ATTACHMENT C

Newborn Hearing Screening Care Coordination Protocol

Goal of Newborn Hearing Care Coordination: Ensure children with hearing loss are diagnosed within three months of age and enrolled in Early Intervention (EI) services by six months of age.

Definitions:

OAE: Otoacoustic Emissions. A type of hearing screen that measures the inner ear function.
ABR: Auditory Brain Stem Response. Technology that measures the newborn's entire hearing pathway -- from the outer ear to the brainstem.
AABR: Automated Auditory Brain Stem Response. An automated type of ABR testing that is typically used for screening.
EI: Early Intervention. This includes any type of habilitative, rehabilitative, or educational program provided to children with hearing loss.

Process:

I. A list of newborns with active Medicaid coverage who failed their hospital hearing screening is sent through the Care Coordination Referral System (CCRS) to Area Social Work Directors/Managers.

II. Area Social Work Directors/Managers assign infants to Patient 1st Care Coordinators in a timely manner.

III. The Care Coordinator verifies Medicaid eligibility and begins care coordination activities to locate patient and/or the repeat hearing screening results.

IV. Upon receipt of referral, the CC must check the CCRS referral form to determine whether the hospital used ABR or OAE equipment for the hearing screen. If ABR equipment was used, the infant must be referred to a medical provider using ABR for the repeat screen. If the hospital used OAE equipment for the hearing screen, the infant can be retested by OAE or ABR.

V. If the CC determines that an infant tested at the hospital with ABR equipment received a repeat OAE screen, this screen is not valid per JCIH standards and the infant must be referred to a medical provider using ABR equipment for another screen.

VI. If the CC is working with a patient who did not receive the appropriate test, the CC will:

a. advise family of testing site(s) using ABR equipment in their community and determine which site(s) family prefers. Assist family with any barriers that may prevent the child from being retested.
b. print out letter on Document Library signed by Family Health Services audiologist, date letter, and list testing site(s) preferred by family. Send letter to patient's PMP.
c. send Report to Referring Provider advising that letter has been sent to PMP.
d. Monitor case for one month to determine if patient was retested with appropriate equipment and send another Report to Referring Provider stating whether or not child was retested. If patient was retested, include testing site, date of test, results of test in the report. If child was not retested, state reason (family non-compliant, PMP did not feel test was necessary, etc.) and close case.

The CCRS referrals for newborn hearing contain a Patient ID #. This number is the same as the "Lab #". Upon receipt of a NBH referral, the CC should make a note of the Patient ID # and enter in the Lab # section on the Referral Form.

Procedures for locating patient and/or the repeat screening results:

1) Contact delivering hospital and/or doctor to obtain information of possible repeat (second) hearing screening.
   - If patient has received a repeat hearing screening, send the Report to Referring Provider with the following information:
     - Date of repeat hearing screening
     - Screening Method (AABR or OAE), if known
     - Name of medical provider who performed screening
     - Repeat hearing screening results

2) If information cannot be obtained from patient's doctor or delivering hospital, make multiple attempts at different times of the day to contact parent /guardian by phone.

3) If phone contact with parent/guardian doctor, or delivering hospital does not produce information regarding repeat hearing screening, send a letter asking parent/guardian to call Care Coordinator.

4) If contact with hospital/doctor and attempts to contact patient/family does not produce information regarding repeat screening within two weeks of referral, make a home visit. Per Patient 1st protocol, repeat consecutive home visits without successful contact should not occur without supervisory approval.

5) Within 30 calendar days of opening the referral, send Report to Referring Provider detailing efforts/progress in case. If patient contact has not been made, weekly or biweekly follow-up will continue for another 30 calendar days.

6) If patient/family cannot be located after 30 calendar additional days, send Report to Referring Provider and close case.

Successful contact:

1) If patient/parent contact results in patient having received a repeat hearing screening, send Report to Referring Provider with the following information:
    - Date of repeat hearing screening
    - Screening test method (AABR or OAE), if known
    - Name of medical provider who performed screening
    - Repeat hearing screening results
    - Name of patient's PMP

2) If patient/parent contact results in patient not receiving a repeat hearing screening, the Care Coordinator will:
    - Provide the parent/guardian with a list of available providers to complete the repeat hearing screening. A list of audiologists can be found in the Qualified Provider Directory (ADPH website). The patient's pediatrician may also be an option to perform the repeat hearing screening.
    - Allow parent/guardian to select a provider to perform repeat hearing screening.
    - Schedule the repeat hearing screening appointment, request Patient 1st Referral from PMP (as needed) and advise parent/guardian of appointment.
    - Send Report to Referring Provider with date and location of scheduled hearing screening.
    - Actively monitor patient until repeat hearing screening results are obtained.

- Send Report to Referring Provider with the following information when repeat hearing results are obtained:
    - Date of repeat hearing screening
    - Screening method (AABR or OAE), if known
    - Name of medical provider who performed screening
    - Repeat hearing screening results
    - Name of Patient's PMP

3) If patient fails repeat hearing screening and the provider who performed the repeat hearing screening is not an audiologist, the Care Coordinator will:
    - Provide parent/guardian with a list of audiologists (Qualified Provider Directory) to select a provider to perform a diagnostic hearing test.
    - Schedule patient's appointment with audiologist and assist in obtaining the Patient 1st Referral (as needed).
    - Send Report to Referring Provider to include:
        - Date of repeat hearing screening
        - Screening test method (AABR or OAE), if known
        - Name of medical provider who performed test
        - Repeat hearing screening results
        - Name of patient's PMP
        - Date of scheduled diagnostic test with audiologist

    Actively monitor patient until diagnostic hearing test is complete and results are obtained.

4) Upon receipt of results of the diagnostic hearing test, the Care Coordinator will send Report to Referring Provider, including the following information:
    - Date of diagnostic test
    - Diagnostic test method (AABR or OAE), if known
    - Name of medical provider who performed test
    - Name of patient's PMP
    - Diagnostic test results

    Diagnostic test results sent to Referring Provider must include type (conductive or sensorineural) and severity of hearing loss (mild, moderate, severe or profound) for each ear. Case should not be closed until diagnostic testing has been completed and interventions (e.g., hearing aids) have been initiated.

5) If patient fails diagnostic hearing test, the Care Coordinator will:
    1. Complete referral to Alabama Early Intervention Service (AEIS)
    2. Confirm patient has accessed AEIS Services
    3. Send Report to Referring Provider to include:
        a. Date of referral
        b. Name of agency referred to
        c. Name & contact information for Service Coordinator who will be following the patient
        d. Date enrolled (if qualified for EI)
        e. Services/therapies receiving
        f. If not enrolled in AEIS services, list any habilitative, rehabilitative or educational program provided and date initiated
        g. Close case

6) If patient misses two repeat hearing screening appointments, the Care Coordinator will complete a home visit with patient/parent to assess barriers to completing appointments.

    - Care Coordination services will be offered to patient/parent. Psychosocial assessment /case plan will be completed if services are accepted.
    - If home visit is not successful or parent/guardian refuses care coordination assistance, Care Coordinator will send a letter, including a list of medical providers, to parent/guardian. This letter will be notification acknowledging parent/guardian is aware infant failed hospital hearing screening and has been advised of the need for a repeat hearing screening, has missed two scheduled repeat hearing tests, has been offered care coordination assistance and has chosen to complete independently of care coordination. Sample letter is attached to this protocol (last sentence regarding possible DHR

referral may be omitted, depending on the situation).

- A DHR report for medical neglect may be appropriate if other factors are identified during home visit (i.e., infant shows developmental delays not being addressed by parent/guardian, infant not under the care of a PMP, parent(s) are young. Report to Referring Provider will be sent indicating the multiple missed appointments, results of home visit (including sending of letter notifying parent/guardian of case closure).
- Record will be closed at this time.