**Georgia Commission on Hearing Impaired and Deaf Persons**

**Tuesday, December 12, 2017**

**1:30 p.m. – 4:30 p.m.**

**Atlanta Speech School**

**3160 Northside Pkwy NW**

**Atlanta, GA 30327**

**Meeting Minutes**

**Members Present: Dr. Jiovanne Hughart, Mr. Jim Lynch, Dr. Beth Lytle, Ms. Cathy Torie and Mr. Comer Yates**

**Members Absent: Mr. Chuck Leavell, Ms. Mary Reed**

**Staff Present: Ms. Katherine Cadena**

The meeting was called to order by Mr. Yates.

Mr. Yates welcomed members and guests to the meeting. Meeting minutes from September were approved after a motion was made and passed.

Dr. Stacey Tucci with Georgia Pathway discussed the proposed legislation that is intended to be presented during the legislative session. The members who assisted with proposed legislation included Deaf community leaders and a smaller work group of about 25 people which involve members from Georgia Hands and Voices and parents of listening and spoken language children. Pathway examined who the bill might potentially affect and made sure there are representatives from stakeholder groups. They have met for a year to develop content of the proposed legislation. Ms. Kelly Jenkins, who wrote the bill for Let Georgia Hear, has written this draft. She reviewed Lead K bills from other states that both passed and failed to ensure the proposed legislation would be warmly received. Deaf leaders are reviewing the content now and will provide feedback this week. The draft will then go back to the members of the work group. Mr. Yates gave a summary of the draft: There are approximately 300 children in Georgia every year who are born deaf or hard of hearing. The number of children who are receiving the required early intervention within six months is anywhere from 57% to 65%. Three percent of children who are enrolled in special education are proficient readers. This current approach does not match the responsibility that our state has to a child who is deaf or hard of hearing. This bill is different than other states because the intervention is looked at on an individual basis, a birth to literacy plan, an interagency collaboration and a comprehensive engagement with each family member with public accountability for literacy for each child. It starts with the Department of Public Health, then the Department of Early Care and Learning and then the Department of Education. There would be language in the Bill to add three additional members to the Commission and a stakeholder group as well as a multiagency task force. For rural areas, tele-practice and mobile vans for audiology as well as other innovations will advance in the next few years. Medicaid has now opened a code so that therapists can bill Medicaid for teletherapy. Mr. Yates thanked the work of the team: Ms. Amy Cohen Efron, Mr. Jimmy Peterson and Ms. Wende Grass. A motion was made for the Commission to submit the bill for consideration of the legislation of the general assembly. The motion was seconded and passed. Ms. Effron with Atlanta Area School for the Deaf thanked the Commission for the support of the project.

Ms. Michelle Davidson spoke about the Hearing Aid program with Georgia Lions Lighthouse Foundation (GLLF). She thanked the Commission for their support of an increase in benefits from the Public Service Commission (PSC) within the contract. The contract moved from increasing the benefit for the adult program from $175 to $215 for the provider fee. They are working on informing providers and having the contracts signed with the updated reimbursement rates. The adult program is capped at 1,000 patients and the next contract period will focus on removing that cap. The most significant change in the pediatric program is the reduction in copayments, which should increase accessibility to the program. In the last twelve months, they saw 50 patients, with a cap of 120 patients per year. Marketing dollars are going to rural communities. Post cards and brochures will be sent out to audiologists. An area of concern was being able to serve patients under 200% of the federal poverty level because those children generally qualify for Medicaid and many of them seek services at GLLF. Some of those families elected for private insurance where insurance didn’t cover a hearing aid. Others applied but hadn’t received approval/denial for Medicaid. Some were for Bone-Anchored Hearing Aids (BAHA) and Medicaid doesn’t cover BAHA. There are issues around medical coding. A personal example was given regarding approval for surgery from Peach Care but denial for the implant device. Because of scientific research addressing the reading brain, PSC will allow GLLF to continue to see children below 200% of the poverty level with the expectation that there will be documentation regarding insurance verification. This has now been formalized in the contract. The expectation is if the child was eligible for Medicaid, GLLF will tell the parent to apply for Medicaid, on behalf of the child. If the child returns in three years to receive a new hearing aid, then GLLF must insure that the family has gone through the Medicaid process and been declined or disqualified before allowing them to participate in the program again. Prior to the contract GLLF was receiving a flat fee per service package and now there is a reimbursement structured contract where PSC funds will pay the difference between providing the hearing aid and the patient’s co-payment. The new structure is more transparent.

Dr. Tucci reported on the Early Hearing Detection and Intervention program on behalf of Dr. Kelly Dundon. She explained that Part C Medicaid is from birth to three years and is under the Department of Public Heath with the Babies Can’t Wait program and Medicaid Part B is with the Department of Education that covers children with disabilities from age 3 until high school graduation or longer if they have a disability that allows them to extend schooling. Some children don’t enroll in Part B because they don’t have a disability that qualifies them for service and have typically developing language. Of 54 children in the 100 Babies Project on Part C who had an Individualized Family Service Plan (IFSP), only nine children moved to Part B. Seventy percent of those 54 children had delays in expressive language and 46 children had delays in receptive language. Thirty-six children from the 100 Babies project who were included in Part C should have transitioned to Part B, but only nine children did. DPH and DOE databases don’t communicate with each other.

Mr. Jim Lynch spoke on looping. He discussed having areas near Lake Oconee and the Loudermilk Center in Atlanta looped.

Mr. Yates said he would communicate with Georgia Independent School Association regarding hearing loss prevention for band students.

There was a motion to adjourn the meeting. The motion was seconded and passed. The meeting was adjourned.

The meeting dates for 2018 are as follows:

March 20, 2018 at the Atlanta Speech School

June 19, 2018 at the Auditory Verbal Center

September 18, 2018 at the Atlanta Speech School

December 11, 2018 at the Auditory Verbal Center