

Georgia Commission for the Deaf and Hard of Hearing (GCDHH)
Tuesday, September 17th, 2019 1:30 p.m. - 4:30 p.m.
Atlanta Speech School
3160 Northside Parkway
Atlanta, GA 30327

Meeting Minutes

Members Present: Ms. Jennifer Clark, Dr. Chip Goldsmith, Dr. Jiovanne Hughart, Ms. Kelly Jenkins, Mr. Jim Lynch, Dr. Amy Lederberg, Dr. Beth Lytle, Ms. Ellen Rolader, Ms. Dana Tarter, Ms. Deshonda Washington and Mr. Comer Yates,

Members Absent: Mr. Jimmy Peterson

The meeting was called to order by Mr. Comer Yates.

GCDHH shared appreciation for parting GCDHH manager, Katherine Cadena and introduction of interim manager, Lucius McDowell.

Comer Yates, Chair GCDHH, makes a motion for commendation of Katherine Cadena for her public service and leadership and support, and commitment to children and adults in Georgia who are deaf and hard of hearing. Commissioners voted to approve.

Commission's 2019 Annual Report Governor and General Assembly

- Dr. Tucci shared that the GCDHH Annual Report was e-mailed to Governor Kemp's office, the Speaker of the House, and the Lieutenant Governor on Friday, September 13th, 2019 as well as other legislative support staff. There will be a follow-up certified mailing with a hard copy of the report as well. Additionally, the report is now live on the Commission website at <https://dhs.georgia.gov/organization/about/languageaccess/georgia-commission-deaf-or-hard-hearing>. Commissioners and the public alike may download it as a PDF and share.
- Dr. Tucci shared visuals from the report and highlighted the Georgia DHH Ecosystem and the major stakeholders, as one of the areas of focus when speaking directly to the legislature or the governor's office, specifically number six which encompasses the entire ecosystem as the Commission is looking at how policy impacts the DHH Ecosystem.
- Commission to consider supporting mandated school hearing screenings for elementary and middle school students in grades PreK, K, 1st, 3rd, 5th,

and 8th grades. Next steps: Commissioners will complete research on the implications of such a mandate before any additional steps are taken.

Georgia's Lighthouse Foundations: Sound Waves Pediatric Hearing Aid Program Update

- Dr. Tucci shared updated media/marketing plan for Sound Waves – the Public Service Commission approved an additional \$20,000 to be able to support Soundwaves marketing. Lighthouse (Soundwaves) team created rack cards, flyers, posters in English and Spanish and they are working on a distribution plan for print copy materials through school audiologists, pediatrician offices, early intervention providers, and general audiology offices. Facebook and Twitter...social media presence increasing. Newly branded social media accounts are listed under Soundwaves not Georgia Lighthouse. The application is now fully online and in English and Spanish.
- Dr. Tucci shared that to meet the maximum of allowable clients (120 pediatric client per contract year), the Lighthouse needs to consider the school age population and a partnership with GaDOE.
- Issues around reimbursement for audiologists were discussed...\$2,400 for 36 months of follow-up care (\$800 a year). That is less than what they would probably be reimbursed if they were using a private insurance reimbursement scale. However, it is aligned with what they would be reimbursed if they were working with Medicaid recipients. Additional concerns regarding Medicaid approval periods were discussed. However, no actual data for Medicaid approval times and the number of children who are DHH
- Commissioner Washington asked if the Soundwaves program works directly with pediatric audiology referrals regarding specific prescriptions for hearing aids. Dr. Tucci's shared that the Lighthouse (Soundwaves) team negotiates with each manufacturer to come up with a cost per device that is comparable to what a private audiologist would pay, whatever is on that available device list is what the audiologist can choose from. There are cases in which they have made exceptions for particular devices based on the individual need of the child.
- Additional discussions related to (1) Medicaid application processing time, (2) access to diagnostic exams (i.e., Auditory Brainstem Response, ABR) and teletherapy, (3) early and accurate identification and appropriate services, and (4) OCGA 30-1-5 legislative one-pager.
- State does not have the professional capacity to serve the current family/child demand while meeting best practice timelines. The state does not have the infrastructure to serve the entire DHH population and to serve them on the timelines that we know support the best outcomes (linguistic and academic).

Commissioner Jenkins shared she met with Dr. Carl White (one of the people behind newborn hearing screening across the States; he currently works with the CDC.) Dr. White encouraged showing the numbers of the DHH children the state is losing at each transaction in the DHH Ecosystem, not only the percentages. He also encouraged building executive communications so that people who can make change in the legislature can understand and act upon the executive dashboard from the Annual Report. Dr. Tucci shared the Ecosystem Funnel graphic and Commissioner Jenkins, Dr. Brand Culpepper explained the difficulty in accurate reporting but also the differences in reporting to the CDC versus HRSA. Additional discussions regarding initial enrollment into early intervention versus ongoing services were led by Commissioner Washington and Dr. Tucci. Topics included public versus private services and required reporting, lack of hard numbers/data much of the current Early Intervention service data is anecdotal.

Discussions related to Commission funding as well as Georgia PINES funding was led by Commissioner Rolader and Dr. Tucci. These are just the four things we've elevated: (1) looking at funding for the commission, (2) having the legislators consider legislation around mandating school hearing screenings, (3) supporting the commission and the Department of Public Health around compliance with reporting windows, and (4) funding for Georgia PINES, because they are the only DHH specific free statewide early intervention provider in Georgia.

OCGA 30-1-5 Stakeholder Advisory Committee Update

- Dr. Tucci shared that there are four deliverables in the legislation, two active work groups around the first two deliverables: (1) the language milestones deliverable and (2) the assessment deliverable. The Advisory Committee is creating a document language milestones birth to eight years of age for American Sign Language (ASL), spoken English, and home language, we'll focus on Spanish first. We have a completed draft of the milestones for spoken English, a partially completed draft of the milestones for ASL. We'll use those drafts to generate the home language draft.
- The other two deliverables, one is a parent and professional resource website.

Dr. Jessica Bergeron, Dr. Melanie Carter, and Dr. Monica Patterson of the Georgia Mobile Audiology Program shared the following updates:

- We've been doing kind of a road show tour of all of the rural areas of Georgia to talk specifically and ask about what's happening in your community, what do you need from us, what are things that you might need to let us know.

- Two focus areas are (1) very high need areas in Georgia, particularly in rural counties (including access to nonsedated ABR exams) and (2) school hearing screenings.
- ABRs - age cut off is typically four months for a lot of hospitals and private practices, because the way the appointment works is parent brings in child, you need this child to be able to sleep soundly so the audiologist can read these wave forms on a computer. There are many challenges getting children diagnosed before three months. The test can be done in at offsite locations, so the machine itself is portable. That is one of probably the lowest hanging fruit in terms of the dashboard you saw, where it's like 32% that if we can get these kids diagnosed, then there's a huge opportunity to lower that loss to follow up, and get the number of kids diagnosed by three months pretty quickly if Dr. Carter can get out there and get that diagnostic exam done before four months, some of the kids waiting right now for a diagnostic ABR are too old. They still have to go get that sedated ABR at the hospital.
- Commissioner Lederberg asked about a partnership with the agency that collects data re: ABR completion, Early Hearing Detection and Intervention (EHDI). We're already working on the MOUs we need in order to get use much space so Melanie can go there and do the diagnostic. Dr. Bergeron and Dr. Culpepper shared that they are working on a formal collaboration.
- Commissioner Lynch asked about rural scheduling: Dr. Bergeron shared that they are working on a website and online scheduling. The family engagement coordinator, Mrs. Stormey Cone, lives in South GA and understands the unique needs of rural communities.
- Dr. Bergeron shared information related to school systems implementing school hearing screenings. One-third of the school districts in Georgia do mass hearing screenings. Right now, we have a wait to fail model. Children have to be screened if they get referred to special education which means they are already showing areas of challenge in school. So that's when we're screening kids and the other time where they have to be screened is if they get referred for disciplinary -- if they get suspended or expelled from school. A big part of what we're going to do with Dr. Patterson, the other audiologist is work on helping set up mass hearing screenings programs. We are creating a starter kit, a school district starter kit for mass hearing screenings.
- Dr. Paterson is also building awareness around utilizing the SENDSS, the surveillance system that Dr. Culpepper manages. A lot of the rural counties aren't using it or not using it regularly or they might have somebody who uses it that's not always there, so making sure they have that information so they are reporting to the surveillance system.
- Dr. Bergeron shared that The Georgia Pediatric Audiology Network (GPAN) for all Georgia pediatric audiologists to have a platform to talk to

each other. When we were meeting with providers throughout the state of Georgia, it would be like two people in a practice, maybe one person who serve this entire region and they have no one else to bounce ideas off of and know what they are doing, so we feel like that is going to be a crucial point and expanding knowledge, learning from each other, and also figuring out what resources are available for families.

There being no further business, after a motion was made and seconded, the meeting was adjourned.