



## **Criteria for Hearing Loss** Considered to be a “Significant Sensory Impairment” by Florida Early Steps (Part C)

The degrees of hearing loss specified below are to be considered significant sensory impairments that place an infant or toddler at risk for developmental delays. As such, infants and toddlers with hearing loss of the specified degrees or greater should be considered eligible for audiological management (including provision of hearing instruments when appropriate) and family-centered early intervention services.

The criteria for significant hearing loss should be used to define appropriate referrals to the Children's Medical Services Early Steps State Office (Part C). Hearing loss, as defined by Florida below, is an established condition under Part C and does not require additional delays to be evident prior to initiation of services. Infants and toddlers evidencing a hearing loss that meets the Part C criterion may be eligible for services provided by the local educational agency (LEA), if the LEA elects to serve this population. It is the responsibility of the Local Early Steps to identify service providers that will serve children's needs appropriately.

This hearing loss criteria is more inclusive than that defined by Medicaid, which specifies: (a) an average hearing loss of 40 dB HL at 500 Hz, 1000 Hz, and 2000 Hz by pure tone air conduction, or b) a difference between thresholds at 1000 Hz and 2000 Hz of 20 dB or greater, while the average of the air conduction level at 500 Hz and 1000 Hz is 30 dB or greater.

### **CRITERIA – (Must meet one or more of the following):**

1. Evidence of a documented permanent hearing threshold level of (re: ANSI 1996):
  - a) 25 dB or greater based on pure tone average of 500, 1000, and 2000 Hz unaided in one or both ears (Air-bone gap not to exceed 10 dB HL unless there is evidence of anatomic malformation of the outer or middle ear).
  - b) Air conduction thresholds, unaided in the better ear, greater than 25 dB HL at two<sup>1</sup> or More frequencies in the high frequency range (2000, 3000, 4000, 6000 Hz) in both ears with air-bone gaps no greater than 10 dB HL.
2. Evidence of auditory dys-synchrony<sup>2</sup> (auditory neuropathy) in one or both ears characterized by a unique constellation of behavioral and physiologic auditory test results<sup>3</sup>.

<sup>1</sup>High frequency hearing loss that occurs above 2000 Hz would be appropriate for consideration of services to monitor child hearing status. Hearing loss that occurs at 2000 Hz and above would be appropriate for consideration of amplification.

<sup>2</sup> Persons with auditory dys-synchrony do not generally benefit from hearing aids and may not learn language by the auditory channel alone. There is considerable variability in individuals based on the level of dys-synchrony.

<sup>3</sup> In behavioral evaluations children with auditory dys-synchrony may exhibit a mild to profound hearing loss and poor speech function. In physiologic evaluations these children will demonstrate normal otoacoustic emissions and atypical or absent auditory brainstem responses (Joint Committee on Infant Hearing Position Statement, 2000).