

ATTACHMENT B

Revised 8/10/2020

Newborn Hearing Screening Care Coordination Protocol

Goal of Newborn Hearing Care Coordination:

Ensure a hearing rescreen is completed before one month of age if the baby fails the initial in-patient hospital hearing screen. Ensure children with hearing loss are diagnosed by an audiology professional before three months of age and enrolled in Early Intervention (EI) services before six months of age.

Appendix C – Newborn Screening Reference Manual for Providers, Section 3 – Newborn Hearing Screening.

Definitions:

OAE: Otoacoustic Emissions. A type of hearing screen that measures the inner ear function. (Only well-babies should receive this method of testing) Preferred method of testing for babies at least six months old.

ABR: Auditory Brain Stem Response. Technology that measures the newborn's entire hearing pathway -- from the outer ear to the brainstem. (Preferred method of testing for all newborns up to six months old so that neural hearing loss will not be missed, especially premature infants admitted to the Neonatal Intensive Care Unit-NICU).

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. Please call Child Find 1-800-543-3098 to make an EI referral for babies identified with hearing loss.

Process:

1. The Newborn Screening Program sends a list of all newborns who do not pass, fail, or refer the initial in-patient hospital hearing screening through the Care Coordination Referral System (CCRS).
2. The Family Health Services (FHS) Social Work Sr. will then check the list of newborns to determine Medicaid eligibility.
3. A list of newborns with active Medicaid coverage who fail or do not pass their hospital hearing screening is sent to District Social Work Directors/Supervisors

through CCRS. If the patient loses their Medicaid coverage, the case will be transferred to the FHS Social Work Sr. to provide Care Coordination services.

4. All non-Medicaid infants failing their hospital hearing screening are referred to the FHS Social Work Sr. The FHS Social Work Sr. will check Medicaid on all non-Medicaid patients receiving care coordination monthly. If the patient is approved for Medicaid coverage, the patient will be transferred to the appropriate District social work staff to follow.
5. District Social Work Directors/Supervisors assign infants to EPSDT Care Coordinators in a timely manner.
6. The Care Coordinator verifies Medicaid eligibility and begins efforts to locate patient and/or the subsequent hearing rescreen results.
7. The Care Coordinator should determine the following upon receipt of referral:
 - a. **Was a subsequent rescreen already performed after the infant did not pass the initial hospital hearing screening?** (JCIH recommends a subsequent rescreen prior to one month of age for infants who do not pass the initial in-patient hospital screen).
 - b. **What was the method of testing?** (Most Alabama birthing hospitals use the preferred ABR/AABR method of testing).
 - c. **Was the infant admitted to the NICU greater than 5 days?** (Referral should be made directly to an audiologist for rescreening per JCIH, and all NICU babies should be tested with ABR so that neural hearing loss will not be missed).
 - d. **Were both ears tested?** (A complete evaluation of both ears is recommended for each rescreening).
 - e. **Are there any risk factors known for delayed or late-onset hearing loss?** (Appendix C - Newborn Screening Reference Manual for Providers, page 49).
8. Upon receipt of referral, the Care Coordinator must check the CCRS referral form to determine whether the hospital used AABR or OAE equipment for the hearing screen. If AABR equipment was used, the infant must be referred to an Audiologist using AABR for the repeat screen. If the hospital used OAE equipment for the hearing screen, the infant can be retested by OAE or ABR by an audiologist.
9. If the Care Coordinator determines that an infant birth to 6 months of age 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. OAE is acceptable for testing by an audiologist

for an infant 6 months of age or greater since older infants may not be able to remain quiet and still for an ABR/AABR. Sedation is often needed for older infants for ABR/AABR.

10. If the Care Coordinator is working with a patient who did not receive the appropriate test, the Care Coordinator will:
 - a. Advise family of testing site(s) using ABR equipment in their community and determine which site(s) family prefers. For assistance in selecting a testing site, visit https://www.ehdi-pals.org/SmartTool/EP_SmartTool.aspx. Assist family with any barriers that may prevent the child from being retested.
 - b. Print out Letter on Document Library (Appendix A) signed by FHS Newborn Screening staff, 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.
 - e. Parents may refuse testing based on religious tenets and practices per state law. If the parent declines further testing, immediately notify the Newborn Screening Program, who will refer them to the baby's doctor to be educated/counseled on the importance of screening and to sign a refusal form (Available on the website).
11. The CCRS referrals for newborn hearing contain a Patient ID # assigned by the Bureau of Clinical Laboratories. This number is the same as the "Lab #". Upon receipt of a newborn hearing referral, the Care Coordinator 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 hearing results:

1. Contact delivering hospital and/or doctor to obtain information of possible subsequent hearing rescreen result.
 - a. If patient has received a repeat hearing screening, send the Report to Referring Provider with the following information:
 - i. Date of repeat hearing screening
 - ii. Screening method (AABR or OAE), if known
 - iii. Name of medical provider who performed screening
 - iv. 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 delivering hospital, parent/guardian, or doctor 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. 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 **for a total of 60 calendar days.**
6. **Hearing testing may be delayed due to middle ear effusion or fluid in the ears. According to the American Academy of Pediatrics (AAP), middle ear effusion should not delay a hearing loss diagnosis since it has the potential to further compromise hearing. Please notify the Newborn Screening Program if testing is delayed so that the AAP Best Practice Letter (Found in Document Library – FHS Case Management/Care Coordination>EPSDT Care Coordination) may be sent to the baby's doctor.**
7. If patient/family cannot be located after 30 additional calendar **days for a total of 90 calendar days**, send Report to Referring Provider and close case.

Successful contact:

1. If patient/parent contact results in patient having received a subsequent hearing rescreen, send Report to Referring Provider with the following information:
 - a. Date of repeat hearing screening
 - b. Screening test method (AABR or OAE), if known
 - c. Name of medical provider who performed screening
 - d. Repeat hearing screening results
 - e. Name of patient's PMP
2. If patient/parent contact results in patient not receiving a subsequent hearing rescreen, the Care Coordinator will:

- a. Provide the parent/guardian with a list of available providers to complete the subsequent hearing rescreen (https://www.ehdi-pals.org/SmartTool/EP_SmartTool.aspx).
 - b. Allow parent/guardian to select a provider to perform a subsequent hearing rescreen.
 - c. Schedule the repeat hearing screening appointment **prior to one month of age if possible** and advise parent/guardian of appointment.
 - d. Send Report to Referring Provider with date and location of scheduled hearing screening.
 - e. Follow patient until repeat hearing screening results are obtained.
 - f. Send Report to Referring Provider with the following information when repeat hearing results are obtained:
 - i. Date of repeat hearing screening
 - ii. Screening method (AABR or OAE), if known
 - iii. Name of medical provider who performed screening
 - iv. Repeat hearing screening results
 - v. Name of Patient's PMP
3. If patient **fails** the subsequent hearing rescreen and the provider who performed the repeat hearing screening is not an audiologist, the Care Coordinator will:
- a. Provide parent/guardian with a list of audiologists (https://www.ehdi-pals.org/SmartTool/EP_SmartTool.aspx) to select a provider to perform a diagnostic hearing evaluation before 3 months of age if possible.
 - b. Schedule patient's appointment with audiologist and assist in obtaining Medicaid referral, as needed.
 - c. Send Report to Referring Provider to include:
 - i. Date of repeat hearing screening
 - ii. Screening test method (AABR or OAE), if known
 - iii. Name of medical provider who performed test
 - iv. Repeat hearing screening results
 - v. Name of patient's PMP
 - vi. Date of scheduled diagnostic test with audiologist
 - vii. Actively monitor until determined if 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:
- a. Date of diagnostic test
 - b. Diagnostic test method (AABR or OAE), if known
 - c. Name of medical provider who performed test
 - d. Name of patient's PMP
 - e. Diagnostic test results:

- i. 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.
 - ii. Case should not be closed until diagnostic testing has been completed.
- 5. If patient **fails** diagnostic hearing test, the Care Coordinator will:
 - a. Complete referral to Alabama Early Intervention Service (AEIS)
 - b. Confirm patient has accessed AEIS Services
 - c. Provide family with the “Pathways for Families of Children Who are Deaf or Hard of Hearing” resource manual developed by AEIS as needed.
 - d. Send Report to Referring Provider to include:
 - i. Date of referral
 - ii. Name of agency referred to
 - iii. Name & contact information for Service Coordinator who will be following the patient
 - iv. Date enrolled (if qualified for EI)
 - v. Services/therapies receiving
 - vi. If not enrolled in AEIS services, list any habilitative, rehabilitative or educational program provided and date initiated
 - vii. 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.
 - a. Care coordination services will be offered to patient/parent. Psychosocial assessment/case plan will be completed if services are accepted.
 - b. 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. Appendix B is a sample letter for care coordinators (last sentence regarding possible DHR referral may be omitted, depending on the situation).
 - c. 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’s basic needs are not being met, or the infant is not under the care of a PMP).

- d. 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).
- e. Record will be closed at this time.

Newborn Screening Program Contact Information:

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Early Hearing Detection and Intervention (EHDI) Coordinator
Phone: (334) 206-2944
Fax: (334) 206-3791

Nancy Strong, BSN, RN
EHDI Surveillance Nurse Coordinator
(334) 206-2901

Rachael Montgomery, BSN, RN
Newborn Screening Program Nurse Manager
(334) 206-5955

Angela Daniel, LBSW
FHS Social Work Sr.
Newborn Screening Care Coordinator
(334) 206-2942

Newborn Screening Hearing Website:
<http://www.alabamapublichealth.gov/newbornscreening/newborn-hearing-screening.html>

Appendix A: Letter in Document Library
(ADPH Letterhead)

Date:

Dear (Medical Provider's Name):

Subject: Referral Repeat AABR Hearing Screening

The infant referenced above did not pass the Automated Auditory Brainstem Response (AABR) newborn hearing screening at the birthing hospital and requires a subsequent rescreen using the same method of AABR prior to one month of age as recommended by the Joint Committee on Infant Hearing (JCIH) and American Academy of Pediatrics (AAP).

According to the JCIH, infants admitted to the Neonatal Intensive Care Unit greater than 5 days should be referred directly to an audiologist for diagnostic evaluation if they do not pass the inpatient hospital newborn hearing screening so that neural hearing loss will not be missed or a diagnosis delayed. In addition, the AAP recommends that middle ear effusion should not delay a hearing loss diagnosis since it has the potential to further compromise hearing.

The family has selected the following outpatient testing site for the repeat AABR hearing screening and will need a referral from your office for the testing:

Please contact the Alabama Department of Public Health, Newborn Screening Program if you have any questions at (334) 206-2944.

Sincerely,
Mary Ellen Whigham
Mary Ellen Whigham, R.N.
Newborn Hearing Nurse Supervisor

alabamapublichealth.gov

Appendix B: Refusal Letter

(ADPH Letterhead)

NOTICE TO PARENT/GUARDIAN OF CASE CLOSURE

TO: _____

DATE: _____

This is to advise you that you have been informed that _____ failed their hospital newborn hearing screening.

It is important that your infant be re-screened as soon as possible because most babies with a hearing loss do not show any signs in the first weeks or months. Finding a hearing loss early is known to improve speech, language and mental development. Please make arrangements for your child to have a follow-up hearing screening as soon as possible.

I have made two appointments for your infant to have a repeat hearing screening and you have missed both appointments. I have offered to make another appointment and assist you in getting to the appointment and you have refused my services.

I have provided you with the names, addresses and phone numbers for medical providers who can perform hearing screenings and urged you to make an appointment. I have provided you with my name and phone number should you decide you want my help.

Failure to follow up on needed medical care can be considered medical neglect and can result in a report being made to the Department of Human Resources.

PUBLIC HEALTH CARE COORDINATOR

WORK PHONE NUMBER