

1504: HEARING PROCEDURES AND PROTOCOLS

Hearing/middle-ear screening is a screening only and not a complete assessment of hearing sensitivity. Not passing a screening does not necessarily indicate a hearing loss but rather is an indication of the need for an in-depth audiologic evaluation.

Evaluation Procedures

Infants and toddlers being evaluated for the early intervention program will be screened for hearing as part of the evaluation process. Passing newborn hearing results (for children 6 months or younger), or a documented hearing screening completed within 6 months of the evaluation can be used as screening results. Family must provide an electronic or hard copy of the results. SoonerStart cannot accept parent report of a passed hearing evaluation.

Hearing Evaluation Documentation

Hearing screening results are to be completed and reported on the Pediatric Middle Ear/Hearing Screening Form (OSDH Form No. 331-I, Appendix P). The original is uploaded into EdPlan and may be filed in the child's hard chart, if desired. The copy is given to the parent/caregiver.

Results of the hearing screening performed as part of the eligibility process, or documented hearing screening performed in the last six months, will be entered in EdPlan by clicking the EVALUATION tab under SoonerStart Eligibility Process and entering the date of the evaluation, who performed the evaluation, and the results, in the section labeled "Vision and Hearing Evaluation Information". This box should not be left blank at the conclusion of the Evaluation. If hearing cannot be completed during the evaluation, a plan to follow-up should be documented.

Children that do NOT qualify for SoonerStart services

If the child does not qualify for SoonerStart services based on test scores, two attempts will be made to screen the child during the evaluation process. If a valid hearing screening cannot be achieved, due to noise, behavioral issues or other environmental or equipment factors, and the family and evaluators have no concerns, the child should be referred to the local Guidance Program or their physician for screening or follow-up and the chart should be closed in the SoonerStart EdPlan database. If the family or evaluators have documented concerns or reasons to suspect a hearing loss, the child can be referred to a SoonerStart contracted Audiologist and the chart should be closed in the SoonerStart EdPlan database. Documentation of a plan to refer should be entered in the "Recommendation and other Community Resources Available" section on the MECATS.

If a hearing loss is detected by the Audiologist, a new referral will be made back to SoonerStart due to an auto qualifying condition.

Contract Audiologists

Hearts for Hearing
3525 NW 56th St.Bldg. A #150
Oklahoma City, OK
405-548-4300

Allergy Ear Nose and Throat Institute
4920 SE Lee Blvd.
Lawton, OK 73505
580-547-4065

Otologic Medical Clinic
3400 NW 56th Street
Oklahoma City, OK
405-946-5563

Hedges Regional Speech and Hearing Center
2615 E. Randolph Ave.
Enid, OK 73701
580-234-3734

Sedated ABR

It may be determined by the Audiologist that the child will need a sedated ABR in order to get a valid screening. SoonerStart will ONLY pay for the ABR or other hearing screening tools used. SoonerStart does NOT pay for the medication used to sedate the child for the procedure. It is the responsibility of the Audiologist to bill private insurance or Medicaid for the sedation medication. The Audiologist is given this information as a part of their contract.

Hearing Screenings For Children Eligible for SoonerStart Services

If an attempt to perform hearing screenings during the evaluation process is unsuccessful for a child who qualifies for SoonerStart services, an OAE should be attempted during a child's nap time prior to an audiological referral. Two OAE attempts must be completed before an audiological referral can be made. Tympanometry can be used if the equipment is available.

The chart below outlines the procedures for children who are eligible for SoonerStart services.

RECOMMENDATION CRITERIA FOR CHILDREN ELIGIBLE FOR SERVICES		
Tympanometry	OAE or ABR	Recommendations
pass	pass	rescreen annually; "at risk" rescreen every 6 months
pass	refer	refer to Audiologist
refer	refer	refer to physician, rescreen in 4-6 weeks. After physician visit and ears are clear, if rescreen continues to refer, refer to Audiologist.
refer	pass	refer to physician

At risk factors

- Family history of hearing loss
- Did not pass newborn hearing screening
- Placed in the NICU
- Identified as at-risk for hearing loss by the Newborn Hearing Screening Program
- Recurrent history of otitis media (ear infections)

- Congenital infections suspected (neonatal herpes, CMV, syphilis, rubella, toxoplasmosis)
- History of frequent colds, adenoiditis, tonsillitis, or allergies
- Craniofacial anomalies (cleft lip and/or palate, pinna/ear canal abnormality, hydrocephalus)
- Serum bilirubin level >15 mg.dl
- Infant exchange transfusion
- Down Syndrome
- Speech/language communication difficulties
- Difficulty following age appropriate oral directions
- Inconsistent inattentive auditory behavior
- Native Americans

Hearing screenings completed outside of the evaluation process should be documented on the OSDH Pediatric Middle Ear/Hearing Screening Form (POSDH Form 331-I, Appendix P). The original is uploaded into EdPlan and may be filed in the child's hard chart, if desired. The copy is given to the parent/caregiver. Documentation on EdPlan must be completed in the "Hearing" section of the IFSP Present Levels of Development page. Save the page but do not re-finalize the IFSP document. Documentation on each hearing attempt and completion should be entered on the Present Levels of Development page.

Newborn Hearing Screening Program

SoonerStart, along with all other entities administering hearing screening for the birth to three populations, is mandated by Oklahoma statute (Act 63-1-543) to report follow-up hearing results to the Newborn Hearing Screening Program as part of their annual data report to the Center for Disease Control and Prevention to determine babies "Loss to Follow-up/Loss to Documentation".

Parental Consent should be obtained to report hearing screening results to the Newborn Hearing Screening Program (NBHS) for all children "at risk" for hearing loss (see list above). The **SoonerStart Hearing Screening Form 331I (Appendix P)** or the **NBHS Reporting Form, (Appendix Q)** is to be completed and mailed or faxed as soon as possible to the address below. The form should also be uploaded to the child's record in EdPlan.

Newborn Hearing Screening Program
Oklahoma State Department of Health
1000 NE 10th Street
Oklahoma City, OK 73117
(405) 271-4892 fax

Protocol for Deaf and Hard of Hearing Consultants

The role of the SoonerStart Deaf and Hard of Hearing Consultant (DHH) is to support the Primary Service Provider (PSP). Visits with the DHH Consultant and the PSP, including contract providers, should occur concurrently. Scheduling will require flexibility with the DHH Consultant.

Joint Commission on Infant Hearing (JCIH) recommend the following:

- All children who are D/HH, birth to 3 years old and their families have EI providers who have the professional qualifications and core knowledge and skills to optimize the child's development and child/family well-being.
- Intervention services to teach American Sign Language (ASL) will be provided by professionals who have native or fluent skills and are trained to teach parents/families and young children.
- Intervention services to develop listening and spoken language will be provided by professionals who have specialized skills and knowledge.

Each Sooner Start site has a selected service provider(s) as the Deaf and Hard of Hearing Point of Contact (POC). This provider should be the primary service provider (PSP) for children with hearing loss. Providers that are SKI HI trained should also be the PSP for a child with hearing loss.

For consultative visit with the DHH Consultant, if there are several clients in an area, it will be more time effective to have the families come to the nearest County Health Department or SoonerStart office for visits with the Consultant. This will reduce driving time for the DHH Consultant and give the Consultant more opportunity to see more clients. The Consultant will set up a schedule with the Service Provider and Resource Coordinator to reserve a room for the visits and the family can be reimbursed for mileage as necessary.

For families who are seeking Auditory Verbal Therapy services (AVT), this will need to be staffed with the DHH Consultant in the area to determine service provision. The team will need to consider the availability of Listening and Spoken Language (LSL) services offered by Sooner Start providers first, before accessing outside contract services for AVT. Families may have to travel to SoonerStart offices where LSL providers are located for services. Families will be offered mileage reimbursement for travel to a SoonerStart office for this service. SoonerStart has one certified LSL provider on staff: Petra Teel, LSLS Cert. AVT in Tulsa County.

Note –The DHH Consultant may be assigned to a child as an ongoing or consultative IFSP provider but they may not serve as the child's Primary Service Provider.

DHH Consultant(s)

Petra Teel

Tulsa Co. SoonerStart

(405) 918-835-8691