## **Referral Source Tab**

Save Close CreateFo	rm 🖶 Print	Create Report to	Referring Provid	ler			
				REFE	RRAL FOR CARE O	COORDINATION	
Patient Na	me:			SSN:	123-45-9008		
Cou	nty: Montgon	nery		Area:	PHA08		
	Employ	ee					
Employ	yee: Godwin,	Melissa					
	Prograi	m					
Progr	Patient 1	st Children					
D	o5/26/2	016 16					
TRANSFER							
Patient Information	Referring P	rovider Reaso	on   Psychosoc	ial/Additional	Information   Car	e Coordinator	
REFERRAL SOURCE							
Referred By:	ADPH Central (	Office 📗 💌					
First Name:	NBH SCREENING	PROGRAM	Middle Initial:	Last Nan	ne: DELORE	S HARRISON	
Address:	ADPH CENTRAL (	OFFICE		City:	Montgo	omery	
State:	AL			Zip:	36104		
Telephone #:	3342062901			Fax #:	334206	53791	
County of Referring Provider:	Montgomery _	•					

### Reason for Referral Tab

#### Patient Name: SSN: 123-45-9008 County: Area: PHA08 Montgomery **Employee** ? X **Medical Conditions** Employee: Godwin, Melissa Specify Medical Condition (Select all that apply) OK Program Hearing Loss Program: Patient 1st Children Cancel Hyperactivity Hypertension Date: 05/26/2016 16 Lead Low Birth Weight Mental Health Metabolic Disorder (Other than Sickle Cell & CF) TRANSFER Newborn Hearing Obesity Patient Information | Referring Provider | Reason | Psychosocial/Additional Information Premature Infant REASON FOR REFERRAL (Check all that apply) TeleHealth Assist with/monitor medical compliance ▼ Specialty Referral Coordination ▼ Education Regarding Disease/Condition ☐ EPSDT/Immunization Transportation Community Resource/Education Referral Child Health Needs Assessment ☐ Home Health Patient Discharged from PMP Pregnancy Prevention/STD Education Health Insurance Assistance Parenting Issues ☐ Doctor Consultation/Coordination ☐ Dental -1st Look Missed Appointments ☐ Domestic Violence/Sexual Coercion Issues ☐ ASQ-3 Referral Frequent ER Visits ☐ Suspect Abuse/Neglect ☐ Health Home/RCO **Medical Condition** Medical Conditions Newborn Hearing 888888888 Lab Number

# Completing the Report to Referring Provider for Newborn Hearing Referrals

Save Close Create Form	Print Create Report to Referring Provider
	REFERRAL FOR CARE COORDINATION
Patient Name:	SSN:
County:	Montgomery Area: PHA08
	Employee
Employee:	Godwin, Melissa
	Program
Program:	Patient 1st Children
Date:	06/29/2016 16
TRANSFER	
Patient Information   Re	ferring Provider   Reason   Psychosocial/Additional Information   Care Coordinator
Referral Date: p6/2	29/2016 16

## **NBH Summary of Services Tab**

Report to Referring Provider				
Patient Name:		SSN:	123-45-9008	1
Tutient Nume.		3314.	123-43-9008	
County:	Montgomery	Area:	PHA08	
	Facilities	99		J
	Employee	• V		
Employee:	Godwin, Melissa			
	Program		l .	
Program:	Patient 1st Children		-	
r rogrum.	Patient 1St Children			
Date:	06/29/2016 16			
Referring Provider   Patie	nt Information   Summary	Care Coordinato		
Care Coordination Summa	ary of Services Provided &	Planned Including	e of Assessment	
Newborn Hearing Screen Summa	ry of Services Provided:			
Newborn Hearing Screening Ty	pe:	C Delivering Hospi	ital Contact	
		C Repeat Hearing S	Screen	
		C Diagnostic Testi	ng	
		C Referred for Earl	y Intervention Services	s (EIS)

## Delivering Hospital Contact Report to Referring Provider

- Select Delivering Hospital Contact
- Complete all questions on the report
- No additional information is needed
- Select "Send Report to Newborn Screening"
  - Delivering Hospital Contact
    - Repeat Hearing Screen
    - Diagnostic Testing
    - Referred for Early Intervention Services (EIS)

# NBH Summary Type Delivering Hospital Contact

Close Save Create Form 🖶 Print Send Report to Newborn Screening				
		Report to Referring Prov	rider	
Patient Name:		SSN:		
County:	Montgomery	Area: PHA08		
	Employee	-00		
Employee:	Godwin, Melissa	W.		
_	Program			
Program:	Patient 1st Children	<b>—</b>		
Date:	06/21/2016 16	<b>11</b> "		
Referring Provider   Patient Information   Summary   Care Coordinator				
Care Coordination Summary of Services Provided & Planned Including Date of Assessment				
Newborn Hearing Screen Summ	ary of Services Provided:			
Newborn Hearing Screening Ty	rpe:	Delivering Hospital Contact		
		C Repeat Hearing Screen		
		C Diagnostic Testing		
		C Referred for Early Intervention Services (EIS)		
Hospital that completed the Re	peat Hearing Screen	BROOKWOOD HOSPITAL		
City of hospital		BIRMINGHAM		
Date of Repeat Hearing Screen		06/28/2016 16		
		00/28/2010		
What screening method was us	ed?	© AABR C OAE C Other		
What was the Hearing Screen Result for the Left ear?		• Pass C Refer/Fail C Inconclusive		
What was the Hearing Screen R	What was the Hearing Screen Result for the Right ear? © Pass C Refer/Fail C Inconclusive			
THIS ADDITIONAL INFORMATION	THIS ADDITIONAL INFORMATION BOX WILL NOT BE REQUIRED with the NEW REPORT FORMAT			

# Delivering Hospital Contact – Did Not Pass NBH Screen

### Care Coordination Summary of Services Provided & Planned Including Date of Assessment

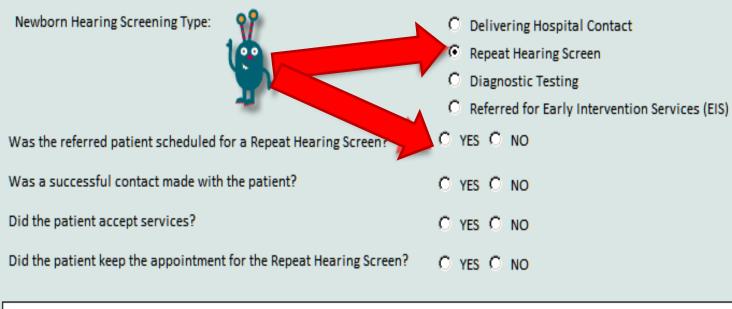
Newborn Hearing Screen Summary of Services Provided: Newborn Hearing Screening Type: O Delivering Hospital Contact C Repeat Hearing Screen Diagnostic Testing Referred for Early Intervention Services (EIS) Hospital that completed the Repeat Hearing Screen Brookwood Hospital City of hospital Birmingham Date of Repeat Hearing Screen 16 07/07/2016 What screening method was used? AABR O OAE O Other What was the Hearing Screen Result for the Left ear? Refer/Fail C Inconclusive Pass What was the Hearing Screen Result for the Right ear? C Inconclusive O Pass Refer/Fail Was the referred patient scheduled for a Repeat Hearing Screen? YES ○ NO. Date of Scheduled Appointment 07/14/2016 16 Will the patient's case remain open for care coordination services? YES O NO. Additional Information:

# NBH Summary Type Repeat Hearing Screen

Referring Provider | Patient Information | Summary | Care Coordinator

### Care Coordination Summary of Services Provided & Planned Including Date of Assessment

Newborn Hearing Screen Summary of Services Provided:



# NBH Summary Type Repeat Hearing Screen – Appointment Kept

Care Coordination Summary of Services Provided & Planned Including Date of Assessment

Newborn Hearing Screen Summary of Services Provided	Newborn Hearin	Screen Summary	of Services	Provided
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Newborn Hearing Screening Type:

Was the referred patient scheduled for a Repeat Hearing Screen?

Was a successful contact made with the patient?

Did the patient accept services?

Did the patient keep the appointment for the Repeat Hearing Screen?

What was the date of Repeat Hearing Screen

What screening method was used?

What was the Hearing Screen Result for the Left ear?

What was the Hearing Screen Result for the Right ear?

Name of Provider completing the Hearing Screen

Provider City

Provider Telephone #

Will the patient's case remain open for care coordination services?

C Delivering Hospital Contact
Repeat Hearing Screen
O Diagnostic Testing
Referred for Early Intervention Services (EIS)
© YES © NO
© YES © NO
© YES O NO
© YES © NO
16
C AABR C OAE C Other
C Pass C Refer/Fail C Inconclusive
O Pass O Refer/Fail O Inconclusive
C YES C NO

### NBH Summary Type Repeat Hearing Screen – Missed Appointment

Care Coordination Summary of Services Provided & Planned Including Date of Assessment Newborn Hearing Screen Summary of Services Provided: Newborn Hearing Screening Type: C Delivering Hospital Contact Repeat Hearing Screen Diagnostic Testing C Referred for Early Intervention Services (EIS) Was the referred patient scheduled for a Repeat Hearing Screen? YES ○ NO Was a successful contact made with the patient? Did the patient accept services? YES C NO Did the patient keep the appointment for the Repeat Hearing Screen? C YES @ NO What Interventions were done to locate the patient? ✓ Home visit attempt Follow up made with county WIC Program ✓ Multiple phone calls ✓ Mailed letter Other: What was the reason for not attending the scheduled appointment? C Patient moved to another county within the State of Alabama. C Patient Relocated to another state C Patient/Caregiver was ill and unable to keep appointment. Payment/Provider Issue (e.g. Medicaid Inactive; Audiologist's equipment not working.) C Provider requested appointment be rescheduled. Caregiver reported transportation problems. C Unknown- Care Coordinator unable to locate patient. O Other Was the referred patient scheduled for a Repeat Hearing Screen? YES ○ NO Date of scheduled Repeat Hearing Screen Will the patient's case remain open for Care Coordination Services? Additional Information:

## NBH Summary Type Did Not Pass Repeat Hearing Screen

Referring Provider | Patient Information | Summary | Care Coordinator |

Care Coordination Summary of Services Provided & Planned Including Date of Assessment Newborn Hearing Screen Summary of Services Provided: Newborn Hearing Screening Type: Delivering Hospital Contact Repeat Hearing Screen Diagnostic Testing C Referred for Early Intervention Services (EIS) YES O NO. Was the referred patient scheduled for a Repeat Hearing Screen? Was a successful contact made with the patient? YES O NO YES ○ NO Did the patient accept services? Did the patient keep the appointment for the Repeat Hearing Screen? YES ○ NO. What was the date of Repeat Hearing Screen 07/07/2016 16 C AABR @ OAE C Other What screening method was used? O Inconclusive O Pass Refer/Fail What was the Hearing Screen Result for the Left ear? What was the Hearing Screen Result for the Right ear? O Pass C Inconclusive Refer/Fail Name of Provider completing the Hearing Screen BIRMINGHAM AUDIOLOGY GROUP Provider City BIRMINGHAM Provider Telephone # 334-795-3624 Will the patient's case remain open for care coordination services? YES ○ NO

## NBH Summary Type <u>Diagnostic Testing – Missed Appointment</u>

Newborn Hearing Screening Type:  C Delivering Hospital Contact Repeat Hearing Screen Diagnostic Testing Referred for Early Intervention Services (EIS)  Did the referred patient fail a repeat hearing screen?  Was successful contact made with the patient?  C YES C NO  Was the referred patient accept services?  Was the referred patient scheduled for diagnostic testing?  C YES C NO  Did the patient keep the appointment?  C YES C NO  What was the reason for not attending the scheduled appointment?  Patient moved to another county within the State of Alabama.  Patient Relocated to another state Patient/Caregiver was ill and unable to keep appointment.  Payment/Provider Issue (e.g. Medicaid Inactive; Audiologist's equipment not working.)  Provider requested appointment be rescheduled.  C Caregiver reported transportation problems.  Unknown- Care Coordinator unable to locate patient.  Other  Was the referred patient scheduled for Diagnostic Testing  Date of scheduled  Diagnostic Testing  Will the patient's case remain open for Care Coordination Services?  C YES C NO  Additional Information:	Newborn Hearing Screen Summary of Services Provided:	
Was successful contact made with the patient?  © YES © NO  Did the patient accept services?  © YES © NO  Was the referred patient scheduled for diagnostic testing?  © YES © NO  Did the patient keep the appointment?  © Patient keep the appointment?  © Patient moved to another county within the State of Alabama.  © Patient Relocated to another state  © Patient/Caregiver was ill and unable to keep appointment.  © Payment/Provider Issue (e.g. Medicaid Inactive; Audiologist's equipment not working.)  © Provider requested appointment be rescheduled.  © Caregiver reported transportation problems.  © Unknown- Care Coordinator unable to locate patient.  © Other  Was the referred patient scheduled for Diagnostic Testing  Date of scheduled  Diagnostic Testing  O7/06/2016  Will the patient's case remain open for Care Coordination Services?  © YES © NO	Newborn Hearing Screening Type:	C Repeat Hearing Screen  Diagnostic Testing
Did the patient accept services?  Was the referred patient scheduled for diagnostic testing?  Orygon Constitution  What was the reason for not attending the scheduled appointment?  Patient moved to another county within the State of Alabama.  Patient Relocated to another state  Patient/Caregiver was ill and unable to keep appointment.  Payment/Provider Issue (e.g. Medicaid Inactive; Audiologist's equipment not working.)  Provider requested appointment be rescheduled.  Caregiver reported transportation problems.  Unknown-Care Coordinator unable to locate patient.  Other  Was the referred patient scheduled for Diagnostic Testing  Date of scheduled  Diagnostic Testing  Will the patient's case remain open for Care Coordination Services?  Orygon  Ves C NO	Did the referred patient fail a repeat hearing screen?	€ YES C NO
Was the referred patient scheduled for diagnostic testing?  © YES © NO  Did the patient keep the appointment?  © Patient keep the appointment?  © Patient moved to another county within the State of Alabama.  © Patient Relocated to another state  © Patient/Caregiver was ill and unable to keep appointment.  © Payment/Provider Issue (e.g. Medicaid Inactive; Audiologist's equipment not working.)  © Provider requested appointment be rescheduled.  © Caregiver reported transportation problems.  © Unknown- Care Coordinator unable to locate patient.  © Other  Was the referred patient scheduled for Diagnostic Testing  Date of scheduled  Diagnostic Testing  O7/06/2016  Will the patient's case remain open for Care Coordination Services?  © YES © NO	·	A V
Did the patient keep the appointment?  C YES © NO  What was the reason for not attending the scheduled appointment?  C Patient moved to another county within the State of Alabama.  C Patient Relocated to another state  C Patient/Caregiver was ill and unable to keep appointment.  C Payment/Provider Issue (e.g. Medicaid Inactive; Audiologist's equipment not working.)  C Provider requested appointment be rescheduled.  C Caregiver reported transportation problems.  C Unknown- Care Coordinator unable to locate patient.  C Other  Was the referred patient scheduled for Diagnostic Testing  Date of scheduled  Diagnostic Testing  O7/06/2016  Will the patient's case remain open for Care Coordination Services?  C YES © NO	Did the patient accept services?	© YES © NO
What was the reason for not attending the scheduled appointment?  C Patient moved to another county within the State of Alabama. C Patient Relocated to another state C Patient/Caregiver was ill and unable to keep appointment. C Payment/Provider Issue (e.g. Medicaid Inactive; Audiologist's equipment not working.) C Provider requested appointment be rescheduled. C Caregiver reported transportation problems. C Unknown- Care Coordinator unable to locate patient. C Other Was the referred patient scheduled for Diagnostic Testing  Date of scheduled  Diagnostic Testing  O7/06/2016  Will the patient's case remain open for Care Coordination Services? C YES C NO	Was the referred patient scheduled for diagnostic testing?	● YES C NO
C Patient moved to another county within the State of Alabama. C Patient Relocated to another state C Patient/Caregiver was ill and unable to keep appointment. C Payment/Provider Issue (e.g. Medicaid Inactive; Audiologist's equipment not working.) C Provider requested appointment be rescheduled. C Caregiver reported transportation problems. C Unknown- Care Coordinator unable to locate patient. C Other Was the referred patient scheduled for Diagnostic Testing  Date of scheduled  Diagnostic Testing  O7/06/2016  Will the patient's case remain open for Care Coordination Services? C YES C NO	Did the patient keep the appointment?	C YES € NO
Additional Information:	C Patient moved to another county within the State of Alabama. C Patient Relocated to another state C Patient/Caregiver was ill and unable to keep appointment. C Payment/Provider Issue (e.g. Medicaid Inactive; Audiologist's e.C Provider requested appointment be rescheduled. C Caregiver reported transportation problems. C Unknown- Care Coordinator unable to locate patient. C Other Was the referred patient scheduled for Diagnostic Testing Date of scheduled Diagnostic Testing	© YES © NO 07/06/2016 16
	Additional Information:	

# NBH Summary Type – Diagnostic Testing Appointment Kept Passed Diagnostic Testing

#### Care Coordination Summary of Services Provided & Planned Including Date of Assessment

Newborn Hearing Screen Summary of Services Provided:	
Newborn Hearing Screening Type:	C Delivering Hospital Contact
	C Repeat Hearing Screen
	© Diagnostic Testing
	Referred for Early Intervention Services (EIS)     YES    NO
Did the referred patient fail a repeat hearing screen?	YES O NO
Was successful contact made with the patient?	€ YES € NO
Did the patient accept services?	€ YES € NO
Was the referred patient scheduled for diagnostic testing?	© YES © NO
Did the patient keep the appointment?	© YES ○ NO
What was the date of appointment?	p7/01/2016 16
What screening method was used?	© ABR C OAE C Other
What was the result of the diagnostic testing for the left ear ?	Pass C Refer/Fail C Inconclusive
What was the result of the diagnostic testing for the right ear?	• Pass C Refer/Fail C Inconclusive
Name of Provider completing the Hearing Screen	AUDREY AUDIOLOGIST
Provider City	MOBILE
Provider Telephone number	251-222-5959
Will the patient's case remain open for care coordination services?	C YES € NO

# NBH Summary Type – Diagnostic Testing Appointment Kept / Hearing Loss Detected and Child is Diagnosed with Hearing Loss

Care Coordination Summary of Services Provided & Plan	ned Including Date of Assessment
Newborn Hearing Screen Summary of Services Provided:	
Newborn Hearing Screening Type:	C Delivering Hospital Contact
5 J	C Repeat Hearing Screen
	Diagnostic Testing
	C Referred for Early Intervention Services (EIS)
Did the referred patient fail a repeat hearing screen?	● YES ○ NO
Was successful contact made with the patient?	€ YES € NO
Did the patient accept services?	€ YES € NO
Was the referred patient scheduled for diagnostic testing?	€ YES € NO
Did the patient keep the appointment?	€ YES € NO
What was the date of appointment for diagnostic testing?	06/30/2016 16
What method was used for testing ?	C ABR © OAE C Other
What was the Result for the Left ear?	C Pass © Refer/Fail C Inconclusive
What was Was the Result for the Right ear?	C Pass © Refer/Fail C Inconclusive
What is the date of the scheduled appointment with EIS?	07/09/2016 16
Name of Provider completing the Hearing Screen	AUDREY AUDIOLOGIST - HEARING PROFESSIONALS OF
Provider City	MOBILE
Provider Telephone number	
	251-222-5959
Will the patient's case remain open for care coordination services?	YES ○ NO
What is the referred patient's final diagnosis?	
Type Of Hearing Loss in Left Ear:	C Normal C Conductive C Sensorineural
Type Of Hearing Loss in Right Ear:	C Normal C Conductive C Sensorineural
Severity Of Hearing Loss in Left Ear	C Normal C Moderate C Profound
	C Mild C Severe
Severity Of Hearing Loss in Right Ear	C Normal
	C Mild C Severe
THIS ADDITIONAL INFORMATION BOX WILL NOT BE REQUIRED with the NE	W REPORT FORMAT

### NBH Summary Type - Referred to Early Intervention Services

Referring Provider | Patient Information | Summary | Care Coordinator

### Care Coordination Summary of Services Provided & Planned Including Date of Assessment

Newborn Hearing Screen Summary of Services Provide	Newborn	Hearing Scre	en Summary of	Services	Provided
--	---------	--------------	---------------	----------	----------

Newborn Hearing Screening Type:

Delivering Hospital Contact

C Repeat Hearing Screen

C Diagnostic Testing

Referred for Early Intervention Services (EIS)

Was the patient referred to Early Intervention Services?

O YES O NO

Was a successful contact made with the patient?

O YES O NO

Did the patient accept services?

O YES O NO

Who is the patient's EIS Provider?

C AIDB C CRS C Other

Did the patient keep the appointment with the EIS Provider?

C YES C NO

THIS ADDITIONAL INFORMATION BOX WILL NOT BE REQUIRED with the NEW REPORT FORMAT

### **NBH Summary Type – Early Intervention** Services (EIS) Appointment Kept

Care Coordination Summary of Services Provided & Planned Including Date of Assessment

#### Newborn Hearing Screen Summary of Services Provided:

Newborn Hearing Screening Type: Was the patient referred to Early Intervention Services? Was a successful contact made with the patient? Did the patient accept services? Who is the patient's EIS Provider? Birmingham Regional Center C Montgomery Regional Center Dothan Regional Center C Shoals Regional Center Huntsville Regional Center C Talladega Regional Center Mobile Regional Center C Tuscaloosa Regional Center Did the patient keep the appointment with the EIS Provider? What was the date of the appointment with the EIS Provider? Did the Care Coordinator confirm with the EIS Provider that the patient attended initial appointment with EIS?

Will the patient's case remain open for Care Coordination Services?

C Delivering Hospital Contact Repeat Hearing Screen O Diagnostic Testing Referred for Early Intervention Services (EIS) YES ○ NO YES C NO. YES O NO. O Other YES O NO 06/30/2016 16 YES ○ NO

THIS ADDITIONAL INFORMATION BOX WILL NOT BE REQUIRED with the NEW REPORT FORMAT

### **NBH Summary Type – Early Intervention** Services (EIS) Appointment Missed

Referring Provider | Patient Information | Summary | Care Coordinator |

Northern Hearing Corean Comment of Comings Described.	
Newborn Hearing Screen Summary of Services Provided:	
Newborn Hearing Screening Type:	O Delivering Hospital Contact
	C Repeat Hearing Screen
	C Diagnostic Testing
	<ul> <li>Referred for Early Intervention Services (EIS)</li> </ul>
Was the patient referred to Early Intervention Services?	YES ○ NO
Was a successful contact made with the patient?	<b>⊙</b> YES ○ NO
Did the patient accept services?	
Who is the patient's EIS Provider?	€ AIDB C CRS C Other
C Birmingham Regional Center C Montgomery Regional Center	
C Dothan Regional Center C Shoals Regional Center	
C Huntsville Regional Center C Talladega Regional Center	
C Mobile Regional Center C Tuscaloosa Regional Center	
Did the patient keep the appointment with the EIS Provider?	C YES © NO
What is the date of the next scheduled appointment?	16
What was the reason for not attending the scheduled appointment?	
C Patient moved to another county within the State of Alabama.	
C Patient Relocated to another state	
C Patient/Caregiver was ill and unable to keep appointment.	Reminder
C Payment/Provider Issue (e.g. Medicaid Inactive; Audiologist's e	
<ul> <li>Provider requested appointment be rescheduled.</li> </ul>	A constitution of substitution of substitutions
C Caregiver reported transportation problems.	Oase cannot be chosed until confirming patient has had initial appointment with EIS.
C Other	
Will the patient's case remain open for Care Coordination Services?	C YES € NO
Additional Information:	OK