



THE OFFICE OF PUBLIC INSTRUCTION GUIDELINES FOR AN EDUCATIONAL HEARING CONSERVATION PROGRAM

November 2017

I. Purpose

The purposes of the Hearing Conservation Program (HCP) are as follows:

- To identify children with educationally significant hearing losses through hearing screening, on-site audiology procedures, and comprehensive hearing evaluations;
- To assist schools and parents in determining appropriate educational placement and intervention;
- To serve as a consultant to school personnel, parents, and students regarding potential educational effects of an identified student's hearing impairment and the function of hearing aids and assistive listening devices;
- To provide consultative services regarding hearing aids, cochlear implants, assistive listening devices, and, where appropriate, classroom acoustics;
- To provide education, as needed, regarding the prevention of hearing loss; and
- To provide follow-up support to children, families and schools.

The Hearing Conservation Program works in partnership with the public school system. The public schools take on the primary responsibility of conducting hearing screening and rescreening of school-age children. The Hearing Conservation Program provides training and technical assistance, comprehensive hearing evaluations, and follow-up technical assistance and support to schools and families in the event the child has a confirmed hearing loss.

The audiologist under contract with the Hearing Conservation Program is available to the schools in the area for assistance in training screening personnel, interpreting screening results for referral, providing hearing evaluation following screening, participating in child find screenings, providing inservice training for teachers, counseling parents regarding hearing loss, participating in evaluation and individualized education program (IEP) team meetings, when appropriate, and the various other functions as time will allow.

The HCP Audiologist does not conduct universal newborn hearing screening. However, the HCP will conduct newborn hearing screenings for babies born outside of hospitals or for babies born in hospitals who do not pass their initial screenings at no cost to the parents, as set forth in the 2006 agreement between the OPI and the DPHHS and its Universal Newborn Infant Hearing Screening Program.

The HCP is not expected to have all of the diagnostic equipment required for specialized procedures. Evaluations which require medical support or intervention, such as sedation, are not the responsibility of the HCP program or its audiologists.

The following provides a description of the services offered by the Hearing Conservation Program.

II. Definition of Terms

A. "Children" mean children, age birth through 21, who reside in Montana and who have not graduated from high school.

B. "Audiological services" means comprehensive audiological services which include, but are not limited to: the screening and identification of hearing loss, aural rehabilitation, consultation regarding hearing aids, cochlear implants, assistive listening devices and classroom acoustics as appropriate, the provision of technical assistance to schools regarding the monitoring of hearing aids and assistive listening devices as appropriate, evaluation of the effectiveness of amplification and other responsibilities, including participating in the educational planning and placement for children with hearing impairments. Audiological services do not include universal newborn infant hearing screening, except as set forth in the 2006 agreement between the OPI and Children's Special Health Services, the mapping of cochlear implants, or the provision of hearing evaluations which require the assistance of medical intervention, such as sedation.

C. "Hearing impaired" means deaf, deaf-blind, or hearing impairment as defined in the following Administrative Rules of Montana (ARM): 10.16.3013, 10.16.3014, and 10.16.3016.

III. Delivery of Services

Delivery of audiological services shall include training school personnel in screening procedures as determined necessary, oversight of school screening procedures, comprehensive evaluation of hearing loss, participation in evaluation and Individualized Education Program (IEP) team meetings for children with hearing impairments, and provision and coordination of aural rehabilitation service, as appropriate.

A. Training for Screening Personnel

The HCP area audiologist will provide training, upon request and as necessary, for school personnel who conduct hearing screening in the HCP area served by the audiologist. Screening of school-age students is the responsibility of public school personnel.

B. Screening of School-Age Students

Screening of school-age children is the responsibility of the public school. The hearing screening is intended to identify those individuals in need of referral for evaluation and identification. Screening should be conducted as described below.

1. Initial Screening

Initial Screenings should be performed by personnel with a thorough knowledge of screening procedures and the screening process (audiologist, audiology aide, nurse, or speech language pathologist).

Screening personnel should perform listening checks of equipment prior to screening to assure that equipment is working and that the ambient noise will not preclude valid results. The room in each building that is the quietest should be used for hearing screening with constant attention to changing noise levels throughout the day. The minimal recommendations for targeted grades to be screened annually may be limited to grades Kindergarten (K), 1, and 9 or 10.

Pure tone air conduction screening for the school-age child must be conducted in each ear at the frequencies of 500, 1,000, and 2,000 Hz, using a standard, annually calibrated, portable audiometer.

Students who have a history of fluctuating hearing should be screened at the initial screening or by the area audiologist at a follow-up screening. Students with a known sensorineural hearing loss should not be screened at the initial screening, but should be monitored by the area audiologist during a school visit. The frequency of the monitoring will be determined by the area audiologist. If a child fails the initial screening, he/she may be screened again in a quieter area on the same day.

2. Follow-Up Screening

Follow-up screening should be done in a timely manner, not to exceed six weeks after the initial screening. Follow-up screening should be accomplished by personnel with a thorough knowledge of screening procedures and the screening process (audiologist, audiology aide, nurse, speech-language pathologist or someone approved by the HCP audiologists). Additional screening procedures may be used when determined necessary by the audiologists or specifically trained audiology aide to determine the need for referral. These procedures may include otoscopy, tympanometry, otoacoustic emissions screening, and/or air conduction thresholds. Preventing over-referral or under-referral is the priority of a good screening program.

Tympanometry screening is encouraged but not mandatory, following careful visual inspection of the ear canal.

C. Screening of Preschool-Age Children

Preschool child find screenings are those organized by the public schools for the purpose of identifying preschool children, birth through five, who are not enrolled or provided services by the public school that may have a disability. The area audiologist is expected to participate in this

child find activity by conducting the hearing screening. The area audiologist is also expected to provide hearing screening for preschoolers who are enrolled in public schools.

Preschool hearing screening must be done by the area audiologist. This is generally accomplished with the assistance of another person. Children suspected of having a hearing impairment are referred for a hearing evaluation to determine the presence of a hearing impairment.

Otoacoustic emissions and/or pure tone air conduction audiometry (500, 1000, and 2000 Hz) are an essential part of this screening and should be done whenever possible. The audiologist may include other screening methods as well, such as: otoscopy and tympanometry. The methods used are typically dependent on the child's developmental age and other relevant factors as determined by the audiologist.

Preschool-age children who do not participate in the preschool child find screening, but are referred later for hearing screening, may be referred to the audiologist for screening at the audiology clinic or the audiologist may elect to screen the child at the school.

D. Management/Referral Following Screening/Rescreening

After the area audiologist has conducted and/or interpreted the results of a school follow-up screening or preschool screening, management decisions may include, but are not limited to, the following as determined by the audiologist:

- Periodic or annual monitoring (such as for chronic fluctuating hearing loss, child with ventilating tubes, or mild loss which is not educationally significant);
- Follow-up screening after a middle ear condition has had time to resolve; and
- Referral.

Referrals may include, but are not limited to, comprehensive audiological evaluation in the Hearing Conservation Program area audiology center, and/or recommendation for medical and/or audiological follow-up.

Medical evaluations are performed by physicians and are essential for proper diagnosis and treatment of children suspected of having ear or vestibular disease. Medical services are not provided by the Hearing Conservation Program. If the audiologist recommends that a medical evaluation be conducted, the parent or guardian is responsible for the cost of that evaluation. The role of the audiologist is one of referral and monitoring.

For any medical and/or audiological recommendation(s), the parent or guardian of the child will be notified in writing. In addition, the audiologist may also contact the parent or guardian by phone or in person.

E. Audiological Evaluation

The purpose of a comprehensive hearing evaluation is to determine the degree and nature of hearing loss and to provide educationally relevant recommendations. The audiological evaluation shall be performed by a fully or provisionally licensed audiologist. Written parent or guardian permission is required prior to conducting the evaluation.

The HCP audiologist is expected to provide a timely and educationally relevant report of the evaluation to the school, parent or guardian and/or referral source.

F. Participation in Evaluation and Individualized Education Program (IEP) Team Meetings

The Hearing Conservation Program audiologist will participate in evaluation and individualized education program (IEP) meetings for a child known to have an educationally significant hearing impairment when requested by the parent or guardian or the district. Participation may be in person, by report, by phone, or by phone consultation with the speech-language pathologist or case manager. The district is responsible for providing notification of evaluation and IEP meetings to the audiologist sufficiently in advance of the meeting to allow for the audiologist's participation. The scope of the HCP's audiologist's responsibilities may include:

- Participating in evaluation and IEP meetings, as appropriate;
- Interpreting audiological results to school personnel, parents or guardians and, as appropriate, the student;
- Providing recommendations that will assist the school in addressing the student's instructional and social needs;
- Participating in services as determined necessary and consistent with these guidelines to address a hearing-impaired child's needs that may result from a sensorineural or conductive hearing impairment.

An HCP audiologist may provide consultation services for students suspected of having auditory processing or listening issues, or for students who have known peripheral hearing loss that requires monitoring and/or classroom management, but do not qualify for special education placement.

G. Aural Rehabilitation

Aural rehabilitation refers to services and procedures for facilitating adequate receptive and expressive communication in individuals with hearing impairment. The HCP audiologist shall participate in aural rehabilitation services and in the coordination of effort with the school community for children identified with hearing impairments. Aural rehabilitative services and procedures shall include, but are not limited to, the following:

- Interpretation of results, counseling, and needs assessment;
- Provision of inservice training regarding the degree and implications of a hearing impairment to school personnel, student(s), and parents or guardians;
- Ensuring the proper fit and functioning of hearing aids and assistive listening devices, including the functioning of the external component of a cochlear implant device (services do not include the 'mapping' or maintenance of the cochlear implant device);
- Intervention for communicative difficulties which may include determining the need for amplification and/or classroom/personal assistive listening devices;

- Providing training and technical assistance to school personnel, parents or guardians, and/or students regarding the proper use and care of amplification and assistive devices. This includes providing training for a designated individual to perform and document listening checks of aids, cochlear implant and assistive listening devices;
- Evaluation and modification of the intervention program;
- Providing information regarding assistive listening devices (e.g., television captioning, telephone options, alerting devices, etc.) for home or school, when appropriate; and
- Coordinating services and collaborating with other service provider agencies as appropriate and consistent with confidentiality requirements under FERPA and HIPPA. Service provider agencies include, but are not limited to, the Montana School for the Deaf and the Blind (MSDB) and its outreach staff, IDEA Part C Early Intervention provider agencies, the Department of Public Health and Human Services (DPHHS) and its Universal Newborn Infant Hearing Screening program.

H. Needs Assessment

The HCP audiologists shall (when appropriate) provide audiological recommendations to be used for the needs assessment for amplification and/or assistive listening devices for each identified child with hearing impairments in the contracted region. All of the following categories are to be considered when determining the need for services by the IEP team:

- Assessment for Amplification and/or Assistive Listening Devices
- Amplification
- Speech and/or Language Evaluation
- Auditory/Listening Skills Training
- Counseling
- Audiological Monitoring
- Academics
- Least Restrictive Environment
- Classroom Acoustics
- Special Services (interpreters, note-takers, etc.)
- Related Evaluations/Services
- Consultation
- Curriculum Modification(s) and or Accommodations

Mandated services to be delivered by the HCP audiologist are:

- Audiological evaluation;
- Monitoring of hearing impairment as determined necessary;
- Evaluation of amplification effectiveness, including hearing aids, cochlear implants and assistive listening devices evaluation and monitoring; and
- Facilitating the calibration of audiometric equipment.

IV. Administration of Services

The HCP audiologist is responsible for:

A. Program Management

Program management shall include, but not be limited to, the preparation, processing, and implementation of a service contract for the delivery of audiological services to all children in the contracted geographical region. Program management shall have two major components:

- The contract proposal which delineates the various components of the services to be provided in order to receive the award for the service contract; and
- The contract implementation which directs how the contract is executed as specified by the contract proposal and the guidelines for services.

B. Program Administration

Program administration shall have two priorities:

- The service provider's internal administration to determine that the necessary staff, facilities, and equipment are available to undertake their charge; and
- The service provider's interaction with the school communities in the contracted area to ensure that sufficient communication channels are present to meet the needs of the hearing-impaired children in the area.

C. Records

Service providers shall develop and maintain a copy of records as may be necessary or useful in assuring the quality performance of this contract. As a contracted service provider with the OPI, an HCP audiologist meets the state definition of an "agent of the OPI" (as set forth in the Student Records Confidentiality Policy: Montana Office of Public Instruction) who is entitled to confidential student information, including student state identification numbers, in order to comply with record keeping requirements for contracted services provided by the HCP audiologist. The individual districts are responsible for maintaining hearing screening records and individual students' audiological records as a part of their educational records. The decision as to where the audiological records for students will be maintained is the decision of the district and should be done in accord with district policies.

All program service, administrative, financial, client, or other records relating to the performance of this service, shall be retained by the service provider for the contract period. These will be placed in proper order by the provider on or before June 30 of each year and shall be made ready for transfer to the succeeding provider if service procedures change for any reason.

The state of Montana, the Montana Legislative Auditor, the United States Department of Education, the Comptroller General of the United States, or any of their duly authorized agents or representatives, shall, until the expiration of five (5) years from the completion date, have the right to review those books, records documents, papers and other supporting data which involve transactions or which will permit adequate evaluation of the cost or pricing data submitted, along with the computations and projections used therein.