

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

**TITLE 89: MENTAL HEALTH
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER e: EARLY CHILDHOOD SERVICES
PART 504 UNIVERSAL NEWBORN HEARING SCREENING PROGRAM**

Section 504.10 Newborn Hearing Screening Program Goals

- a) All infants born in Illinois will have their hearing screened prior to discharge from the hospital that performed the delivery, or no later than one month of age, whichever comes first.
- b) All newborns referred from the Illinois Newborn Hearing Screening Program will have diagnostic testing completed by three months of age.
- c) All infants diagnosed with significant hearing loss will be referred to the University of Illinois at Chicago Division of Specialized Care for Children's Program for children with special health care needs authorized by the Specialized Care for Children Act [110 ILCS 345] and the Early Intervention Program (89 Ill. Adm. Code 500) authorized by the Early Intervention Services System Act [325 ILCS 20] by six months of age.

(Source: Amended at 31 Ill. Reg. 4770, effective March 6, 2007)

Section 504.20 Definitions

"Audiologist" means a person licensed by the Illinois Department of Financial and Professional Regulation to provide audiological services.

"Auditory Brainstem Response (ABR)" means electrophysiologic measurement of the brainstem's response to the acoustic stimulation of the ear.

"Automated Auditory Brainstem Response (AABR)" means objective electrophysiologic measurement of the brainstem's response to acoustic stimulation of the ear, obtained with equipment that automatically provides a pass/refer outcome.

"Bilateral Pass" means the likelihood of significant hearing loss in both or either ear is low on the day of the screening.

"DHS" means Illinois Department of Human Services.

"Diagnostic Audiological Evaluation" means, for the purposes of this Part, the physiologic and behavioral procedures required to evaluate and diagnose hearing status.

"IDPH" means Illinois Department of Public Health.

"DSCC" means the Division of Specialized Care for Children at the University of Illinois at Chicago.

"Early Intervention" means a statewide, family-centered service system to find and help children under the age of 36 months who have developmental delays or disabilities that may result in developmental delays. These infants and toddlers are eligible through the Illinois Early Intervention Services System for special Early Intervention Services (see 89 Ill. Adm. Code 500) defined in Part C of the Individuals With Disabilities Education Act (IDEA) (20 USC 1400 et seq.).

"Family Case Management" or "FCM" is a program dedicated to improving the health and development of children and families by providing the earliest identification of their needs and promoting linkages to address those needs as set forth in 410 ILCS 212.

"Hearing and Vision Connections" means a statewide Early Intervention training, resource, referral and technical assistance program for infants and toddlers who are deaf, hard of hearing, or visually impaired.

"Hospital" means, for the purposes of this Part, a facility licensed by the State of Illinois under the Hospital Licensing Act [210 ILCS 85] providing obstetrical and neonatal services.

"MCH" means Maternal and Child Health.

"Medical Diagnostic Evaluation" means, for the purposes of this Part, the examination and medical procedures provided by an otolaryngologist, otologist, or other qualified personnel to evaluate otologic status.

"Otoacoustic Emissions Testing" means a specific test method that elicits a physiologic response from the outer hair cells in the cochlea, and may include Transient Evoked Otoacoustic Emissions (TEOAE) and/or Distortion Product Otoacoustic Emissions (DPOAE).

"Otolaryngologist" means a physician trained in the medical and surgical management and treatment of patients with diseases and disorders of the ear, nose, throat (ENT), and related structures of the head and neck.

"Otologist" means a physician who specializes in treatment of the ear.

"Screening" means the completion of one or more objective, physiologic, electronic tests administered to determine the infant's hearing status in each ear and the need for further diagnostic testing by an audiologist and physician. The screening shall be performed by individuals who have been appropriately trained in the procedure and instrumentation used by the hospital. Screening shall detect, at a minimum, hearing better than or equal to 35 dBHL.

"Significant Hearing Loss" means a dysfunction of the auditory system of any type or degree that is sufficient to interfere with the acquisition of speech and language skills.

(Source: Amended at 31 Ill. Reg. 4770, effective March 6, 2007)

Section 504.30 Hospital Screening

a) Population

- 1) All hospitals performing deliveries will provide bilateral hearing screening to infants born in their institution. In the event that a newborn does not pass, the hospital shall provide another screening (rescreening). These screenings shall be provided prior to discharge.
- 2) If a newborn is placed in the neonatal intensive care unit (NICU) or transferred to another hospital without written documentation of a completed hearing screening, the hearing screening will be completed by the receiving hospital, prior to discharge.
- 3) All hospitals performing deliveries will make provisions for outpatient screenings for infants born in the home or other location outside the hospital when requested by the parents or the child's physician.

b) Parental Information/Consent

- 1) The provisions of the Act shall not apply when the newborn's parent or guardian objects in writing on the grounds that the screening conflicts with his/her religious beliefs or practices and presents a written objection to a physician or other person whose objective it is to obtain the screening.
- 2) All hospitals shall provide information about newborn hearing screening to the parents/guardians that shall include: the purposes and benefits of newborn hearing screening, indications of hearing loss, what to do if the parent/guardian suspects a hearing loss, and procedures used for hearing screening.

c) Documentation

- 1) The hospital shall provide written information to all parents giving birth or transferred to its facility and to the infant's primary care provider, when identified, that includes procedures used for hearing screening, limitations of screening procedures, and results of the hearing screening.
- 2) In the event that an infant does not pass the screenings, the hospital shall provide written information to the parents recommending further diagnostic testing and explaining how diagnostic tests may be obtained.
- 3) The hospital shall maintain written documentation in the infant's clinical record. The documentation shall include: procedures used for hearing screening, time and location of the screening, individual administering the screening test, outcome of the screening, and recommendation for further testing.

d) Personnel

- 1) Newborn hearing screening shall be performed by an individual, including but not limited to a licensed professional, who is appropriately trained and supervised, according to guidance provided by the Illinois Newborn Hearing Screening Program.
 - 2) Each hospital shall identify a liaison to the Illinois Newborn Hearing Screening Program at the Illinois Department of Public Health.
- e) Equipment
- 1) Technology for screening as set forth in this Part must:
 - A) measure a physiologic response;
 - B) be implemented with objective response criteria;
 - C) use a procedure that measures the status of the peripheral auditory system and that is highly correlated with hearing status;
 - D) be designed for newborn hearing screening.
 - 2) The methodology used shall detect, at a minimum, all infants with unilateral or bilateral hearing loss equal to or greater than 35dBHL.
 - 3) The methodology used should have a false-positive rate (the proportion of infants without hearing loss who are labeled incorrectly by the screening process as having significant hearing loss) of 3% or less.
 - 4) The methodology used should have a false-negative rate (the proportion of infants with significant hearing loss missed by the screening program) approaching zero.

(Source: Amended at 31 Ill. Reg. 4770, effective March 6, 2007)

Section 504.40 Reporting and Tracking

- a) Hospitals shall report screening results to the Illinois Department of Public Health.
 - 1) Hospitals shall report all required data per IDPH reporting requirements and methods.
 - 2) In order to capture all children who may have a hearing loss, infant specific information shall be reported to IDPH within 7 calendar days after the hearing screening/rescreening for all infants. The infant specific information shall include the infant's name, date of birth, place of birth (hospital), mother's name and address, mother's maiden name, hearing screening test results and date of screening.
 - 3) Infants with results other than bilateral pass or who are deceased, the parent's/guardian's name, address, and name of the primary care physician shall be reported to IDPH.

- 4) For infants who transfer to another hospital prior to screening, the "test result" reported to IDPH by the birthing hospital shall be listed as "transferred" and shall indicate the date of transfer and the hospital to which the child was transferred.
- b) IDPH will maintain a registry of infants in need of follow-up as a result of the newborn hearing screening program. The registry will include all infants who did not pass the newborn hearing screening in the hospital and who did not file a written religious exemption.
- c) IDPH will notify the infant's primary care physician, as indicated to IDPH by the hospital. IDPH will provide written notification to both the infant's physician named on the hospital record and the parents/guardians, within 5 business days after the receipt of the hospital report, regarding the need for follow-up for infants not passing the screening.
- d) Persons who conduct any procedure necessary to complete an infant's hearing screening or diagnostic follow-up shall report this information to IDPH. Diagnostic follow-up results shall be reported to IDPH within 30 days after testing.
- e) When hearing loss is confirmed, IDPH will make referrals to the Early Intervention Program, to Hearing and Vision Connections, to DSCC, and to the MCH Family Case Management Agency.
- f) IDPH will notify the appropriate MCH Family Case Management Agency or local health department, in writing, of infants with no reported diagnostic testing 60 days after the initial hospital report regarding any non-bilateral pass test result.
- g) The local MCH Family Case Management Agency or local health department will provide appropriate follow-up services and report results to IDPH.

(Source: Amended at 31 Ill. Reg. 4770, effective March 6, 2007)

Section 504.50 Access to Diagnostic Testing

- a) DSCC shall provide assistance to families of infants referred from the Universal Newborn Hearing Screening Program in order to help them obtain diagnostic testing to the extent the families wish assistance.
- b) Referrals for children under the Early Intervention Services System Act [325 ILCS 20] must be made upon confirmation of hearing loss.

(Source: Amended at 31 Ill. Reg. 4770, effective March 6, 2007)

Section 504.60 Newborn Hearing Screening Advisory Committee

- a) The Newborn Hearing Screening Advisory Committee shall consist of representatives from:
- 1) Audiologists;
 - 2) Chicago Department of Public Health;

- 3) Early intervention providers;
 - 4) Health insurance plans;
 - 5) Illinois Department of Human Services;
 - 6) Illinois Department of Healthcare and Family Services;
 - 7) Illinois Department of Public Health;
 - 8) Parents of children with hearing loss;
 - 9) Pediatric Associations;
 - 10) Persons with hearing loss;
 - 11) Public and private hospitals;
 - 12) University of Illinois at Chicago Division of Specialized Care for Children; and
 - 13) Illinois Deaf and Hard of Hearing Commission.
- b) The advisory committee shall:
- 1) Recommend policies and procedures to DHS, IDPH, and DSCC to ensure the efficient and effective administration of the Hearing Screening for Newborns Act. Develop and conduct training for hospitals implementing newborn hearing screening.
 - 2) Review any reports made available by the State with respect to the hearing screening status of all newborns.
 - 3) Review the availability of third party reimbursement for universal hospital-based hearing screening, diagnostic testing, hearing aids, cochlear implants, and similar concerns.
 - 4) Review administrative rules and make recommendations to the Department regarding those rules.

(Source: Amended at 31 Ill. Reg. 4770, effective March 6, 2007)

