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## EHD State and Territorial Profiles Connecticut

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

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

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Category and Questions	Information
General Program Information	
Official name of the state/territory Early Hearing Detection and Intervention (EHD) program	Connecticut Early Hearing Detection and Intervention (EHD) Program
Contact for the state/territory EHD program.	Amy Mirizzi, MPH, CPH Connecticut Department of Public Health (DPH) 410 Capitol Avenue, MS #11 MAT Hartford, CT 06134-0308 (860) 509-8057 (860) 509-8175 <a href="mailto:amy.mirizzi@ct.gov">amy.mirizzi@ct.gov</a>
Legislation regarding newborn hearing screening?  If yes, does the legislation mandate or provide funds for newborn hearing screening and follow-up services?	Yes, legislation took effect on July 1, 2000, requiring all babies be screened for hearing loss.  CT also mandates that results be reported to the DPH.  This is an unfunded mandate.
State/territory website related to infant/child hearing loss?	<a href="http://www.ct.gov/dph">http://www.ct.gov/dph</a>  Click on "Programs and Services" at the top of the page, then select "H" and click on "Hearing Screening."
State/territory CDC/EHD Cooperative Agreement related to hearing screening?	Yes, CDC/EHD Tracking, Surveillance and Integration Cooperative Agreement (awarded July 1, 2008)
State/territory have a Maternal	Yes, awarded in second round of 2001 grants.

and Child Health Bureau Grant related to hearing screening?	Current funding cycle began September 1, 2008.
Participate in a CDC funded research project?	No
Hearing Screening Information	
State/territory written guidelines and/or protocols for performing hearing screenings?	Yes, <i>CT Newborn Hearing Screening Program Guidelines: Infant Hearing Screening Guidelines</i>
Primarily responsible in most hospitals for conducting in-hospital hearing screenings?	Varies by hospital
Estimated percentage of newborns that are initially screened with OAE or ABR. (Of the newborns that failed the initial screen, estimated percentage that are re-screened in the hospital with OAE or ABR.)	Overall percentages (cannot separate by WBN / NICU or initial screen versus rescreen) OAE: <u>49.2%</u> AABR: <u>47.4%</u> OAE & AABR: <u>3.3%</u> Unknown: <u>0.1%</u>  The CT DPH recommends ABR technology as the only appropriate screening technique for use in the NICU.
State/territory requires parental consent for hearing screening(s) to be done at the time of birth?	No
What happens if a baby does not pass the initial hearing screening(s)?	Baby is referred to one of the 13 diagnostic audiology centers in Connecticut that have the ability to conduct the test battery recommended by the CT EHDI Advisory Board.
Birthing hospitals/facilities/providers required to report hearing screening results to the state?	Yes
How birthing hospitals/facilities report hearing screening information to the state/territory	Individual-level screening results are obtained via electronic data reporting system
Hearing screening results reported to the infant's physician? [If yes, are all results reported or only failed screening?]	Hospitals are responsible for reporting all hearing screening results to primary care provider identified at birth.
Rescreening and Diagnostic Evaluations	
State/territory written guidelines	Yes, <i>CT Newborn Hearing Screening Program Guidelines: Infant</i>

and/or protocols for performing hearing re-screenings?	<i>Hearing Screening Guidelines</i>
State's program guidelines for helping families with third party preauthorization of re-screening or diagnostic evaluations?	None available
State/territory written guidelines and/or protocols for performing diagnostic evaluations?	Addressed minimally in program guidelines - - defer to clinical judgment of the diagnosing audiologist Best practice recommendations were outlined by the CT EHDI Advisory Board.
State/territory EHDI program list of audiologic diagnostic centers and audiologists skilled in providing pediatric services to infants?	Yes For a diagnostic audiology center to appear on this list, they must have the ability to complete the recommended test battery.
Number of pediatric audiologists and/or diagnostic centers on the list	13 (as of 12/2008)
Who is responsible for scheduling appointments for outpatient hearing re-screenings?	The individual hospital or audiology center, in conjunction with the parent
Who is responsible for scheduling appointments for diagnostic audiologic evaluations?	The individual audiology center, in conjunction with the parent (and primary care provider, if required by insurance)
How audiologists report diagnostic audiological evaluation results to the state/territory	Audiological evaluation results are paper reported via fax.
Guidelines and/or protocols for audiologists to report diagnostic audiological evaluation results to the state/territory?	There is no mandate to report diagnostic evaluation results. Audiological reports are obtained for children who did not pass their hearing screening and for children with risk factors for hearing loss.
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?	EHDI staff conduct regular tracking activities in order to reduce lost to follow-up rates
Early Intervention	
Lead agency for the Part C Early Intervention Program	Department of Developmental Services
State/territory written guidelines, and/or protocols for providing intervention services for children	Yes, <i>Service Guideline # 5: Young Children who are Hard of Hearing or Deaf – Intervention guidance for service providers and families</i>

with hearing loss?	
Eligibility criteria for Part C services for infants and toddlers with hearing loss	Hearing impairment (a permanent hearing loss of 25dB or greater in either ear OR persistent middle ear effusion that is documented for six months or more with a hearing loss of 30dB or greater)
Eligibility criteria for Part B services for preschool children with hearing loss	The Connecticut state regulations define hearing impaired as meaning "a child with a measurable hearing impairment which, with or without amplification, impairs linguistic processing and adversely affects educational performance. The term shall include both hard of hearing and deaf children." [Regulations Concerning State Agencies Sec. 10-76a-2(c)].
Children with mild or unilateral hearing loss eligible for services under Part C or Part B?	Yes
Other public or private programs(s) and services (other than Part C or Part B) that provide intervention services to children with hearing loss	<i>No information currently available</i>
Services such as family support, transportation to follow-up appointments, parent to parent available to families with children with hearing loss? List.	United Way of CT's Child Development Infoline provides information about medical, educational & recreational resources.  Single point of entry - call 1-800-505-7000
Program receives information regarding whether or not a referred child is receiving Part C services or other intervention services?	Yes, receives individual-level data for Part C but not other EI providers.
Intervention programs report other information about children, such as type of intervention, developmental test scores, use of assistive devices?	No
EHDI Data System	
State/territory written guidelines and/or protocols related to the EHDI tracking system?	Yes, <i>CT Newborn Hearing Screening Program Guidelines: Electronic Reporting Hospital Users' Manual</i>
Type of system program uses to track hearing screening and follow-up information.	"Home grown" system developed by state personnel (hospitals access JAVA reporting interface via VPN; Access database / Oracle back-end supports state tracking and surveillance activities)  The CT program obtains birth certificate data for all occurrent births.  The CT program receives individual-level data for ALL hearing screens.
State EHDI tracking system includes data items to identify	Yes

infants and children with risk factors for hearing loss?	
Unique identifier is used to identify infants/children in the state/territory EHDI tracking system	Yes
How program addresses de-duplication of screening and diagnostic evaluation data	CT addresses de-duplication of screening data during data entry, software checks for exact matches based on hospital medical record number. Diagnostic data is entered manually – search by last name / DOB to identify potential duplicates prior to data entry.
EHDI system linked to or integrated with any of the following: -Blood spot card -EBC -Audiology -Early Intervention -Immunizations -Other	CT has an integrated state data system (i.e., EHDI is only one piece in a larger system that includes blood spot specimen collection and the birth defects registry).  The CT program obtains birth certificate data for all occurrent births.  The program receives individual-level data for ALL hearing screens.
Other EHDI Questions	
State materials/ brochures/ protocols for parents and professionals about the EHDI program. (Link to matrix).	Yes  Videos and booklets designed for parents describing hearing screening, follow-up and other related issues are available. Some of these materials are offered through birthing classes and physician offices.  <a href="http://www.cdc.gov/ncbddd/ehdi/statesclearinghouse/connecticut.htm">http://www.cdc.gov/ncbddd/ehdi/statesclearinghouse/connecticut.htm</a>
Agencies, foundations, organizations, or other programs that provide funding for the purchase of any of the assistive devices for children with hearing loss	Children and Youth with Special Health Care Needs (CYSHCN) Program
Statewide hearing aid loaner program for infants, toddlers, and children with hearing loss?	No
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?	<i>No information currently available</i>