



DAVID MAXWELL-JOLLY  
Director

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



ARNOLD SCHWARZENEGGER  
Governor

July 7, 2009

TO: INPATIENT INFANT HEARING SCREENING PROVIDERS AND  
CALIFORNIA CHILDREN'S SERVICES (CCS) APPROVED  
COMMUNICATION DISORDERS CENTERS

SUBJECT: AUDIOLOGIC EVALUATIONS FOR NEWBORN HEARING SCREENING  
INFANTS WHO ARE OR WILL BE FOLLOWED THROUGH A  
CRANIOFACIAL ANOMALIES CLINIC

The Newborn Hearing Screening Program (NHSP) was established in California in 2000 with the primary purpose of identifying hearing loss in infants by three months of age and assuring that those infants are enrolled in Early Intervention Services by six months of age. These goals are in place to provide infants with hearing loss access to speech and language as early as possible to minimize developmental delays. Diagnostic audiologic evaluations for infants are far different than for older children who are able to actively participate in the assessment. The California Infant Assessment Guidelines along with positions statements and standard of practice documents from organizations such as the Joint Committee on Infant Hearing, the American Academy of Audiology and the American Speech-Language-Hearing Association all agree that the infant audiologic assessment must include ear specific, frequency specific auditory brainstem response evaluation along with otoacoustic emission testing and a measure of middle ear function, specifically through bone conduction testing.

The NHSP has noted an emerging trend in diagnostic evaluations on babies who are being followed by or referred to Craniofacial Anomalies Clinics (CFA). Initial audiologic referrals are being delayed or evaluations that require more than one visit are not being completed because the baby is followed by CFA clinic where it is presumed the baby will receive an audiologic assessment.

It is the policy of the Department of Health Care Services; Children's Medical Services Branch that any infant referred for a diagnostic evaluation through the NHSP shall be referred to a CCS-approved Type C Communication Disorder Center (CDC) or equivalent approved by the infant's insurance. The evaluation is to be completed in a manner that is consistent with the standard of practice for pediatric audiologic evaluations and shall be completed within the time frame described within the NHSP goals (by three months of age) or as near to those as possible. Early intervention services, whether in the form of amplification, speech stimulation, and/or language acquisition, should commence as early as possible.

INPATIENT INFANT HEARING SCREENING PROVIDERS AND CALIFORNIA  
CHILDREN'S SERVICES (CCS) APPROVED COMMUNICATION DISORDERS CENTERS  
Page 2  
July 7, 2009

This also applies to infants whose condition is temporary pending completion of surgical correction. Infant audiologic assessment should not be delayed due to the infant's relationship with the CFA clinic.

If you have any questions regarding this or any other NHSP policies, please contact Katherine Neto, Chief, Hearing and Audiology Services Unit at 916-323-8091 or [katherine.neto@dhcs.ca.gov](mailto:katherine.neto@dhcs.ca.gov)

Thank you for your continued care of California's children.

Sincerely,

**ORIGINAL SIGNED BY LUIS RICO, ACTING CHIEF**

Luis Rico, Acting Chief  
Children's Medical Services Branch