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Department of Health Services



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

SUBJECT: THE NEWBORN HEARING SCREENING PROGRAM (NHSP)
ALTERNATIVE NEONATAL INTENSIVE CARE UNIT (NICU) PROTOCOL

In response to the statewide concern regarding the diminishing availability of audiology services for CCS children, the CMS Branch has implemented an alternative NICU protocol. Under specified conditions, this protocol permits the re-screening of NICU infants who do not pass the initial screening rather than require a complete audiology diagnostic evaluation. Where implemented, this protocol will decrease the number of requests for diagnostic evaluations, shorten the length of time for diagnostic appointments, and therefore reduce the demand for audiology services.

The alternative NICU protocol, disseminated to certified inpatient and outpatient infant hearing screening providers and CCS approved audiology facilities, is attached for your information.

We appreciate the support you provide to the NHSP. If you have any questions regarding this matter, please contact V. David Banda, Chief, Hearing and Audiology Services Unit, at 916-323-8091 or at vbanda@dhs.ca.gov.

Sincerely,

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

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

ALTERNATIVE PROTOCOL FOR THE DIAGNOSTIC EVALUATION OF INFANTS WHO DO NOT PASS NICU HEARING SCREENING

California Newborn Hearing Screening Program (NHSP) standards require that infants in the neonatal intensive care unit (NICU) who do not pass hearing screening be referred for a diagnostic evaluation, not an outpatient hearing re-screening. The rationale for this policy is that infants who require NICU care tend to be older when they are screened, thereby eliminating most of the birth-related mechanical reasons for not passing the screening. In addition, infants who require NICU care are known to be at elevated risk for hearing loss (a “refer” result will have greater predictive value).

With the increased number of hospitals and infants participating in the NHSP, appropriate pediatric audiology services around the state are being significantly impacted. The increased need for infant diagnostic assessments has resulted in long delays for appointments and delayed diagnosis of hearing loss for both well-born babies and NICU infants. In response to the current need to alleviate the prolonged wait for appointments and diagnosis in our California Children’s Services (CCS) approved pediatric audiology facilities, known as Communication Disorder Centers (CDC), the NHSP is revising its standards to allow infants who refer on their inpatient screening in the NICU to receive an outpatient hearing re-screening. In areas where diagnostic audiology appointments are available within 60 days of the date of discharge home, Inpatient Infant Hearing Screening Providers may follow the original program standards to refer NICU infants directly for a diagnostic evaluation or may follow the alternative policy outlined below.

I. Program Objectives:

- A. Quickly and efficiently identify NICU infants in need of diagnostic audiology services.
- B. Shorten the waiting period for a diagnostic appointment for infants.
- C. Rule out hearing loss more rapidly in NICU infants, reducing the stress of uncertainty for families.
- D. Conserve limited audiology services for those infants most likely to have a hearing loss.
- E. Ensure, through infant tracking and monitoring and effective coordination between providers, that infants who do not pass re-screening are quickly linked with an appropriate CCS-approved CDC or equivalent audiology facility.

II. Policy

- A. In areas of the state where diagnostic audiologic services are not impacted, an NHSP inpatient provider may choose to maintain the original inpatient provider standard protocol for NICU infants who do not pass the screening by referring them directly to diagnostic services. Under the original standards, the inpatient provider shall:

1. Make a referral to a CCS-approved Type C CDC or equivalent facility approved by the infant's insurance for a diagnostic audiologic assessment.
 2. Assist the family in completing the CCS Program Application.
 3. Fax the application together with the completed Request for Service Form and the hearing screening results to the appropriate county CCS Program to request an infant diagnostic audiologic assessment.
- B. To achieve the Program Objectives outlined above, in areas where diagnostic evaluation appointments are not available within 60 days, an NHSP Inpatient Infant Hearing Screening Provider may elect to adopt the following policy for NICU infants who do not pass the inpatient hearing screening:
1. Schedule an outpatient infant hearing re-screening appointment with an NHSP-certified Outpatient Infant Hearing Screening provider prior to discharge home. The appointment date must be **no later than 30 days** after discharge.
 2. Because of the elevated risk of auditory neuropathy/dys-synchrony in this population, schedule 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 for a complete diagnostic evaluation.** See Section A1-A3 for inpatient provider actions required for an infant who needs a diagnostic evaluation.
 3. Only refer infants to Outpatient Infant Hearing Screening Providers that are also a CCS-approved Type CDC or have an effective referral relationship with a Type C CDC and that are capable of expediting the referral to comprehensive diagnostic evaluation.
 4. A physician may make a determination that an infant requires a complete the diagnostic evaluation instead of an outpatient re-screening.
 5. Any infant with unilateral or bilateral atresia of the external auditory canal shall be referred to the CCS Program for authorization of diagnostic services for hearing loss.
- C. Hospitals adopting the alternative NICU protocol must meet the following requirements:
1. Incorporate all required procedures into the hospital's written NHSP policies and procedures.
 2. Identify and collaborate with outpatient infant hearing screening and audiology providers that will support the hospitals alternative NICU protocol and deliver services in accordance with the requirements specified herein.
 3. Submit revised policies and procedures for review and approval to the appropriate Hearing Coordination Center (HCC) before initiating
 4. Submit timely and complete NICU refer results and outpatient re-screening appointment information to the HCC on the required State reporting form.

5. Develop and maintain a quality assurance system to review staff and hospital performance in adhering to the above requirements and protocols and in achieving the stated objectives.

As for all infants/families participating in the California NHSP, families of NICU infants who pass outpatient re-screening shall be provided approved educational materials that explain the test result and hearing milestones (Ages and Stages). The Outpatient Hearing Screening Provider shall forward the test results to the infant's primary care provider and counsel the family to communicate with the infant's primary care provider if they have future concerns regarding their infant's hearing.

Because parents often find that it is most convenient to return for outpatient follow up screening to the facility where their child was born or received care, hospitals with ABR screening equipment are strongly encouraged to become outpatient infant hearing screening providers if not already providing this service. The Outpatient Infant Hearing Screening Provider Standards and application form are available via the NHSP website at www.dhs.ca.gov/nhsp (click on Provider Resources in the left menu).