Identifying the child's level of functioning in each of the developmental areas in §303.21(a)(1); (4) Gathering information from other sources such as family members, other care-givers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and (5) Reviewing medical, educational, or other records. (c) Procedures for assessment of the child and family. (1) An assessment of each infant or toddler with a disability must be conducted by qualified personnel in order to identify the child's unique strengths and

	needs and the early intervention services appropriate to meet those needs. The assessment of the child must include the following— (i) A review of the results of the evaluation conducted under paragraph (b) of this section; (ii) Personal observations of the child; and (iii) The identification of the child's needs in each of the developmental areas in §303.21(a)(1).
If service providers are deemed not needed on the IFSP document, but they might go on a visit or provide consultation support, then how do we advocate for caseload/workload support without being directly on the IFSP?	An IFSP is a document for the family. Information for your district administration will need to be kept elsewhere.
As a SLP maybe I get pulled in for a visit on a child that is not on my caseload, it's time on my end that administration does not get to see. Because of that is it more beneficial to just add the providers to the team?	Services should be added to the IFSP service grid when: 1) The IFSP team has made an individualized determination that the early intervention service* is necessary to help the child and family achieve the outcomes identified on the IFSP; and 2) It is a regularly scheduled interval of time that is devoted specifically to that child and/or family. This includes any method of service delivery (face-to-face, consultative, virtual); and 3) It meets the definition of early intervention services according to federal regulation (34 C.F.R. 303.13). 3525.2340 - MN Rules Part https://www.revisor.mn.gov/rules/3525.2340/
If a child has a hearing loss, and parents priority is for the child to walk, then during that IFSP the child meets that need. How are the team members for the next team meeting determined? Is a Teacher for Deaf/Hard of Hearing invited to all meetings?	Keep in mind that Part C does not limit who can be added to either a periodic review or an annual meeting. For a child with a hearing loss you may want to include the TDHH at all annual meetings, possibly as the person who conducted the evaluation.
We have recently been told that frequent ear infections (3 in 6 months or 4 in a year) establish criteria under Developmental Delay	Yes, and when it comes to how long chronic ear infections can be considered, there is no time limit on diagnoses or conditions unless otherwise indicated.

for Part C. Does the same criteria apply for Part B?	This is true for both Part C and Part B. Remember, however, that Part B requires that educational needs result from the established condition in order to establish eligibility. The question for Part B that I would ask when the chronic ear infections have been resolved at some point in the past is: Do the demonstrated needs truly result from a history of chronic ear infections? Hearing Loss as an Established Condition - Eligibility under Developmental Delay in Part C (helpmegrowmn.org) https://helpmegrowmn.org/cs/groups/communications/documents/document/ag1n/mdaw/~edisp/hmg000753.pdf
For children who qualify for Part C services as a child with a hearing loss, should we be going categorical DHH or going DD?	You have the option of establishing eligibility under both. It may be helpful to ask: 1) What would change in the provision of EI services based on how your team established eligibility? 2) Would your program let the disability category determine the service providers?
Are there any resources for sharing information on chronic ear infections with their team? Any other hearing related topics?	Minnesota Department of Education: Low Incidence Disabilities Quick Cards MN Low Incidence Projects: EHDI Information Packet for Clinical Audiologists