Kentucky's Journey to Mandating Audiology Reporting and Reducing Loss to Follow-Up

Clinical and Augmentative Services Division
Commission for Children with Special Health Care Needs

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EHDI History in Kentucky

- **1986** HB 404—established the Hearing High Risk Registry—administered by CCSHCN
- **2000** HB 706—established Universal Newborn Hearing Screening Mandate—Part of KIDS NOW Early Childhood Initiative
  - Funded in part by Tobacco Settlement $$
  - Funded also by HRSA-MCHB and CDC grants
  - All hospitals with 40+ births per year
  - Established data collection and tracking guidelines
- **2009** HB 5—established mandatory reporting of audiology diagnostics for age 0-3

Fiscal Year July 1, 2008-June 30,2009

	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	YTD
# referred on all risk factors (including not tested)	2191	1965	1721	1788	7665
# not tested	58	54	61	51	224
# of infants screened	2133	1911	1660	1737	7441
# referred on one or both ears	726	604	500	524	2354
# receiving follow-up testing*	1256	1288	1330	1221	5095
# of follow-up tests reported**	621	647	623	602	2493
# identified with permanent childhood hearing loss	4	6	4	2	16
(Born, Screened and Identified with PCHL in Qtr)					
*Total entered into the EHDI database during this period, not all tested during this period					
**Total reported to EHDI during this period					

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House Bill 5

Voluntary Mandatory Audiology Reporting

Anne Swinford, Director of Clinical and Augmentative Services, CCSHCN

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House Bill 5

Two things you never want to see being made:

1. Sausage
2. Legislation!!!!!

HB 5 was a perfect example of that

"Follow Up" Legislation time line

7/08	EHDI Advisory Board recommends mandated follow up reporting
8 & 9/08	Kisler & Swinford draft a legislative proposal
10/08	Swinford presents to CHFS Cabinet Secretary Miller – becomes a Cabinet signature proposal; sent to Governor
12/08	Proposed EHDI legislation is selected as a part of the Governor's legislative package
12/08	Decision to have companion bills House & Senate - sponsors arranged
1/6/09	Session begins: HB 5 introduced
1/8	HB 5 to (H) Health & Welfare Committee
2/5 to full	Kisler & Swinford testify at (H) Health & Welfare; bill passes & sent House
2/12	HB 5 passes 98 – 0 in House
2/13	HB 5 sent to Senate; SB 160 introduced in Senate and sent to (S) H & W
2/23	HB 5 sent to (S) Health & Welfare
3/3	SB 160 – Kisler & Swinford testify in (S) H & W – problems with wording
3/6	SB 160 passes Health & Welfare and goes to full Senate

Time Line continues…

3/10 HB 5 passes (S) Health & Welfare

3/10 SB 160 passes Senate 38 – 0; sent to House

3/11 SB 160 sent to (H) Health & Welfare

3/12 SB 160 passes (H) Health & Welfare – sent to Rules – where it sits….

3/13 HB 5 posted in Senate "Consent Orders for the Day"; but then removed to "Regular Orders"

3/14-25 NO action on either bill – Politics all over the place!

3/26 LAST DAY OF THE SESSION

with help from our Partners in the KY Commission for Deaf & Hard of Hearing; & a "white knight-Senator" HB – 5 sent back to (S) Health & Welfare

(we agree to make wording changes that were in SB 160 in next legislative session)

HB 5 passes (S) H & W; goes to (S) Rules; then to (S) Regular Orders of the Day

5 pm 3/26 – HB 5 passes the Senate 36 – 0; then sent to House; both House & Senate leaders sign off and deliver it to the Governor

3/27 HB 5 Signed by the Governor !!!!

Next Step: REGULATIONS

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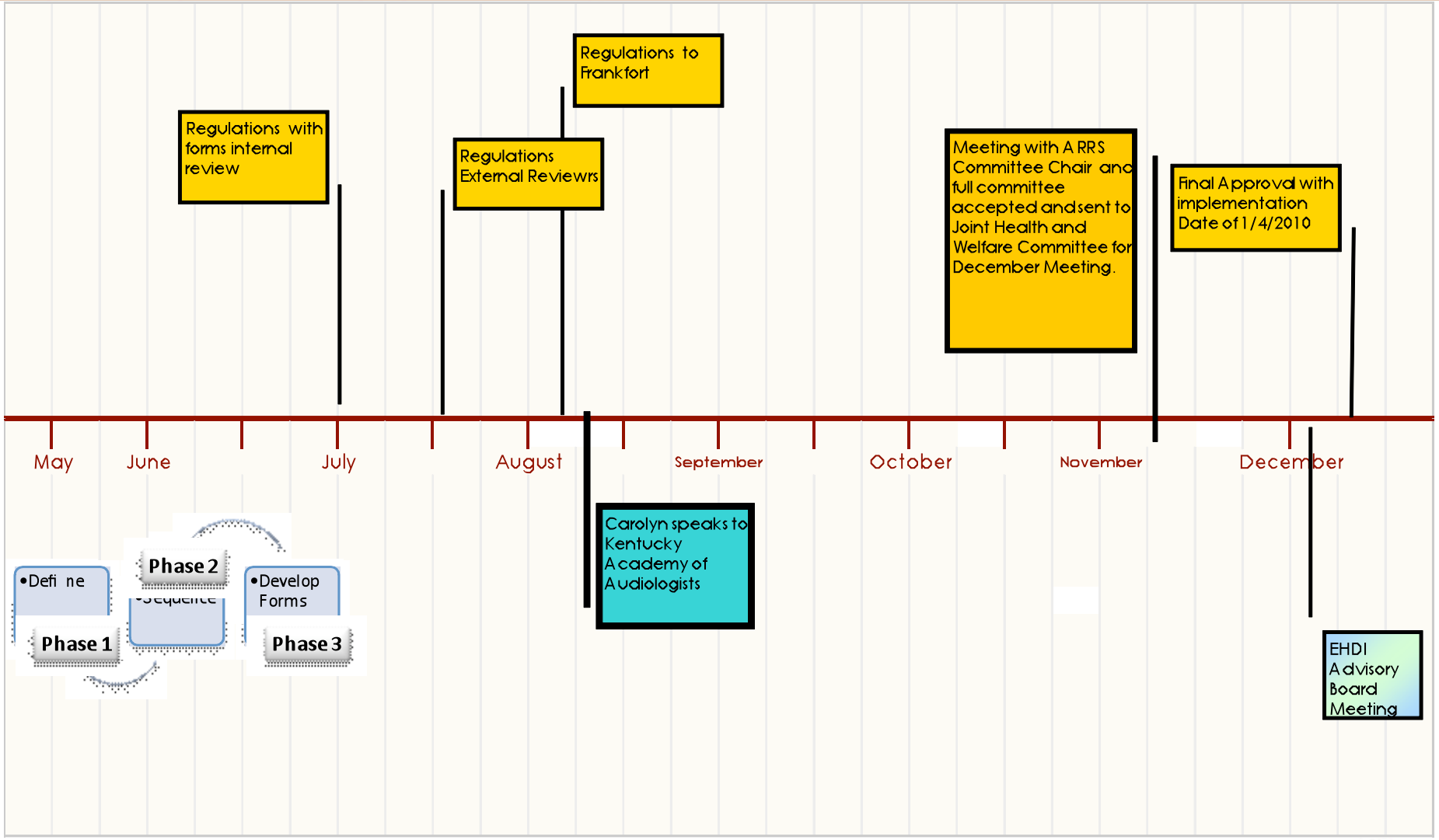
Regulations for Implementation of HB 5

N. Carolyn Kisler, Audiology-EHDI Branch Manager, CCSHCN

The Development and Pathway



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Regulations for HB 5

- Regulate (transitive verb)
  - To control or direct according to rule, principle, or law.
  - To adjust to a particular specification or requirement.
  - To adjust for accurate and proper functioning.
  - To put or maintain in order.

- Regulations do not repeat the Statute.

- Regulations define and direct the how to meet the requirements of the Statute.

911 KAR 1:085. Early Hearing Detection and Intervention Program

- Established 2 Levels of Approved Infant Audiology Assessment Centers
- Established Application Process
- Established Guidelines for Publication of Approved List
- Established Process for Removal from the list
- Established Guidelines for Center Updates
- Established Reporting Requirements
- Established Appeal Rights

Core Elements for Both Level 1 and Level 2 Centers

- Employ at least one (1) audiologist who:
  - Is currently licensed in Kentucky
  - Has experience testing children in the age range newborn to three (3) years; and
  - Performs all evaluations; or
  - Directly supervises audiology externs performing evaluations;
- Annually calibrate all measuring and testing equipment; and
- Submit a complete application and assurance packet in accordance with Section 3 of this administrative regulation

Level 1 Centers

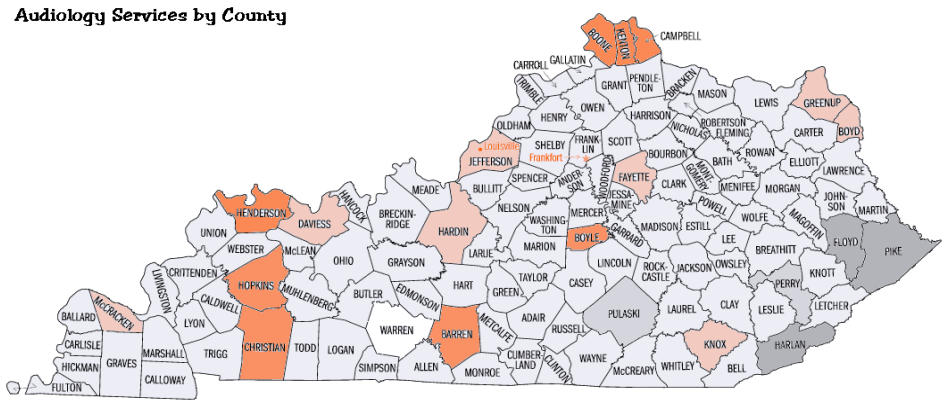
- Possess the capacity to complete the following tests:
  - Otoscopy
  - Tympanometry;
  - Ipsilateral acoustic reflex measurement;
  - Contralateral acoustic reflex measurement;
  - Ear-specific behavioral observation audiometry;
  - Speech awareness threshold;
  - Speech recognition or reception threshold;
  - Play audiometry; and
  - Either: Otoacoustic emissions with diagnostic or screening capabilities; or ABR screening with threshold information;

Level 2 Centers

- Meet all the requirements of Level 1 Center and Possess the capacity to complete:
  - Otoacoustic emissions with diagnostic or screening capabilities;
  - Frequency-specific ABR
  - Bone conduction ABR; and
  - Real ear measures.

Approved Infant Audiology Assessment Centers in Kentucky as of 2-18-10

- **Level 1 Centers**
  - **10 Private Centers**
  - **3 CCSHCN**
  - **(Title V) Centers**



- **Level 2 Centers**
  - **11 Private Centers**
  - **9 CCSHCN (Title V) Centers**

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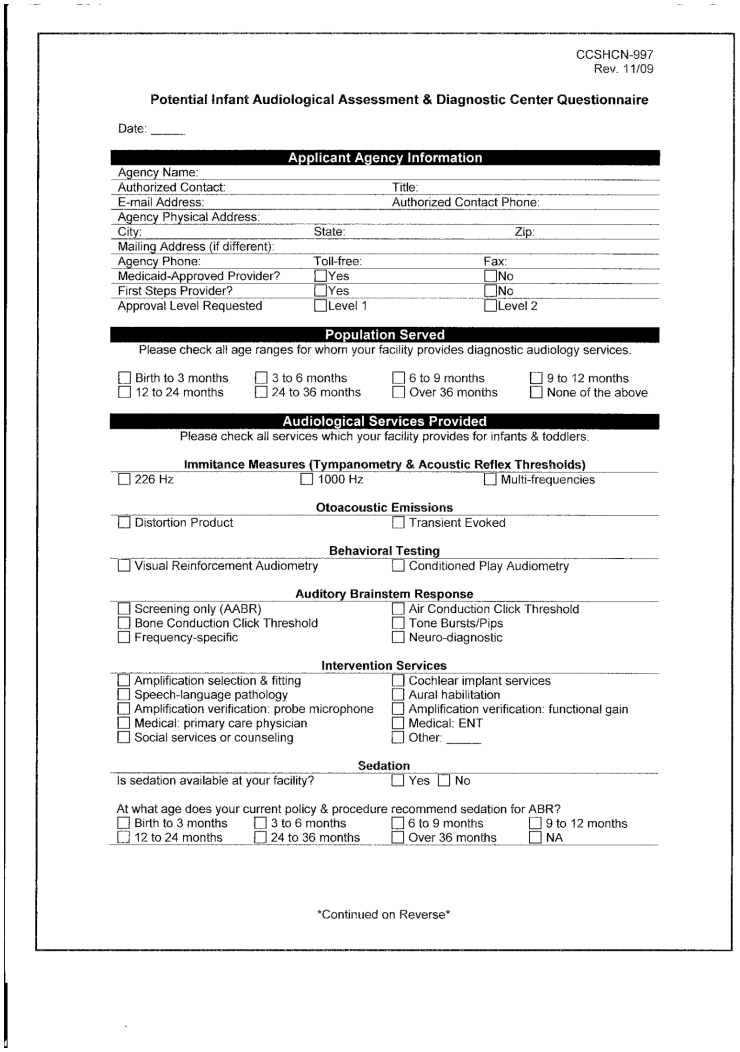
Potential Infant Audiological Assessment & Diagnostic Center Questionnaire



CCSHCN-997
Rev. 11/09

Potential Infant Audiological Assessment & Diagnostic Center Questionnaire

Date: _____

Applicant Agency Information

Agency Name:		
Authorized Contact:	Title:	
E-mail Address:	Authorized Contact Phone:	
Agency Physical Address:		
City:	State:	Zip:
Mailing Address (if different):		
Agency Phone:	Toll-free:	Fax:
Medicaid-Approved Provider?	☐ Yes	☐ No
First Steps Provider?	☐ Yes	☐ No
Approval Level Requested	☐ Level 1	☐ Level 2

Population Served

Please check all age ranges for whom your facility provides diagnostic audiology services.

☐ Birth to 3 months ☐ 3 to 6 months ☐ 6 to 9 months ☐ 9 to 12 months
☐ 12 to 24 months ☐ 24 to 36 months ☐ Over 36 months ☐ None of the above

Audiological Services Provided

Please check all services which your facility provides for infants & toddlers.

Immitance Measures (Tympanometry & Acoustic Reflex Thresholds)

☐ 226 Hz ☐ 1000 Hz ☐ Multi-frequencies

Otoacoustic Emissions

☐ Distortion Product ☐ Transient Evoked

Behavioral Testing

☐ Visual Reinforcement Audiometry ☐ Conditioned Play Audiometry

Auditory Brainstem Response

☐ Screening only (AABR) ☐ Air Conduction Click Threshold
☐ Bone Conduction Click Threshold ☐ Tone Bursts/Pips
☐ Frequency-specific ☐ Neuro-diagnostic

Intervention Services

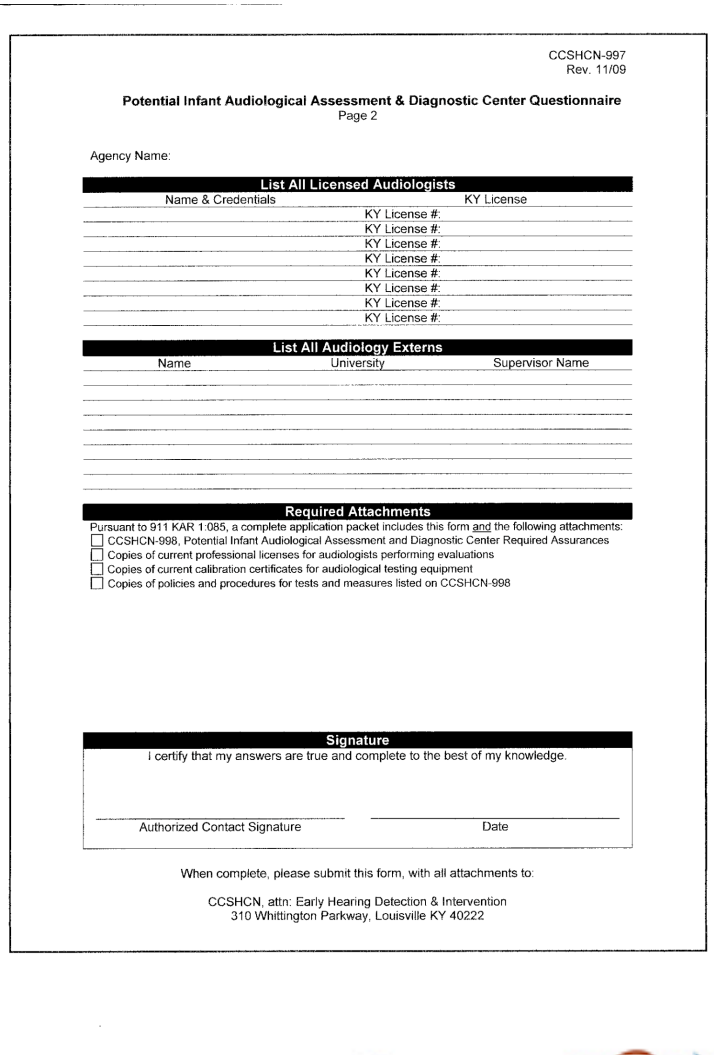
☐ Amplification selection & fitting ☐ Cochlear implant services
☐ Speech-language pathology ☐ Aural habilitation
☐ Amplification verification: probe microphone ☐ Amplification verification: functional gain
☐ Medical: primary care physician ☐ Medical: ENT
☐ Social services or counseling ☐ Other: _____

Sedation

Is sedation available at your facility? ☐ Yes ☐ No

At what age does your current policy & procedure recommend sedation for ABR?
☐ Birth to 3 months ☐ 3 to 6 months ☐ 6 to 9 months ☐ 9 to 12 months
☐ 12 to 24 months ☐ 24 to 36 months ☐ Over 36 months ☐ NA

Continued on Reverse



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Potential Infant Audiological Assessment & Diagnostic Center Questionnaire
Page 2

Agency Name:

List All Licensed Audiologists

Name & Credentials	KY License
	KY License #:
	KY License #:
	KY License #:
	KY License #:
	KY License #:
	KY License #:
	KY License #:
	KY License #:

List All Audiology Externs

Name	University	Supervisor Name

Required Attachments

Pursuant to 911 KAR 1:085, a complete application packet includes this form and the following attachments:
☐ CCSHCN-998, Potential Infant Audiological Assessment and Diagnostic Center Required Assurances
☐ Copies of current professional licenses for audiologists performing evaluations
☐ Copies of current calibration certificates for audiological testing equipment
☐ Copies of policies and procedures for tests and measures listed on CCSHCN-998

Signature

I certify that my answers are true and complete to the best of my knowledge.

_____ _____
Authorized Contact Signature Date

When complete, please submit this form, with all attachments to:

CCSHCN, attn: Early Hearing Detection & Intervention
310 Whittington Parkway, Louisville KY 40222

Cabinet for Health and Family Services

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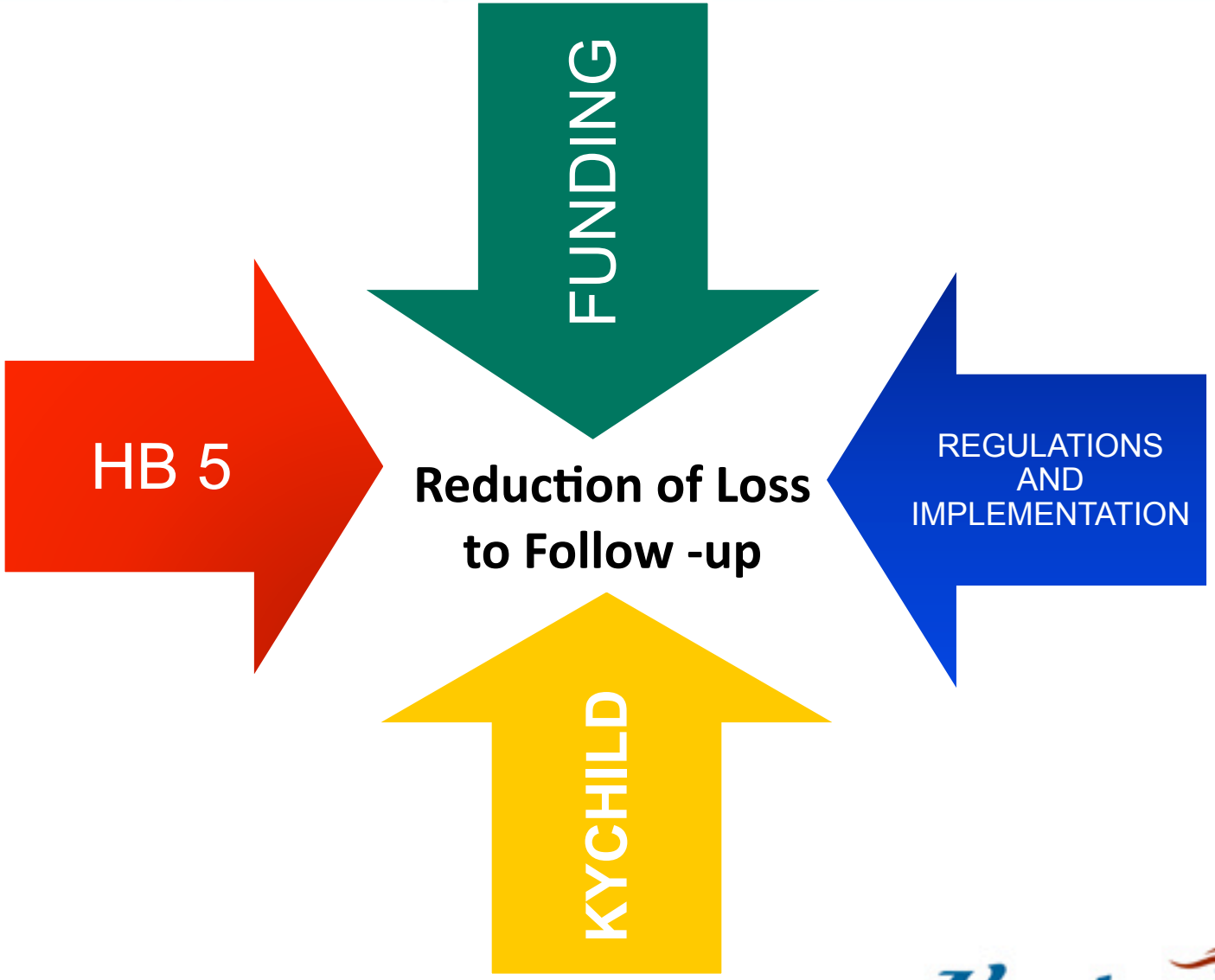
Convergence: Funding, Legislation, Technology, and Programming



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KYCHILD

Electronic Data Submission

N. Carolyn Kisler, Audiology-EHDI Branch Manager, CCSHCN

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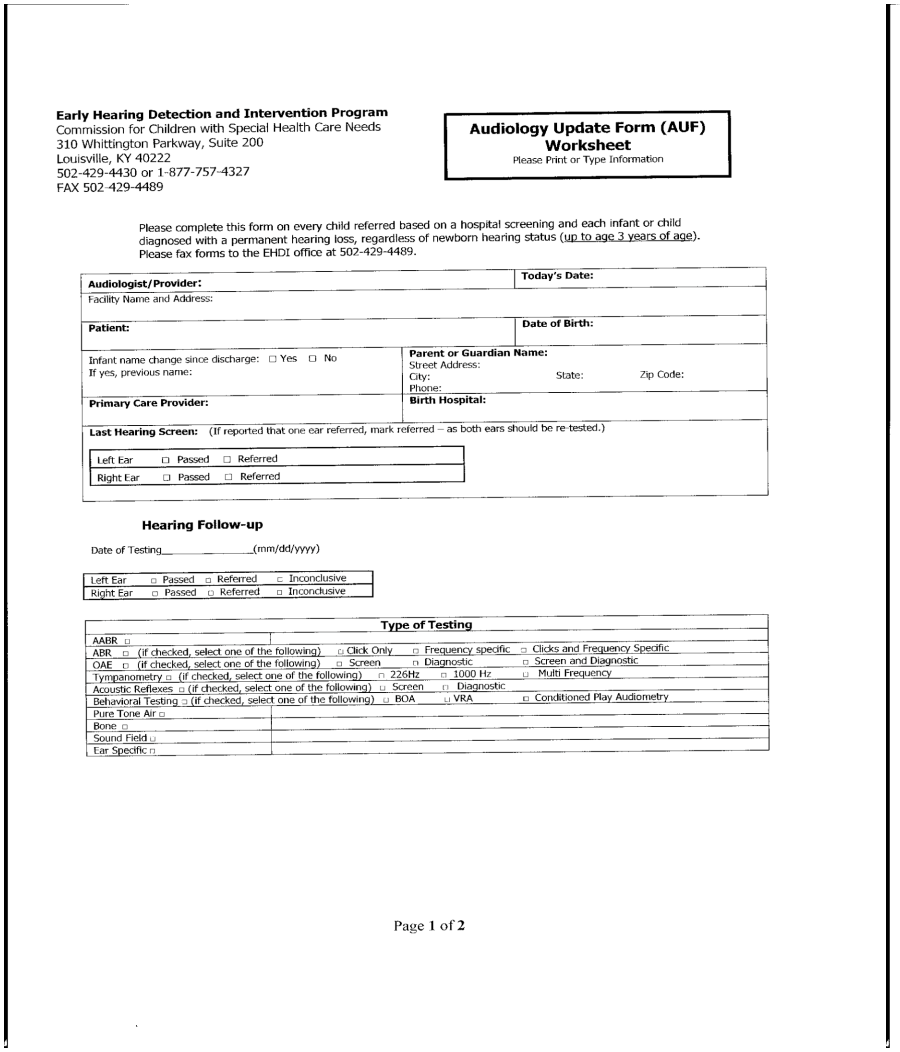
Audiology Reporting KYCHILD

- Web based submission of audiologic diagnostics
- Password protected—Passwords issued to individual audiologists not to centers.
- Data transferred from KYCHILD to Platform
- Downloaded from Platform to CUP—KY EHDI database
- On site Training provided to all approved centers by EHDI staff

Audiology Update Form



Early Hearing Detection and Intervention Program
Commission for Children with Special Health Care Needs
310 Whittington Parkway, Suite 200
Louisville, KY 40222
502-429-4430 or 1-877-757-4327
FAX 502-429-4489

Audiology Update Form (AUF) Worksheet
Please Print or Type Information

Please complete this form on every child referred based on a hospital screening and each infant or child diagnosed with a permanent hearing loss, regardless of newborn hearing status (up to age 3 years of age). Please fax forms to the EHDI office at 502-429-4489.

Audiologist/Provider:	**Today's Date:**
Facility Name and Address:	
Patient:	**Date of Birth:**
Infant name change since discharge: ☐ Yes ☐ No If yes, previous name:	**Parent or Guardian Name:** Street Address: City: State: Zip Code: Phone:
Primary Care Provider:	**Birth Hospital:**

Last Hearing Screen: (If reported that one ear referred, mark referred – as both ears should be re-tested.)

Left Ear	☐ Passed	☐ Referred
Right Ear	☐ Passed	☐ Referred

Hearing Follow-up

Date of Testing_____(mm/dd/yyyy)

Left Ear	☐ Passed	☐ Referred	☐ Inconclusive
Right Ear	☐ Passed	☐ Referred	☐ Inconclusive

Type of Testing	
AABR ☐	
ABR ☐ (if checked, select one of the following) ☐ Click Only ☐ Frequency specific ☐ Clicks and Frequency Specific	
OAE ☐ (if checked, select one of the following) ☐ Screen ☐ Diagnostic ☐ Screen and Diagnostic	
Tympanometry ☐ (if checked, select one of the following) ☐ 226Hz ☐ 1000 Hz ☐ Multi Frequency	
Acoustic Reflexes ☐ (if checked, select one of the following) ☐ Screen ☐ Diagnostic	
Behavioral Testing ☐ (if checked, select one of the following) ☐ BOA ☐ VRA ☐ Conditioned Play Audiometry	
Pure Tone Air ☐	
Bone ☐	
Sound Field ☐	
Ear Specific ☐	

Recommendations and Referrals			
Recommendations Hearing Aids Recommended ☐	☐ Audiological follow-up. (if checked, enter date) (mm/yy)_____ Loaners fit_____ (mm/yy) Personal Amplification Fit _____(mm/yy) Assistive listening device _____(mm/yy) Declined amplification _____ (mm/yy) Cochlear implant _____ (mm/yy)		
Referrals (Replaces medical referrals)	Select all referrals from the Specialty List: ☐ Allergy & Immunology ☐ Anesthesiology ☐ Cardiology ☐ Cardiovascular Surgery ☐ Dermatology ☐ Emergency Medicine ☐ Endocrinology ☐ Endodontia ☐ Family Practice ☐ Gastroenterology ☐ General Practice ☐ Genetics ☐ Hand Surgery ☐ Hematology ☐ Infectious Disease	☐ Internal Medicine ☐ Neonatology ☐ Nephrology ☐ Neurological Surgery ☐ Neurology ☐ Obstetrics/Gynecology ☐ Oncology ☐ Opthalmology ☐ Optometry ☐ Oral Surgery ☐ Orthodontia ☐ Orthopedics ☐ Osteopathic ☐ Otolaryngology ☐ Otorhinolaryngology ☐ Pathology ☐ Pediatrics	☐ Pedodontia ☐ Periodontia ☐ Physiatry ☐ Physical Medicine & Rehab ☐ Plastic Surgery ☐ Podiatry ☐ Prosthodontia ☐ Psychiatry ☐ Psychology ☐ Pulmonary Disease ☐ Radiology ☐ Rheumatology ☐ Surgery ☐ Thoracic Surgery ☐ Urology Other:

Early Intervention (Replaces First Steps)	☐ **Part C (First Steps):** Date Referred _____(mm/yy) ☐ Referred ☐ Not Referred ☐ Currently Enrolled in Services. Date Enrolled _____(mm/yy) ☐ **Other Private/Independent Therapist:** Date Referred _____(mm/yy) ☐ Referred ☐ Not Referred ☐ Currently Enrolled in Services. Date Enrolled _____(mm/yy)	
Permanent Childhood Hearing Loss (PCHL) ☐	**Left Ear** ☐ Normal ☐ Mild (20-40 dB) Sensorineural HL ☐ Mild Conductive HL ☐ Mild Mixed HL ☐ Moderate (40-60 dB) Sensorineural HL ☐ Moderate Conductive HL ☐ Moderate Mixed HL ☐ Severe (60-90) Sensorineural HL ☐ Severe Conductive HL ☐ Severe Mixed HL ☐ Profound (>90dB) Sensorineural HL ☐ Profound Mixed ☐ Auditory Dys-Synchrony ☐ Mild to Moderate Sloping ☐ Mild to Severe Sloping ☐ Mild to Profound Sloping ☐ Moderate to Severe Sloping ☐ Moderate to Profound Sloping ☐ Reverse Sloping ☐ Inconclusive - Testing Completed* ☐ Inconclusive - Unable to Test* ☐ Inconclusive - Sound Field Only* ☐ Inconclusive - Speech Results Only* ☐ Inconclusive - Medical Referral Required	**Right Ear** ☐ Normal ☐ Mild (20-40 dB) Sensorineural HL ☐ Mild Conductive HL ☐ Mild Mixed HL ☐ Moderate (40-60 dB) Sensorineural HL ☐ Moderate Conductive HL ☐ Moderate Mixed HL ☐ Severe (60-90) Sensorineural HL ☐ Severe Conductive HL ☐ Severe Mixed HL ☐ Profound (>90dB) Sensorineural HL ☐ Profound Mixed ☐ Auditory Dys-Synchrony ☐ Mild to Moderate Sloping ☐ Mild to Severe Sloping ☐ Mild to Profound Sloping ☐ Moderate to Severe Sloping ☐ Moderate to Profound Sloping ☐ Reverse Sloping ☐ Inconclusive - Testing Completed* ☐ Inconclusive - Unable to Test* ☐ Inconclusive - Sound Field Only* ☐ Inconclusive - Speech Results Only* ☐ Inconclusive - Medical Referral Required

*Further Testing Required

Signature: _____

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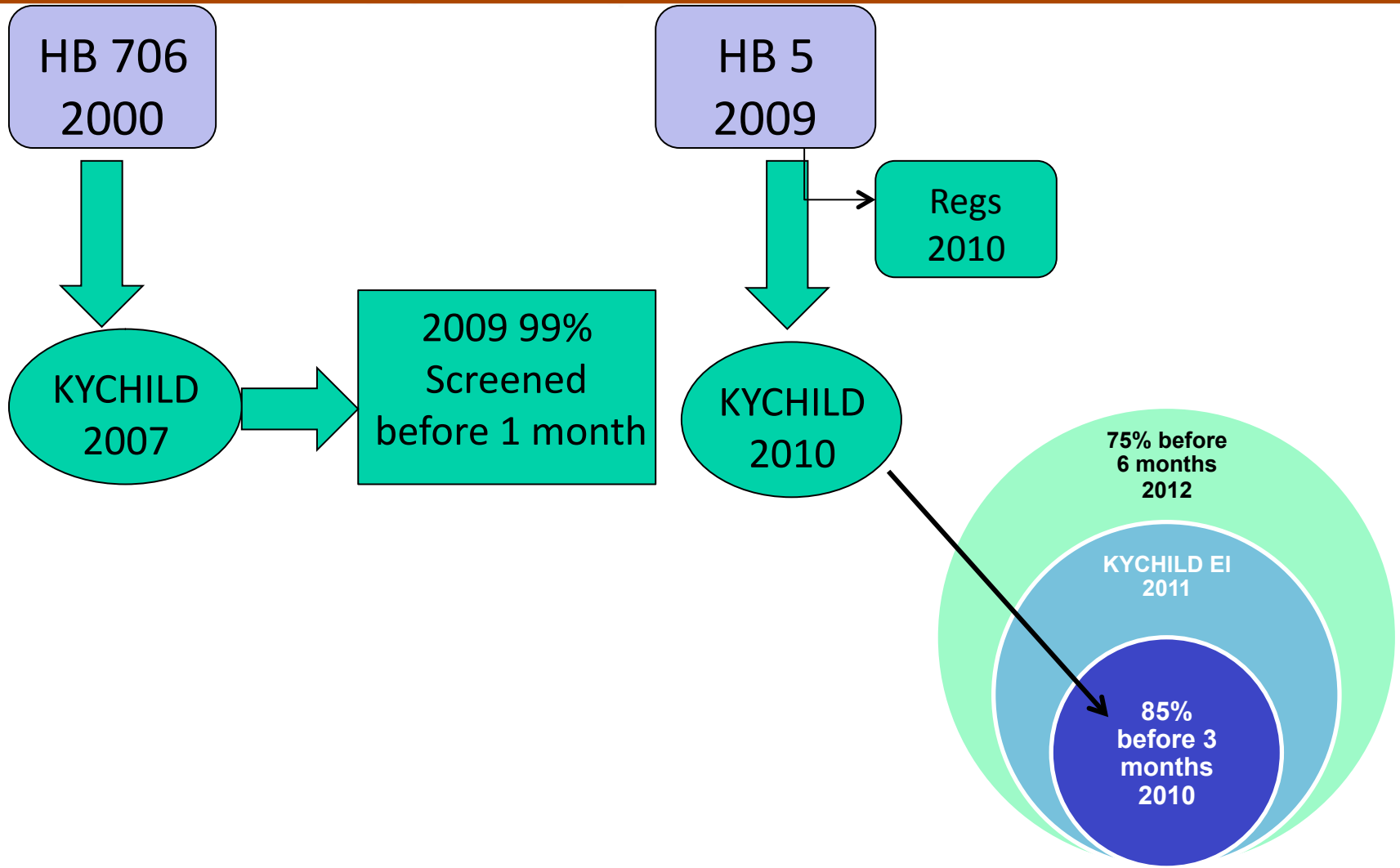
Accomplishments and Targets



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Conclusion

1. Don’t reinvent the wheel
2. Cover all of your bases
3. Never give up
4. Be thankful for helpful friends & help others
5. Reap rewards & Celebrate success