



Updated: February 2008

EHD State and Territorial Profiles Minnesota

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

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Category and Questions	Information
General Program Information	
Official name of the state/territory Early Hearing Detection and Intervention (EHD) program	Minnesota Early Hearing Detection and Intervention (EHD) Program
Contact for the state/territory EHD program.	Penny Hatcher, RN, MSN, DrPH, PHN Supervisor, Child Health Programs Minnesota Minnesota Department of Health Department of Health Maternal-Child Health Section 85 East Seventh Place, Suite 500 P.O. Box 64882 St. Paul, MN 55164-0882 penny.hatcher@health.state.mn.us Phone: 651-201-3744 FAX: 651-201-3590
Legislation regarding newborn hearing screening? If yes, does the legislation mandate or provide funds for newborn hearing screening and follow-up services?	No Minnesota does not have legislation for universal newborn hearing screening. However, in October 2005, the Minnesota statutory Newborn Screening (NBS, blood spot screening) Advisory Committee voted unanimously to recommend adding hearing screening to the current Minnesota Newborn Screening panel and submitted their written recommendation to the Minnesota Department of Health (MDH) Commissioner. The MDH Commissioner accepted the NBS Advisory Committee's recommendation. Reporting of screening data to the EHD program is not mandated.
State/territory website related to	Yes.

infant/child hearing loss?	http://www.health.state.mn.us/divs/fh/mch/unhs/
State/territory CDC/EHDI Cooperative Agreement related to hearing screening?	Yes
State/territory have a Maternal and Child Health Bureau Grant related to hearing screening?	Yes
Participate in a CDC funded research project?	No
Hearing Screening Information	
State/territory written guidelines and/or protocols for performing hearing screenings?	Yes Screening, Diagnostic Evaluation and Amplification protocols posted on the website
Primarily responsible in most hospitals for conducting in-hospital hearing screenings?	Nurses
Estimated percentage of newborns that are initially screened with OAE or AABR. (Of the newborns that failed the initial screen, estimated percentage that are re-screened in the hospital with OAE or AABR.)	NICU Screening: OAE____%; AABR_____ WBN Screening: OAE____%; AABR_____ NICU Re-screening: OAE____%; AABR_____ WBN Re-screening: OAE____%; AABR_____
State/territory requires parental consent for hearing screening(s) to be done at the time of birth?	Consent policies vary from hospital to hospital because hearing screening is not mandated by Minnesota law.
What happens if a baby does not pass the initial hearing screening(s)?	Re-screen in hospital before discharge, Re-screen as outpatient
Birthing hospitals/facilities/providers required to report hearing screening results to the state?	No
How birthing hospitals/facilities report hearing screening information to the state/territory	84% of individual-level screening results is received on metabolic Blood spot cards, 16% in other forms.
Hearing screening results reported to the infant's physician?	Notify all screening results ("Refer" and Pass) Hospitals report that they share screening results with parents and providers, but the MDH is aware of gaps.

[If yes, are all results reported or only failed screening?]	
Rescreening and Diagnostic Evaluations	
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?	<i>No information currently available</i>
State/territory written guidelines and/or protocols for performing diagnostic evaluations?	Yes Written protocols have been developed for infant audiological screening, assessment, and amplification.
State/territory EHDI program list of audiologic diagnostic centers and audiologists skilled in providing pediatric services to infants?	Yes http://www.health.state.mn.us/divs/fh/mch/unhs/diagcenters.html
Number of pediatric audiologists and/or diagnostic centers on the list	73 audiologists 9 Regional Diagnostic Centers They also have 3 audiology centers that provide habilitative services for infants and families
Who is responsible for scheduling appointments for outpatient hearing re-screenings?	Primary Care Provider (PCP), Hospitals
Who is responsible for scheduling appointments for diagnostic audiologic evaluations?	Primary Care Provider (PCP), Hospitals
How audiologists report diagnostic audiological evaluation results to the state/territory	47% of audiological evaluations are reported via paper form; 53% via fax.
Guidelines and/or protocols for audiologists to report diagnostic audiological evaluation results to the state/territory?	Yes Reporting of diagnostic evaluations are not mandated. MN seeks to obtain audiological evaluation data for only those children with a documented hearing screening. On the back page of the MDH Audiology Report and Referral Form, there are instructions/guidelines for audiologists to report results to the state and to refer to EI.
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,	<i>No information currently available</i>

or referral to intervention?	
Early Intervention	
Lead agency for the Part C Early Intervention Program	Department of Education - Follow Along Program Marty Smith, Part C Coordinator marty.smith@state.mn.us
State/territory written guidelines, and/or protocols for providing intervention services for children with hearing loss?	<i>No information currently available</i>
Eligibility criteria for Part C services for infants and toddlers with hearing loss	Eligibility includes children with bilateral hearing loss greater than 35 db in the better ear, and for children with unilateral sensorineural or persistent conductive loss, an unaided puretone average or speech threshold of 45 db or greater in affected ear or 35 db in the better ear,
Eligibility criteria for Part B services for preschool children with hearing loss	<i>No information currently available</i>
Children with mild or unilateral hearing loss eligible for services under Part C or Part B?	<i>No information currently available</i>
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.	MN has an adult Deaf mentor program from the DHS, which engages representatives from the Deaf community to serve or introduce newly diagnosed children and their families to Deaf culture. The Family support Connection at Lifetrack Resources has numerous activities to support and strengthen family's interactions. "Coffee Chats" provides outreach and support to families of newly diagnosed children
Program receives information regarding whether or not a referred child is receiving Part C services or other intervention services?	No
Intervention programs report other information about children, such as type of intervention, developmental test scores, use of assistive devices?	No
EHDI Data System	

<p>State/territory written guidelines and/or protocols related to the EHDI tracking system?</p>	<p>No</p>
<p>Type of system program uses to track hearing screening and follow-up information. .</p>	<p>The MN has a "Home grown" system developed by state personnel program that is part of an integrated state data system. Blood spot cards, Custom-developed system, Paper form The MN program obtains birth certificate data for all occurrent births. The MN program receives individual-level data for ALL hearing screens.</p>
<p>State EHDI tracking system includes data items to identify infants and children with risk factors for hearing loss?</p>	<p>No</p>
<p>Unique identifier is used to identify infants/children in the state/territory EHDI tracking system</p>	<p>Blood spot card number</p>
<p>How program addresses de-duplication of screening and diagnostic evaluation data</p>	<p>There is no systematic effort to address de-duplication of screening data. Diagnostic evaluation data is addressed during data entry, staff search for possible 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>
<p>EHDI system linked to or integrated with any of the following: -Blood spot card -EBC -Audiology -Early Intervention -Immunizations -Other</p>	<p>MN has an integrated state data system (i.e., EHDI is only one piece in a larger system that includes other programs. MN links blood-spot to vital records. From the blood spot card: demographic (Baby and month, last names, DOB, mother address, phone #, Physician info, name of birth hospital) and hearing results From the EBC: mother's race/ethnicity, education, health plan name, some risk factors for hearing loss (not complete)</p>
<p>Other EHDI Questions</p>	
<p>State materials/ brochures/ protocols for parents and professionals about the EHDI program. (Link to matrix).</p>	<p>Yes http://www.cdc.gov/ncbddd/ehdi/statesclearinghouse/minnesota.htm</p>
<p>Agencies, foundations, organizations, or other programs that provide funding for the</p>	<p><i>No information currently available</i></p>

purchase of any of the assistive devices for children with hearing loss	
Statewide hearing aid loaner program for infants, toddlers, and children with hearing loss?	MN has a hearing aid loaner bank for newly identified children with hearing loss.
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>