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

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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

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.

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.

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Enclosure