

**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 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 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.
  - a. Initial certification shall be conducted upon change in hearing screening services (to or from Vendors) within 90 days of change.

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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. Screening method shall be the same for both ears.
- b. **Facilities must ensure that infants who refer from automated auditory brainstem response are not**

**rescreened with otoacoustic emissions as either an inpatient or an outpatient.**

- c. 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.
- d. Use of screening equipment shall be in accordance with manufacturer's protocols and stated norms.
- e. 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 c. above.
- f. Equipment and all related components 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.
- g. Disposable components of the equipment shall not be reused.
- h. 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

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audiologist verifying concurrence with the hospital's program.

- c. The hospital shall provide hearing screening to all infants born in the facility and/or receiving services in a neonatal unit.
- d. The hospital shall have parents sign the Newborn Hearing Screening Program waiver form 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 both ears of a newborn prior to discharge if the newborn does not pass the initial hearing screening test in either ear. If newborn refers on the final screening, an outpatient re-screen appointment must be scheduled. **Facilities must ensure that infants who refer from automated auditory brainstem response are not rescreened with otoacoustic emissions.**
- 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 explaining 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.
  - 1) If the inpatient infant hearing screening was completed with auditory brainstem response technology the hospital must ensure that the infant is referred to an Outpatient Infant Hearing Screening Provider who utilizes auditory brainstem response technology. Otoacoustic emission screening following a refer result using auditory brainstem

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response may fail to identify auditory neuropathy/dys-synchrony.

- 2) 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 and reported to DHCS, or its designee.
- i. For infants discharged before hearing screening was performed 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 both ears of an infant prior to discharge if the infant does not pass the initial hearing screening in either ear. If newborn/infant refers on the final screening, an outpatient re-screen appointment must be scheduled.
    - 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, the 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

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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 and reported to DHCS, or its designee.

- 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 or microtia of the pinna shall be referred to the CCS program for authorization of diagnostic services in lieu of inpatient screening. Simultaneously a referral to the Early Start Program (1-866-505-9388) should be made for infants with atresia.
- 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 and reported to DHCS, or its designee.
- 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 Service Authorization Request (SAR) form, hearing screening results and supporting documents to the appropriate county CCS program. The referral shall be documented in the infant's medical record and reported to DHCS, or its designee.
- 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 provides newborn hearing screening program services to pregnant women and newborns.
- l. The hospital shall distribute written information regarding the value and availability of the newborn hearing screening program to parents and families during the prenatal period, at a minimum through hospital-sponsored childbirth education classes and preadmission orientation. The hospital shall use DHCS developed brochures or equivalent materials that have been approved by the CMS Branch or its designee.
- m. The hospital shall participate in semi-annual meetings, facilitated by the Hearing Coordination Center, with other inpatient hearing screening providers in its geographic service area.
4. Care Coordination/Referral
- a. Prior to the infant's discharge, the hospital shall provide written information to parents on the results of the hearing screening and any scheduled follow-up appointment. The hospital shall use DHCS developed brochures, or equivalent materials that have been approved by the CMS Branch, or its designee.

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- b. The hospital shall notify each infant's primary care provider in writing of the results of the hearing screening.
- c. If an infant requires an outpatient hearing re-screen, an outpatient initial hearing screening, or an outpatient diagnostic audiological evaluation, the appointment place, date and time shall also be forwarded to the infant's primary care provider in writing.
- d. If an infant requires an outpatient hearing re-screen or an outpatient initial hearing screening, the hospital shall fax a notification to the outpatient screening provider.
- e. If an infant requires an outpatient diagnostic audiological evaluation, the hospital shall fax or mail notification to the diagnostic audiology provider.
- f. If the parents waive the hearing screening, notification shall be forwarded to the infant's primary care provider in writing.

#### 5. Reporting Requirements

Each hospital certified as an Inpatient Infant Hearing Screening Provider shall report to DHCS, or its designee, data on all infants receiving neonatal services, in a format and frequency specified by DHCS or designee.

The following information is required:

##### **a. Pass**

- 1.) Medical Record Number
- 2.) Name
- 3.) Date of Birth
- 4.) Gender
- 5.) Ethnicity
- 6.) Race
- 7.) Acuity
- 8.) Mother's Education

##### **b. Refer or Missed**

- 1.) Medical Record Number
- 2.) Name
- 3.) Date of Birth
- 4.) Gender
- 5.) Ethnicity
- 6.) Race
- 7.) Acuity
- 8.) Mother's Education
- 9.) Mother's information
- 10.) Legal Guardian Information
- 11.) Second Contact

- 12.) PCP
- 13.) Outpatient Appointment

**c. Transfer**

- 1.) Medical Record Number
- 2.) Name
- 3.) Date of Birth
- 4.) Gender
- 5.) Ethnicity
- 6.) Race
- 7.) Acuity
- 8.) Mother's Education
- 9.) Mothers Information

**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 and no less than a 1% refer rate.**

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- b.) If OAE screening equipment is used, there is **no greater than a 10% refer rate and no less than a 1% refer rate.**
  
- c.) If a combination of hearing screening equipment is used, there is **no greater than a 5% refer rate and no less than a 1% refer rate.**

- b. The hospital shall have policies and procedures to address variations outside the parameters identified in the Quality Assurance Activities Section.

**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 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.
  
- C, For assistance in resolving policy or program matters related to the NHSP or in completing claims for hearing screening for uninsured children, providers should contact the California NHSP at 1-916-322-5794 or toll-free at 1-877-388-5301

\*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 and Hearing Aid Dispensers Board (SLPAHADB) 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 SLPAHADB as specified in Business and Professions Code, Section 2532.2(d) or Section 2532.25(b)(2).

**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.