

## **A. Newborn Hearing Screening (NBHS) Tracking and Intervention**

This policy establishes certification and renewal criteria for newborn hearing screening, tracking and intervention programs in Texas. Birthing facilities, children's hospitals with obstetrical services or neonatal intensive care units licensed under Texas Health and Safety Code, Chapter 241 and 244, and other licensed birthing facilities and providers within the hearing services continuum of care that perform NBHS may be certified as programs.

The department shall establish certification criteria in accordance with the Texas Health and Safety Code §47.004. In order to be certified as a NBHS program, the program must:

1. provide hearing screening using equipment recommended by the department;
2. use appropriate staff to provide the screening;
3. maintain and report data electronically as required by the department;
4. distribute family, health care provider, and physician educational materials standardized by the department;
5. provide information, as recommended by the department, to the parents on follow-up services for newborns and infants who do not pass the screening; and
6. be supervised by:
  - a. an audiologist;
  - b. a physician;
  - c. a registered nurse; or
  - d. a physician assistant.

The department will renew the certification of a program on a periodic basis in order to ensure quality services to newborns, infants, and families. This certification process is free of charge.

The certified programs will ensure that data on all newborns that received a hearing screen will be reported electronically into the department's Texas Early Hearing Detection and Intervention (TEHDI) Management Information System (MIS). The department tracks all reported data to monitor screenings, referrals, follow-up, and early childhood intervention referrals for newborns and infants identified as deaf or hard of hearing in compliance with Texas Administrative Code §§37.501 – 37.507. The department shall review the collected data to measure the program's performance and assign the proper certification status and renewal cycle.

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## B. NBHS Program Protocols

The department approves program protocols. Program protocols shall be established and updated as needed for the certification and renewal process, and must contain the following:

1. current user profile(s) in the TEDHI MIS;
2. a sample parental consent form used to share individually identifying information;
3. a list of newborn hearing screening staff and supervisors;
4. the dates staff completed required training;
5. hearing screening equipment utilized and calibration dates;
6. screening procedures utilized, including a back-up plan for equipment failures and documentation of referrals in case of equipment failures;
7. reporting form and copies of screening results provided to parents;
8. scripts used by staff when reporting screening results to parents and when discussing parental consent;
9. standardized education materials; and
10. referral process for outpatient screens, diagnostic evaluations and early childhood intervention.

A program undergoing certification may be required to provide additional information upon request by the department.

## C. NBHS Program Certification Classification and Standards

The latest Joint Committee on Infant Hearing (JCIH) Position Statement is used in the development of the metric standards for certification of NBHS programs. NBHS programs are certified in one of these classifications:

<b>Certification Classifications</b>	<b>Certification Cycle</b>
Preliminary (initial status for new programs)	Next full certification cycle after opening
Provisional	Every six months
Standard	Every 12 months
Distinguished	Every 24 months

The department will issue a report card with the data metric standards listed below that measure performance of the program against national standards and state performance averages.

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### TEHDI NBHS Metrics (in percentages)

<b>D</b> = Distinguished; <b>S</b> = Standard and <b>P</b> = Provisional	<b>D</b>	<b>S</b>	<b>P</b>
1. Newborns screened prior to discharge ( <i>weighted x2</i> )	98	95	<95
2. Records containing parent contact information for <b>do not pass</b> hearing screens ( <i>weighted x2</i> )	95	90	<90
3. Records containing PCP contact information for <b>do not pass</b> hearing screens ( <i>weighted x2</i> )	95	90	<90
4. Results uploaded into the TEHDI MIS within five business days of the screen	95	90	<90
5. Records containing outpatient screening provider information for those that require an outpatient screen ( <i>weighted x2</i> )	95	90	<90
6. Records containing audiology provider information for those requiring an audiological diagnostic evaluation	90	85	<85
7. Staff participation in technical assistance teleconference webinars held every other month ( <i>weighted x2</i> )	80	50	<50
8. Percent of MIS records compared to vital statistic birth records	+/- 1%	+/- 2%	>1/<2%

**Do not pass** is defined by the following birth screen outcomes: unilateral refer, bilateral refer, missed, or not indicated.

Technical assistance teleconference webinar participation credit is given for supervisors, managers and screeners of newborn hearing screening programs. A participant may only represent one program per technical assistance teleconference webinar. For distinguished, 5 of 6 will need participation by a program's staff; 3 of 6 for standard and less than 3 for provisional. Technical assistance teleconference webinars are scheduled twice, once at 10:00am and once at 4:00pm.

### **Additional measures not included in certification metrics:**

- Percent of patient records with did not pass results on the outpatient follow-up screen/rescreen referred to ECI
- Percent of patient records with passing results with at least one risk factor for late onset hearing loss
- Percent of patient records with at least one risk factor for late onset hearing loss with complete parent contact information
- Percent of patient records who missed having their initial birth hearing screen with complete parent contact information
- Percent of newborns who pass the screening prior to discharge

### D. Technical Assistance

In accordance with Texas Health and Safety Code §47.006, the department may consult with a birthing facility and provide to the facility technical assistance (TA) associated with the implementation of a certified program. TA is available to any qualified participant of the TEHDI MIS and can include:

1. teleconference calls;
2. onsite visits to the program;
3. webinar training;
4. subject matter expertise; and
5. department recommendations for the program, including, but not limited to:
  - a. the supervisor and/or manager to attend scheduled teleconference calls;
  - b. other methods depending on specific program areas identified for improvement.

### E. Certification

In January and July of every year, the department performs semiannual renewal certifications. The department will notify select programs directly by email of the renewal certification review for their program. The process for the renewal includes:

1. Every other month, the department emails a two-month performance data report card;
2. sixty days before the renewal, the department shall email a link to a survey to be completed within 30 days of the email;
3. the department shall compile and analyze any random six months of performance data following the last certification of the program. The standard for teleconference technical assistance webinar attendance is based on one-year attendance;
4. to calculate a certification classification, use the score of each metric (twice for those weighted) and take a rounded average of their sum. See Item C for details about certification classification and for a list of the TEHDI NBHS metrics;
5. the resulting certification classification and report card analysis will be emailed to the program. A program with a Distinguished classification may request a printed copy of their certificate by email to: [tehdi@dshs.texas.gov](mailto:tehdi@dshs.texas.gov);
6. website listing of Distinguished programs will be updated to reflect current Distinguished classifications;

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7. a program previously assigned a Provisional classification may only be granted a Standard classification in the current review cycle, regardless of the program earning a higher status.
8. a program may request to be certified in the next cycle to qualify for a higher classification status. Requests should be sent to: [tehdi@dshs.texas.gov](mailto:tehdi@dshs.texas.gov).

If the program does not complete the required survey, the department will email a request to comply within 14 days. If the survey is not completed by the due date:

1. the department will issue a final request to comply by a final due date;
2. a program certification will be withheld for programs not completing a survey by the final due date;
3. the department will issue a Notice for Risk of Decertification to the program; and
4. upon receipt, the program may request a hearing concerning the decision in accordance with Texas Administrative Code Title 1; Part 15; Chapter 357 (regarding Uniform Fair Hearings) within 30 days of the Notice.

### **F. Performance Improvement Plans**

A Performance Improvement Plan (PIP) is issued to a program assigned Provisional status in two consecutive cycles or that has failed to complete the survey by the final due date. Upon receipt of a PIP response, the department will review the program's response to the recommendations outlined in the PIP for consideration in the next renewal cycle:

1. if approved, issue a classification status to a program under review at more than a Standard certification, regardless of the program earning a higher status; or
2. issue a Notice of Decertification if:
  - a. not approved;
  - b. a program declines a PIP; or
  - c. a hearing request is not received within 30 days of the date on the Notice of Risk of Decertification.

### **G. Recertification following Decertification**

A decertified program may apply for recertification by email. Requests should be sent to: [tehdi@dshs.texas.gov](mailto:tehdi@dshs.texas.gov). The department shall reissue a PIP, consider the program's response to the outlined recommendations, and

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report cards for possible recertification (See F (1) above) in the next review cycle.

### **H. Procedure for Certification Extension**

Programs who have experienced issues which may negatively affect the status of their certification renewal, may submit a request to be rescheduled for the next biannual review. The program shall:

1. contact the department to report the issue within 30 days of the occurrence;
2. provide detailed steps utilized to resolve the issue;
3. provide the date the issue was/will be resolved; and
4. hold either Standard or Distinguished certification;

Only one extension may be granted to any program within any 12-month period. Requests should be directed to: [tehdi@dshs.texas.gov](mailto:tehdi@dshs.texas.gov).