

ARKANSAS SPEECH-LANGUAGE-HEARING ASSOCIATION



SOUND EXPRESSIONS

PRESIDENT'S PERSPECTIVE

Beckie Weaver



Happy New Year! It seems like just last week that I was reading Betholyn Gentry's first newsletter article for 2002, and now it's my turn to write one. I want to take this opportunity to publicly thank Dr. Gentry for her year of service to ArkSHA. She led our association with grace, dignity and professional insight. She was a wonderful association leader and an excellent role model for me.

As usual, a new year, particularly a new legislative year, brings new challenges. Although there are no issues specific to audiology and speech-language pathology pending in the state legislature, our lobbyist will keep a watchful eye on the proceedings. We will once again spend a day at the Capitol building in Little Rock offering hearing screenings to the legislators.

The situation on the national level does require attention from our members. ASHA was recently informed that the Centers for Medicare and Medicaid Services (CMS) were delaying the implementation of the \$1,500 therapy cap until at least July 2003. CMS has also indicated that they are willing to work with Congress early in 2003 on therapy cap legislation. That means that we must mobilize! We must let our U.S. Senators and Representatives know our stance on this issue. You can easily contact your legislators through the ASHA web site (<http://takeaction.asha.org>). Please take the time to let your elected officials know how you feel.

One of the issues for our association is to increase membership to accurately reflect the numbers of licensed professionals in the state. The ArkSHA board has approved a new program to encourage and mentor new audiologists and speech-language pathologists. In the coming weeks we will be asking members to volunteer to pay half of the first year's membership dues for a graduating student and to act as a mentor and sounding board for that new professional. We want the new audiologist or SLP to have contact with a veteran without the pressure of the CF supervisory relationship. I hope that many of you will decide to participate in this program.

Most of all, I want ArkSHA to reflect its membership. I want our priorities to be those issues that are important to your professional life. I want the entire membership to feel like we are representing each of them. Please feel free to contact me with your concerns so that the association can work for all of us.

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ArkSHA DUES!

ArkSHA Membership Dues must be postmarked by February 15th to avoid a \$10.00 reprocessing fee.

Be sure to renew for this year, so you will keep receiving your Sound Expressions newsletter!

2003 ArkSHA CONVENTION

**October 16th and
October 17th
Thursday & Friday**

**Hot Springs
Convention Center**

**Want to be a volunteer?
Contact Robin Gattis**

Phone: 501-513-0453

Email: rgattis@conwaycorp.net



**Volunteering is a fun
and rewarding way to
participate in ArkSHA!**

**ArkSHA 2003
BOARD OF DIRECTORS**

**WELCOME YOUR
NEW BOARD MEMBERS!**

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ArkSHA MISSION STATEMENT

ArkSHA supports the professional interests of members of the Association, thereby, promoting comprehensive services for persons with communicative disorders.

INFORMATION CENTER

AR Licensure Board

101 E. Capitol Suite 211
Little Rock 72201
(501) 682-9180 Office
(501) 682-9181 Fax
Email: ABESPA@ipa.net

AR Medicaid Website

www.medicaid.state.ar.us

AR Dept. of Education

(501) 682-4475
www.arkedu.state.ar.us

AR Dept of Health

(501) 661-2328
www.health.state.ar.us

ASHA Action Center

(800) 498-2071
www.asha.org

NOMINATIONS FOR 2004 OFFICERS

Betholyn Gentry, Past President

Have you even remotely thought about running for an ArkSHA office? Have you ever once said that you could do a better job than a particular board member? Well now is the time to step up to the plate.

The Nominations and Elections Committee invites you to nominate yourself or someone else for one of the 2004 ArkSHA officers up for election. The board officers up for election this year are President Elect, Treasurer, Vice President for Speech Language Pathology, and Vice President Elect for Continuing Education. The requirements and duties for each office are included in the back of your 2002 ArkSHA Directory (pages 66-80). The Past President of the association serves as chair of this committee.

You may send your nominations via e-mail to: **bfgentry@ualr.edu** or by letter to **Betholyn Gentry 17 Eagle Nest Court Little Rock, AR 72210** or call **(501) 569-8913**.

If you nominate someone else please be sure they are willing to serve. The committee will contact them regarding additional information. Please make all nominations as soon as possible.

**20th Annual Conference on Communication Disorders
March 14, 2003**

UCA Student Center Ballroom - Conway, Arkansas

Culturally Linguistically Diverse Populations: Assessment and Intervention When You Don't Speak the Language

Presenter: Alina de le Paz, M.S. CCC-SLP

**For more information contact:
UCA Speech Pathology Department
501-450-3176**

SLP/ AUD Services

Mary Lynn Steelman,

Vice President For Speech-Language Pathology

Historically, ArkSHA has maintained a close association with our state legislature by way of lobbyists and concerned members who have seen the importance of supporting and encouraging legislation affecting our profession. During the current session, ArkSHA has no plans to offer any legislation. However, we will be monitoring the introduction of bills that might affect those of us who serve individuals with communication disorders.

Due to the vast nature of legislative activity, it is difficult for one person (or even a few) to monitor everything. We are asking for your assistance in keeping track of legislation that may affect us. The easiest way to do this is by accessing the Arkansas General Assembly's website at www.arkleg.state.ar.us. Should you discover pending legislation that may affect your practice, contact Mary Lynn Steelman regarding speech-language pathology issues or Grover Hutson regarding audiology issues. If you need assistance in determining who your legislators are, you can obtain that information from the Secretary of State's website:

www.sosweb.state.ar.us

For more personal assistance, you can contact the Secretary of State's Office at (501) 682-5070).

ArkSHA is also sponsoring free hearing screenings at the Capitol for legislators and their staffs. The screenings will be conducted February 18, 2003. If you are interested in assisting in any way (conducting screenings, meeting and greeting legislators, etc.), please contact an ArkSHA board member.

Remember that ArkSHA is your voice pertaining to issues involving your practice. Continue to keep your Board Members informed of concerns or needs that you may have.

Summary of ArkSHA Board Meeting Minutes

April Harmon, Secretary

October 2002

The board meeting was held in conjunction with the annual membership meeting during the ArkSHA convention October 7, 2002. The following board members and guests presented reports at the meeting: Betholyn Gentry, Dan Tullios, Margie Gilbertson, Nancy Dunn, Laura Smith-Olinde, Mary Lynn Steelman, Robin Gattis, Ted Mullenix and Sara Israel. Approximately 40 ArkSHA members attended. Highlights from various committee reports are as follows:

Nominations & Elections: Dan Tullios announced that 2 individuals had withdrawn their name from the slate recommended by the Nominations and Elections Committee. He opened the floor for additional nominations and there were none. The slate presented was President Elect - DeAndra Gibson; Vice President Elect for Continuing Education - Angie Haustein; Vice President Elect Audiology and Hearing Services - Grover Hutson; Secretary - Suzanne Miltich and Carla Sumner.

Honors and Awards: Dan announced that the scholarship reception would be held at the Blue Moon Gallery on Monday night and encouraged attendance. He also stressed the importance of donations to the Scholarship Fund and explained how scholarship recipients are chosen.

Marketing: Dan reported that his committee has monitored and promoted the ArkSHA website. He further stated that his committee has chosen promotional items for the ArkSHA and ASHA conventions and were making sure promotional items left from the last two years were being distributed.

Vice President for Audiology and Hearing Services: Margie Gilbertson reported that plans were underway for the ArkSHA Hearing Screening at the Capitol.

Vice President for Speech-Language Pathology: Mary Lynn Steelman reported that DHS had released an official notice in July 2002 that included guidelines for speech and language evaluations and retrospective review. Mary Lynn and Sara Israel responded with a letter, which included positive comments as well as continuing concerns of ArkSHA members. A public hearing was held and ArkSHA is waiting for communication from DHS relative to the concerns they presented in their letter.

Vice President Elect Continuing Education: Robin Gattis reported that she had submitted all paperwork necessary for ASHA Continuing Education Credits (CEU). She informed attendees that it would be necessary to submit all CEU information to ASHA within 45 days following the convention.

Association Lobbyist: Sara Israel reported that she and Mary Lynn Steelman had prepared and submitted a public comment letter to DHS/AFMC. She also prepared guidelines for hosting hearing screenings during the legislative session.

Association Management: Ted Mullenix submitted a report of the special and daily activities in the ArkSHA office at Mullenix & Associates. He complimented Nancy Dunn on the excellent job she had done in organizing and implementing the 2002 ArkSHA Convention.

December 2002

The meeting was called to order December 10, 2002. The following board members and guests were present: Betholyn Gentry, Dan Tullios, Laura Smith-Olinde, Mary Lynn Steelman, Donna Fisher Smiley, Grover Hutson, Robin Gattis, April Harmon, Mary Cherepski, Sara Israel, and Julie Grinder. The minutes from the previous meeting were approved. Committee reports were presented and approved. Highlights from various committee reports are as follows:

Association Lobbyist: Sara Israel reported that she is now employed with Mitchell, Williams, Selig, Gates, & Woodyard, a Little Rock firm. Sara stated she would like to continue as ArkSHA's Association lobbyist. A motion passed for Sara to continue as the Association's lobbyist. Sara gave an update on Medicaid therapy review guidelines. She attended a meeting with DHS representatives and they agreed to all of the changes ArkSHA had proposed except for those related to makeup therapy and integrated or co-therapies. Medicaid officials want to meet with representatives of the therapy associations every six months to review guidelines.

Nominations and Elections Committee: Dan Tullios received and tallied the ballots for the 2002 election. The new board members are: President Elect - DeAndra Gibson, Vice President Elect for Continuing Education - Angie Haustein, Vice President Elect Audiology and Hearing Services - Grover Hutson, and Secretary Elect - Suzanne Miltich.

Publications Committee - Sound Expressions: April Harmon initiated discussion regarding putting the newsletter and membership directory online. The board will continue to explore this issue. April stated she would contact Suzanne Miltich, the new ArkSHA secretary, to discuss her responsibilities. She reminded board members that articles for the spring newsletter should be submitted to Suzanne by Wednesday, January 15, 2003.

Professional Practices Committee: Mary Lynn Steelman reported an ArkSHA member had contacted her re: difficulties speech pathologists employed with Home Health agencies have in billing for speech therapy services targeting feeding, swallowing, and/or tracheostomy services. Mary Lynn will continue to address this issue.

Vice-President-Elect for Continuing Education: Robin Gattis asked that Mullenix & Associates mail out the speaker evaluation forms, collected at the 2002 ArkSHA Convention, to the speakers. She reported the 2003 ArkSHA convention will be held October 16 and 17.

New Business: By-Laws: Betholyn informed the board ASHA had reviewed our by-laws and suggested changes. A motion passed to proceed with the bylaw changes and submit them to the membership to vote on for approval.

Ad hoc committees/Liaisons: The board discussed methods of receiving information from ad hoc committees and liaisons. A motion passed that all ad hoc committee chairs and individuals appointed to other boards by ArkSHA or ASHA (such as ABESPA, Medical Care Advisory Committee, SEAL, etc.) be placed on the agenda and submit reports.

The Advocacy Dispatch

Sara Israel, Legislative Advocate

Highlights of the Development of Official Guidelines Standards for AFMC Review of Medicaid Therapy Claims

After much dialogue back and forth, the Department of Human Services issued an Official Notice on July 15, 2002 entitled "Revisions in Occupational, Physical and Speech Therapy Services." This proposed regulation contained the guidelines to be used by AFMC in retrospective review of Medicaid therapy claims.

On August 13, 2002 and November 15, 2002, Mary Lynn Steelman and I submitted public comments on behalf of ArkSHA with regard to these guidelines. On November 15, Gretchen Spring and I attended meetings with DHS representatives, AFMC representatives, and other interested parties to discuss the content of the guidelines and the best method of chart selection for review. On November 21, I attended a follow-up meeting with the same individuals to finalize our collective assessments of the entire process.

After a rather slow and bumpy start, I must in the end applaud DHS's efforts in resolving many of the problematic issues with the former review process. They, particularly Roy Jeffus, Marilyn Strickland, Donna Clemmons and their counterparts at the Arkansas Foundation for Medical Care ("AFMC"), Kenya Harbin, Jarrod McClain and Quinta Cruthis, have been responsive to ArkSHA's concerns, cooperative in resolving our differences, and agreeable to accommodating many of our suggestions for clarification of the process. I am pleased with the quality of our current working relationship and confident that it will continue as we monitor and refine this process in the months ahead.

Mary Lynn and I were particularly pleased that DHS finally offered the guidelines in written form so that all speech-language pathologists providing Medicaid services were formally notified of the standards that must be met in order to retain payment by Medicaid. We were also pleased that the standards incorporate many of ArkSHA's recommendations, as noted below:

❖ The guidelines now specify how "good reliability/validity" is determined by AFMC by referencing "The Mental Measurement Yearbook," which is a continually updated collection of volumes of tests that have been researched and cross referenced by a variety of reviewers.

❖ The initial proposal included "reasonable and necessary" standard, which required "a

reasonable expectation that therapy will result in meaningful improvement. We felt that the inconsistency of this standard with the "medical necessity" standard already used in the Medicaid Therapy Manual would have the effect of eliminating services for those children for whom therapy prevents the worsening of conditions which endanger life, cause suffering or pain or threaten to cause or aggravate handicap. We argued that for this category of children therapy will not likely result in meaningful improvement, but it will prevent the deterioration of the child's condition and maintain the child's health at a higher level. At ArkSHA's recommendation, DHS removed the "reasonable and necessary" standard from the proposed guidelines and replaced it with the medical necessity standard.

❖ ArkSHA recommended that the guidelines be revised to include criteria for reporting sound disorders and phonological testing for the 0-3 age group and criteria for reporting information regarding a child's functional hearing ability for the 0-3 age group. This recommendation was incorporated into the final guidelines.

❖ The final guidelines also include, at ArkSHA's recommendation, a definition of "school-related." It is now clear that "school-related" means the child is of school age, attends school, and receives therapy provided by the school.

❖ Because of confusion with regard to the contents of an "in-depth functional profile," ArkSHA developed the following definition, which was included in the final guidelines: An in-depth functional profile is a description of a child's communication behaviors that specifically notes where such communication behaviors are impaired and justifies the medical necessity of therapy. Standardized forms are available for the completion of an in-depth functional profile, but a standardized form is not required.

❖ We also recommended that the option of submitting an in-depth functional profile be included in the criteria for the birth to 3 age group. This recommendation was accepted and included in the final guidelines.

❖ With regard to IQ testing, ArkSHA suggested that the guidelines specifically note the option of submitting an in-depth functional profile for children who test well but have functional impairment in social settings and/or psychiatric problems. DHS agreed and made the revision.

❖ With regard to feeding / swallowing / oral motor therapy services, ArkSHA recommended that the guidelines specifically use the language "in-depth functional profile of oral motor structure and function" as opposed to "in-depth information." We further proposed the following definition of an in-depth functional profile of oral motor structure and function, which was incorporated into the guidelines: An in-depth

functional profile of oral motor structure and function is a description of a child's oral motor structure that specifically notes how such structure is impaired in its function and justifies the medical necessity of feeding/swallowing/oral motor therapy services. Standardized forms are available for the completion of an in-depth functional profile of oral motor structure and function, but a standardized form is not required.

❖ Because initials are such a common practice in various health care professions, ArkSHA recommended that all references to signing progress notes or the like specifically refer to a full signature. This change was agreed upon by the group.

❖ We were also pleased to see that DHS specifically listed the overall contents of an acceptable evaluation in the guidelines.

With regard to revision of Form DMS-640, the Prescription/Referral Form, we submitted comments pertaining to (1) the physician certification requirement on the DMS-640, with which we disagreed, (2) the confusion of references to referrals, prescription and the like, which were clarified in the final version, and (3) the last physical examination" requirement, which we felt needed to be clarified to indicate that, as previously stated by AFMC, any physician visit is sufficient and that a full physical examination need not be performed to qualify. This last recommendation was not accepted. We also requested further guidance with regard to the documentation necessary for a therapist to support communications with a physician about an inadequate or illegible prescription. It was our understanding that some supplemental notes made by the therapist has been alleged to be fraudulent. We recommended that a space be provided for a therapist's notes in this regard along with specific instructions on the contents of such notes; however, this recommendation was not utilized. Also, AFMC and DHS have indicated that a diagnosis of "unspecified development delay" or "developmental delay- not otherwise specified" is generally not specific enough. We were unsuccessful in proposing that some note to this effect be included on the revised Form DMS-640.

We were also unsuccessful with regard to the new prescription requirement for make-up therapy. We felt that the approach proposed imposed arbitrary requirements on both physicians and speech-language pathologists for which other solutions might more effectively resolve the problem identified by DHS. We suggested that it might be more reasonable to require that session be labeled as "make-up" and that the total number of therapy sessions be reviewed over the term of the prescription or over a longer period of time than one week. However, DHS stated that they had encountered some situations in which 3 or 4 make-up sessions were scheduled per week due to the absence of the therapist for vacation or heavy caseload.

Continued

Legislative Council Report

Mary Cherepski & Donna Fisher Smiley

ASHA Legislative Council Meeting

Atlanta, GA - November 22-24, 2002

The following resolutions were passed by LC:

- Approval of the 2003 budget;
- Revision of the ASHA Code of Ethics;
- Resolution that no state will host an ASHA convention more frequently than once every five years to reduce the financial impact on the host state's Association;
- Approved the "Guidelines for Competencies in Auditory Evoked Potential Measurement and Clinical Applications";
- LCCC, the Committee on Special Rules and the Committee on Resolutions will collaborate to review LC procedures;
- Establishment of a joint Ad Hoc Committee on ASHA Program Review to develop an ASHA Program review plan; and
- Approved the document, "Knowledge and Skills in Business Practices Needed by Speech-Language Pathologists in Health Care Settings".

The following resolutions were defeated by LC:

- Requirement that the ASHA Publications Board identify the academic credentials of all authors included in ASHA publications;
- That a second yearly meeting of LC be cancelled and the resolution indicating a second meeting be rescinded; and
- Provision of a mechanism for the LC to directly determine if the position of Speaker of the Council should continue;

Areas of concern voiced at the meeting:

- The cost of the ASHA SLPA Program;
- The cost of producing/mailing hard copies of the ASHA journals;
- SLP shortages; and
- Reimbursement.

NEWS

MEDICARE

- The 2003 Medicare Fee Schedule was completed by CMS and published by the Federal Register on 12-31-02;
- Due to the delay in the publication, providers will be reimbursed under the 2002 payment rates until 3-1-03. Providers should hold for submission any claims for new CPT codes until 3/1/03;
- Positive note: 14 new procedure codes, including new procedure for dysphagia and speech generating devices. New cochlear implant codes will be considered diagnostic and will therefore be reimbursed; and
- The negative side: Significantly lower rates for dysphagia clinical and MBS assessments in converting from G codes to new CPT codes. ASHA is challenging these new rates.

Despite intense lobbying efforts by ASHA and other rehabilitation provider organizations, Congress failed to pass Medicare legislation before adjourning for the year. However, CMS did not implement the \$1500 cap on rehabilitation services on January 1, 2003. The implementation of the cap will be on a prospective per beneficiary

basis. Without legislative action, the cap may be implemented as late as July 1, 2003. Contact your legislators and urge them to support the repeal of the \$1500 cap.

OTHER NEWS

ASHA SID 13's Document Revision Working Group drafted "Knowledge and Skills Needed by SLP's Performing Videofluoroscopic Evaluation of Swallowing". Ready for Peer review soon.

The Ad Hoc Committee on Caseload is developing an implementation manual to supplement the new ASHA "Caseload Standards in the Schools" policy documents (<http://professional.asha.org/community/slp/schools-setting.cfm>)

A subcommittee of the ASHA Ad Hoc Committee on the Role of the SLP in the NICU is developing a practice policy document.

SID 4's steering committee reviewed and began to revise the ASHA Treatment Efficacy Summary Report for stuttering.

Share your
Sound Expressions
with a friend!

ADVOCACY DISPATCH

We reported that it was ArkSHA's experience the need for make-up therapy was generally due to the child's illness or absence rather than the therapist's vacation or heavy caseload, and we argued that the need for make-up sessions due to the child's absence should be addressed in the review guidelines. However, due to DHS's contact with the extreme scenario described, they were opposed to considering any proposal other than a new prescription.

We also recommended that the guidelines include the specific form of measurement that is the most clear to an AFMC reviewer, which is the success of trials compared to the number of trials. The example given was to use the measurement 5 of 10 trials instead of 50% of the time because 50% could mean 1 out of 2 or it could mean 16 out of 32. The recommendation was denied because it is inconsistent with documentation practices taught to

most therapists. You should be aware that the technical denial process is different because the method of selecting charts for retrospective review is different. Instead of using a random sample selected by the child recipient of services, DHS, in coordination with the three therapy associations, decided to use outliers as a threshold for retrospective review. The outlier threshold agreed upon was 120 minutes per week so that cases in which children receive therapy in excess of this amount would be subject to retrospective review. DHS will also conduct random review of 5 percent of the cases in which children are receiving 120 minutes or less per week.

DHS and AFMC have expressed their intention to meet with representatives of the three therapy associations every six months or so in order to monitor this process and address concerns that arise. The ArkSHA Board is also examining the interface between Peer Review Organization review and Utilization Review as reference in the

Medicaid Therapy Manual. If you have questions or concerns about the new retrospective review process, we ask that you document your issues in writing and forward them along with any supporting materials to the association office so that we can take appropriate action.

"Some of you may already know that the retrospective review process will no longer be conducted via mail. Reviews will be performed in the provider's office by AFMC staff. This means that charts need to be kept up-to-date and in the office as much as is practicable. Keep in mind that this process is retrospective review so current working files likely won't be needed. DHS and AFMC indicated that some notice, perhaps 1 to 3 days would be provided to accommodate those who travel".



Clinician's Corner

Minimal Sensorineural Hearing Impairment

Allisun Dulli, M.S., CCC-A - Educational Services For The Hearing Impaired

Children with minimal sensorineural hearing loss are at a distinct disadvantage in many classrooms. A study has shown that even a very mild hearing impairment can cause difficulties in school. The study showed that 1 in 20 students exhibited one of three types of minimal sensorineural hearing impairment: unilateral, high frequency, and mild bilateral loss. The prevalence of hearing loss in schools increases to 11.3% when children with minimal hearing loss are included. This translates to more than five million school-aged children with some degree of hearing loss. Most educators are aware of the impact of moderate to profound hearing impairment on a student's academic performance but are not aware of the impact of a minimal hearing loss. The study found that 37% of children with minimal hearing loss failed at least one school grade, compared to the 3% overall failure rate. The high failure rate leads to a high financial burden on school districts.

Often these children are difficult to identify. They are rarely picked up in routine hearing screenings, or schools lack a sufficient follow-up procedure when students do fail screenings. Some factors that contribute to what seems to be an increase in the incidence of minimal hearing loss are noise related hearing loss, prevalence of middle ear disease, and increased survival rates of premature and at-risk infants.

The most significant problem associated with this type of hearing impairment is difficulty understanding speech in background noise. Students also report becoming tired easily, which is most likely due to the extra effort required to understand.

Specific characteristics exhibited by the preschool population may be
6 depressed receptive abilities; large

amount of jargon with some intelligible words; omission of low intensity, high frequency phonemes and words; or an inability to respond to soft sounds. The school-aged population may exhibit characteristics mentioned above plus several more. Difficulty in syntax; poor expressive speech; auditory processing difficulties and difficulty with abstract meaning are other problems the student with a minimal sensorineural hearing impairment may face. Researchers from the study noted that older students with minimal hearing loss had a poorer self-esteem, more stress, and less social support than their hearing peers.

Several important interventions can improve the student's listening in the classroom. Modifications of the listening environment with carpeting, thick draperies, and acoustically treated furniture and ceiling tiles improve the signal-to-noise ratio and reduce reverberation. Another way to improve the signal-to-noise ratio is with the use of a personal FM or sound field amplification system.

Other recommendations for the student may be to enhance listening skills by providing opportunities for the child to "practice" listening. Auditory programming is also an important intervention for these students. This can be addressed by writing specific individual goals based on stages of auditory development. Lastly, routine monitoring of academic progress and hearing status of the child are important.

Bess, F.H. (1999). "School-aged children with minimal sensorineural hearing loss," *Hearing Journal*, 52(5), 10-16.

Bess, F.H., Dodd-Murphy, J., and Parker, R.A. (1998). "Children with minimal sensorineural hearing loss: Prevalence, educational performance and functional status" *Ear and Hearing* 19, 339-354.

From the Office of the Treasurer

Laura Smith-Olinde

ArkSHA finances as of November 29, 2002:

Merrill Lynch Scholarship Account
Balance: \$17,887.69
\$ 1,682.00 contributed
\$ 231.66 interest earned

Merrill Lynch "Regular" Account
Balance: \$52,142.86
\$ 775.33 interest earned

Regions Bank Checking Account
Balance: \$33,689.49

Convention Income:	\$49,762.00
Convention Cost:	\$30,715.14
For a profit of	\$19,046.86

The good news: We are currently in the black. The bad news: We were a bit optimistic when we set the budget for 2002, overestimating income from both membership dues and the convention.

However, we had enough funds set aside to cover everything, but some "belt-tightening" is in order! The executive committee and board will be discussing what changes we need to make to fit within our (expected) budget for this year and in years to come. If you have suggestions, please feel free to email me at SmithOlindeLauraK@uams.edu. On a second bright note, our expenses for 2002 were actually lower overall than in 2001, so we are already headed in the right direction.

Have you visited
ArkSHA's Website yet?
www.arksha.org

CALENDAR OF EVENTS

* Convention Dates

* Upcoming Workshops

2003 ARKSHA CONVENTION

CALL FOR PAPERS / PRESENTER INFO / MODERATORS

The Program Committee will use this information to review and select quality programs for the 2003 ArkSHA Convention - October 16-17, 2003. It is imperative that the form be complete. If your proposal is accepted for presentation, convention registration is required.

THIS FORM MAY BE COPIED - PLEASE TYPE ALL INFORMATION

PAPER PRESENTATION STUDENT PRESENTATION

PRESENTATION TITLE (maximum of 10 words): _____

AUDIO / VISUAL NEEDS:

VCR //TV OVERHEAD PROJECTOR
 SLIDE PROJECTOR SCREEN FOR LCD

TIME REQUIRED:

30 Minutes 45 Minutes 1 Hour 1.5 Hours

❖ **You must make your own arrangements for acquiring a LCD Projector for Power Point presentations!!**

ABSTRACT Please include an abstract, to be used in the Convention Program, in the space below. (Minimum of 75 words)

Presenter's Name: _____ SLP A A/SLP CCC Ph.D Ed.U.
Circle All that apply

Employment: _____
Address _____ City/State/Zip _____

Mailing Address: _____
City/State/Zip _____

Daytime Phone: _____ Home Phone: _____

Email: _____ Website: _____

CALL FOR MODERATORS

Moderators are responsible for introducing speakers, helping with handouts, and distributing CEU/CPE information. *Please ask a friend to moderate your session and provide the following information:*

Moderator's Name: _____

Address: _____

City: _____ ST/Zip _____

Personal Affiliation: _____

Work Phone: _____

Home Phone: _____

Email: _____

*** For presentations with multiple presenters
- Submit all above information for each
presenter on a separate sheet of paper or
call the ArkSHA office for an additional form.**



Return This Form to:
Robin Gattis
3645 Heidi Court
Conway, AR 72034
Phone: 501-315-0453
Email any question to:
rgattis@conwaycorp.net



NOMINATIONS FOR POSTER AMBASSADOR

Betholyn Gentry, Past President

It is now time to elicit nominations for the 2003 poster ambassador. The Nominations and Elections Committee invites you to submit your nominations of clients who you would like to see recognized as our poster ambassador. You may consider those clients who are irresistible, charming, and full of charisma and/or clients who have made significant gains in therapy or have overcome insurmountable odds. You may e-mail your nominations to bfgentry@ualr.edu or you may send a letter to Betholyn Gentry, 17 Eagle Nest Court, Little Rock, Arkansas 72210. Be sure to indicate in the letter why you think your client should be recognized and their communication disorder. Include contact information for you and the client so that the committee can get back to you or contact the individual directly. Also, attach a photo with your letter or digital photo with your e-mail (if available). Nominations should be sent as soon as possible to ensure that our ambassador is available for "May is Better Hearing and Speech Month" proclamation day.



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CONTRIBUTOR INFORMATION:

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2002 ArkSHA Convention Evaluation Results

1. Are you able to take back at least 3 new concepts or ideas to your job on Wednesday?

YES 94% NO 6%

2. Did the convention offer you courses in a variety of special interest areas?

YES 92% NO 7% MAYBE 1%

3. Did the convention meet your expectations?

YES 91% NO 7% MAYBE 2%

4. Were the facilities conducive to learning?

YES 90% NO 6% MAYBE 4%

5. Did you like the day pattern changes?

YES 37% NO 60% MAYBE 3%

6. Would you like the convention to be held in Little Rock?

YES 62% NO 33% MAYBE 5%

7. If the convention were in LR, would you spend the night in the hotel?

YES 40% NO 58% MAYBE 2%



Deadlines for Submissions

Spring January 15th

Summer April 16th

Fall July 16th

Winter October 15th

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