**Section 661.620 Responsibilities of Service Providers**

a) EHDI service providers shall comply with the Early Intervention Services System Act [325 ILCS 20] and the Early Intervention Program regulations (89 Ill. Adm. Code 500) for all referrals, service provision and follow-up.

b) Primary healthcare providers such as, but not limited to, physicians, advanced practice nurses, physician assistants, and otolaryngologists shall perform the following Early Intervention services in accordance with federal regulations (34 CFR 303.303):

1) Educate families on newborn hearing screening, auditory and communication development, and risk factors for hearing loss including late onset, progressive or acquired hearing loss;

2) As part of routine medical care, monitor for late onset, progressive or acquired hearing loss and provide timely referrals and care coordination as appropriate;

3) Assist the family to complete a newborn hearing screening no later than one month of age unless medically contraindicated;

4) For all newborns, infants or children not passing the hearing screening, assist the family to complete diagnostic audiology services, appropriate medical consultation, and follow-up by no later than 3 months of age, unless medically contraindicated; and

5) For all newborns, infants or children with a suspected or confirmed hearing loss, make appropriate medical and intervention referrals for upon diagnosis, unless medically contraindicated.

c) Audiologists shall report *to the Department in a format determined by the Department* any procedure or service for newborn hearing screening or for a new hearing loss diagnosis of a child through 6 years of age. In addition to reporting requirements, audiologists shall perform the following (Section 10 and 23(b) of 410 ILCS 213):

1) Follow the screening and pediatric audiology guidance provided by the Year 2019 Joint Committee on Infant Hearing Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs;

2) For all newborns, infants or children not passing a hearing screening, assist the family to complete diagnostic audiology services, appropriate medical consultation, and follow-up no later than 3 months of age, directly after not passing the screening, unless medically contraindicated;

3) Complete comprehensive diagnosis and follow-up for children with a suspected or confirmed unilateral or bilateral hearing loss; and

4) For all children with a suspected or confirmed hearing loss, make appropriate medical and intervention referrals upon diagnosis, unless medically contraindicated.

d) The certified local health department shall provide assistance to locate a family, coordinate and schedule follow-up, document results and provide status updates within 30 days of a referral or at the time the case is resolved *to the Department in a format determined by the Department* (Section 23b of 410 ILCS 213).