Hearing Screening Information

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L.1 Newborn Hearing

**1 - 3 - 6 MONTH PRACTITIONER’S GUIDE**
**TEXAS EARLY HEARING DETECTION AND INTERVENTION (TEHDI) PROCESS**

*Hearing Screen at Birth Facility*

- **PASS**

*Results from Hearing Screen at Birth Facility through Hearing Loss Confirmed are reported to DSHS whether the baby passes or not*

2nd Hearing Screen at Birth Facility before discharge

- **PASS**

Refer

Follow-up Screen as an outpatient

- **PASS**

To Audiologist for diagnostic assessment using Texas Evaluation Protocol

- **PASS**

Hearing Loss Confirmed

- Enrolled in ECI and receiving appropriate early intervention services
- Hearing aid evaluation / fitting when appropriate
- On going monitoring by audiologist and reporting of results to DSHS

By 1 MONTH

By 3 MONTHS

By 6 MONTHS

- Receiving auditory stimulation
- Ongoing monitoring by audiologist
- Results reported to DSHS

Monitoring by Medical Home
Texas Early Hearing Detection and Intervention (TEHDI)

1. **Birth Screen**
   - Parental permission is required
   - Test is either Auditory Brainstem Response (ABR) or Transient or Distortion Product Otoacoustic Emissions (OAE)
   - A second screen is done before discharge if the first is not passed
   - Written results are given to the parents and primary care physician (PCP)
   - Results are reported to DSHS, but are de-identified for infants who pass. Parental permission is given for identified results to be reported
   - Referral to a local audiology resource is made for outpatient re-screen when an infant does not pass the second screen

2. **Outpatient Re-screen**
   - ABR or OAE tests are used
   - If the infant does not pass, referrals are made to an audiologist for diagnostic hearing testing and to Early Childhood Intervention (ECI) at 1-800-628-5115
   - Financial assistance is available for Medicaid qualified families through the Program for Amplification for Children of Texas (PACT). See www.dshs.state.tx.us/audio/pactpro.shtm or call 1-800-252-8023
   - Results are reported to DSHS

3. **Audiologic Evaluation**
   - Diagnostic ABR and, to verify cochlear involvement, OAE if not previously done
   - The Texas Pediatric Protocol for Evaluation is used. See www.dshs.state.tx.us/audio/assumpt.shtm
   - Results are reported to the referral source and to DSHS
   - Referral is made to ECI upon the diagnosis of hearing loss
   - Referral to an otologist for a medical examination of the ear (required by PACT)
   - Fitting of hearing aids by an audiologist when appropriate
   - Ongoing audiological assessment and monitoring as needed

4. **Referral to ECI**
   - Must be within two working days of the diagnosis of hearing loss
   - Service coordination is provided by ECI
   - Parents may refuse ECI services
   - An Individual Family Services Plan (IFSP) will be developed by ECI within 45 days of referral
   - ECI and the Local Education Agency (LEA) have shared service responsibility for children with hearing loss
   - ECI services are available until the child's third birthday, and then transition to the LEA is coordinated

5. **Deaf Education and other special education services** are available from ages 3 – 21 when determined by the Individual Education Plan (IEP)


**Additional Resources:** www.callier.utdallas.edu/txc.html for Texas Connect - Educational Information;
L.2 Texas Early Hearing Detection and Intervention (TEHDI) Process

The following processes for early hearing detection and intervention are addressed in this section:

- Birth screen
- Outpatient rescreen
- Evaluation using Texas Pediatric Protocol for Audiology
- Referral to an Early Childhood Intervention (ECI) program
- Periodic monitoring by the physician or medical home

L.2.1 Birth Screen

The hearing screen at birth will be either screening auditory brainstem response (ABR) or transient or distortion product otoacoustic emissions (OAE). The following items apply:

- A newborn’s hearing is screened at the birth facility. If a newborn does not pass the screen, hearing is re-screened before discharge.
- The birth facility reports results to the Department of State Health Services (DSHS) using the web-based eScreener Plus (eSP™) system.
- The newborn’s family and physician/medical home receive a written report of the hearing screen outcome.
- If a newborn passes the screen, the physician monitors hearing as part of well child visits.
- If a newborn does not pass the second screen, a referral is made to a local resource for outpatient rescreen.

L.2.2 Outpatient Rescreen

If an outpatient rescreen is necessary, either ABR or OAE will be used. The following items apply:

- The physician/medical home receives the written report of results from the birth facility.
- The screener/physician reports results to the DSHS contractor, OZ Systems, using the web-based eScreener Plus (eSP™) system.
- The newborn’s family and physician/medical home receive a written report of the hearing screen outcome.
- If a newborn passes the screen, the physician monitors hearing as part of well child visits.
- If a newborn does not pass the second screen, a referral is made to a local resource for outpatient rescreen.

L.2.3 Evaluation using Texas Pediatric Protocol for Audiology

These evaluations will be diagnostic ABR and, if not previously done, OAE to verify cochlear involvement. The following items apply:

- Audiologists use equipment norms for newborns, preferably ones that they have collected on their equipment.
- Protocols include air and bone conduction results using tone burst ABR, as well as click ABR, so the amplification may be appropriately fit.
- The physician/medical home receives results and makes the referral to Early Childhood Intervention (ECI) using the web-based eSP system, by calling 1-800-628-5115, or by e-mailing the Texas Department of Assistive and Rehabilitative Services (DARS) at dars.inquiries@dars.state.tx.us.
- The physician/medical home monitors the child. See the American Academy of Pediatrics Position Statement at http://aappolicy.aappublications.org/cgi/content/full/pediatrics;103/2/527.
- The audiologist reports results to the DSHS contractor as noted above and makes the referral to ECI.
- Includes the fitting of hearing aids by an audiologist when appropriate.
- Continue audiological assessment and/or monitoring as needed (usually monitor each three months for the first year of hearing aid use).

L.2.4 Referral to an ECI program

The client will be referred to an ECI program by an audiologist or physician within two working days of identification of hearing loss as required by law. The following items apply:

- Service coordination provided by ECI.
- ECI will refer to the Local Education Agency (LEA) for auditory impairment (AI) services as outlined in the Memorandum of Understanding between TEA and DARS ECI.
- An evaluation and Individual Family Service Plan (IFSP) will occur within 45 days of referral to ECI.
- ECI and LEA services are available up to age three when determined by an IFSP.
- ECI and LEA will coordinate transition services upon the child’s third birthday.

L.2.5 Periodic Monitoring by the Physician or Medical Home

The physician/medical home will continue to monitor the client periodically and may consult or use the following:

- Providers may refer to the Joint Committee on Infant Hearing (JCIH) 2007 Position Statement for suggested monitoring protocols at www.jcih.org/posstamets.htm.
• Deaf education and/or other special education services available from 3 to 21 years of age when determined by an individualized education program.

• Regional specialists from Deaf and Hard of Hearing Services at the Department of Assistive and Rehabilitative Services (DARS) will provide technical assistance to birth facilities, audiologists, and ear, nose, and throat (ENT) physicians to ensure reporting of screening and evaluation results. Providers can call 1-512-407-3250 for assistance.

**L.3 JCIH 2007 Position Statement**

The JCIH 2007 position statement is available on the JCIH website at www.jcih.org/posstatements.htm. The 2007 position statement lists the indicators that are associated with permanent congenital, delayed-onset or progressive hearing loss in childhood.