



EHD State and Territorial Profiles Nebraska

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	Nebraska Early Hearing Detection Intervention Program
Contact for the state/territory EHD program.	Jeff Hoffman, MS, CCC-A Program Manager for Newborn Hearing Screening Nebraska Dept. of Health & Human Services PO Box 95026 Lincoln, NE 68509-5026 402-471-6770 402-471-1863 jeffrey.hoffman@dhhs.ne.gov
Legislation regarding newborn hearing screening? If yes, does the legislation mandate or provide funds for newborn hearing screening and follow-up services?	Yes Passed April 10, 2000. All birthing facilities are to have UNHS as standard of care by December 1, 2003 with some mechanism in place for compliance review. 95% of all babies in NE shall be screened by the same date. NE mandates that hearing screening be offered, but mandates the reporting of only aggregate hearing screening results to the EHD program. However, the reporting protocols established with approval of the Advisory Committee include the submission of hearing screening results of all newborns. Although not a mandate, 100% of birthing facilities are reporting results for all occurrent births.
State/territory website related to infant/child hearing loss?	No
State/territory CDC/EHD	Yes

Cooperative Agreement related to hearing screening?	
State/territory have a Maternal and Child Health Bureau Grant related to hearing screening?	Yes Began in 2001
Participate in a CDC funded research project?	No
Hearing Screening Information	
State/territory written guidelines and/or protocols for performing hearing screenings?	Yes The Department of Health and Human Services shall, on or before December 1, 2000, determine and implement the most appropriate tracking system for newborns and infants identified with a hearing loss. Beginning December 1, 2000, every birthing facility
Primarily responsible in most hospitals for conducting in-hospital hearing screenings?	Nurses, Technicians, Audiologists
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.)	Notes: 1 - Time period is 01/01/07– 09/30/07 2 - Figures for “2-step” indicate the number screened in a birthing facility with the capability of conducting both OAE and AABR, not that this number received both types of screenings. 3 – Denominator for percentages is total number during the 9 month time period (newborns = 20,472; OP re-screens at same facility = 715). NICU Screening: OAE (9) <0.1%; AABR (566) 2.8%; 2 step (150) 0.7% WBN Screening: OAE (2709) 13.2%; AABR (6313) 30.8%; 2 step (10,725) 52.4% NICU Re-screening: OAE (0) 0%; AABR (29) 4.1%; 2 step (9) 1.3% WBN Re-screening: OAE (225) 31.5%; AABR (121) 16.9%; 2 step (331) 46.3%
State/territory require 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)?	Re-screen in hospital before discharge, Re-screen as outpatient. Referred for diagnostic audiological evaluation.
Birthing hospitals/facilities/providers required to report hearing	Yes infants who do not pass or do not receive the NBHS prior to hospital discharge.

screening results to the state?	
How birthing hospitals/facilities report hearing screening information to the state/territory	98% of individual-level screening results are received via the birth certificate; 2% via paper form (transfers to another hospital, out-of-hospital births).
Hearing screening results reported to the infant's physician? [If yes, are all results reported or only failed screening?]	Notify "Refer" results only
Rescreening and Diagnostic Evaluations	
State/territory written guidelines and/or protocols for performing hearing re-screenings?	Yes
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
State/territory EHDI program list of audiologic diagnostic centers and audiologists skilled in providing pediatric services to infants?	NE maintains a list of audiologists who self-identify as providing audiologic services for infants.
Number of pediatric audiologists and/or diagnostic centers on the list	18 centers
Who is responsible for scheduling appointments for outpatient hearing re-screenings?	Birthing facility, primary health care provider, parent
Who is responsible for scheduling appointments for diagnostic audiologic evaluations?	Birthing facility, primary health care provider, parent
How audiologists report diagnostic audiologic evaluation results to the state/territory	75% of audiologic evaluations are reported via fax; 25% via paper form.
Guidelines and/or protocols for audiologists to report diagnostic audiologic evaluation results to the state/territory?	Reporting of diagnostic audiologic evaluations is not mandated. NE seeks to obtain audiologic evaluation data for all occurrent births below a given age that obtain an audiologic evaluation, including children with risk factors.

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?	Currently, the only follow-up consists of letters to parents. In 2008, a new permanent follow-up coordinator position will conduct more active follow-up with parents.
Early Intervention	
Lead agency for the Part C Early Intervention Program	Health and Human Services Amy Bunnell, Part C coordinator amy.bunnell@hss.ne.gov Department of Education Joan Luebbers, Part C coordinator joan.luebbers@nde.ne.gov
State/territory written guidelines, and/or protocols for providing intervention services for children with hearing loss?	Yes - Nebraska Administrative Code (NAC) for Special Education Regulations, Rule 51 and NE Department of Health and Human Services 480 Administrative Code #10
Eligibility criteria for Part C services for infants and toddlers with hearing loss	Eligibility Criteria birth-5 is found in NAC Rule 51 In order for a child below age five to be verified as a child with hearing impairments, the evaluation shall include: 006.04F3a A preliminary audiometric screen; and 006.04F3b A written report signed by a licensed or certified audiologist documenting a hearing loss. 006.04F3c The analysis and documentation that the hearing loss has been determined to or can be expected to produce significant delays that would: 006.04F3c(1) Result in standardized test scores falling 1.3 standard deviations below the mean in one or more of the following areas: receptive language, expressive language, speech production or cognition; or 006.04F3c(2) Result in a social/behavioral disability.
Eligibility criteria for Part B services for preschool children with hearing loss	See above
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	Boys Town National Research Hospital; Omaha Hearing School

<p>intervention services to children with hearing loss</p>	
<p>Services such as family support, transportation to follow-up appointments, parent to parent available to families with children with hearing loss? List.</p>	<p>Supporting Parents through the Parent Training Center - http://www.pti-nebraska.org/</p> <p>Support Services are available regionally - please see http://www.nde.state.ne.us/SPED/adsites/regdeaf.html;</p> <p>Transportation services are available as written in the IFSP/IEP</p>
<p>Program receives information regarding whether or not a referred child is receiving Part C services or other intervention services?</p>	<p>Yes, individual child level data is received from Part C, but not from other EI providers.</p>
<p>Intervention programs report other information about children, such as type of intervention, developmental test scores, use of assistive devices?</p>	<p>Yes, the program receives individual child level information regarding the type of EI service a child is receiving through Part C, but not from other EI providers.</p>
<p>EHDI Data System</p>	
<p>State/territory written guidelines and/or protocols related to the EHDI tracking system?</p>	<p>Yes</p>
<p>Type of system program uses to track hearing screening and follow-up information. .</p>	<p>NE-EHDI is part of an integrated state vital records data system. The NE program obtains birth certificate data for all occurrent births and 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>Currently NE is not tracking risk factors but the integrated data system has a risk factor module that is ready to be updated with the JCIH 2007 risk factors for implementation in 2008.</p>
<p>Unique identifier is used to identify infants/children in the state/territory EHDI tracking system</p>	<p>A unique alphanumeric identifier is not assigned to each child. Use first-middle-last name, DOB, maternal first-last name and birthing facility as the primary identifying data.</p>
<p>How program addresses de-duplication of screening and diagnostic evaluation data</p>	<p>Screening data are obtained through a trusted source and assumed to be de-duplicated or free of duplicate entries. De-duplication of diagnostic evaluation data is addressed during data entry, staff search for possible matches.</p> <p>If two records belong to the same individual, or if two records have been combined into a single record, it is not possible to fix the error</p>

	without re-entering the data.
<p>EHDI system linked to or integrated with any of the following:</p> <ul style="list-style-type: none"> -Blood spot card -EBC -Audiology -Early Intervention -Immunizations -Other 	<p>NE has an integrated state vital records data system that includes birth, death, marriage, divorce, EHDI, and birth defects.</p>
Other EHDI Questions	
<p>State materials/ brochures/ protocols for parents and professionals about the EHDI program. (Link to matrix).</p>	<p>Yes</p> <p>http://www.cdc.gov/ncbddd/ehdi/statesclearinghouse/nebraska.htm</p> <p>These materials are outdated. New parent education and refer brochures are available in 10 languages.</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>All available resources are listed in the Funding Toolkit</p> <p>www.answers4families.org/family/grandparent-caregivers/health-care/funding-toolkit-parents</p>
<p>Statewide hearing aid loaner program for infants, toddlers, and children with hearing loss?</p>	<p>Yes, the Nebraska Children's Hearing Aid Loaner Bank is being implemented. www.unl.edu/barkley/nchalb/index.shtml</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>n/a</p>