

EHDI Protocols for First Steps Help Kit:

Indiana Universal Newborn Hearing Screening (UNHS) Public law 92 was implemented in July of 2000.

National standards recommend **1-3-6**: All infants should be screened for hearing loss **before 1 month** of age (In Indiana, all babies should be screened prior to discharge); All infants not passing the hearing screen in one or both ears should receive complete audiometric and medical evaluation **before 3 months** of age; All infants identified with hearing loss should be enrolled in appropriate early intervention services **before 6 months** of age

Babies who are referred to First Steps meet one or more of the following criteria:

- Did not pass UNHS in one or both ears
- Passed UNHS in both ears, but had one of the four following risk factors: family history of early childhood hearing loss, in utero infection, hyperbilirubinemia requiring an exchange (blood) transfusion, or ear/craniofacial anomalies (head, face or ears shaped or formed in a different way than usual). Babies with ear anomalies (no ear, partial ear or no ear canal opening) who cannot be screened should be referred immediately for a diagnostic hearing evaluation.

General Referral and Follow-Up Process

- The Hospital/Birthing Facility should report all hearing screening referrals to the Indiana State Department of Health (ISDH), the primary medical provider (PMP) and to the First Steps (FS) Early Intervention System. First Steps should receive the referral for each referred baby just prior to hospital discharge. The family is informed that First Steps will contact them by phone within two days of receiving the referral. ISDH EHDI will also alert the SPOEs of referrals by secured email.
- Within two business days of the referral, contact the family (see UNHS Referral Form 51930) and set up an Intake appointment. Facilitate the selection of an audiology provider/facility and scheduling of the diagnostic assessment regardless of whether the family chooses to use First Steps or private insurance for follow-up. Have the family sign the release form at this time. Emphasize the importance of the need to follow through with the diagnostic evaluation. (See *Talking Points with Parents*)
- Advise the family of the following when appropriate:
 - 1) **First Steps will not pay for services retroactively**
 - 2) **Not all Level 1 Audiology facilities are First Step providers.** A Level 1 facility has the equipment needed to provide a comprehensive diagnostic assessment for infants. Not all audiology facilities can provide all the recommended testing. If the family chooses a center that is a Level 1 Center, but not a First Steps provider, the family will need to be responsible for payment.
 - 3) If the family is fully informed and they choose not to use First Steps, the audiology center can bill the family or their insurance directly.
 - 4) The family will be responsible for all charges incurred that are not covered by insurance, including co-pays and deductibles.
 - 5) **Not all First Steps providers are Level 1 Centers.** If the family chooses a First Steps provider that is not a Level 1 Center, a complete assessment may not be

available through that center and additional testing may be required at another center that can complete more specialized testing.

- 6) If the baby is older and sedation is required, inform the family that FS will cover the test procedure, but not the sedation costs. Families need to investigate their insurance benefits prior to scheduling an ABR. Some insurance companies will only pay at certain facilities and others might not cover this testing.

The Intake Process and Audiological Follow-up from UNHS: Did Not Pass

- Contact the family within two business days to help schedule their intake appointment
- During this first contact with the family, refer to *Talking Points with Parents*. Also review funding options. Answer any questions they may have and/or refer them to the EHDI Parent Consultant, EARS Follow-up Coordinator or Regional Audiology Consultant for additional information. Call 1-888-815-0006. Also see, *Frequently Asked Questions*.

If the family chooses to enroll in FS (rather than pursuing follow-up through private insurance):

1. Schedule intake appointment.
2. Assist them in choosing an audiologist from the First Steps provider matrix. Refer to the Audiology Service Providers list and encourage follow-up from a Level 1 facility that is also a First Steps Provider. (See Level 1 List and map)
3. Have the parents sign the Reciprocal Release Form and send the findings to ISDH
4. Contact the medical home and request a Physician Health Summary for further audiological testing and follow-up.
5. Fax the audiological referral Physician Health Summary and the FS Prior Authorization template form (51930) to the audiologist for their signature.
6. The audiologist will sign and fax the form back to the SPOE/IC.
7. Depending on the SPOE and audiology practice, either the family or the audiologist will make the contact to schedule an appointment. Please inform the parent that it may take 2-4 weeks for them to receive the follow-up hearing evaluation.
8. Once testing has been completed, the audiologist should share results with the FS office. The audiologist should also send the Diagnostic Audiology Evaluation (DAE) form to the EHDI program (fax-317-234-2995). Note: Sometimes, it is necessary to see a baby for two appointments in order to accurately determine hearing status, Ask the audiologist to provide you with information from the initial assessment so there is documentation that the baby was seen and the file remains open. The final report should be sent once testing has been completed.
9. **If a hearing loss is confirmed** (which will be the case in approximately 7-10% of referred babies) and the family wants ongoing First step services, including Audiology then an ED team evaluation should be scheduled and the IFSP completed.

The Intake Process and Audiological Follow-up for UNHS: Pass at Risk and Unscreened Babies with Ear Anomalies

*For children who are already enrolled in First Steps for other developmental or health issues, the child's ongoing Service Coordinator should work with the family to secure follow-up hearing testing.

At time of referral - Contact the family to explain why their infant was referred:

1. Remind the family their infant has a risk factor for delayed onset hearing loss.
2. Note the specific risk factor(s).
 - For babies with ear anomalies (no ear, partial ear or no ear canal opening) who cannot be screened should be immediately referred for a diagnostic evaluation. For babies with craniofacial anomalies who pass the screen, explain that a diagnostic audiology evaluation is recommended at approximately 9 months of age to monitor their infant's hearing (See *Talking Points with Parents*).
 - For babies who passed UNHS in both ears, but had one of the following risk factors: family history of early childhood hearing loss, in-utero infection, hyperbilirubinemia requiring an exchange (blood) transfusion, explain that a diagnostic audiology evaluation is recommended at approximately 9 months of age to monitor their infant's hearing (See *Talking Points with Parents*).
3. Answer any questions they may have and/or refer them to the EHDI Program for additional information (1-888-815-0006)
4. A tickler file or other reminder system needs to be in place in order to alert ICs when families of at-risk babies should be contacted to schedule follow-up testing.

When infant is approximately 7 months of age - Contact the family again to remind them that their infant needs additional hearing testing (this will allow the families time to get the test date established so it happens at 9-12 months of age):

- Remind the family that their infant has a risk factor for delayed onset hearing loss and their infant needs further testing at 9-12 months of age (See points above for specific information to discuss). At 7 months of age, the EHDI Program sends a letter to the family reminding them of the need for this appointment at 9-12 months as well.
- Review funding and audiology provider options with the family.
- Encourage family to seek follow-up testing, even if they believe their baby is hearing well. The audiologist who provides the testing will counsel families as to whether there is any need for additional audiological testing after this appointment.
- Refer to *Risk Factor Tips* for information about specific risk factors.

If the family chooses to enroll in FS (despite other funding options):

1. Schedule an in-take appointment.
2. Assist parents in choosing an audiologist from the First Steps provider matrix or Level 1 Facility List. Refer to the Audiology Providers list and encourage follow-up from a Level 1 facility that is also a First Steps Provider. (Refer to Level 1 List)
3. Have parents sign the Reciprocal Release Form and send findings to ISDH.

4. Contact the medical home and request a Physician Health Summary for further audiological testing and follow-up. Note: Add “ABR with sedation,” (just in case it is needed) before sending the Summary to the physician.
5. Fax the audiological referral Physician Health Summary and the FS Prior Authorization template form (51930) to the audiologist for their signature.
6. The audiologist will sign and fax the form back to the SPOE/IC.
7. Depending on the SPOE and audiology practice, either the family or the audiologist will make the contact to schedule an appointment. Please inform the parent that it may take 2-4 weeks for them to receive the follow-up hearing evaluation.
8. Once testing has been completed, the audiologist should share results with the FS office. The audiologist should also send the Diagnostic Audiology Evaluation (DAE) form to the EHDI program (fax-317-234-2995). Note: Sometimes, it is necessary to see a baby for two appointments in order to accurately determine hearing status, therefore, there may be a delay in receiving these test results.
9. **If a hearing loss is confirmed** (which will be the case in approximately 7-10% of referred babies), an ED team evaluation should be scheduled.

Diagnostic Evaluation Results: Next Steps

- I. For a baby who did not pass UNHS, but diagnostic results indicate normal hearing:**
 1. If the family wishes to receive any FS Step services, an IFSP must be written. Make sure the parents have signed the reciprocal release in order to share information with ISDH.
 2. If no services are needed, close infant’s case (unless enrolled in First Steps for other reasons).

- II. For a baby who did not pass UNHS, but diagnostic results confirm a hearing loss**
 1. If the family wishes to receive any FS Step services, including amplification an IFSP must be written. FS will not pay for future services or accessories related to amplification if it is not purchased through FS. Also, services and equipment cannot be paid for retroactively. Medicaid and Children’s Special Health Care Services, for those families who are eligible, may also be used to purchase hearing aids for children.
 2. Schedule ED team evaluation.
 3. IC will schedule an IFSP meeting according to FS timelines. Invite managing audiologist to attend the IFSP meeting (parent permission required)
 4. Initial IFSP should specify ongoing on-site audiological services that should include several types of audiological services (See *Audiological Services and Outcomes for the IFSP*).
 5. Initial IFSP should also specify audiological outcomes (See *Audiological Services and Outcomes for the IFSP*)
 6. Inform the audiologist when services can be provided and send a copy of the IFSP to the audiologist.
 7. Present SKI*HI Parent Advisor information to family and add this service to IFSP if parent chooses. Refer to the SKI*HI packet for specific information.
 8. Make sure the family has received a copy of the Family Resource Guide from the audiologist. If not, have the family contact the EHDI Program (1-888-815-0006)
 9. The audiologist should complete a Request for Authorization for amplification services at the time of diagnosis that should include specific requests for the child See: *Audiological Services and Outcomes for the IFSP*)

10. The Request for Authorization for Audiology Services should be faxed to SC who will approve and fax back. Once the information has been entered into the system, the audiologist can order and dispense the amplification. The audiologist must order hearing aids with loss/damage and repair warranties to cover hearing aids to child's third birthday.
11. Ask the family if their child has seen an ENT. An otologic evaluation by an otolaryngologist (ENT physician) must be completed prior to the fitting of hearing aids. This is not a FS responsibility but is typically recommended by the audiologist and arranged through the infant's primary care physician. The hearing aid fitting cannot be completed until the audiologist has medical clearance from the ENT.
12. BAHA and Cochlear implants are not a covered service through FS since they entail a medical procedure.

III. For a baby who had a risk factor, but diagnostic results indicate normal hearing:

1. Make sure the parents have signed the reciprocal release in order to share information with ISDH.
2. Close infant's case (unless child needs other developmental evaluations). The audiologist may recommend ongoing assessments to monitor a baby. Some risk factors are more important to monitor for progressive hearing loss.
3. Provide the developmental milestones to the parents. If they have any concerns about the baby's speech or language development, have them discuss this with their physician and/or call FS for a speech and language assessment. The baby's physician should ask the parents at each well baby visit about his/her development.

IV. For a baby who had a risk factor, and diagnostic results indicate a hearing loss: Follow the procedures outlined in numeral II.

Ongoing Audiology Services

1. As the child grows and adjusts to amplification, the child will need additional hearing testing to further define and monitor hearing.
2. The child should be scheduled as needed and at least quarterly for hearing aid follow up to monitor the function and use of amplification. The frequency of visits should decline as the child gets older. IFSP outcomes may include:
 - a. To further define unaided hearing thresholds
 - b. Verify and adjust hearing aid settings as hearing loss is further defined
 - c. Monitor performance with hearing aids
 - d. Counsel families on the care and use of hearing aids and monitor communication development.
3. Several months before expiration of the active IFSP, inform and invite the audiologist to any IFSP review so they can provide updates and provide a new Audiology PA request.
4. The Request for Authorization for Audiology Services form should include requests for services and equipment (i.e. Batteries, earmolds) as necessary.