APPENDIX E: HEARING SCREENING INFORMATION

E.1 Newborn Hearing (2 Pages) ................................................................. CH-372

E.2 Texas Early Hearing Detection and Intervention (TEHDI) Process ................. CH-374
   E.2.1 Birth Screen ................................................................. CH-374
   E.2.2 Outpatient Rescreen .................................................... CH-374
   E.2.3 Evaluation using Texas Pediatric Protocol for Audiology .................... CH-374
   E.2.4 Referral to an ECI Program ............................................ CH-375
   E.2.5 Periodic Monitoring by the Physician or Medical Home .................... CH-375

E.3 JCIH 2007 Position Statement ......................................................... CH-375
E.1 Newborn Hearing (2 Pages)
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 the baby’s doctor.
   - Results are reported to DSHS but identifying information is removed for infants who pass; parental permission is given for identified results to be reported.
   - Referral to a local audiology/hearing 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.
   - Hearing services are available for children who are eligible through the Texas Medicaid Program and Children with Special Healthcare Needs (CSHCN).

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/tehdi/assumpt.shtml.
   - Results are reported to the referral source and to TEHDI.
   - Referral is made to ECI upon the diagnosis of hearing loss.
   - Referral to an otologist for a medical examination of the ear.
   - 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.

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

6. For children who must pass the newborn hearing screen, the Medical Home/physician continues to monitor for developing hearing loss; see http://pediatrics.aappublications.org/cgi/content/full/120/4/898 for suggested monitoring protocols.

Additional Resources:
www.callier.utdallas.edu/txc.html for Texas Connect - Educational Information; Educational Resource Center on Deafness at 1-800-332-3873.
E.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

E.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 rescreened 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 who is experienced with the pediatric population for outpatient rescreen.

E.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 eSP™ system, by calling 1-866-427-5768 or faxing 1-817-385-3939.
- If the newborn passes the outpatient rescreen, the physician monitors hearing as part of well child visits.
- If a newborn does not pass the outpatient rescreen, a referral is made to an audiologist for evaluation using the Texas Pediatric Protocol for Evaluation. Visit www.dshs.state.tx.us/audio/assumpt.shtm for more information.
- Hearing services for clients who are birth through 20 years of age are administered through the Texas Medicaid hearing services benefit. Clients may use the Online Provider Lookup (OPL) to locate a Texas Medicaid provider who provides hearing services for children (clients who are birth through 20 years of age).

E.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 Interven-
tion (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://pediatrics.aappublications.org/cgi/content/full/113/Supplement_4/1545.

• The audiologist reports results to the DSHS contractor as noted above and makes the referral to ECI.

• Fitting of hearing aids by an audiologist when appropriate.

• Continued audiological assessment and/or monitoring as needed (usually monitor each
three months for the first year of hearing aid use).

E.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 services are available to clients birth through 35 months of age when determined by an IFSP.

• ECI and LEA will coordinate transition services upon the child’s third birthday.

E.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
http://pediatrics.aappublications.org/cgi/content/full/120/4/898.

• Deaf education and/or other special education services available from 3 years of age through 20
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.

E.3 JCIH 2007 Position Statement
The JCIH 2007 position statement is available on the JCIH website at www.jcih.org/posstatemts.htm.
The 2007 position statement lists the indicators that are associated with permanent congenital, delayed-
onset or progressive hearing loss in childhood.