



New York Early Hearing Detection and Intervention Information System (EHDI-IS)

Frequently Asked Questions (FAQs)



Department
of Health

Preface

This guide was developed to help those responsible for documenting inpatient newborn hearing screening results and out-patient follow-up hearing screening or diagnostic audiological evaluation results in New York's Early Hearing Detection and Intervention Information System (EHDI-IS). It covers how to access the EHDI-IS and reviews who is required to use this system. Additionally, these frequently asked questions provide step-by-step instructions for documenting hearing screening results obtained in inpatient and outpatient settings, how to document referral of babies to the Early Intervention Program and how to document special circumstances such as transfer of an infant from one facility to another.

Documentation of initial and follow-up hearing screening results is critical to ensuring that children suspected of or identified with hearing loss are linked to appropriate services as early in life as possible. Goals of Early Hearing Detection and Intervention (EHDI) Programs in New York and across the county are to conduct newborn hearing screening before infants reach one month of age. Infants who do not pass their newborn hearing screening should receive prompt re-screening and/or diagnostic audiological evaluation before three months of age; those identified with hearing loss should be referred to appropriate early intervention services no later than six months of age.

Following the steps outlined in this guide will ensure that newborn hearing screening results are documented in a uniform, consistent way for all babies born in New York hospitals and/or receiving follow up at outpatient facilities. Documentation in EHDI-IS is especially important during the first six months of the baby's life to ensure that babies with hearing loss are identified and their families receive the support they need as early as possible.

If you have additional questions or comments regarding the EHDI Program or EHDI-IS, you may contact the NY EHDI Program at nyehdi@health.ny.gov.

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Access to EHDI-IS

How do I get access to Early Hearing Detection and Intervention- Information System (EHDI-IS)?

- Individual Health Commerce System (HCS) accounts are required for accessing EHDI-IS. All EHDI-IS users will need to have their own personal active HCS account.
- If you don't have an HCS account, you can contact the Commerce Account Management Unit (CAMU) Help Desk at 1-866-529-1890 or hinhpn@health.ny.gov.
- **If you have an active HCS account, please submit the information below to nyehdi@health.ny.gov to get access to EHDI-IS.**
 - Full Name
 - Health Commerce System (HCS) ID
 - What facility are you being set up for?
 - Email address associated with HCS ID
 - Title/Role

Who is required to use the EHDI-IS?

New York State Public Health Law Section 2500-g requires all health care providers who perform hearing screening and follow-up tests on an infant less than six months of age to report results to the New York State Department of Health (NYSDOH) via EHDI-IS.

Professionals who are required to report test results includes:

- Hospital-based newborn hearing screening programs
- Audiology practices
- Primary care practices
- Early intervention providers
- Additionally, local health departments, municipal Early Intervention Programs, Department of Social Services, and other NYS surveillance programs may have access to these data.

In-patient Screening (Newborn Hearing Screening)

How do I document 'Parent Refusal for Inpatient (initial) Screening'?

Parent refusal for (initial) Screening means refusal for screening both ears. Please follow the steps below to document parent refusal for inpatient screening in EHDI-IS.

The screenshot shows the EHDI-IS form for Inpatient Hearing Screening. The top navigation bar has tabs for Inpatient, Outpatient, Diagnostic, Amplification, Referral to EI, and Child List. The 'Inpatient' tab is selected. The form includes the following fields and options:

- Manual Entry Reason:** Data Entry Correction (selected)
- Refusal of all Screening:** Yes (selected)
- Screening Results - Right:** Select
- Screening Results - Left:** Select
- Date Conducted:** MM/DD/YYYY
- Screener Qual/Profession:** Select
- Screen Location:** NYS Department of Health
- Comments:** Text area
- Transfer:**
- Date of Transfer:** MM/DD/YYYY
- Transfer Facility:** Select
- Method Used - Right:** Select
- Method Used - Left:** Select
- No Results Recorded:**

At the bottom left, there is a 'Save' button and a 'Cancel' button. A yellow callout 'Step 4: Save Changes' points to the 'Save' button.

Step 1: Click on the "Inpatient" tab on the top bar in EHDI-IS.

Step 2: Select 'Data Entry Correction' under "Manual Entry Reason."

Step 3: Select 'Yes' under "Refusal of all Screening."

Step 4: Click on save at the bottom left of the page to save the entry.

How do I document a transfer to another hospital or location in EHDI-IS?

Per Newborn Hearing Screening regulations (Section 69-8.6), in the event that an infant is transferred from one facility to another such facility, the facility discharging the infant to home shall be responsible for ensuring that infant hearing screening services are provided to the infant in a manner consistent with the applicable provisions outlined in this part.

If a newborn was transferred to another hospital or location, please make sure that this is documented in EHDI-IS. Please follow the below steps to document the transfer of a baby to another facility or location in EHDI-IS.

The screenshot shows the EHDI-IS navigation menu. The top bar has tabs for Inpatient, Outpatient, Diagnostic, Amplification, Referral to EI, and Child List. The 'Inpatient' tab is selected and highlighted. Below the tabs, there is a list of options with expand/collapse icons:

- Hearing Screening - Inpatient (expanded)
- Hearing Screening - Outpatient
- Diagnostic Evaluation
- Amplification
- Referral to EI

Hearing Screening - Inpatient																
No Results Recorded	Manual Entry Reason	Refusal of all Screening	Screening Result - Right	Method Used - Right	Screening Result - Left	Method Used - Left	Date Conducted	Screener Qual./Profession	Screen Location	Comments	Transfer	Date of Transfer	Transfer Facility	Edited By	Date Last Updated	Edit
1004	NCU only	No	Not Performed (Medical Exclusion)		Not Performed (Medical Exclusion)		02/04/2021		NYS Department of Health		1004			25071	06-09-2022	

Step2: Click on 'Edit' icon

Hearing Screening - Inpatient

Step3: Select all required information

*Indicates required information

No Results Recorded

Manual Entry Reason *

Refusal of all Screening *

Screening Results - Right *

Screening Result - Left *

Date Conducted *

Screener Qual./Profession

Screen Location

Comments

Step8: Click on Save

Save Cancel

Method Used - Right

Method Used - Left

Step4: Check 'transfer' box

Transfer

Date of Transfer

Transfer Facility

Birthing Facility

Step5: Enter the date of transfer

Step6: Select 'Birthing Facility' under "Transfer Facility"

Step7: Select the name of the hospital where the baby was transferred to

Step 1: Expand the “Hearing Screening Inpatient” in EHD-IS.

Step 2: Click on the ‘Edit’ icon.

Step 3: Enter all required information with the “*” asterisk sign on the left side boxes.

Step 4: Check the box “Transfer” if the baby was transferred to another hospital or location.

Step 5: Enter the date when the transfer was made under “Date of Transfer.”

Step 6: Select ‘Birthing Facility’ under “Transfer Facility.”

Step 7: Select the name of the hospital where the baby was transferred to. **Note:** If the child was transferred to a facility that is not listed when you select ‘Birthing Facility’, select ‘Other’ and type in the transfer facility name, city, and state.

Step 8: Click on save at the bottom left of the page to save the entry.

Outpatient Re-screening and Follow-up

How do I document the results of the Initial outpatient re-screening?

If a child does not pass their initial screening, they should be referred for a follow-up screening. Please follow the steps below to document the results of the First (initial) outpatient Follow-Up screening into EHD-IS.

The screenshot shows the 'Hearing Screening Outpatient' form in EHD-IS. The form includes fields for 'Initial or Follow-up Screen', 'Refusal of all Screening', 'Screening Result - Right', 'Screening Result - Left', 'Date Conducted', 'Screener Qual./Profession', and 'Screen Location'. There are also sections for 'Referral for Audiologic Follow-up' and 'Referral for Diagnostic Evaluation'. The form is annotated with ten numbered steps: Step 1: Click on 'Outpatient' tab; Step 2: Select 'Initial outpatient'; Step 3: Select 'No' for refusal; Step 4: Select 'Pass' for right ear result; Step 5: Select 'ABR' for right ear method; Step 6: Select 'Did not pass' for left ear result; Step 7: Select 'ABR' for left ear method; Step 8: Enter 'Date' (10/03/2022); Step 9: Select 'Screener Qual./Profession'; Step 10: Click 'Save'.

Step 1: Click on the “Outpatient” tab on the top bar in EHD-IS.

Step 2: Select 'Initial-Outpatient' under "Initial or Follow-up Screen."

Step 3: Select 'No' under "Refusal of all Screening."

Step 4: Select the hearing screening result of the right ear under "Screening Result – Right."

Step 5: Select the screening method used for the right ear under "Method Used – Right."

Step 6: Select the hearing screening result of the left ear under "Screening Result – Left."

Step 7: Select the screening method used for the left ear under "Method Used – Left."

Step 8: Enter the date of conduction.

Step 9: Select the role of the screener under "Screener Qual./Profession."

Step 10: Click on save at the bottom left of the page to save the entry.

How do I document 'Parent Refusal for outpatient Screening'?

Parent refusal for (outpatient) Screening means refusal for screening both ears. Please follow the steps below to document parent refusal for outpatient screening in EHDI-IS:

The screenshot shows the 'Hearing Screening - Outpatient' form in EHDI-IS. The 'Outpatient' tab is selected. The form fields are as follows:

- Initial or Follow-up Screen: Initial-Outpatient
- Refusal of all Screening: Yes
- Screening Result - Right: Select
- Screening Result - Left: Select
- Date Conducted: MM/DD/YYYY
- Screener Qual./Profession: Select
- Screen Location: NYS Department of Health
- Method Used - Right: Select
- Method Used - Left: Select
- Referral for Audiologic Follow-up:
- Date of Referral: MM/DD/YYYY
- Referral Provider: Select
- Referral for Diagnostic Evaluation:
- Date of Referral for Diagnostic Evaluation: MM/DD/YYYY
- Audiologist Name: Select

Annotations on the form indicate the following steps:

- Step 1: Click on "Outpatient" tab.
- Step 2: Select "Initial-Outpatient" for "Initial or Follow-up Screen."
- Step 3: Select "Yes" for "Refusal of all Screening."
- Step 4: Click on "Save" at the bottom left.

Step 1: Click on the "Outpatient" tab on the left top bar in EHDI-IS.

Step 2: Select 'Initial outpatient' under "Initial or Follow-up Screen."

Step 3: Select 'Yes' for all screening refusal under "Refusal of all Screening."

Step 4: Click on save at the bottom left of the page to save the entry.

How do I document the results of the Follow-up re-screening?

Depending on the results from a child's previously administered screening, a Second Follow-up screening may be performed. Please follow the steps below to document the results of the Follow-up screening into EHDI-IS.

The screenshot shows the 'Hearing Screening - Outpatient' form in EHDI-IS. The 'Outpatient' tab is selected. The form fields are as follows:

- Initial or Follow-up Screen: Follow-Up
- Refusal of all Screening: No
- Screening Result - Right: Pass
- Screening Result - Left: Did not pass
- Date Conducted: MM/DD/YYYY
- Screener Qual./Profession: Select
- Screen Location: NYS Department of Health
- Method Used - Right: ABR
- Method Used - Left: ABR
- Referral for Audiologic Follow-up:
- Date of Referral: MM/DD/YYYY
- Referral Provider: Select
- Referral for Diagnostic Evaluation:
- Date of Referral for Diagnostic Evaluation: MM/DD/YYYY
- Audiologist Name: Select

Annotations on the form indicate the following steps:

- Step 1: Click on "Outpatient" tab.
- Step 2: Select "Follow-up" for "Initial or Follow-up Screen."
- Step 3: Select "No" for "Refusal of all Screening."
- Step 4: Select "Pass" for "Screening Result - Right."
- Step 5: Select "ABR" for "Method Used - Right."
- Step 6: Select "Did not pass" for "Screening Result - Left."
- Step 7: Select "ABR" for "Method Used - Left."
- Step 8: Enter "Date" for "Date Conducted."
- Step 9: Select "Screener Qual./Profession" for "Screener Qual./Profession."
- Step 10: Click on "Save" at the bottom left.

Step 1: Click on the "Outpatient" tab on the top bar in EHDI-IS.

Step 2: Select 'Follow-Up' under "Initial or Follow-up Screen."

Step 3: Select 'No' under "Refusal of all Screening."

Step 4: Select the hearing screening result of the right ear under "Screening Result – Right."

Step 5: Select the screening method used for the right ear under "Method Used – Right."

Step 6: Select the hearing screening result of the left ear under "Screening Result – Left."

Step 7: Select the screening method used for the left ear under "Method Used – Left."

Step 8: Enter the date of conduction.

Step 9: Select the role of the screener under "Screener Qual./Profession."

Step 10: Click on save at the bottom left of the page to save the entry.

How do I document 'Diagnostic Audiological Evaluation Results' in EHDI-IS?

If a child does not pass their initial screening AND does not pass their follow-up screening(s), they should be referred for a diagnostic audiological evaluation. **For reporting the diagnostic audiological evaluation results in EHDI-IS, you must enter the type of hearing loss, severity, and configuration for the right and left ears.** Please follow the below steps to document 'Diagnostic audiological Evaluation Results' in EHDI-IS.

The image contains two screenshots of the EHDII-IS web application interface. The top screenshot shows the 'Diagnostic' tab selected in the top navigation bar. A yellow callout box labeled 'Step 1: Click on "Diagnostic"' points to the tab. Another yellow callout box labeled 'Step 2: Enter the date of diagnostic test' points to the 'Date Conducted' field, which contains 'MM/DD/YYYY'. Below this, there are fields for 'Who Referred For Diagnostic (Source)' and 'Diagnostic Evaluation Organization' (NYS Department of Health). The bottom screenshot shows the 'Right Ear' and 'Left Ear' sections. Yellow callout boxes label 'Step 3: Select the type of hearing loss for both ear', 'Step 4: Select the severity of hearing loss for both ear', and 'Step 5: Select the configuration of hearing loss for both ear'. The 'Right Ear' section has dropdowns for 'Type of Hearing Loss' (Translational Conductive), 'Severity-Right' (Severe (71 to 90 dBHL)), and 'Configuration' (Flat). The 'Left Ear' section has dropdowns for 'Type of Hearing Loss' (Translational Conductive), 'Severity-Left' (Mild (26 to 40 dB HL)), and 'Configuration' (Flat). A 'Method Used' dropdown menu is open, showing options like 'OAEs', 'ABR', 'NIA-unselected', and 'Other'. A yellow callout box labeled 'Step 6: Select method; use Ctrl Key to select multiple methods' points to this menu. At the bottom left, a yellow callout box labeled 'Step 7: Save Changes' points to the 'Save' button.

Step 1: Click on the "Diagnostic" tab on the top bar in EHDII-IS.

Step 2: Enter the date when the diagnostic audiological evaluation was performed under "Date Conducted." **Note:** Due to the complex nature of the diagnostic audiological evaluation – e.g., requiring multiple appointments - you should only enter the date that the final test and diagnosis, was attained.

Step 3: Select the hearing loss type for the right and left ear.

Step 4: Select the severity of hearing loss for the right and left ear.

Step 5: Select the configuration of hearing loss for the right and left ear.

Step 6: Select the method of the diagnostic audiological evaluation. **Note:** the user is allowed to select multiple methods, even if it was from a prior appointment but was used to determine hearing loss. To select more than one method, you can press and hold the "CTRL" key while selecting each method used. In the case that a method used is not listed to be selected, the user should select "Other" from the list and provide adequate details on the method in the "Method Comments" entry field.

Step 7: Click on save at the bottom left of the page to save the entry.

How do I document 'Amplification Information' in EHDI-IS?

Please follow the below steps to document 'Amplification Information' in EHDI-IS. **You should enter the amplification information for right and left ears if the baby receives amplification in both ears.**

The provided example here is for a child who receive amplification in the right ear, and no amplification in the left ear.

The screenshot shows the 'Amplification' form in EHDI-IS. The form is divided into two main sections: 'Amplification' and 'Amplification Information'. The 'Amplification' section includes fields for 'Hearing Aid Dispensing Center' (NYS Department of Health), 'Contact Name', and 'Phone' (133-456-7890). The 'Amplification Information' section is split into 'Right Ear' and 'Left Ear' columns. The 'Right Ear' section has a 'No Amplification' checkbox (unchecked), a 'Date Amplified' field (08/09/2022), and an 'Amplification Type' dropdown menu (Binaural Hearing Aid concept). The 'Left Ear' section has a 'No Amplification' checkbox (checked), a 'Date Amplified' field (MM/SS/YYYY), and an 'Amplification Type' dropdown menu (Select). At the bottom left, there is a 'Save Changes' button and a 'Cancel' button. Red arrows and yellow callout boxes indicate the following steps: Step 1: Click on 'Amplification' tab; Step 2: Enter contact name; Step 3: Enter phone number; Step 4: Enter date of amplification; Step 5: Select amplification type; Step 6: Check 'No Amplification' box for left ear; Step 7: Save changes.

Step 1: Click on the "Amplification" tab in EHDI-IS.

Step 2: Enter the person's name under "Contact Name."

Step 3: Enter the phone number of the contact person.

Step 4: Enter the date of amplification.

Step 5: Select the hearing aid concept or cochlear implant concept under "Amplification Type."

Step 6: Check 'No Amplification' box if the left ear was not amplified.

Step 7: Click on save at the bottom left of the page to save the entry.

Early Intervention Referral

Who should be referred to the Early Intervention Program (EIP)?

Specific to the EHDI Program, there are three different groups of infants that should be referred to local EIP based on Early Intervention Program regulations at [10 NYCRR section 69-4.3](#) and EHDI regulatory requirements at [10 NYCRR sections 69-8.2 and 69-8.4](#).

1. Infants with **CONFIRMED** hearing loss:

- This group includes infants who received a confirmatory diagnosis of permanent hearing loss. Infants diagnosed with permanent hearing loss should be referred to the EIP as “confirmed” because they have a diagnosed condition that has a high probability of resulting in developmental delay.
- **EIP role:** Infants with permanent hearing loss (e.g., a sensorineural hearing loss or a conductive hearing loss that is not amenable to medical treatment or surgery) are automatically qualified for the EIP and will receive a multidisciplinary evaluation to determine child/family specific needs for service delivery and intervention planning.

2. Infants with **SUSPECTED** hearing loss:

- This group includes infants who did not pass the initial hearing screening and did not pass the follow-up screening.
- **EIP role:** Infants with suspected hearing loss should be referred to EIP for a confirmatory diagnostic audiologic evaluation. Audiological evaluation can be done through the EIP by an audiologist who is an approved EIP provider to rule out hearing loss.

3. Infants **AT RISK** for Hearing Loss (**Child Find**):

- This group includes infants who either missed the initial hearing screening and no follow-up screening was conducted within 75 days, OR infants who did not pass the initial hearing screening and no follow-up screening was conducted within 75 days after discharge from the birth hospital. A birthing facility is obligated to make two documented attempts, either by United States mail or by telephone, excluding a busy signal or no answer, to contact the family. If unsuccessful, the birth facility is to make a referral to EI Child Find/At Risk within 75 days of discharge, unless the parent has objected to such a referral.

Notes for Birth facilities:

Pre-discharge: Birth facility must explain the importance of a follow-up screening. Birth facility is also required to inform the parent(s) that if results of a follow-up outpatient screening are not returned to the facility, the infant will be referred as an at-risk child to the Early Intervention Official in their county of residence for follow-up purposes unless the parent(s) object to such a referral.

Post-discharge: The birth facility is required to follow the infant for 75 days, post-discharge, to confirm follow-up hearing screening was completed. The birth facility is also responsible for reporting/documenting the follow-up outpatient screening results in the EHDI-IS.

- **EIP role:** This group of infants is at risk for hearing loss and in need of a second hearing screening to determine whether they need a complete diagnostic audiological evaluation. The county will facilitate the visit for the second hearing screening. This may include making reasonable efforts to locate the family and to help the family to secure an appointment for the hearing re-screen visit; however, these follow-up screenings are not reimbursable by the EIP.

Which professionals are obligated to make a referral to the Early Intervention Program (EIP)?

New York State public health law requires certain professionals, primary referral sources, to refer infants and toddlers who are less than three years of age to the Early Intervention Official in the county where the child resides.

The following primary referral sources shall, within **two working days** of identifying an infant or toddler who is less than three years of age and suspected of having a disability or at risk of having a disability, refer such infant or toddler to the official designated by the municipality, unless the child has already been referred or unless the parent objects:

- All individuals who are qualified personnel who deliver services to the extent authorized by their licensure, certification, or registration
- All approved evaluators, service coordinators, and providers of early intervention services
- Hospitals
- Child health care providers
- Daycare programs
- Local health units (local health department)
- Local school districts
- Local social service districts, including public agencies and staff in the child welfare system
- Public health facilities
- Early childhood direction centers
- Domestic violence shelters and agencies
- Homeless family shelters
- Operators of any clinic approved under Article 28 of the Public Health Law, Article 16 of the Mental Hygiene Law, or Article 31 of the Mental Hygiene Law.

Parents can refer their own infant or toddler to the EIP at any time if they have a concern about their child's development. However, professionals listed above must make referrals within two working days of identifying an infant or toddler to ensure connection to services.

How do I make a referral to Early Intervention (EI)?

A referral to the Early Intervention Program (EIP) can be made in the following ways:

- Contact the EI office in the county where the child resides directly by phone: https://www.health.ny.gov/community/infants_children/early_intervention/county_eip.htm
- Call the "Growing Up Healthy" hotline 1-(800)-522-5006
- Call 311 in New York City
- Contact the State Early Intervention Program for assistance at (518) 473-7016
- Fax/mail the completed Early Intervention Program Referral form (DOH-5775) to the EI office in the county where the child resides. The form is available at this link: <https://www.health.ny.gov/forms/doh-5775.pdf>. Referral form can be submitted after completing Section 1 with ONLY Section 1 information.

Is it required to have written parental/ legal guardian consent to make a referral to the Early Intervention Program (EIP)?

Written consent is not required for making a referral. However, parents must be informed of the intent to refer, and if a parent objects, the referral cannot be made.

Note: The EIP is a voluntary program for the family. Parents are afforded several rights, including the right to elect or decline to enroll their child in the program and the right to participate in the EIP without risking their right to participate in the future.

Parental written consent for releasing information is required when including additional information in section 2 of the fillable EI Referral Form. The additional information will support the reason that the child is being referred to the EIP and will likely include medical diagnoses or other protected health information. Supporting information includes developmental concerns, child's records, or child's testing reports.

What should the primary referral source do if parent/legal guardian objects to EI referral?

Primary Referral Source shall:

- Maintain written documentation of the parent's objection to the referral and follow-up actions taken by the primary referral source;
- Provide the parent with the name and contact information of the early intervention official (EIO) in the county where the child currently resides;
- Within two months, make reasonable efforts to follow-up with the parent, and if appropriate, refer the child to the EIP unless the parent objects

Documentation of EI referral in EHDI Information System (EHDI-IS):

- Once a referral is made, you should also document the EI referral in EHDI-IS under referral to EI.
- If the child is currently enrolled or has been referred to the EIP, a referral to EIP still needs to be documented in EHDI-IS.
- If parents have refused referral to EIP or the child was not referred because the family moved out of country or out of state, please document this in EHDI-IS.

Note: Documentation of the EI referral in EHDI-IS by itself WILL NOT automatically/systematically create a referral. Please note that the information in EHDI-IS is NOT sent to the EIP.

How do I document a referral to EI – AT RISK for Hearing Loss (Child Find)?

Please follow the below steps to document a Referral to EI – AT RISK for Hearing Loss (Child Find) in EHD-IS.

The screenshot shows the 'Referral to EI' form in EHD-IS. The top navigation bar includes 'Inpatient', 'Outpatient', 'Diagnosis', 'Amplification', and 'Referral to EI'. The form fields are as follows:

- County where child resides:** A dropdown menu with 'Select' chosen. An annotation 'Step 2: Select the county name' points to this field.
- Was EI referral made?:** A radio button for 'Yes' is selected. An annotation 'Step 3: Select 'Yes'' points to this field.
- Why was referral made?:** A dropdown menu with 'Child Find' selected. An annotation 'Step 4: Select 'child find'' points to this field.
- Date Referred to EI:** A date field with 'MMDDYYYY' entered. An annotation 'Step 5: Enter the date of referral' points to this field.
- Attempt To Contact Family for Follow-up:** Two date fields labeled 'Attempt To Contact 1 Date' and 'Attempt To Contact 2 Date', both with 'MMDDYYYY' entered. An annotation 'Step 6: Enter the date of attempts' points to these fields.
- Comments:** A text area.
- Buttons:** 'Save' and 'Cancel' buttons at the bottom left. An annotation 'Step 7: Save changes' points to the 'Save' button.

Additional annotations include 'Step 1: Click on 'Referral to EI'' pointing to the top bar and 'Step 7: Save changes' pointing to the 'Save' button.

Step 1: Click on the "Referral to EI" tab on the top bar in EHD-IS.

Step 2: Select the county name under "County where the child resides."

Step 3: Select 'Yes' under "was EI referral made."

Step 4: Select 'Child Find' under "Why was referral made?"

Step 5: Enter the date of EI referral under "Date Referred to EI."

Step 6: Enter the date of attempts to contact the family for follow up.

Step 7: Click on save at the bottom left of the page to save the entry.

How do I document a referral to EI– Suspected Hearing loss?

Please follow the below steps to document a 'Referral to EI – for Suspected Hearing Loss in EHD-IS.

The screenshot shows the 'Referral to EI' form in EHD-IS. The top navigation bar includes 'Inpatient', 'Outpatient', 'Diagnosis', 'Amplification', and 'Referral to EI'. The form fields are as follows:

- County where child resides:** A dropdown menu with 'Adams - WV' selected. An annotation 'Step 2: Select the county name' points to this field.
- Was EI referral made?:** A radio button for 'Yes' is selected. An annotation 'Step 3: Select 'Yes'' points to this field.
- Why was referral made?:** A dropdown menu with 'Suspected Hearing Loss' selected. An annotation 'Step 4: Select 'Suspected Hearing Loss'' points to this field.
- Date Referred to EI:** A date field with '10/12/2022' entered. An annotation 'Step 5: Enter the date of referral' points to this field.
- Attempt To Contact Family for Follow-up:** Two date fields labeled 'Attempt To Contact 1 Date' and 'Attempt To Contact 2 Date', both with 'MMDDYYYY' entered.
- Comments:** A text area.
- Buttons:** 'Save' and 'Cancel' buttons at the bottom left. An annotation 'Step 6: Save changes' points to the 'Save' button.

Additional annotations include 'Step 1: Click on 'Referral to EI'' pointing to the top bar and 'Step 6: Save changes' pointing to the 'Save' button.

Step 1: Click on the "Referral to EI" tab on the top bar in EHD-IS.

Step 2: Select the county name under "County where the child resides."

Step 3: Select 'Yes' under "Was EI referral made?"

Step 4: Select 'Suspected Hearing Loss' for the reason of referral under "Was EI referral made?"

Step 5: Enter the date when the referral was made under "Date Referred to EI."

Step 6: Click on save at the bottom left of the page to save the entry.

How do I document a referral to EI– Confirmed Hearing loss?

Please follow the below steps to document a 'Referral to EI – for Confirmed Hearing Loss' in EHDi-IS.

Step 1: Click on the "Referral to EI" tab on the top bar in EHDi-IS.

Step 2: Select the county name under "County where the child resides."

Step 3: Select 'Yes' under "Was EI referral made?"

Step 4: Select 'Identified Hearing Loss' for the reason of referral under "Was EI referral made?"

Step 5: Enter the date when the referral was made under "Date Referred to EI."

Step 6: Click on save at the bottom left of the page to save the entry.

How do I document parent refusal to EI Referral?

Please follow the below steps to document parent refusal to EI referral in EHDi-IS.

Step 1: Click on the "Referral to EI" tab on the top bar in EHDi-IS.

Step 2: Select the county name under "County where the child resides."

Step 3: Select 'No' under "was EI referral made?"

Step 4: Select 'Parents Refused' under "If referral to an early intervention was not made, please select reason why."

Step 5: Enter the date of refusal under "Date Refused/Moved."

Step 6: Click on save at the bottom left of the page.

How do I document relocation- when a child moved out of the state/country- in EHDl-IS?

Please follow the below steps to document relocation in EHDl-IS - when a child moved out of the state or country.

The screenshot shows the 'Referral to EI' form in EHDl-IS. The top navigation bar includes tabs for 'Reported', 'Outpatient', 'Diagnostic', 'Assessment', and 'Referral to EI'. The 'Referral to EI' tab is selected. The form contains several fields and sections:

- County where child resides:** A dropdown menu with 'Select' as the current value. A yellow callout box labeled 'Step 2: Select the county name' points to this field.
- Was EI referral made?:** A dropdown menu with 'No' selected. A yellow callout box labeled 'Step 3: Select 'No'' points to this field.
- Why was referral made?:** A dropdown menu with 'Select' as the current value.
- Date Referred to EI:** A date input field with the placeholder 'MMDDYYYY' and a red error icon.
- If referral to an early intervention was not made, please select reason why:** A dropdown menu with 'Moved out of State/Country' selected. A yellow callout box labeled 'Step 4: Select 'moved out of state/country'' points to this field.
- Date Refused/Moved *:** A date input field with the placeholder 'MMDDYYYY' and a red error icon. A yellow callout box labeled 'Step 5: Enter the Date' points to this field.
- Attempt To Contact Family for Follow-up:** Two date input fields, 'Attempt To Contact 1 Date' and 'Attempt To Contact 2 Date', both with the placeholder 'MMDDYYYY' and red error icons.
- Comments:** A text area for additional notes.
- Buttons:** 'Save' and 'Cancel' buttons at the bottom left. A yellow callout box labeled 'Step 6: Save changes' points to the 'Save' button.

Step 1: Click on the "Referral to EI" tab on the top bar in EHDl-IS.

Step 2: Select the county name under "County where child resides."

Step 3: Select 'No' under "Was EI referral made?"

Step 4: Select 'Moved out of state/country' under "If referral to an early intervention was not made, please select reason why."

Step 5: Enter the date when the child moved out of the State/Country under "Date Refused/Moved."

Step 6: Click on save at the bottom left of the page to save the entry.

General Information

How do I update the status of a deceased baby?

Please follow the below steps to update the status of a deceased baby in NYSIIS/EHDI-IS.

The screenshot shows the 'Update Patient' form in the NYSIIS/EHDI-IS system. The form is titled 'Update Patient' and is for a patient named 'EHDI TEST'. The form is divided into several sections: 'Personal Information', 'Patient Information', 'Insurance Provider', 'Address Information', 'Responsible Persons (0)', 'Patient Comments (0)', and 'Patient Notes (0)'. The 'Personal Information' section includes fields for Last Name, First Name, Middle Name, Suffix, Birth Date, Gender, Medicaid ID, Birth Order, Birth Country, Mother's Maiden Last Name, and Mother's First Name. The 'Patient Information' section includes fields for Patient ID, Ethnicity, Race, Provider-PCP, School, Tracking Schedule, Status, Date of Death, Allow Reminder and Recall Contact?, and Language Spoken. The 'Insurance Provider' section includes fields for Insurance Provider, Policy Number, and Insurance Date. The 'Address Information' section is currently collapsed. The 'Responsible Persons (0)', 'Patient Comments (0)', and 'Patient Notes (0)' sections are also collapsed. The form is updated by NYS Department of Health on 09/12/2022. Four steps are highlighted in yellow boxes with red arrows pointing to the corresponding fields or buttons: Step 1: Expand the Patient Information (arrow points to the 'Patient Information' bar); Step 2: Change the status to 'Permanently Inactive-Deceased' (arrow points to the 'Status' dropdown menu); Step 3: Enter the date of death (arrow points to the 'Date of Death' field); Step 4: Save Changes (arrow points to the 'Save' button).

Step 1: Expand the "Patient Information" bar of a patient profile in NYSIIS.

Step 2: Change the status to 'Permanently Inactive-Deceased' under "Status."

Step 3: Enter the date of death of the deceased baby.

Step 4: Click on save at the top right of the page to save the entry.

How do I create a 'Child List' in EHDI-IS?

A child list is an EHDI-IS feature where the health care providers could create a list of infants "who did not pass the hearing screening and have no documented follow-up" by selecting the range of DOB. This function is facility-specific; users can also download and print the list from EHDI-IS.

Please follow the below steps to create a child list in EHDI-IS.

The screenshot shows the 'Child List' creation interface in EHDI-IS. The top navigation bar includes tabs for 'Inpatient', 'Outpatient', 'Diagnostic', 'Amplification', 'Referral to EI', and 'Child List'. A yellow callout box labeled 'Step 1: Click on 'Child list'' points to the 'Child List' tab. Below the navigation bar, the 'Child List' section is displayed. A red asterisk indicates required information. The 'Selected Org' field is set to 'NYS Department of Health (1)'. The 'Child List*' dropdown menu is set to 'Right or Left Hearing Screening Did Not Pass and No'. A yellow callout box labeled 'Step 2' points to this dropdown. The 'Patient DOB Range*' section has 'From' and 'To' fields, both containing 'MM/DD/YYYY'. A yellow callout box labeled 'Step 3: enter patient DOB Range' points to both input fields. A note below the fields states: 'Note: Date range cannot not exceed one year. For multiple years, please run multiple child lists.' At the bottom left, a yellow callout box labeled 'Step 4: Click on view:' points to the 'View' button. A 'Cancel' button is also visible.

Step 1: Click on the "Child list" tab on the top bar in EHDI-IS.

Step 2: Select 'Right or left hearing screening did not pass and no follow up' under "Child List."

Step 3: Enter the range of date of birth under "Patient DOB Range."

Step 4: Click on 'View' to see the list of children who did not pass hearing screening and no follow-up.

