

- parent support group or communication with other parents of children with hearing loss.
- **Initiate the amplification process if appropriate.**
- **Obtain MEDICAL CLEARANCE from the infant's medical home prior to fitting hearing aids.**
- **Assist in application to Medical Assistance** to obtain hearing aids.
- **Specialty Evaluations:** Recommend, with Medical Home approval, appropriate specialty evaluations:
 - Pediatric otolaryngologist
 - Medical geneticist
 - Pediatric ophthalmologist
- **Referral to Early Intervention:** Once hearing loss has been identified, a referral should be made immediately, with parental permission if making direct referral, to Early Intervention services. Habilitation and intervention should proceed concomitantly with the medical evaluation of the hearing loss and should not wait for completion of the medical evaluation and findings.

e. Hearing Aid Evaluation

The child is considered to be a candidate for amplification if a permanent hearing loss of greater than 20 dB HL exists in one or both ears in the frequency regions critical for speech understanding (1000-4000 Hz).

Hearing aids for most children should include Direct Audio Input (DAI), telecoil (T) and microphone-telecoil (M-T) switches, should be flexible, and should have safety-related features such as tamper resistant battery and volume controls. Binaural amplification should always be provided unless there are clear contraindications for fitting an ear. In general, BTEs are the hearing aid style of choice.

Custom earmolds should be available at the time of the hearing aid performance verification in order to measure the Real-Ear to Coupler Difference (RECD). The RECD will allow the hearing aid gain and maximum output characteristics of the hearing aid to be preset in the hearing aid test box prior to the evaluation of the hearing aid on the child. Use of a prescriptive program for gain and output (e.g., DSL[i/o]) is essential. Choice of the hearing aid instrument should be based on the targets. Once the targets are verified (DSL and SHARP) and the device is fitted, ongoing monitoring of hearing levels and of the amplification should take place.

Whenever possible, verification of the hearing aid settings should be completed using probe microphone measurements.

RECDs should be reassessed as the infant grows or whenever new earmolds are made.

B. Early Intervention Referral Guidelines

1. Referrals from primary referral sources must be made no more than two days after the child has been identified as needing Early Intervention Services. 1-800 CONNECT LINE (1-800-692-7288) with parental consent for direct referral.
2. Once the legal authority that is administering the local Early Intervention Service agency (County MH/MR) receives the referral, it shall appoint a service coordinator,