Connecticut Birth to Three System

To: All Birth to Three General Comprehensive Programs and Deaf/Hard of Hearing Support Programs
Date: April 28, 2026
Subject: Supporting Children who are Deaf/Hard of Hearing in a General Comprehensive Program

The purpose of the memo is to provide emphasis and clarification of procedures that <u>must</u> be followed when a child presents with a hearing loss, is being supported by a General Comprehensive Program, and Deaf/Hard of Hearing (D/HOH) supports need to be added to the child's Individualized Family Service Plan (IFSP).

<u>Context:</u>

The Early Hearing Detection and Intervention (EHDI) benchmarks for children with a hearing loss include screenings for all children by 1-month, diagnostic evaluation by 3-months for children who fail newborn hearing screenings, and enrollment in early intervention by 6-months if a hearing loss is diagnosed.[1]

Furthermore, under the Memorandum of Understanding (MOU) between the Connecticut Early Childhood (OEC) and the Department of Public Health (DPH), the Birth to Three System is responsible for ensuring that infants and young children who are deaf or hard of hearing receive timely connection to Birth to Three services that support their language, literacy, and social-emotional development. This commitment helps ensure families are promptly linked to appropriate early intervention supports.[2]

<u>Diagnosed Hearing Loss at the time of the Referral</u>:

Children who are referred to the Birth to Three system with a hearing loss diagnosed by an audiologist will be referred to a general comprehensive program, and a D/HOH program will be added in the Birth to Three Data system at the time of referral. This D/HOH program will be the initial support to the general comprehensive program and the family as eligibility, initial assessment, and initial IFSP are completed. **The role of the D/HOH is to advise and support the general comprehensive program regarding this specialized population**.

If the child is not already shared with a D/HOH program at the point of intake, programs must promptly share the case in the B23 Data System upon receiving the referral. Programs must also initiate communication with the D/HOH program quickly after the referral is received to minimize delays for the family.

---

[1] EHDI 1-3-6 Benchmarks (2025, May 7) Center for Disease Control. [EHDI 1-3-6 Benchmarks | Hearing Loss in Children | CDC]

[2] State of Connecticut Memorandum of Understanding between Department of Public Health and Office of Early Childhood

For children who come into the Birth to Three system with a hearing loss already diagnosed by an Audiologist (AuD), it is feasible, with parental agreement, to complete the eligibility evaluation, initial assessment, and initial IFSP all within one visit. Representatives from the D/HOH program are best equipped to support the parent in making an informed decision about supports and services related to their child's hearing loss. Therefore, a D/HOH program should be a part of all discussions and be present and part of the team for the evaluation, assessment, and IFSP; however, the general program is responsible for service coordination. It is important, however, to balance the desire to complete the process quickly with the family's need to have plenty of time for questions, thorough explanation of the Birth to Three System, and quality outcome development.

Children referred with a documented hearing loss **DO NOT** need standardized testing to determine eligibility, as hearing loss is an auto-eligible condition. Instead, the Eligibility Evaluation should include a review of medical records and/or audiological reports, which serve as the basis for qualifying the child for early intervention services.

- When the Lead Agency (LA) receives a copy of the hearing evaluation from the audiologist at the time of referral, it will share the report with the assigned initial D/HOH Support Program and the Comprehensive Program.
- If the LA has not yet received the hearing evaluation, the Comprehensive Program is responsible for obtaining it. Parent(s)/caregivers may also access the report through MyChart, download it, and share it with the program. If the report cannot be obtained before the evaluation, it will need to be reviewed during the evaluation to help determine eligibility

Once completed, the evaluation team, including staff from the D/HOH program, can move forward with child and family assessments, and the initial IFSP which must include completion of the Language Communication Plan. With children receiving D/HOH supports it is important to complete the IFSP as soon as possible, especially when fittings for hearing aids need to occur.

If for some reason, a program cannot complete the eligibility evaluation, initial assessment, and initial IFSP all together and/or in a timely manner, then discussion should occur to determine if an Interim IFSP is appropriate to meet any urgent needs. A parent also may request to complete an Interim IFSP. For more information on Interim IFSP please reference Interim IFSP Memorandum.

Supporting currently enrolled children with Information about Available D/HOH Supports:

When a family of a child who is already receiving B23 services receives the diagnosis that their child has a hearing loss, the D/HOH program staff must support the family in learning about each D/HOH program's pedagogy so that they are able to make an informed decision of what fits their family best with regards to their child's communication. Service Coordinators must support families by facilitating these conversations throughout the process (e.g., providing contact information, inviting D/HOH program representatives to IFSP meetings, or facilitating communication with D/HOH programs during EITS visits). **At no time, may there be a discussion of services or frequency of services outside of an IFSP meeting**. Once the parent decides which is the best fit for their child and family, the case should be shared with the D/HOH program within the B23 Data System as soon as possible, and an IFSP meeting must occur with a team member from the D/HOH program present either in-person or through phone/video conferencing. It is still the responsibility of the service coordinating program to develop the IFSP and provide appropriate and timely services on the IFSP while the family and Service Coordinator work together to gather information regarding D/HOH supports. This includes creating outcomes that support services listed, including D/HOH supports and Assistive Technology (when applicable). Furthermore, the service coordinating program is accountable for all IDEA compliance.

Individualized Family Service Plans (IFSP):

When scheduling the IFSP meeting where D/HOH services are involved, a member of the D/HOH team must be included in the meeting. In addition, the parent(s) may invite whomever they feel is important to attend and who they feel is part of their child's team. This can include childcare providers, audiologists, members of the team from the child's surgeon's office, etc.

During the meeting, individualized services and frequency of services will be discussed. Outcomes must be written to support the specific individualized services, supports, and frequency. IFSP teams must be aware that there may be additional items to consider and document, including the following:

- Mileage reimbursement and/or transportation so a parent can attend Birth to Three support and services[3] except for children who are on HUSKY. For those children, the Service Coordinator needs to support the family with navigating HUSKY Transportation Services[4]. Example: driving to and from a D/HOH hearing clinic for support for assistive technology and maintenance.
- Sign Language Interpretation[5]
- Assistive Technology (e.g., Hearing Aids)[6] [7]
  When added on a child's plan, it must be reflected within the child's outcome of how this support will be used to support outcomes as well as marked on the IFSP and within the B23 Data System (on IFSP screen, mark "Check if IFSP contains an assistive technology device").

While assessment services (e.g., audiological assessment) are not currently required to be listed on the IFSP service grid under existing IFSP procedures, the lead agency recommends including them as best practice. Documenting assessment activities on the service grid helps support the family's understanding of what will occur as part of their child's plan, and supports informed consent related to service provision and billing. Currently, this expectation serves as a best-practice guideline rather than a procedural requirement.

For all children with D/HOH support on their IFSP, a representative from the D/HOH program, as an IFSP team member, must be present either in person or through phone/video conferencing for all

---

[3] Supports and Services Procedures, Attachment 1: Types of Services Under Early Intervention Services (EIS), Section 17.

[4] Payment to Program Procedure, 3.10: Transportation Payments

[5] Supports and Services Procedures, Attachment 1: Types of Services Under Early Intervention Services (EIS), Section 13

[6] Assistive Technology Procedures; 3.9

[7] Supports and Services Procedures, Attachment 1: Types of Services Under Early Intervention Services (EIS), Section 1 & 2

IFSP reviews. They must also be included with transition planning and be present for all meetings including the PPTs.

In addition, it is also important that the child's audiologist, primary healthcare provider (PHP), and if part of the child's care, Cochlear Implant Surgeon (Otolaryngologist who specializes in doing cochlear implants) are not just included within the child's plan but also, with parent consent, receive copies of all reports and IFSPs for continuity of services.

EITS Visits:

Staff from the D/HOH programs are the specialists for their field and are an important resource for supporting families with children who have a hearing loss. Whenever possible, joint visits should take place between the primary service provider (service coordinator) and the D/HOH Support staff listed on the child's plan. During these visits, the D/HOH Support staff are present to not only support PSP/SC but also the family.

In addition, D/HOH Support staff may communicate or meet with the family outside of joint visits, as needed, to help carry out the child's and family's plan (i.e. hearing aid fitting and maintenance, sign language instruction, aural rehabilitation). All communication should be documented in a communication log and submitted with the rest of the required documentation.

Billing and Documentation:

D/HOH support programs will continue to be responsible for billing all services provided by their staff including evaluation, assessment, IFSP and EITS. The support program also is responsible for securing, providing and/or billing for services directly related to D/HOH needs, including assistive technology (such as hearing-related devices and associated assessments), as well as D/HOH-related interpretation, sign language instruction, and transportation.

Both the D/HOH Support Programs and the Comprehensive Programs (Service Coordination Programs) should work together to ensure that each child's chart includes clear and complete documentation. This collaborative effort helps to confirm that all required D/HOH-related services—such as assistive technology, evaluations, IFSP activities, assessments and EITS, interpretation, sign language instruction, and transportation—are provided, tracked, and shared in alignment with Birth to Three procedures.

Sharing Documentation:

Sharing information is important for all children receiving Birth to Three services; however, it is especially important for children with a hearing loss so that there is communication between all parties involved[8].

- **Release of Information:**
  With parent consent, Form 3-3 Authorization for Programs to Release Information must be completed to send copies of all reports and IFSPs to all supports a family may. When the parent signs Form 3-3, information must be sent in a timely manner and documentation of

---

[8] CT Birth to Three System, Service Guideline #5, pg. 6

sharing this information must be maintained within the child's chart (e.g., fax confirmation page).

- **Obtaining Information**
  With parent consent, Form 3-2 Authorization for Programs to Obtain Information must be completed to obtain copies of medical reports, including audiological assessments, ENT reports, or any other documentation from external providers. When the parent signs Form 3-2, information must be requested in a timely manner and documentation of sharing this information must be maintained within the child's chart (e.g., fax confirmation page). It is important to note that certain medical centers may require their own release of information to be used to obtain documents from those centers (i.e., CCMC).
- **Sharing information among Birth to Three programs**
  A release is not needed to share information between Birth to Three programs including Birth to Three designated D/HOH Support Programs. The service coordinating program must ensure that the D/HOH program receives copies of reports, IFSPs, audiological reports, and any other required documentation from the child's Birth to Three record. The D/HOH program is required to securely send copies of all visit notes, reports, or any other Birth to Three documentation to the service coordination providing agency to maintain a single unified chart for the child. This must happen no later than the 10th calendar day of the month following the month that the service was delivered.

Rule Out Hearing Assessments:

D/HOH Programs can complete a hearing assessment for children that are pursuing Autism testing. They can also support with completing hearing assessments for children who present with delays in their communication skills. Though this is not required for these children, it is best practice to rule out any hearing loss that may be contributing to the delays.

Hearing assessment is an IDEA Part C service. When the IFSP team, including the parent, agrees that the child requires a hearing assessment, the parent must be advised of the availability of this service provided by a D/HOH program, with the conversation clearly documented in the child's file. It is best practice for these decisions to happen at an IFSP meeting, to be included as an outcome on the IFSP, and to be documented on the IFSP service grid.

Hearing Concern at the Time of the Referral