



State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

October 7, 2008

CMS Information Notice No.: 08-07

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, CHILD HEALTH AND DISABILITY PREVENTION
(CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, MEDICAL
CONSULTANTS, STATE CHILDREN'S MEDICAL SERVICES (CMS)
BRANCH AND REGIONAL OFFICE STAFF

SUBJECT: CALIFORNIA NEWBORN HEARING SCREENING PROGRAM (NHSP)
LEGISLATION AND POLICY UPDATE FOR PARTICIPATING
HOSPITALS

The purpose of this Information Notice is to transmit the attached letter issued to CCS-approved hospitals and general acute care hospitals with licensed perinatal services on July 28, 2008. The letter informs hospitals of changes, mandated by Assembly Bill 2651 (Chapter 335, Statutes of 2006), issues revised Standards for Infant Hearing Screening Services for Inpatient Infant Hearing Screening Providers and provides other program updates.

Key changes in the law and program policy addressed in the letter include, but are not limited to:

- All California birthing hospitals must participate in the NHSP.
- Hospitals shall administer rather than "offer" the screening to every newborn unless the parent objects on the grounds that the test is in violation of their beliefs.
- All infants receiving care in the intensive care newborn nursery (ICNN) must be screened with auditory brainstem response (ABR) screening technology.

Infants that did not pass the hearing screening in the ICNN and who are under six months corrected age shall be referred for outpatient re-screening with ABR screening technology rather than being referred for a diagnostic audiological evaluation (unless a physician requests the full diagnostic evaluation).

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If you have any questions regarding this communication, please contact V. David Banda, Chief of the Hearing and Audiology Services Unit, at (916) 323-8091 or via e-mail at v.david.banda@dhcs.ca.gov.

Original Signed by Harvey Fry, for Marian Dalsey

Marian Dalsey, M.D., M.P.H., Chief
Children's Medical Services Branch



State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
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July 28, 2008

To: CCS-Approved Hospitals and General Acute Care Hospitals with Licensed Perinatal Services

Re: California Newborn Hearing Screening Program Legislation and Policy Update

Although our contracted Hearing Coordination Centers (HCCs) have continued to provide policy guidance and updates to all birthing hospitals regarding the Newborn Hearing Screening Program (NHSP), this letter summarizes key legislative and policy changes and other information affecting your hearing screening program.

As you know, Assembly Bill (AB) 2651 (Chapter 335, statutes of 2006) amended the Health and Safety Code provisions governing the NHSP. The primary goal of AB 2651 was to extend the NHSP to all California newborns by requiring that all birthing hospitals participate in the program. In accordance with AB 2651, and effective January 1, 2008, all general acute care hospitals with licensed perinatal services must provide a hearing screening test for the identification of hearing loss to every newborn, in accordance with the requirements of the NHSP. AB 2651 also amended specified provisions of the NHSP law and these changes are summarized below.

Requirement to Screen Every Newborn

AB 2651 amended Section 124116.5 to read “Every general acute care hospital with licensed perinatal services in this state shall administer to every newborn, upon birth admission, a hearing screening test for the identification of hearing loss...” Previously, California Children’s Services (CCS)-approved hospitals were only required to “offer” hearing screening to well born infants. Only CCS-approved Neonatal Intensive Care Units were required to administer the screening unless the parents objected on religious grounds.

Written Consent for Newborn Hearing Screening

AB 2651 retained Section 124120.5 of Article 6.5 of the Health and Safety Code specifying that “A newborn hearing screening test shall not be performed without the written consent of the parent.”

A hospital’s policy and method for obtaining written consent for newborn hearing screening should be established in the above context by the appropriate administrative and medical personnel in consultation with hospital legal counsel. The following are acceptable approaches to meeting the written consent requirement:

1. Physician standing orders/routine nursery admission orders for newborn hearing screening may be established (without a specific modification of the existing hospital consent form to include newborn hearing screening).
 - This approach establishes consent for hearing screening under the general written consent provided at birth admission. Routine nursery admission orders for hearing screening must be adopted according to hospital policy.
2. The existing hospital consent form used for birth admissions may be modified to include a specific reference to newborn hearing screening.
3. A separate consent form may be developed that specifically addresses consent for newborn hearing screening.
 - With this option, it is recommended that the parent’s signature be elicited during pre-admission or at the time of hospital admission.

Documentation of consent must be made part of the infant’s permanent medical record.

Waiver of Newborn Hearing Screening

Although the original NHSP law provided that a parent or guardian could decline the “offer” of hearing screening for any reason, AB 2651 added subsection 124116.5 (d) to the Health and Safety Code which specifies that, “This section shall not apply to any newborn whose parent or guardian objects to the test on the grounds that the test is in violation of his or her beliefs.” AB 2651 does not define “beliefs,” therefore it is assumed that a parent or guardian may object to the test on the basis of any belief and not just religious beliefs.

If the parent/guardian refuses the hearing screening, a hospital shall have the parent/guardian sign a waiver form. The waiver form must include language that releases the State of California from liability if the parent/guardian waives screening.

Note that Health and Safety Code Section 123975, applicable to newborn hearing screening in the CCS-approved NICU, was not modified by AB 2651. This section specifies that hearing screening of infants receiving care in a CCS-approved NICU shall be performed unless the parent or guardian objects to the screening on the grounds that the screening conflicts with his or her religious beliefs or practices. Waiver forms and/or procedures should appropriately document the objection on this basis.

Inpatient Infant Hearing Screening Provider Standards

The enclosed Inpatient Infant Hearing Screening Provider Standards specify hospital requirements in the implementation of the NHSP and have been updated to reflect the changes required by AB 2651 and the standard of care established by the Joint Committee on Infant Hearing 2007 Position Statement. Hospital policies, procedures and operations must conform to these Standards. The following details substantive changes to the Standards in specified subsections:

A. Definition

“CCS-approved hospital with licensed perinatal services or a CCS-approved neonatal intensive care unit (NICU)” has been changed to “general acute care hospital with licensed perinatal services or an intensive care newborn nursery (ICNN).”

B. General Requirements and Procedures for Approval

2. Adds requirements regarding the alternative outpatient screening option for hospitals that deliver less than 100 babies annually.
5. The initial certification period is changed to two years.
6. Extends requirements regarding the use of a contracted (outsourced) screening entity to include the hospital's outpatient newborn hearing screening services.

C. Requirements for Participation

1. Staff

- c. Adds the staffing requirement for non-CCS-approved hospitals.

2. Facility and Equipment

- a. Amends the standard to represent screening equipment requirements in the well baby nursery.
- b. Adds the requirement that screening services in the ICNN shall be performed using automated auditory brainstem response (ABR) screening equipment.
- d. Amends the requirement that the choice of equipment shall be approved by a CCS-approved audiologist to include approval by an audiologist with equivalent training and experience.

3. Services

- b. Amends the audiology consultation requirement to permit consultation to the hospital's newborn hearing screening program by an audiologist with training and experience equivalent to that of a CCS-approved audiologist.
- c. Amends the requirement that the hospital offer hearing screening to all infants born in the facility to require that the hospital provide the hearing screening.
- h. Adds requirements applicable to hospitals with fewer than 100 deliveries annually that elect not to perform newborn hearing screening directly and enter into an agreement with an outpatient infant hearing screening provider certified by the DHCS to provide screening.
- j. Changes relating to infants screened in the ICNN:
 - 2.) Adds the requirement that hearing screening must be performed using automated auditory brainstem response screening equipment.

- 3.) Amends the follow-up requirement for infants who do not pass the inpatient screening to be scheduled for an outpatient infant hearing re-screen instead of a complete diagnostic evaluation.
- 4.) Adds the requirement for infants six months corrected age or younger that do not pass the hospital screening that the hospital schedule an outpatient hearing re-screen appointment with a NHSP-certified Outpatient Infant Hearing Screening Provider that will use ABR screening technology. Infants older than six months corrected age must be referred for a complete diagnostic evaluation.
- 5.) Adds the recommendation to refer infants to an outpatient screener that is also a Type C Communication Disorder Center (CDC) or has referral relationship with a Type C CDC.
- 6.) Adds that a physician may make a determination that an infant requires a complete diagnostic evaluation instead of outpatient re-screening and requires that the physician's request for a diagnostic evaluation be documented in the infant's medical record.
- 7.) Adds the requirement that infants with unilateral or bilateral atresia be referred to the CCS program for the authorization of diagnostic services in lieu of inpatient screening and requires referral of these infants to the Early Start Program.
- 8.) Adds the requirement for 6.) and 7.) above, that the hospital refer to a CCS-approved Type C Communication Disorder Center or equivalent facility approved by the infant's insurance.

6. Quality Assurance Activities

a. Changes relating to hospital monitoring activities:

- 1.) Requires that, at a minimum, 98 percent of newborns born in the hospital receive hearing screening prior to discharge.

Hospitals certified under the previous NHSP standards must update their policies, procedures and operations to reflect the requirements specified in this communication no later than December 31, 2008. The HCCs will contact all previously certified hospitals to provide consultation and technical assistance in this transition. If not already accomplished, updated policies and procedures must be reviewed and approved by the HCCs.

Facilities that must make a transition to automated ABR equipment are urged to do so as quickly as possible in order to minimize any risk of liability associated with the delivery of services that are not consistent with the most current standard of care.

Screening Personnel Competency Criteria

Hospitals are responsible for the assessment of screener competency on an annual basis and as necessary in response to changes in performance/increased refer rates. The criteria attached to the Inpatient Infant Hearing Screening Provider Standards represent the minimum factors that must be integrated into the assessment of screener performance. All assessment tools developed and used by hospitals in the assessment of screener performance must reflect these variables.

Billing for Hearing Screening Services

The NHSP Provider Manual, which details the procedures for the submission of claims for inpatient and outpatient infant hearing screening services, is available on the NHSP website (www.dhcs.ca.gov/services/nhsp). The Provider Manual has been updated.

Please be reminded that upon NHSP certification, reimbursement is available to inpatient and outpatient hearing screening providers for hearing screening services provided to infants who are Medi-Cal beneficiaries or who are uninsured (have no health insurance of any kind). The NHSP law did not mandate that commercial health insurers reimburse for newborn hearing screening, therefore the extent to which they do so is variable. Infants that have commercial health insurance coverage that does not include newborn hearing screening as a covered benefit are not considered uninsured for the purposes of NHSP billing.

Outpatient Hearing Screening and Re-Screening

It is highly recommended that all NHSP certified Inpatient Infant Hearing Screening Providers apply to become NHSP Certified Outpatient Infant Hearing Screening Providers. Because certified hospitals are required to schedule an appointment for re-screening prior to discharge from the birth admission for infants that do not pass the birth screening, it is typically easier and more effective to schedule the appointment within the same institution/facility. The Outpatient Infant Hearing Screening Provider Standards and application form are available on the NHSP website.

Other Infant Hearing Screening Policy – Mobile Hearing Screening

We have received inquiries proposing the implementation of infant hearing screening services delivered in the home or in other non-clinical settings. Screening in the home and in other uncontrolled/non-clinical settings requires the development of appropriate standards, protocols and the training of screening personnel. The NHSP is not undertaking this activity at this time and NHSP certified inpatient and outpatient screening providers may not perform mobile screening under the auspices of the NHSP.

DHCS NHSP Brochures

The following NHSP brochures are available from the DHCS in several languages:

- Newborn Hearing Screening Program (a program description for general distribution to the public, families and providers);
- Important Information for Parents-to-Be (distributed prenatally);
- Hearing Screening Pass;
- Hearing Screening Refer;
- Diagnostic Hearing Evaluation Referral;
- Waiver of Newborn Hearing Screening.

We will continue to provide these materials to your facility at no cost as long as program funding resources permit. Ordering instructions are provided by the HCC in your region prior to hospital certification.

As a reminder, it is required that each hospital have a single designee/point of contact for the submission and receipt of all NHSP brochure orders regardless of the hospital unit requesting the materials. Although the staff of an outsourced hearing screening contractor may assist in the ordering of print materials, this hospital responsibility may not be delegated to the outsourced hearing screening contractor.

An updated eight minute DVD format NHSP video in English and Spanish and an English video in VHS format will be mailed to your designated NHSP Director under separate cover. These materials, as well as the printed brochures, may be duplicated for use by your facility.

NHSP Website

The NHSP website (<http://www.dhcs.ca.gov/services/nhsp>) has been reconfigured and includes information on legislation for the program, regional Hearing Coordination Centers, Provider Information, including standards, forms and applications, Parent Resources, the Provider Directory and other important program information. You are strongly encouraged to review the information posted on the website periodically for important program updates and for other information relevant to your newborn hearing screening program.

Hearing Coordination Centers

The following organizations have been contracted to serve as HCC for the specified geographic regions:

Regions A and B (Bay Area/Northern California)
John Muir Health System
3480 Buskirk Avenue, Suite 125
Pleasant Hill, CA 94523
Phone: (925) 941-7933

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Region C (Southeastern California)

Loma Linda University Medical Center and Children's Hospital

11234 Anderson Street, MVP-185

Loma Linda, CA 92354

Phone: (909) 558-3478

Region D (Southern California)

Miller Children's Hospital

2801 Atlantic Avenue

Long Beach, CA 90806

Phone: (562) 933-8152

A map of the HCC regions is available on the NHSP website. If you wish to contact your HCC but are uncertain which HCC above corresponds to your facility/community you can be linked directly to the corresponding HCC by calling the NHSP toll-free number at 1-877-388-5301 and following the voice menu to transfer to your HCC.

Reporting of Infant Information

As you know, our HCCs track and monitor all infants reported by you that do not pass the birth screening to ensure they receive necessary follow up services. Completion of all information on the Infant Reporting Form is very important to the success of the HCC tracking and monitoring activity. Our program quality improvement efforts confirm that to minimize infant loss to follow up it is particularly important that you include complete and accurate primary and secondary contact information for the family and primary care provider information. Your efforts in this regard can make a substantial difference in the follow up outcome.

Future NHSP Data Reporting and Data Management

It is the objective of the NHSP to replace the existing method of reporting infant hearing screening data/information to the HCC by means of faxed reports. The NHSP continues to work toward the procurement of a data management service that will permit infant hearing screening providers to submit infant hearing screening data/information for all infants through a secure web-based interface. Further developments with this objective will be reported to you in the coming months.

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With the cooperation and support of California's birthing hospitals, the NHSP is now screening more infants than any other state in the nation and is identifying more infants who are deaf or hard of hearing than any other state. We are grateful for your efforts in helping make the California NHSP a model program.

If you have questions regarding the information communicated in this letter please contact your Hearing Coordination Center. You may also contact V. David Banda, Chief of the Hearing and Audiology Services Unit, at (916) 323-8091 or by email at v.david.banda@dhcs.ca.gov.

Original signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Chief
Children's Medical Services Branch

Enclosure

3.42 STANDARDS FOR INFANT HEARING SCREENING SERVICES**3.42.1 INPATIENT INFANT HEARING SCREENING PROVIDER****A. Definition**

An Inpatient Infant Hearing Screening Provider shall be a general acute care hospital with licensed perinatal services or an intensive care newborn nursery (ICNN) capable of offering and providing inpatient hearing screening tests to all newborns and infants during their birth admission or ICNN admission, as part of the California Newborn Hearing Screening Program (NHSP).

B. General Requirements and Procedures for Approval

1. The Inpatient Infant Hearing Screening Provider shall be a general acute care hospital that is licensed to provide perinatal services and/or ICNN services.
2. Any hospital that has licensed perinatal services that delivers less than 100 babies annually shall, if it does not provide the hearing screening during the hospital admission, enter into an agreement with a certified Outpatient Infant Hearing Screening Provider to provide the hearing screening test to all newborns. The agreement shall specify the procedure for the timely referral and scheduling of infants for outpatient screening. The agreement shall also specify that outpatient screening will be scheduled within four weeks of discharge from the birth admission.
3. A hospital that meets the requirements identified in these standards, determined by a review of the policies and procedures, supporting documents, and a site visit(s), shall be certified as an Inpatient Infant Hearing Screening Provider.
4. Changes in professional staff whose qualifications are incorporated into any portion of these standards shall be reported to Children's Medical Services (CMS) Branch, or its designee, within one week of the change in a format to be specified by the California Department of Health Care Services (DHCS).
5. Initial certification shall be valid for up to two years, after which re-certification shall be required. The duration of the re-certification shall be based on quality indicators established by DHCS, such as screening rate, refer rate, percent of babies discharged before receiving a hearing screen, and other indicators specified by the NHSP.
6. A hospital that enters into an agreement or contract with another entity to provide inpatient or outpatient newborn hearing screening

services is responsible for assuring that all standards applicable to the hospital identified in this document are met in the provision of services.

C. Requirements for Participation

1. Staff

- a. The hospital shall designate one person as the director of the Inpatient Infant Hearing Screening Services who is responsible for management of the newborn hearing screening program, including training and oversight of the individuals performing the screening, reporting, staff and parent education, and coordination of services and follow-up.
- b. For CCS-approved hospitals, the director shall be either a CCS-approved* (“paneled”) neonatologist, a CCS-approved pediatrician, a CCS-approved otolaryngologist with admitting privileges to the hospital, a CCS-approved audiologist, or a registered nurse who is employed by the hospital.
- c. For non-CCS-approved hospitals, the director shall be either a board certified neonatologist, a board certified pediatrician, a board certified otolaryngologist with admitting privileges to the hospital, an audiologist with training and experience equivalent to that required for CCS approval*, or a registered nurse who is employed by the hospital.
- d. Infant hearing screening services shall be performed by individuals meeting competency criteria established by the NHSP. The program director shall certify and document that screeners meet competency levels. Copies of completed competency checklists shall be maintained by the hospital.

2. Facility and Equipment

- a. Infant hearing screening services in the well baby nursery shall be performed using automated FDA-approved otoacoustic emissions and/or auditory brainstem response screening equipment that detects a mild (30-40 dB) hearing loss in infants and newborns.
- b. Infant hearing screening services in the ICNN shall be performed using automated FDA-approved auditory

brainstem response screening equipment that detects a mild (30-40 dB) hearing loss in infants and newborns.

- c. Use of screening equipment shall be in accordance with manufacturer's protocols and stated norms.
- d. The choice of equipment shall be reviewed by a CCS-approved audiologist, or by an audiologist with equivalent training and experience*, and reflect knowledge of professional peer-reviewed literature and current audiological practice. The hospital shall obtain written confirmation from the manufacturer that the equipment meets the criteria in a. and b. above.
- e. Equipment shall be calibrated in accordance with the manufacturer's recommendation and a log shall be kept documenting the dates of calibration, repair or replacement of parts.
- f. Disposable components of the equipment shall not be reused.
- g. There shall be adequate space for performing the screening procedures and for equipment storage. A quiet environment shall be available for repeat hearing screenings prior to discharge, when necessary.

3. Services

- a. The hospital shall have protocols, policies, and procedures in place that define the facility's newborn hearing screening program; the staff training criteria; staff roles and responsibilities; materials distributed to parents; system for provider notification; referral and follow-up procedures; and protocols for screening or referral of babies who were discharged before hearing screening was done.
- b. There shall be consultation by a CCS-approved audiologist or an audiologist with equivalent training and experience* in the development, maintenance and ongoing review, no less than annually, of a hospital's newborn hearing screening program. The audiologist's signature shall appear on an addendum to the policies and procedures and/or there shall be a letter from the audiologist verifying concurrence with the hospital's program.
- c. The hospital shall provide hearing screening to all infants born in the facility.

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- d. The hospital shall have parents sign a waiver if a hearing screening is refused. The hospital shall give the parents the appropriate DHCS developed brochure, or equivalent material that has been approved by the CMS Branch or its designee.
- e. The hospital shall re-screen a newborn prior to discharge if the infant does not pass the initial hearing screening test in each ear.
- f. The hospital shall inform all parents, in writing, of the results of the hearing screening, prior to hospital discharge, as well as provide written material regarding the results of the inpatient hearing screen and the scheduled follow-up appointment, when indicated. The hospital shall use DHCS developed brochures, or equivalent materials that have been approved by the CMS Branch or its designee.
- g. The hospital shall include the results of the hearing screening in the infant's medical record.
- h. The hospital shall schedule an outpatient hearing re-screen appointment with a NHSP-certified Outpatient Infant Hearing Screening Provider that shall occur within four weeks following discharge for those infants who do not pass the hospital hearing screening in each ear or where the hospital delivers fewer than 100 newborns each year and has an agreement to provide screening through an outpatient hearing screening provider. This appointment shall be scheduled prior to the infant's discharge and the parents notified of the appointment place, date and time, in writing. The provider and appointment date and time shall be documented in the medical record.
- i. For infants discharged before hearing screening was done or scheduled, the hospital shall contact the parents and shall schedule an initial hearing screening appointment with a NHSP-certified Outpatient Infant Hearing Screening Provider. The appointment shall occur within four weeks of hospital discharge. The provider and appointment date and time shall be documented in the medical record and reported to DHCS, or its designee.
- j. The hospital shall perform a hearing screening on all newborns and infants in an ICNN and shall re-screen an infant prior to discharge if the infant does not pass the initial hearing screening in each ear.

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- 1.) The hearing screening test shall be performed when the infant's medical condition warrants.
- 2.) The inpatient hearing screening must be performed using automated auditory brainstem response screening equipment.
- 3.) If the infant does not pass the second hearing screen, hospital shall schedule an outpatient infant hearing re-screening appointment with a NHSP-certified Outpatient Infant Hearing Screening Provider prior to discharge. The appointment date must occur no later than four weeks after discharge.
- 4.) Because of the elevated risk of auditory neuropathy/dys-synchrony in this population, the hospital shall schedule the outpatient infant hearing screening for infants six months corrected age and younger only with a provider that will use auditory brainstem response (ABR) screening technology. Infants older than six months corrected age must be referred to or scheduled for a complete diagnostic evaluation with a CCS-approved Type C Communication Disorder Center or equivalent facility approved by the infant's insurance. The provider and appointment date and time, if known, shall be documented in the infant's medical record.
- 5.) To the extent feasible, refer infants to an Outpatient Infant Hearing Screening Provider that is also a CCS-approved Type C Communication Disorder Center (CDC) or one that has a referral relationship with a Type C CDC and is capable of expediting the referral for a comprehensive diagnostic evaluation.
- 6.) A physician may make a determination that an infant requires a complete diagnostic evaluation instead of an outpatient re-screening. The physician's request for a diagnostic evaluation shall be documented in the infant's medical record.
- 7.) Any infant with unilateral or bilateral atresia of the external auditory canal shall be referred to the CCS program for authorization of diagnostic services in lieu of inpatient screening. These infants shall also be referred to the Early Start Program (1-866-505-9388).

- 8.) For 6.) and 7.) above, the hospital shall refer to or schedule the diagnostic evaluation as an outpatient with a CCS-approved Type C Communication Disorder Center or equivalent facility approved by the infant's insurance. The appointment shall be scheduled as soon as possible following hospital discharge. The provider and the appointment date and time, if known, shall be documented in the infant's medical record.
- 9.) For infants referred to or scheduled for a comprehensive diagnostic evaluation with a CCS-approved Type C facility, the hospital shall assist the family in completing a CCS program application and shall fax the application, completed CCS Request for Services form and hearing screening results to the appropriate county CCS program. The referral shall be documented in the infant's medical record.
- 10.) The hospital may perform an inpatient diagnostic audiological evaluation on infants who do not pass the hearing re-screen, provided the hospital has the equipment and audiological staff to complete a comprehensive diagnostic audiologic evaluation as defined by the Infant Audiology Assessment Guidelines.

If the diagnostic audiological evaluation is completed in the ICNN and confirms the presence of a hearing loss, the hospital shall:

- a.) Refer the infant to the appropriate county CCS program.
 - b.) Refer the infant to the Early Start Program (1-866-505-9388) and to other support services for deaf and hard-of-hearing children and their families.
 - c.) Submit results of diagnostic evaluation to the CMS Branch or its designee in a format specified by the DHCS.
- k. The hospital shall provide information and education, at least annually, to the medical and nursing staff that provide newborn hearing screening program services to pregnant women and newborns.

6. Quality Assurance Activities

- a. The hospital shall monitor the following, no less than quarterly:
 - 1.) A minimum of 98% of newborns born in the hospital receive hearing screening prior to discharge.
 - 2.) 100% of the newborns and infants receiving services in an ICNN receive a hearing screening prior to discharge.
 - 3.) During the first six (6) months of program operation, the hospital shall evaluate that, for the program as a whole and for each individual screener, the following parameters are not exceeded:
 - a.) If ABR screening equipment is used, there is no greater than a 10% refer rate.
 - b.) If OAE screening equipment is used, there is no greater than a 20% refer rate.
 - c.) If a combination of hearing screening equipment is used, there is no greater than a 10% refer rate.

After the first six (6) months of program operation, the hospital shall evaluate that, for the program as a whole and for each individual screener, the following parameters are not exceeded:

- a.) If ABR screening equipment is used, there is no greater than a 5% refer rate.
 - b.) If OAE screening equipment is used, there is no greater than a 10% refer rate.
 - c.) If a combination of hearing screening equipment is used, there is no greater than a 5% refer rate.
- b. The hospital shall have policies and procedures to address variations outside the parameters identified in a. above.

7. Billing

- a. Inpatient Infant Hearing Screening Providers shall submit claims for reimbursement to DHCS or its fiscal intermediary using only the infant hearing screening codes

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identified in the NHSP Provider Manual for services provided to Medi-Cal or CCS-eligible beneficiaries, in a format specified by DHCS.

- b. All billing for infant hearing screening services shall conform to the requirements specified in the NHSP Provider Manual and in the Medi-Cal Provider Manual.

*CCS Approval (“Paneling”) Requirements: Physicians must be licensed as a physician and surgeon by the Medical Board of California and certified by a member board of the American Board of Medical Specialties. Audiologists must be licensed by the California Speech/Language Pathology and Audiology Board (CSLPAB) and have two years of professional clinical experience providing audiology services, one of which must have been with infants, children, and adolescents. The experience may include the supervised Required Professional Experience (RPE) required for licensure by the CSLPAB as specified in Business and Professions Code, Section 2532.2(d).

3.42.1 INPATIENT INFANT HEARING SCREENING PROVIDER - Attachment A**COMPETENCY CRITERIA FOR ALL PERSONNEL PERFORMING
NEWBORN HEARING SCREENING**

Inpatient Infant Hearing Screening Providers shall incorporate the following competency criteria into their evaluation and monitoring of individuals performing newborn hearing screening.

Individual skills shall include the ability to:

1. Prepare the environment to perform the hearing screening:
 - a. ensures appropriate test situation with regard to ambient noise.
 - b. chooses time for testing according to hospital protocol and equipment manufacturer's recommendation.
2. Perform the hearing screening:
 - a. assesses infant for quiet state.
 - b. positions infant correctly.
 - c. appropriately places test equipment, such as probes, electrodes, and/or ear couplers on the infant.
 - d. operates hearing screening equipment accurately.
 - e. completes hearing screening with a valid test result.
 - f. removes and disposes of test items appropriately.
3. Perform infection control and risk management:
 - a. practices standard precautions.
 - b. washes hands before and after handling each infant.
 - c. cleans equipment and disposes of supplies per hospital policy and protocol after each use.
4. Collect and record test data following hearing screening:
 - a. enters/records infant information accurately.
 - b. collects and reports screening results according to hospital protocol.
5. Communicate knowledge of the Newborn Hearing Screening Program (NHSP) and hearing screening results.
 - a. explains importance of newborn hearing screening.
 - b. explains hearing screening procedure.
 - c. explains the meaning of pass or refer result of a hearing screening.
 - d. explains the referral process, if indicated.