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State of Louisiana

Louisiana Department of Health

Office of Public Health

ADVISORY COUNCIL
FOR THE EARLY IDENTIFICATION OF DEAF AND HARD OF HEARING INFANTS

Friday, October 24, 2025
12:00-2:30 p.m.

Location
Benson Tower, Suite 2024
1450 Poydras Street
New Orleans, LA 70112

Meeting link for
Council Members & Public
https://zoom.us/j/9947869194

The Bureau of Family Health is committed to promoting transparency, accessibility, and public engagement in all board, commission, and council meetings. As part of that commitment and for the convenience of members of the public, access the meeting online using the provided link.

Minutes

I. Call to Order at 12:11 p.m. – Ashley Argrave-Smith, Chair
   a. Reviewed meeting and communication standards

II. Roll Call – Dana Hubbard, Early Hearing Detection and Intervention (EHDI) Program Manager for Secretary Jana Broussard
   a. Council members present: Paul Remedios, Ashley Argrave-Smith, Marbely Barahona (expired, continuing to serve until new appointment), Deborah Cowan, Susannah Boudreaux, Caitlyn Robinson, Natalie Delgado, John Carter (expired, continuing to serve until new appointment), Jana Broussard
      -Quorum established 9/14 members present
   b. Council members absent: Jill Hudson
   c. Council member vacancies: neonatologist, a deaf person, hospital administrator, speech-language-pathologist
   d. Bureau of Family Health - EHDI Program present: Dana Hubbard, Terri Ibieta, Thomas Hess, Cheryl Harris – Children with Special Health Care Needs (CSHS) Program Manager, Shanna Williams – Louisiana Commission for the Deaf (LCD)
   e. Public present: Nicole DeLeon - LA Hands & Voices/ Guide By Your Side, Ivette Perez – Louisiana School for the Deaf/Guidance Outreach, and Language Development, Mimi Osborne – audiologist The Hearing Center
   f. Interpreters present: Sylvie Sullivan, Jennifer Ware

   Dana Hubbard reminded those in attendance that video cameras must be on, and names must be reflected on the screen. Dana Hubbard explained the requirement to utilize Zoom webinar.

III. Council vacancies (as of 9.25.2025) – Ashley Argrave-Smith, Chair for Jana Broussard, Secretary
   a. a hospital administrator
   b. a deaf person
   c. a parent of a child who is deaf or hard of hearing using spoken language

d. a speech and language pathologist
e. an otolaryngologist/otologist
f. a neonatologist
g. a parent of a child who is deaf or hard of hearing utilizing total communication (12.5.2025)
h. a representative from the Louisiana Commission for the Deaf (1.13.2026)

IV. Mandate review – Dana Hubbard, EHDI Program Manager
   a. Per BFH requirement to review at each meeting, Revised Statute 46:2261-2267 was reviewed, highlighting charge of council.

V. Approval of Agenda and Minutes – Ashley Argrave-Smith, Chair
   a. October 2025 Agenda (public comment, vote) Motion by Paul Remedios to accept the agenda, with a second by John Carter. Motion passed.
   b. Approval of July 2025 Minutes (public comment, vote) Motion by Paul Remedios to accept the minutes, with a second by John Carter. Motion passed.

VI. 2026 Officer Nominations and Election – Dana Hubbard, EHDI Program Manager
   a. Nominations for Chair: Ashley Argrave-Smith, Natalie Delgado, Susannah Boudreaux. Both Natalie Delgado and Susannah Boudreaux declined nomination. Susannah motioned to vote for Ashley-Argrave Smith as chair, followed by a second from Paul Remedios.
   Role call vote resulted in unanimous Yay for Ashley Argrave-Smith as Chair. 8/14 members present at time of vote.
   b. Nominations for Vice-Chair: Natalie Delgado, Ashley Argrave-Smith, Deborah Cowan, Susannah Boudreaux. Three latter declined. Paul Remedios motioned to accept, second by Ashley Argrave-Smith.
   Role call vote resulted in unanimous Yay for Natalie Delgado as Vice Chair. 8/14 members present at time of vote.
   c. Nominations for Secretary: Susannah Boudreaux, Natalie Delgado, Deborah Cowan, Ashley Argrave-Smith, Caitlyn Robinson. Four latter declined. Motion by Natalie Delgado, second by Ashley Argrave-Smith. 8/14 members present at time of vote.
   Roll call vote resulted in unanimous Yay for Susannah Boudreaux as Secretary.

VII. Medicaid Billing for Audiological Services – Mimi Osborne, The Hearing Center
   a. Medicaid codes for tympanometry, acoustic reflexes, and audiogram are limited for common audiological testing of infants and children.
   b. The allowable time frame for billing of these is 180 days.
   c. Prohibitive for:
   -monitoring conductive losses with tympanometry,
   -when seeing a child for six-month follow-up and need to conduct tympanometry and acoustic reflexes to rule out auditory neuropathy or retrocochlear concerns,
   -when a child is of the age where play audiometry/behavioral testing is recommended (as opposed to infant stage where otoacoustic emission (OAE) and auditory brainstem response (ABR) testing are recommended).
   -aided testing for sound awareness
   d. Audiologists are not permitted to charge an office-visit fee. If a child needs testing (tympanometry, acoustic reflexes, and audiogram) and comes into the office, it is not billable in any way.
   e. Primary care physicians and Ear, Nose, Throat (ENT) physicians collaborate with audiologists to monitor efficacy, examples include monitoring for two months for presence of fluid/no fluid, or Eustachian tube dysfunction. Within current parameters, is not reimbursable.
   f. Council previously was instrumental in working with Medicaid to have 180-day timeline limitation revised to 0 days for OAE and ABR testing.
   g. This would result in better care for children who are identified as deaf or hard of hearing, or where hearing concerns exist.

   Ashley Argrave-Smith asked if the restricted coding only applied to testing for newborn hearing screening. Mimi Osborne explained that there were many other codes that had been “unlocked” and there did not appear to be a rationale. Mimi Osborne further explained that if she has seen a child and conducted tympanometry and billed for it, and then child is seen at an ENT clinic that also conducts tympanometry as standard of care, they are not able to bill for it, meaning the effect impacts not just the audiological field but the medical field as well.

Ashley Argrave-Smith expressed agreement, and questioned next steps. Mimi Osborne expressed there is no law dictating this, that it is Medicaid's parameter and does not affect private insurance. John Carter, ENT, suggested for changes with Medicaid, a meeting with the Medicaid director might be necessary and provided the name of Katherine Willis. He also shared he was governor for the Louisiana ENT Society and system chair for ENT Ochsner and would be happy to sit down for a meeting. Mimi Osborne referenced previous collaboration with the former CSHS manager and a retired senator.

Ashley Argrave-Smith also volunteered to participate in any meeting and send any necessary correspondence to facilitate the meeting. Dana Hubbard contributed that Cheryl Harris with CSHS noted there is an internal Newborn Screening work group that she would invite Dana to that may be helpful.

Break 12:52-12:57 pm

VIII. Law Workgroup – Dana Hubbard for Jana Broussard, Workgroup Chair

a. Workgroup worked intensively to revise the statute. Feedback included (from BFH policy team and leadership): thoughtful and thorough, look at further alignment with other state EHDI laws, primary reasoning for revisions to law and continued refinement. BFH leadership may consider after revisions for a future legislative session.
b. Proposed revisions include:
-improved language and communication supports for children who are deaf or hard of hearing resulting in timely and appropriate interventions
-enhanced inclusivity – terminology updated
-strengthened early intervention and family support
-expanded definitions
-effective data reporting to ensure timely and consistent outpatient results
-expanded advisory council membership to include early intervention and persons with lived experience with clear term limitations and travel reimbursement.
c. Work group will need to further convene to consider BFH feedback, and/or to determine if the Council is aware of anyone they would like to work with on revising the current statute. Ashley Argrave-Smith posed a question that while EHDI as a program received notice BFH would not be submitting the proposal at this time, if the Council feels the revisions to statute are appropriate to pursue, and/or the Chair would like to further pursue the revisions for the upcoming legislative session, it could be shared with a senator. Since LCD has an involved senator that is sensitive to the needs of deaf and hard of hearing individuals, this may be someone that could be looped in. Ashley Argrave-Smith and Vice-Chair, Natalie Delgado, will work to draft communication to begin the conversation for potential senatorial support.

IX. EHDI Program Updates

a. Infrastructure Assessment – Terri Ibieta, EHDI Coordinator
-Terri Ibieta reminded all of the requirements for virtual participation in the meeting to maintain compliance with Open Meetings Law
-Health Resources Services Administration required creation of a comprehensive Infrastructure Plan as a deliverable to assess and analyze the LA EHDI system. The program used the EHDI pipeline visual to identify "leaks" that would deter or delay achievement of the long-term goal of children who are deaf or hard of hearing achieving language acquisition milestones.

-The first step in the EHDI pipeline is screening by one month of age. Two "leaks" were identified: 1) inaccurate reporting which is in process of resolution – usually from manual entry. The LA EHDI program moved to a new data system in June 2025, and has the capability for electronic entry. To date, about half of the birth facilities in Louisiana have transitioned to electronic submission of screening data. The remaining birth facilities will transition in 2026; and 2) low refer rates for freestanding birth centers and homebirths for babies born outside of the hospital. The LA EHDI program has three pieces of screening equipment that are available to loan to ensure screening occurs in a timely manner.
-The second step in the EHDI pipeline is diagnosis. Primary "leaks" include: 1) ENT visits delaying audiological testing, and 2) family delays – sometimes families do not understand the

importance of timely follow up. LA EHDI reaches out to families and primary care physicians to help improve this.

-Additional "leaks" center upon the time of amplification fitting within one month of diagnosis due to: 1) family declines or cancels, 2) medical clearance delays, 3) insurance denials from out of state companies, and high deductibles, and 4) ENT healthcare providers fit pressure equalization (PE) tubes before providing medical clearance. LA EHDI has shared information for outside funding sources for when out of state insurance carriers are not required to adhere to Louisiana state law regarding provision of hearing aids for children under 18 years of age..

-Family support "leaks" include: 1) high percentage of families declining support, 2) poor attendance at Hands & Voices events, 3) no Deaf Mentor program, 4) no funding for school age support (Hands & Voices Advocacy, Support, and Training Program (ASTRA).

Natalie Delgado inquired as to the "whys" of why families decline support. She asked if we assuming we have enough communication with them to understand their "why", or are families communicating their "why?" She also shared that an unmet funding request was made of the legislature a number of years ago to fund a Deaf Mentor program.

Terri Ibieta responded that reasons for family declines do look a bit different now compared with reasons for family decline prior to changes in the referral process that were shared at the Quarter 2 meeting. Now, feedback from Parent Guides is that families are not outright saying they do not want support, it is that families are not accepting calls or responding to texts from staff. . Terri Ibieta invited Nicole Deleon and Marbely Barahona with Guide By Your Side to comment. Marbely Barahona contributed that families sometimes are not saying they do not want a service, but may feel like they do not need a service yet, and then will accept information about Guide By Your Side programming, but do not participate in events. Messaging with families has changed to show variety and to incite interest, but there has been little to no change in responses. Years later, such as when children are starting school, families start to feel concern. With COVID, families engaged, but now, less so.

-Early intervention by six months of age yields four "leaks" that are of concern: 1) high percentage of families decline early intervention, 2) lack of best practice guidelines for working with children who are deaf or hard of hearing, 3) lack of early intervention provider training on working with children who are deaf or hard of hearing and 4) limited qualified early intervention providers for working with children who are deaf or hard of hearing. To address these concerns, LA EHDI has made changes to the referral process to early intervention services, which shows some improvement in the number of families accepting referral to early intervention. LA EHDI hosted a ten-session, webinar series that provided education and training to Part C providers. These included speech language pathologists, special instructors, and certified teachers of the deaf recruited to enroll as EarlySteps providers. In conjunction with this training, five new teachers of the deaf enrolled as providers.

Jana Broussard posed a question regarding explanation about funding – would EHDI ultimately be responsible for addressing training of providers and early intervention guidelines? Terri Ibieta responded that EarlySteps would like more specialized providers, but to her knowledge, there are no specific efforts to increase enrollment of these providers.

-The final step in the EHDI pipeline pertains to language acquisition. "Leaks" were related to 1) inaccessibility of EarlySteps data due to constraints with the current database, 2) the non-part C GOLD program uses criterion referenced Ski*Hi, and 3) no norm-referenced assessment or adaptation of communication for children who are deaf or hard of hearing.

Jana Broussard posed a question, if funding were available, would the "leaks" be resolved? Terri Ibieta responded in the affirmative. Dana Hubbard confirmed that the primary barrier is funding.

Another barrier discussed relates to the new contracting procedure and timeframe implemented by the Louisiana Department of Health – for example, if another funding opportunity were

available, the timeline to fulfill the deliverable would end before a contract becomes final.

Jana Broussard further inquired about best practice guidelines – Dana Hubbard referenced a workgroup that assembled during COVID that resulted in the Guidelines for Working with Children Who are Deaf and Hard of Hearing for the entire state from birth through age 22. Designed for use by the Louisiana Department of Education to support children who are deaf and hard of hearing and those who serve them from birth through age 22 years, the Guidelines are not used as there is no longer a programmatic contact for deaf and hard of hearing at the state level. She also mentioned that the EarlySteps director is very amenable to furthering the education of providers and continuing the collaboration between programs to improve outcomes. Dana Hubbard shared an idea to explore about using the newly enrolled teachers of the deaf to conduct language assessments for children who are deaf or hard of hearing in the EarlySteps system, but needed further exploration.

Jana Broussard restated the barriers and sought elaboration regarding funding barriers. Dana Hubbard elaborated upon the barrier related to no funding available for family-to-family support for school age children. Congruent with what Parent Guides shared, that families may not choose to access support early on, but when their child approaches school age, or is in school, they reach out for support. Natalie Delgado noted that the slide reminded her of the LEAD-K task force which was assigned to the Special School District (SSD), as well as the Guidelines. Ashley Argrave-Smith affirmed and expressed that collaboration with LA EHDI and the SSD might be beneficial, and LCD could possibly support as well, potentially with funding either short-term or one-time as well, and highlighted the limitations of EHDI funding (no money to support school-age children who are deaf or hard of hearing). Natalie Delgado volunteered to bring the information back to SSD to seek support.

b. EHDI Dashboard – Thomas Hess, Newborn Screening Epidemiologist
Plans for an EHDI specific publicly accessible data dashboard were shared that will include 1-3-6 data across the state and Louisiana Department of Health regions. The dashboard will increase program awareness, and will be easily accessible with visualized data for the public.

Natalie Delgado inquired about the previous discussion item, and asked if a motion was required to talk with her team about LEAD-K and the Guidelines. Ashley Argrave-Smith responded it was necessary. Natalie Delgado motioned to explore revival of LEAD-K and Guidelines with SSD. Ashley Argrave-Smith provided second.

X. New Business

XI. Public Comment
-Natalie Delgado shared the Louisiana DeafBlind Project posted a vacant position for an education and family support facilitator.

XII. Adjourn
-Motion to adjourn by Natalie Delgado, second by Jana Broussard. Meeting adjourned 1:54 p.m.