

DEPARTMENT OF HEALTH SERVICES

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TO: CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM COUNTY ADMINISTRATORS, MEDICAL CONSULTANTS, AND CCS REGIONAL OFFICE STAFF

SUBJECT: AUTHORIZATION OF SERVICES FOR CHILDREN WITH HEARING LOSS

BACKGROUND

After prematurity, hearing loss is the most frequent CCS-eligible condition. Despite the large number of children in the caseload who are deaf or hard of hearing, there is a lack of knowledge on how to address their needs. The services authorized and provided to these CCS-eligible clients vary markedly from county to county. Many CCS programs believe that it is the responsibility of the public school system to provide the majority of services related to hearing loss to these children. This misconception has resulted in a limitation of access to medically necessary services. It is vital that CCS-eligible children who are deaf and hard of hearing receive medically necessary services in order to maximize their outcomes.

The need to assure access to appropriate services is becoming more of an issue as children are identified earlier with hearing loss. Each year there will be approximately 1,200 infants identified with a hearing loss through the Newborn Hearing Screening Program, when the program is fully implemented. One could estimate that half of these children will be CCS eligible. Any delay in providing the appropriate interventions can have a significant impact on the development of communication skills.

Services necessary for infants, children, and adolescents identified with hearing loss can include ongoing audiologic evaluation and monitoring, hearing aids, speech and language therapy, and aural rehabilitation. Periodic audiologic evaluations and testing are necessary to monitor children with hearing loss to determine if the loss is stable, fluctuating, or deteriorating. Children who are fitted with aids or other amplification devices require periodic hearing aid checks

and evaluation of their hearing while using the aids. This is not a once-in-a-lifetime procedure.

As it is more difficult to acquire communication skills in the presence of a hearing loss, speech and language therapy is necessary to stimulate development of these skills. Aural rehabilitation is focused on acquiring auditory skills and includes teaching children to use their residual hearing, adjusting to amplified sounds, learning to coordinate lip reading skills, and working with the family to increase their skills in communicating with the CCS-eligible client.

Additional medical services need to be performed, including an otolaryngology exam. The otolaryngologist (ENT) will prescribe the hearing aids when appropriate and if the parents/guardians have chosen amplification. The ENT will also order any applicable tests. The examination is necessary as the dispensing of a hearing aid requires a "medical clearance." This examination is not a once-in-a-lifetime procedure. Both an audiology and an ENT evaluation within the preceding six months are required whenever a hearing aid is dispensed.

An ophthalmologic examination is also necessary for each child diagnosed with a hearing loss. There are a number of syndromes with associated vision and hearing problems, and children with significant hearing loss rely more heavily on their vision than those children without a hearing loss.

Children under the age of three who have a hearing loss are eligible for services through the Early Start Program; children over the age of three with a hearing loss are probably eligible for special education. The services provided to both of these age groups by these agencies are focused on educational goals and they complement the medically necessary services authorized and reimbursed by Medi-Cal and CCS. The following guidelines were developed to ensure that children throughout the state receive an appropriate and consistent range of services from the CCS program.

II. POLICY

- A Effective the date of this letter, once an infant, child, or adolescent has been identified with a hearing loss, as per Title 22, Section 41839 (c), and program eligibility has been established, CCS shall authorize ongoing audiologic services and assure coordination of services with either the Early Start Program of the Local Education Agency.

- B. Authorization for fitting/provision of amplification devices and/or aural rehabilitation services should NOT be delayed if the ophthalmologic examination has not been completed or a "medical home" has not been identified.

III. POLICY IMPLEMENTATION

A CCS client identified with a hearing loss shall have the following services authorized:

- A. An age-appropriate CCS-approved Communication Disorder Center to provide ongoing audiologic services, speech and language therapy, and aural rehabilitation services.
 - 1. The Center authorization covers the following:
 - a. Special care center services, e.g., team conferences, phone calls, chart review
 - b. Initial evaluations by audiologist and speech/language pathologist
 - c. Diagnostic testing by audiologist and speech/language pathologist
 - d. Hearing aid assessment and fitting
 - e. Periodic evaluations by audiologist and speech/language pathologist
 - 2. There shall be a separate authorization that covers hearing aids, ear molds, and batteries.
 - a. The authorization for a hearing aid includes the dispensing of the aid and six visits for training, adjustment and fitting, and an initial package of batteries.
 - b. When an ear mold is requested, it must be separately identified on the authorization so that it can be reimbursed.

- c. Additional batteries shall be authorized as per Numbered Letter 18-0795.
 - d. The authorization may either be issued directly to the Center when the audiologist at the Center is dispensing the aid or to a hearing aid dispenser working in conjunction with the authorized Center's audiologist.
 - 3. There shall be a separate authorization for the following when requested and determined medically necessary.
 - a. Other communication devices
 - b. Aural rehabilitation that is time limited and is for a defined quantity of services.
 - c. Speech/language therapy that is time limited and is for a defined quantity of services.
- B. An otolaryngologic evaluation by a CCS-paneled ENT. In the event that a child does not have access to an ENT in his/her community, alternatively a pediatrician or primary care physician may be authorized to perform this service.
- C. A complete evaluation by a CCS-paneled ophthalmologist.
- D. A "medical home" to provide ongoing care in the community for health problems that have an impact on the hearing loss, such as otitis media.

If you have any questions regarding this policy, please contact your Regional Office.



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