

BENCHMARK #1: Universal Referral of Eligible Newborns for Part C (Early Intervention) Services. The medical information of all newborns will be reviewed by medical practitioners (including nurse midwives and lay midwives) for any condition that determines them automatically eligible for early intervention services under their state's eligibility categories for Part C services. If a condition is identified, procedures will be in place to ensure these results are communicated to families and receiving primary care providers, and a referral made to the local Part C agency.

Goal #1.1: Medical record review and referral protocols. All medical practitioners (including those in birthing facilities and receiving pediatric care providers) will have written medical record review protocols that include standardized policies and procedures for reviewing medical records, and appropriate forms or procedures for referring to Part C when indicated.

Question	Not at all	Somewhat	Very/Fully	Don't know/NA	Responses
Clear?	0.00%	24.49%	71.43%	4.08%	49
Important?	0.00%	24.49%	71.43%	4.08%	49
Reasonable?	10.20%	32.65%	28.57%	28.57%	49
Implemented?	20.41%	30.61%	6.12%	42.86%	49

As a group, please discuss this goal and record any comments on worksheet. Following are possible discussion topics based on comments from on-line survey.

- Should federal privacy laws be addressed in this goal?
- Should electronic registries be included in the intent of this goal, and if so, specifically mentioned?
- Should a possible time frame in which reviews are completed be included in the goal?

Goal #1.2: Out of hospital births. States will have a mechanism to ensure the review of medical records of infants born outside of birthing hospitals, as well as a system for referring to Part C programs children with established medical conditions or risk who are born outside of birthing hospitals.

Question	Not at all	Somewhat	Very/Fully	Don't know/Not applicable	Responses
Clear?	4.17%	16.67%	70.83%	8.33%	48
Important?	0.00%	20.83%	68.75%	10.42%	48
Reasonable?	12.77%	38.30%	8.51%	40.43%	47
Implemented?	36.17%	10.64%	2.13%	51.06%	47

As a group, please discuss this goal and record any comments on worksheet. Following are possible discussion topics based on comments from on-line survey.

- Is it necessary to have separate policies related to ‘out of hospital’ births? This goal parallels an Early Hearing Detection Indicator (EHDI) goal, but not sure if the types of conditions that states list as eligibility categories would ever not lead to newborns going to the hospital (e.g., low apgars).

Goal #1.3: Reporting. If a newborn is determined automatically eligible for Part C services, results of medical record review will be provided to the infant’s parents and primary care provider.

Question	Not at all	Somewhat	Very/Fully	Don't know/Not applicable	Responses
Clear?	6.25%	14.58%	75.00%	4.17%	48
Important?	2.08%	12.50%	77.08%	8.33%	48
Reasonable?	6.38%	23.40%	38.30%	31.91%	47
Implemented?	21.28%	27.66%	6.38%	44.68%	47

As a group, please discuss this goal and record any comments on worksheet. Following are possible discussion topics based on comments from on-line survey.

- Do all states have conditions that make a child “automatically eligible” for EI..or at least automatically eligible with a physician’s statement of eligibility?

Goal #1.4: Information on Early Intervention. All birthing facilities will have linguistically appropriate and culturally sensitive brochures and other materials to inform parents or guardians of children who are automatically eligible for Part C services about early intervention services and the referral process.

Question	Not at all	Somewhat	Very/Fully	Don't know/NA	Responses
Clear?	2.08%	8.33%	85.42%	4.17%	48
Important?	2.13%	10.64%	80.85%	6.38%	47
Reasonable?	2.17%	21.74%	43.48%	32.61%	46
Implemented?	6.52%	36.96%	4.35%	52.17%	46

As a group, please discuss this goal and record any comments on worksheet.

Goal #1.5: Linkage to Early Intervention. Each state will identify a linkage system to ensure that all infants who meet criteria for automatic eligibility for Part C services, according to their state’s eligibility criteria, will be referred to the appropriate local early intervention agency.

Question	Not at all	Somewhat	Very/Fully	Don't know/NA	Responses
Clear?	2.08%	18.75%	75.00%	4.17%	48
Important?	0.00%	8.33%	83.33%	8.33%	48
Reasonable?	0.00%	27.66%	40.43%	31.91%	47
Implemented?	8.51%	44.68%	8.51%	38.30%	47

As a group, please discuss this goal and record any comments on worksheet. Following are possible discussion topics based on comments from on-line survey.

- Should "linkage system" be clarified?
 - One participant proposed what a linkage system might be: “It could be a description of the status quo, something that happened in one part of the state, a case study, or aspirational. The state will have a statewide process description and algorithm, with descriptions of roles, responsibilities and indicators that accounts for the state’s population, potential need, service levels, and transition points.”

Goal #1.6: Education and Training. Hospitals and Part C programs will implement a training plan on this Benchmark and its associated goals. Training will be for all service providers, including screeners (inpatient or outpatient), nurses, and physicians.

Question	Not at all	Somewhat	Very/Fully	Don't know/Not applicable	Responses
Clear?	0.00%	27.08%	68.75%	4.17%	48
Important?	0.00%	31.25%	62.50%	6.25%	48
Reasonable?	0.00%	46.81%	19.15%	34.04%	47
Implemented?	19.15%	38.30%	0.00%	42.55%	47

As a group, please discuss this goal and record any comments on worksheet. Following are possible discussion topics based on comments from on-line survey.

- It is necessary to train all service providers, or be would it be better to help hospitals identify criteria for who needs to be trained?
- Should each hospital be required have a training plan? Would it be more effective to have concerted training and education initiative that is taught at med/nursing schools?
- How should hospitals implement a training plan? One participant had this suggestion: “This training could be sanctioned as part of the required CME that child health providers need to complete (other topics required in our state include: child abuse and neglect, HIV, risk management and cultural competency).”

Goal #1.7: Demographic data. All hospitals will collect demographic data on newborns such as race/ethnicity, educational level of the mother, and type of insurance covered before hospital discharge.

Question	Not at all	Somewhat	Very/Fully	Don't know/Not applicable	Responses	Mean
Clear?	10.64%	8.51%	78.72%	2.13%	47	2.72
Important?	4.26%	29.79%	59.57%	6.38%	47	2.68
Reasonable?	4.55%	22.73%	40.91%	31.82%	44	3.00
Implemented?	13.04%	21.74%	23.91%	41.30%	46	2.93

As a group, please discuss this goal and record any comments on worksheet. Following are possible discussion topics based on comments from on-line survey.

- Should the goal indicate why there is a need for this data (particularly certain demographic data) and what will be done with it?
- Is this goal making data collection duplicative of what is already being collected (i.e. by Vital Records)? Would it make sense to include a requirement that this data be linked to Part C providers?

Discussion about Benchmark #1

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As a group, please discuss this benchmark and record any comments on worksheet. Following are possible discussion topics based on comments from on-line survey.

- Do the goals match up with the overall theme of the Benchmark?
- Would the Benchmark be clearer if it said that discharge (or post-partum treatment) planning will include an assessment and referral of newborn if appropriate, to Part C services, regardless of provider licensure or place of delivery?