



## Ehdi State and Territorial Profiles Maine

This profile includes information about a state or territorial Ehdi program related to general program information, hearing screening, re-screening and diagnostic evaluations, early intervention, and the Ehdi data system.

If any information in this profile is incorrect or needs to be updated please email: [ehdi@cdc.gov](mailto:ehdi@cdc.gov)

**Disclaimer:**

Information found in the Ehdi State and Territorial Profiles is intended only for informational purposes. This data may not reflect the most up-to-date information related to state and territory Ehdi programs. Specific questions about programs in states and territories should be sent to the program contact. Information included in the State Profile does not constitute an endorsement of authors or organizations by CDC. The views and opinions of these authors and organizations are not necessarily those of CDC or the U.S. Department of Health and Human Services (HHS). Views and opinions expressed at the sites do not necessarily represent HHS, CDC, or the U.S. Public Health Services.

Category and Questions	Information
<b>General Program Information</b>	
Official name of the state/territory Early Hearing Detection and Intervention (Ehdi) program	Maine Newborn Hearing Program (MNHP)
Contact for the state/territory Ehdi program.	<p>Betsy Glencross  Coordinator, Maine Newborn Hearing Program  Division of Family Health  11 State House Station  286 Water St. / Key Plaza 7th  Augusta, ME 04333-0011  Phone: 207-287-8427  Fax: 207-287-4743  E-mail: <a href="mailto:betsy.glencross@maine.gov">betsy.glencross@maine.gov</a></p> <p>Toni G. Wall  Director, CSHN/Genetics/EPsDT  Division of Family Health  11 State House Station  286 Water St., Key Plaza 7<sup>th</sup>  Augusta, ME 04333-0011</p>

	<p>Phone: 207-287-5350</p> <p>Fax: 207-287-5350</p> <p>E-mail: <a href="mailto:toni.g.wall@maine.gov">toni.g.wall@maine.gov</a></p>
<p>Legislation regarding newborn hearing screening?</p> <p>If yes, does the legislation mandate or provide funds for newborn hearing screening and follow-up services?</p>	<p>Yes, P.L. 1999, Chapter 647 established with the Department of Health and Human Services the Newborn Hearing Program.</p> <p>P.L. 1999, Chapter 647 mandates that all birthing facilities provide information to parents of children born in the hospital regarding the importance of the hearing screening and follow-up care. The birthing facility must provide information about hearing screening that may be provided at the facility or coordinated, scheduled or arranged for by the hospital.</p>
<p>State/territory website related to infant/child hearing loss?</p>	<p>Yes.</p> <p><a href="http://www.maine.gov/dhhs/boh/cshn/hearing_screening/">http://www.maine.gov/dhhs/boh/cshn/hearing_screening/</a></p>
<p>State/territory CDC/EHDI Cooperative Agreement related to hearing screening?</p>	<p>Yes. The current cooperative agreement ends June 30, 2008. MNHP has submitted a proposal for the new competitive grant process.</p>
<p>State/territory have a Maternal and Child Health Bureau Grant related to hearing screening?</p>	<p>Yes. The current HRSA/MCHB grant ends August 31, 2008. MNHP has submitted a proposal for the new competitive grant process.</p>
<p>Participate in a CDC funded research project?</p>	<p>No</p>
<p><b>Hearing Screening Information</b></p>	
<p>State/territory written guidelines and/or protocols for performing hearing screenings?</p>	<p>Yes</p>
<p>Primarily responsible in most hospitals for conducting in-hospital hearing screenings?</p>	<p>Nursing staff</p>
<p>Estimated percentage of newborns that are initially screened with OAE or AABR.</p> <p>(Of the newborns that failed the initial screen, estimated percentage that are re-screened in the hospital with OAE or AABR.)</p>	<p>NICU Screening: OAE 0%; AABR 100%</p> <p>WBN Screening: OAE 0%; AABR 100%</p> <p>NICU Re-screening: OAE 0%; AABR 100%</p> <p>WBN Re-screening: OAE 0%; AABR 100%</p>
<p>State/territory require parental</p>	<p>Consent to participate in the newborn hearing screening varies from</p>

consent for hearing screening(s) to be done at the time of birth?	hospital to hospital. At some, parents must sign for permission to have their infant(s) screened while at other facilities parents are informed of the importance of screening and offered the screening, no consent is required.
What happens if a baby does not pass the initial hearing screening(s)?	Infant is re-screened as outpatient and referred for diagnostic audiological evaluation
What type of screening equipment is used?	All hospitals in Maine use Auditory Brainstem Response (ABR) screening equipment.
Birthing hospitals/facilities/providers required to report hearing screening results to the state?	Yes. P.L. 1999, Chapter 647 requires that all birthing facilities licensed in the State that have established hearing screening procedures must report to the Program all data on hearing screening, at least monthly.
How birthing hospitals/facilities report hearing screening information to the state/territory	Birthing facilities upload data electronically to ChildLINK or submit data to MNHP for transfer.
Hearing screening results reported to the infant's physician? [If yes, are all results reported or only failed screening?]	Physicians are notified of "refer" results only.
<b>Rescreening and Diagnostic Evaluations</b>	
State/territory written guidelines and/or protocols for performing hearing re-screenings?	No
State's program guidelines for helping families with third party preauthorization of re-screening or diagnostic evaluations?	No
State/territory written guidelines and/or protocols for performing diagnostic evaluations?	Yes. There are written guidelines that include a list of recommended test procedures.
State/territory EHDI program list of audiologic diagnostic centers and audiologists skilled in providing pediatric services to infants?	Yes. This list is updated annually.
Number of pediatric audiologists and/or diagnostic centers on the list	There are 44 audiologists practicing in 24 facilities serving infants and young children.
Who is responsible for scheduling appointments for outpatient hearing re-screenings?	Hospitals and/or PCP.

Who is responsible for scheduling appointments for diagnostic audiologic evaluations?	The procedure for referring infants for diagnostic audiologic evaluation currently varies by birthing facility. Currently 19 birthing centers make appointments for infants for audiologic evaluations. The remaining 13 rely on the primary care providers to that appointment.
How audiologists report diagnostic audiologic evaluation results to the state/territory	Currently audiologists upload data electronically to ChildLINK or submit data to MNHP for transfer.
Guidelines and/or protocols for audiologists to report diagnostic audiologic evaluation results to the state/territory?	Yes. Recently the Maine State Legislature amended P.L. 1999, Chapter 647 to mandate reporting on all hearing screenings, evaluations and diagnoses to MNHP.
One or more persons on the EHDI staff who are responsible for the follow-up of families who need to return for re-screen, diagnostics, or referral to intervention?	Yes. Parent consultant primarily but also Newborn Hearing Coordinator.
<b>Early Intervention</b>	
Lead agency for the Part C Early Intervention Program	Department of Education Debra Hannigan, Director <a href="mailto:debra.hannigan@maine.gov">debra.hannigan@maine.gov</a>
State/territory written guidelines, and/or protocols for providing intervention services for children with hearing loss?	Part C Early Intervention Services are provided through the Department of Education, 05-071 Chapter 101, Maine Unified Special Education Regulations Birth to Age Twenty. <a href="http://mainegov-images.informe.org/education/speced/rules/07regs.pdf">http://mainegov-images.informe.org/education/speced/rules/07regs.pdf</a>
Eligibility criteria for Part C services for infants and toddlers with hearing loss	Chapter 101 lists the eligibility criteria for children B – 2 means an infant or toddler with a disability under three years of age who needs early intervention services because the individual is experiencing developmental delays, as measured by appropriate diagnostic instruments. For Children B-2 with diagnosed physical or mental conditions each child's diagnostic evaluation must include demonstration that the child has a high probability to have a developmental delay resulting from that condition.
Eligibility criteria for Part B services for preschool children with hearing loss	Chapter 101 lists the following eligibility criteria for children 3 – 21. <b>Deafness</b> – a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects the child's educational performance. <b>Hearing Impairment</b> – an impairment in hearing whether permanent or fluctuating that adversely affects the child's educational performance but who is not included under the definition of deafness.
Children with mild or unilateral hearing loss eligible for services under Part C or Part B?	Children with mild or unilateral would be eligible if they meet the above listed criteria for eligibility.
Other public or private programs(s) and services (other	The Maine Educational Center for the Deaf and Hard of Hearing and Governor Baxter School for the Deaf. Early Childhood and Family

than Part C or Part B) that provide intervention services to children with hearing loss	Services Program provide services to children with hearing loss, specifically the Early Childhood and Family Services (ECFS). ECFS provides information, support and training to families and professionals statewide..
Services such as family support, transportation to follow-up appointments, parent to parent available to families with children with hearing loss? List.	Chapter 101 lists other early intervention and related services for children B-3. Family support is provided to assist the family of the child eligible under Part C in understanding the special needs of the child and enhancing the child's development. Part B lists no such interventions. Transportation and related costs that are necessary to enable a child under Part C and the family to receive early intervention services. Services under Part B refers to travel to and from school and between schools.
Program receives information regarding whether or not a referred child is receiving Part C services or other intervention services?	Yes, but infrequently. DHHS and DOE are in the process of completing an MOA that would require each entity to share data.
Intervention programs report other information about children, such as type of intervention, developmental test scores, use of assistive devices?	The reports that we have received do contain information on intervention, developmental tests and follow-up.
<b>EHDI Data System</b>	
State/territory written guidelines and/or protocols related to the EHDI tracking system?	Yes.
Type of system program uses to track hearing screening and follow-up information. .	MNHP maintains a cooperative agreement with the University of Maine to develop and enhance the tracking system. The system, known as ChildLINK, links newborn hearing screening with multiple data sources including electronic birth certificate, death certificates, metabolic screening, audiological evaluations and birth defects.
State EHDI tracking system includes data items to identify infants and children with risk factors for hearing loss?	Yes.
Unique identifier is used to identify infants/children in the state/territory EHDI tracking system	ChildLINK uses a cascading series of probabilistic linkage algorithms specifically designed for each input source, thus minimizing manual data matching and increasing the accuracy of individual-level information across reporting sources.
How program addresses de-duplication of screening and diagnostic evaluation data	The Maine program address de-duplication of screening and diagnostic evaluation data during data entry, software checks for approximate or probabilistic matches. If two records belong to the same individual, or if two records have been combined into a single record, it is possible to fix the error without re-entering the data.

<p>EHDI system linked to or integrated with any of the following:</p> <ul style="list-style-type: none"> <li>-Blood spot card</li> <li>-EBC</li> <li>-Audiology</li> <li>-Early Intervention</li> <li>-Immunizations</li> <li>-Other</li> </ul>	<p>ChildLINK, links newborn hearing screening with multiple data sources including electronic birth certificate, death certificates, metabolic screening, audiological evaluations and birth defects.</p>
<p><b>Other EHDI Questions</b></p>	
<p>State materials/ brochures/ protocols for parents and professionals about the EHDI program. (Link to matrix).</p>	<p><a href="http://www.maine.gov/dhhs/boh/cshn/hearing_screening/">http://www.maine.gov/dhhs/boh/cshn/hearing_screening/</a></p>
<p>Agencies, foundations, organizations, or other programs that provide funding for the purchase of any of the assistive devices for children with hearing loss</p>	<p>The Maine Bureau of Rehabilitation Division of Deafness publishes an annual resource: A Guide to Services for People who are Deaf or Hard of Hearing. <a href="http://www.maine.gov/rehab/dod/resource.htm">http://www.maine.gov/rehab/dod/resource.htm</a></p> <p>The resource guide lists the following organizations:</p> <p><b>Dorothy Ames Trust Fund</b> – assist children in the purchase of hearing aids or auditory trainers.</p> <p><b>Hear ME now!</b> – hearing aid loaner program</p> <p><b>Howard &amp; Espa Michaud Charitable Trust</b> – assist children in Northern Aroostook County for care, treatment and/or furnishing of devices.</p> <p><b>Miracle-Ear Children’s Foundation</b> – free hearing aids, services to children age 16 and under.</p>
<p>Statewide hearing aid loaner program for infants, toddlers, and children with hearing loss?</p>	<p><b>Hear ME now!</b> – hearing aid loaner program allows families of infants who are deaf or hard of hearing to try various models and manufacturers of hearing aids, and signal processing options for a 12-month period.</p>
<p>Resources, other than those from the state or territory, available to help families with the costs of caring for an infant, toddler, or child with a hearing loss?</p>	<p>There are limited resources other than those listed above or those offered by state programs.</p>