

Early Hearing Detection Intervention in Ohio

Regulations, Programs and Resources



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Early Hearing Detection Intervention in Ohio: Regulations, Programs and Resources

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Useful Acronyms

- **ODH**=Ohio Department of Health
- **EDHI**= Early Hearing Detection & Intervention
- **UNHS**= Universal Newborn Hearing Screening
- **RIHP**= Regional Infant Hearing Program
- **JCIH**= Joint Committee on Infant Hearing
- **HMG**=Help Me Grow

Objectives

- Participants will understand Ohio's legislation and rules on UNHS
- Participants will understand how key recommendations in the Year 2007 JCIH Position Statement relate to Ohio law and program delivery
- Participants will understand the multiple early intervention components within ODH that relate to permanent childhood hearing loss

Objectives

- Participants will be able to describe services provided by HMG and RIHP's for children with hearing loss
- Participants will be aware of professional development activities offered by ODH and will understand the on-line posting and registration process

Agenda

- Introductions & Objectives
- EHDI
- Ohio Legislation
- JCIH 2007 Position Statement
- Ohio's Programs
 - UNHS
 - RIHP
 - HMG
- Questions & Answers

EHDI

Early
Hearing
Detection &
Intervention



What is EHDI...

- Early Hearing Detection and Intervention
- National & International concept
- Supported & Endorsed by many professional organizations
 - *JCIH, AAP, CDC, MCHB AAA, ASHA, AG BELL, AAOHNS and others*

EHDI...

- Promotes:
 - The early detection of HL
 - The tracking of infants/children who are deaf or hard of hearing
 - The initiation of effective intervention systems

EHDI 1-3-6 Plan

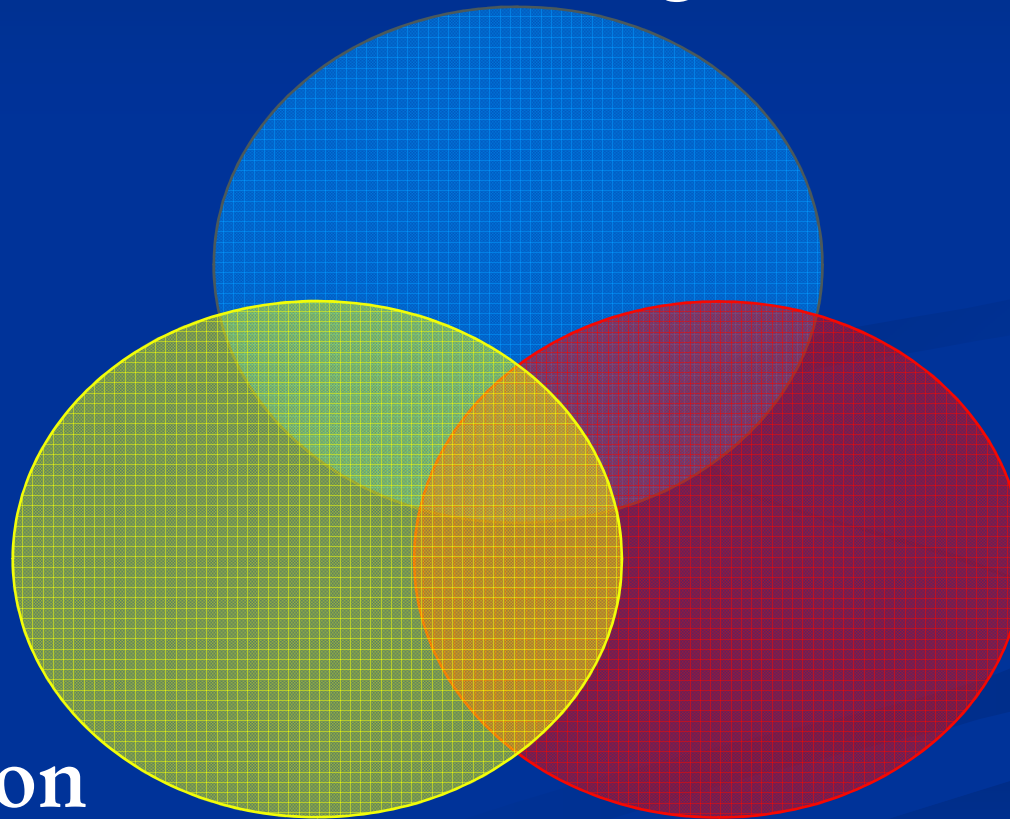


- Screening by 1 month
(OH b/4 discharge)
- Diagnosis by 3 months
- Intervention by 6
months (HMG, RIHP)

EHDI is ...



Screening



Intervention

Diagnosis

Ohio EHDI Programs

- Infant Hearing Program
 - UNHS
 - RIHP
- Help Me Grow

Regulations

- Ohio's Legislation
- JCIH 2007 Position Statement

Ohio's Legislation

- House Bill 150 mandates Universal Newborn Hearing Screening
- As of July 2004, all babies born in Ohio receive a physiologic hearing screening before discharge from their hospital or birthing center.
- Approximately 450 babies are identified annually as having a permanent Sensorineural hearing loss.

UNHS Rules Review

- Section 119.032 of the Ohio Revised Code requires rules be reviewed at least every 5 years.
- Rules for UNHS are found in the Ohio Revised Code, Chapter 3701-40, Hearing Screening for Infants and Newborns.
- Review of these rules coincides with the publication of the 2007 Joint Committee on Infant Hearing Position Statement.

OVERVIEW

Rules 3701-40-01 through 3701-40-12

- 01- Definitions
- 02- Hearing Screening Requirements for hospitals and freestanding birthing centers
- 03-Notification requirements for boards of health
- 04-Objections to hearing screening
- 05-Qualifications of personnel conducting hearing screenings.

OVERVIEW

Rules 3701-40-01 through 3701-40-12

- 06-Hearing Screening Methods
- 07-Reimbursement for hearing screening
- 08-Submission and analysis of hearing screening information
- 09-Hearing screening tracking and follow-up
- 10-Printed hearing screening information
- 11- Ohio Department of Health training
- 12- Implementation of this chapter

How ODH Uses These Rules

- Hospitals, birthing centers and health departments are required to be in compliance with the rules of the Ohio Revised Code
- Audiology consultants monitor these programs through site visits and other methods, e.g. data review, reports, etc. to ensure that the rules are followed and if not, provide technical assistance and education to help each program become compliant

Ohio's Rules and the 2007 JCIH Position Statement

- Release of the 2007 JCIH Position Statement coincided with ODH's requirement to revise the rules. Modifications to Ohio's rules are in alignment with the JCIH updates
- JCIH updates support the goals of universal access to hearing screening, evaluation, and intervention for newborn and young infants which is part of Health People 2010 (US Department of Health and Human Services)

JCIH

- Endorses early detection and intervention for infants with hearing loss.
- Stresses the importance of 3 key components; newborn hearing screening, audiologic diagnosis, and early intervention
- Other key elements include: culturally-competent family support, a medical home, data management, legislative mandates and program evaluation tools.

Members of JCIH

- American Academy of Pediatrics
- American Academy of Otolaryngology and Head and Neck Surgery
 - American Speech Language Hearing Association
 - American Academy of Audiology
 - Council on Education of the Deaf
- Directors of Speech and Hearing Programs in State Health and Welfare Agencies

History of JCIH

- Established in 1969
- Originally composed of members from 3 organizations
- Purpose: Make recommendations regarding early identification of children with or at risk for Hearing Loss and explore the possibility of newborn screening.

Additional Position Statements

■ 1973

■ 1982

■ 1990

■ 1994

■ 2000

■ 2007

JCIH 2007 Position Statement Updates

- Definition of targeted hearing loss
- Hearing –screening and re-screening protocols
- Diagnostic audiology evaluation
- Medical evaluation
- Early intervention
- Surveillance and screening in the medical home
- Communication

Risk Indicators for Hearing Loss

Combined Into One List

- ❖ Permanent Congenital
- ❖ Delayed Onset
- ❖ Progressive

Risk Indicators

- Caregiver concern regarding hearing, speech, language, or developmental delay.
- Family history of permanent childhood hearing loss.
- Neonatal intensive care of more than 5 days or any of the following regardless of length of stay: ECMO, assisted ventilation, exposure to ototoxic medications or loop diuretics and hyperbilirubinemia that requires exchange transfusion.

Risk Indicators

- In utero infections, such as CMV, herpes, rubella, syphilis, and toxoplasmosis.
- Craniofacial anomalies, including those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies.
- Physical findings, such as white forelock, that are associated with a syndrome known to include a sensorineural or permanent conductive hearing loss.

Risk Indicators

- Syndromes associated with hearing loss or progressive or late-onset hearing loss, such as neurofibromatosis, osteopetrosis, Usher syndrome, Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson.
- Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth syndrome.

Risk Indicators

- Culture-positive postnatal infections associated with sensorineural hearing loss, including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis
- Head trauma, especially basal skull/temporal bone fracture that requires hospitalization.
- Chemotherapy.

Goals of the JCIH 2007 Position Statement

- Develop more effective EHDI systems
- Decrease the loss to follow-up
- Improve outcomes for infants with hearing loss
- Communicate information to families in a culturally sensitive and understandable format
- Integrate State data tracking systems
- Increase the number of facilities and personnel with expertise in the area of testing infants

JCIH Highlights

Hearing Screening Protocols

- Expanded definition of hearing loss to include neural hearing loss
- Different testing protocols for well-baby and NICU nurseries
- NICU babies with a stay of greater than 5 days are to have ABR included as part of their screen so that neural HL will not be missed

JCIH Highlights

Hearing Screening Protocols

- For rescreening, a complete evaluation of both ears is recommended, even if only 1 ear failed the initial screen.
- For readmissions of infants in the first month of life; if there are conditions present which are associated with potential hearing loss (e.g. hyperbilirubinemia req. exchange transfusion or culture + sepsis), a repeat hearing screen is recommended prior to discharge.

Amended Rules Proposal

- 3701-40-01-definition of attending physician
- 3701-40-02- proposed changes will assist with tracking and follow-up procedures thereby reducing the number of infants lost to follow-up, require NICU's to screen infants with ABR measurements, and adhere to the guidelines in the 2007 JCIH position statement for follow-up audiological testing.

Amended Rules Proposal

- 3701-40-05- when the hearing screening is conducted in collaboration with a physician, interactive communication between the screener and the physician must be available
- 3701-40-06- if the infant was tested by OAE and referred, the second physiological test can be an ABR if it is available.

Amended Rules Proposal

- 3701-40-07- families unable to pay for the screening can sign a statement certifying that they are unable to pay and are not eligible for Medicaid and do not have insurance coverage
- 3701-40-08- primary and secondary contact telephone numbers should be recorded as well as contact information for the primary care provider or facility where the infant will be treated following discharge.

Proposal to Rescind

- 3701-40-12- refers to the IHSAP program and allowed hospitals to continue this program until they implemented UNHS.

Summary

- The goal of Ohio's Universal Newborn Hearing Screening Program is to identify infants with hearing loss as early as possible by following the 1-3-6 guidelines so that children with hearing loss can reach their full potential and not fall behind their hearing peers in communication, cognition, reading and social-emotional development.

UNHS

Universal
Newborn
Hearing
Screening



Annually in Ohio:

- ❖ Approximately 150,000 births
- ❖ Approximately 6,000 non-pass UNHS
- ❖ Approximately 450 expected to be born with some degree of hearing loss

Infant Hearing Program at The Ohio Department of Health



- 4 Audiology Consultants & Supervisor
 - Oversee all birthing hospitals, FBC's & children's hospitals → *UNHS*
 - Oversee 10 RIHP's → Tracking & F/U; Intervention
 - Bureau of Early Intervention Services (BEIS)
- Stakeholders:
 - UNHS Advisory Council since 90's
 - Partnerships with Audiologists
 - Medical Home Initiative

UNHS Hospital Coverage

- See UNHS Hospital Coverage Map for assigned program consultant

Why UNHS?



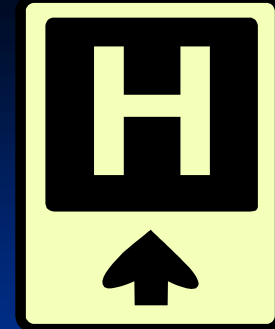
- Because hearing loss is the number 1 birth defect in America
- 12,000-16,000 infants are born each year with a hearing loss in America

Why UNHS?

**3-4 per 1000 born with hearing loss
~ 450 in Ohio each year!!**

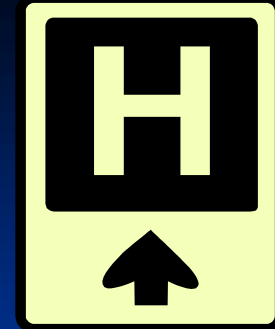
- Hearing is key in developing language (esp. speech)
- Undetected hearing loss can affect:
 - Language/speech development
 - Academic development
 - Social/emotional development

Hospital Responsibilities



- Every baby screened before hospital discharge
 - If 1st screening not passed, 2nd screening before discharge
 - Objection form signed (or documented) if parents object

Hospital Responsibilities

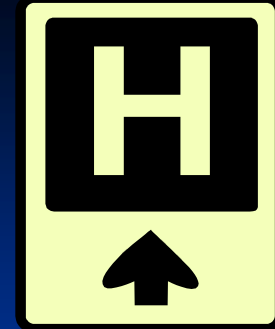


- Provide all parents with UNHS brochure
 - English and Spanish printed
 - Available online in 16 languages
 - Found on HMG website
 - www.ohio.helpmegrow.org
 - Infant hearing link

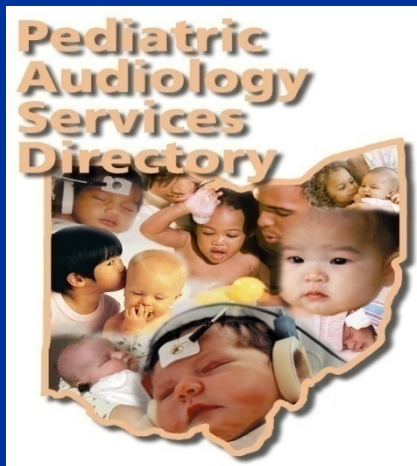


www.ohiohelpmegrow.org/parents/infanthearing/infanthearing.aspx

Hospital Responsibilities



- Provide follow-up information to parents
 - List of providers (audiologists) w/in 60



Pediatric Audiology
Services Directory

www.ohiohelpmegrow.org

www.ohiohelpmegrow.org/parents/

UNHS Report Form HEA 4632

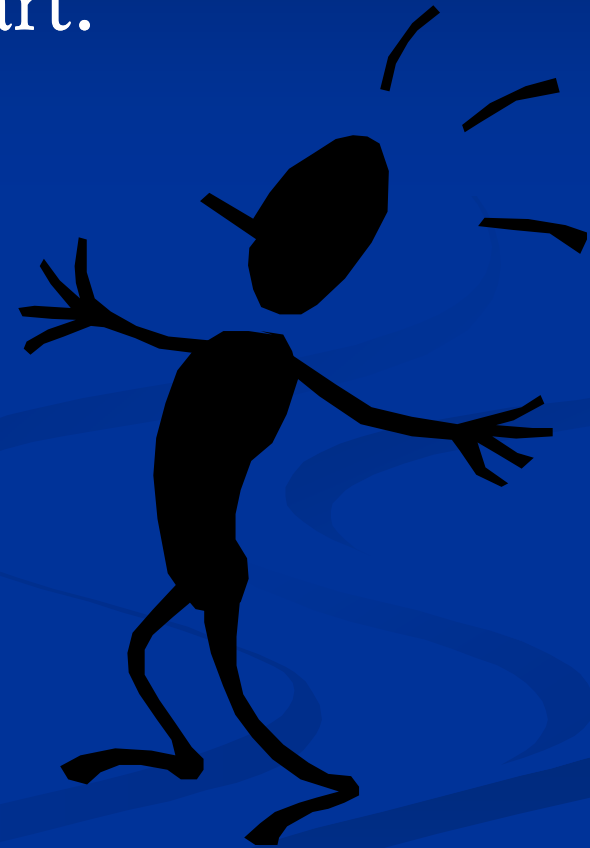
☞ *Covers all of the required aspects of OAC 3701-40-08*

A report form must be completed
for every live birth including:

- ❖ Babies who were transferred
- ❖ Babies with poor prognosis (deceased)
- ❖ Babies who were missed
- ❖ Babies whose primary caregivers objected

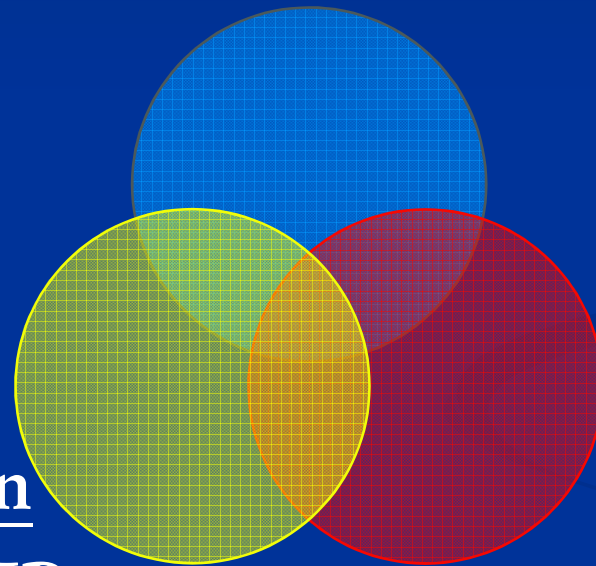
Follow Up after UNHS

- Screening was the E-A-S-Y part.
- What Happens Next?



Intervention Component

Screening



Intervention
HMG & RIHP

Diagnosis

Key Players in Follow Up

- Medical Home-Primary Care Provider (PCP)
 - Provides “formal referral” for diagnostic evaluation
 - Reviews milestones for speech, language & communication
 - Gatekeeper, plays a vital role
- Audiologist
 - Provides confirmatory status of auditory system
 - Reports F/U evaluation results to ODH and parents
 - May manage amplification or cochlear implants after diagnosis

Role of the Medical Home

- The medical home has a critical role in ensuring that infants are identified early.
- If identified early, infants and their families can receive maximum benefit from early intervention services.

Role of PCP

1. Review UNHS results
 - Depend on hospitals for good, accurate screening results
 - Referral rates can be critical
2. Refer to audiologist for evaluation
 - May need some guidance for referral process
3. Assess family history, medical hx &/or risk factors
4. Monitor developmental milestones
5. Refer for delayed speech and language

Diagnosis/Follow Up Test

- Hospitals are required to refer infants who do not pass the hospital HS for a full hearing evaluation

Role of Audiologist

- Provides confirmatory status of auditory system
- Reports F/U evaluation results to ODH and parents
- May manage amplification or cochlear implants after diagnosis

UNHS Follow up Hearing Evaluation Reporting Form HEA 8017

- Providers of UNHS follow-up are required to report results to ODH per OAC 3701-40-02(F)(3)
- UNHS Follow-Up Hearing Evaluation Reporting Form meets this requirement

RIHP

Regional
Infant
Hearing
Program



RIHP



Required:

- Project Director
- Data Entry Coordinator(s)
- Parent Advisor(s)
- Professional Consultants (Teacher of the Deaf, SLP, Audiologist)

Regional Infant Hearing Program (RIHP)

Purpose:

- 1) To provide follow-up and tracking of infants who did not pass their newborn hearing screening
- 2) To provide family-centered, habilitative services for infants and toddlers (0-3) with hearing loss or deafness

Tracking and Follow-Up

- RIHP
 - UNHS referrals electronically from ODH
 - Part C - Two working days to contact referrals
- Asks parent/caregiver if diagnostic hearing test has happened or been scheduled
 - Assists with scheduling
 - Provide list of audiologists (Directory)
- If hearing loss is confirmed
 - RIHP program explained, services offered
 - Help Me Grow services in conjunction with

Family Centered Habilitation Services

- Focuses on family-centered services
- Provided at no cost to the family
- Unbiased presentation of communication methods
- Uses SKI*HI Curriculum

RIHP Coverage

- Program Consultants Assigned Regions
- Sheryl Silver I, II
- Rachel Nadal III, VI
- Reena Kothari
IV, VII, VIII
- Susan Wendt V, IX, X

How?

- The family is contacted within two working days of receiving of the referral.
- Home visits are made to determine and meet the needs of the child and family.
- The RIHP's work in partnership with Help Me Grow (HMG) to provide necessary support and intervention.

HMG & RIHP Summary

- HMG & RIHP's are ODH programs funded by the Bureau of Early Intervention Services (BEIS)
 - Both programs serve birth to 3 population
 - RIHP's
 - Serve children with confirmed hearing loss and MUST be enrolled in Help Me Grow to be eligible for RIHP Services

Help Me Grow

- Help Me Grow is Ohio's Birth to 3 initiative
- Home visiting program administered locally
- Screenings for development, hearing status, vision status, nutrition, & social-emotional well-being
- Made eligible using norm referenced tool that evaluates child on 5 domains of development

Help Me Grow

Children are eligible for services if they are:

- At risk for developmental delay (4 risk factors)

OR

- Demonstrate a significant delay in development

OR

- Have a diagnosed physical or mental condition which has a high probability of resulting in a developmental delay

Help Me Grow

The children who are eligible for Part C services are referred through:

Regional Infant Hearing program
Community (MDs, Parents)
Newborn Home visits

Help Me Grow Services

Services available to children with hearing loss include:

- Speech therapy
- Family counseling
- Developmental/Specialized instruction
- Hearing and vision services
- Assistive Technology
- Others as needed

Professional Development within Help Me Grow

- Free training is offered consistently
 - SKI HI
 - Bayley Developmental Scales
 - Infant & Toddler Growth & Development
 - Parents As Teachers: Working with Teen Parents
 - Others
- Most offer social work, nursing, and MRDD continuing education credits
- Annual Leadership conference with 3 days of speakers, presentations, training

Professional Development within Help Me Grow

All registration for training is done
on-line

- www.garrisonandassociates.com

OR

- <https://oh.train.org>

Resources for More Information

- Statewide centralized directory:
 - 1-800-755-GROW
- Help Me Grow website:
www.ohiohelpmegrow.org
 - Help Me Grow Connection Line
 - County Centralized Intake and Referral Sites



Ohio EHDI

Begins with YOU



For your continued efforts!

Contact Us...

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