

Medicaid, Medicare, Medichange!

— by Cindy Gill, Past Vice President for Professional Services

For speech-language pathologists and audiologists who are familiar with direct billing procedures, funding resources present a maze of confusing regulations. Medicare, familiar to those providing services to the elderly, is a federal program that provides health care funding for the disabled and those over 65. Medicaid, more familiar to those who provide services to children, is a state and federal cooperative venture that provides funds for medical coverage to eligible persons who might not have medical care otherwise. Further, children enrolled in Texas public schools who meet certain criteria (i.e., they are Medicaid eligible, under age 21, have a disability, and have an IEP that prescribes services) qualify for a Medicaid financing program called SHARS (School Health and Related Services). This program, a joint venture between the Texas Education Agency (TEA) and the Texas Health and Human Services Commission (THHSC), allows local school districts to obtain Medicaid reimbursement for certain services provided to children in special education.

A recent ruling of Medicaid rules that may affect Texas SLPs working in the public schools

involves the question of *who prescribes* services for SHARS participants. The new ruling, which appeared in the July/August Texas Medicaid Bulletin, has removed the SHARS requirement that only a physician can prescribe speech services in order for them to be reimbursable. The ruling is retroactive to September 1, 2003. **Arnulfo Gomez**, HHSC Medicaid/Children's Health Insurance Program (CHIP) Program Development Acute Care Benefits, reported the ruling as follows:

"Effective for SHARS speech therapy services delivered on or after September 1, 2003, to be in compliance with 42 CFR 440.110, the referral for speech therapy services can be either from a physician or other licensed practitioner of the healing arts (LPHA) within the scope of his/her practice under state law," "Since a licensed speech-language pathologist (SLP) meets the criteria as an LPHA, the referral for SHARS speech therapy services can be made by a licensed SLP effective with services delivered on or after September 1, 2003."

"In order to submit claims for speech therapy by a licensed SLP, the client's Individual Education Plan (IEP) must clearly reflect documentation from a licensed SLP to support the medical necessity of these services for the student to be able to participate in the educational program. This change in service referral guidelines is only applicable to SHARS speech therapy and to no other SHARS services."

Linda Keese, Coordinator for Special Education Services in Plano, responded, "The news that licensed SLPs are bonafide licensed health care providers is certainly good news for districts. We no longer have to have a physician go through all Medicaid IEPs and provide the medical referral for speech therapy for our claims."

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Get Involved!

— by Lynn Flahive, TSHA President



As the summer ends, many of you are about to start a new academic year or perhaps your children are getting ready to go back to school. You are beginning to make commitments to help with various activities and events. As you make these commitments,

please make time for TSHA. We have a strong association but it is only as strong as our members. TSHA has something for everyone.

Perhaps you enjoyed the tremendous convention in San Antonio this past April. Nearly 3,000 members learned at over 100 sessions, browsed the many exhibitor booths, and mingled with friends, old and new. The effort of more than 100 volunteers helped make the convention so successful. You could help out the Local Arrangements Committee this coming March 31–April 2, 2005, in Austin. Vice President **Tiffany Leach** would love to have your assistance.

Maybe you are interested in literacy, pediatric dysphagia, augmentative communication, private practice, or public schools issues. Vice President **Debra Bankston** can help you join a task force that will meet your interests. Perhaps you love to "sell" things. Consider helping out Vice President **Rosario Brusniak** in the Public Information and Marketing area. This group helps to write new pamphlets on topics of interest to our members and consumers. They are also in the process of setting up a new task force on advertising. You could help sell TSHA!

Do you love politics? Vice President **Melissa Sweeney** would like to have your help. A new legislative session will begin in January 2005, and we need every TSHA member to be proactive and supportive. At the convention, many of you signed up for e-mails that will be sent out as the legislative session gets underway. If you want to add your name and e-mail address to this list, just let Melissa

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Nominations and Elections

— by Keri Gonzalez, Kathy Thomas, and Teri Mata-Pistokache

The Nominations and Elections Committee worked hard to solicit nominations, verify qualifications, and confirm results for Vice President for Educational and Scientific Affairs and Vice President for Public Information and Marketing. Slated for Vice President for Educational and Scientific Affairs was **Donise Barringer**. Denise Barringer was accepted by acclamation. Slated for Vice President for Public Information and Marketing was **Donise Barnett** and **Ann Shaw-King**. The election winner was Ann Shaw-King. The Nominations and Elections Committee would like to congratulate all who participated and wish the new officers the best.



Congratulations to TSHA's newly elected officers

Denise Barringer (left): Vice-President-elect for Educational and Scientific Affairs

Ann Shaw King: Vice-President-elect for Public Information and Marketing

Get Involved

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know. It is important that you remember that as a speech-language pathologist or audiologist, you know more about our professions than a legislator. So, use your knowledge and expertise to inform your local senator or representative about what a speech-language pathologist or audiologist does.

You don't like politics? TSHA might be able to help you understand the process better and become more willing to advocate for issues that affect our professions. Check the upcoming issue of the *Communicologist* and your e-mail for information about the Fall Legislative Day that will be sponsored by the TSHFoundation. TSHA and the TSHFoundation will provide an educational session in the morning that will address issues about the legislative process as well as how to talk with representatives and senators. Participants will then go to the Capitol to meet with their representative or senator. It is a wonderful way to understand the legislative process and to go with TSHA friends.

TSHA has many other opportunities for all members to be involved in. It is through the time, effort, and commitment of our members that TSHA is Progressive, Encompassing, Essential, and Powerful (PEEP). The Executive Board uses this acronym to guide us in accomplishing our goals. Please help TSHA to continue to grow by making a commitment to be involved in TSHA.

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Aldine ISD Celebrates Better Hearing and Speech Month

— by Becky Gonzalez

To celebrate “May is Better Hearing and Speech Month,” the speech-language pathologists from Jose de Santiago EC/PK Center in Houston invited “Celebrity Readers” to read the book, *Matt Learns to Read* to all students identified as speech impaired. *Matt Learns to Read* was written by the Reading Initiative Committee of the Texas Speech-Language-Hearing Association (TSHA). Celebrity readers included US Congressman **Gene Green**; Aldine ISD Superintendent **Nadine Kujawa**; School Board member **Steve Mead**; Area Superintendent **Doris Delaney**; and Director of Special Education **Lynn Prussia**. At the conclusion of the reading, each child was given a copy of the book in either Spanish or English, so that they might enjoy being read to at home by parents. Congressman Green also read *House Mouse, Senate Mouse*, by **Peter W. Barnes** and **Cheryl Shaw Barnes**, to a group of students. An autographed copy of this book and a flag were presented to the school by Congressman Green. Community leader and speech-language pathologist **Sylvia Bolling** performed/signed “The Three Little Pigs” and had everyone, including adults, asking for more! Jose de Santiago EC/PK Center speech-language pathologists are **Becky Gonzalez**, **Kenyetta Bolling**, and **Janeen Ransom**.

Congressman Green reading House Mouse, Senate Mouse to the students from Jose de Santiago EC/PK Center.



(left to right) SLP Janeen Ransom, SLP Becky Gonzalez, U.S. Congressman Gene Green, SLP Kenyetta Bolling

Teacher Tammy McCutchen signing as Aldine I.S.D. school board member Steve Mead reads Matt Learns to Read.



Community Leader and SLP Sylvia Bolling performing “The Three Little Pigs.”



TCU NSSLHA Gets a “Head Start” on Better Speech and Hearing Month

— by Christine Schmidt, TCU NSSLHA President

During “May is Better Hearing and Speech Month,” the TCU chapter of the National Student Speech-Language-Hearing Association teamed up with the Texas Speech-Language-Hearing Association in its effort to spread the message about the importance of reading to children at a young age

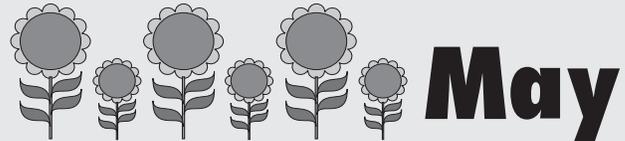


TCU student Jade Alexander, junior speech-language pathology major, reads to students.

TCU NSSLHA members met for their final event of the spring semester at the Worth Heights Head Start Center to read and distribute copies of TSHA’s children’s book, *Matt Learns to Read*. Young ones gathered around to hear about the many things Matt would be able to do once he went to school and learned to read. The story was presented first in English with sign language, and then in Spanish.

At the conclusion of the event, each child was given their own copy of *Matt Learns to Read*, written in either Spanish or English, to take home and read with their parents or caretakers. Each book had a section in the back about the benefits of reading to children at a young age to help encourage the parents and caregivers to continue to read with their children.

As the children left with smiles on their faces, and new books in hand, there was no doubt that TCU NSSLHA and TSHA had given them a head start on becoming the next generation of readers.

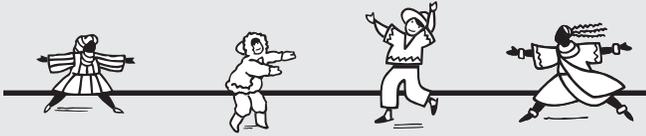


*Begin planning now for
May is Better Hearing and
Speech Month!*

Visit the TSHA Web site at
www.txsha.org/products/mayisbetterspeechandhearingmonth.htm
to view the resources available to you!

CLD Corner

— by Becky Gonzales, Task Force for Linguistic Diversity Chair



QUESTION

Does the CELF-3 Spanish Edition over-identify kids as having a problem?

ANSWER

The CELF-3 Spanish Edition is a useful test as long as it's being utilized with the right child. Taking a look at its large normative population, you will find that it was normed entirely on BILINGUAL Spanish speakers, most of whom have English as their other language. All of the participants were reported to be fluent Spanish speakers, but no formal measures of language proficiency were employed to assess levels of fluency.

Practically, this means that the test can give you a fair picture of conversational (grammar/sentence construction) language skills of students who are conversationally fluent in Spanish. It also taps some more advanced language skills with the Word Associations subtest and the Listening to Paragraphs subtest.

However, there are two groups of children for whom this measure alone may not provide a clear picture of language skills; first, with those who are enrolled in bilingual (native language) education. These students have had opportunity to develop more advanced language skills in Spanish, and so the CELF-3 Spanish Edition may OVER estimate their abilities. Therefore children who are struggling with language-based tasks in the bilingual classroom may score well within the average range on the CELF-3 Spanish Edition.

The second group for whom the CELF-3 Spanish Edition may give a questionable picture is the group of children who are speaking primarily English at this point in their lives. This profile is seen frequently when children have been enrolled for several years in English-only education, and also utilize English as their primary language in the home (often with their older siblings). These students frequently experience the phenomenon of "language loss" in their first language, and simply don't have the Spanish conversational fluency to do well on this measure. They generally are still limited English proficient, but they are English dominant.

Because of risks involved in using and interpreting the CELF-3 Spanish Edition with these two groups of children, the following suggestions are made:

With the group of children who are receiving opportunities to develop advanced Spanish language skills, the CELF-3 Spanish Edition can be utilized but should also be accompanied by language sampling, work samples, teacher reports, and other measures in order to avoid over-estimating abilities. A child may clearly qualify for services based on informal measures and yet have a CELF-3 Spanish

Edition score within the average range.

With the group of children who have experienced first language loss due to lack of opportunity for continued native language development, the CELF-3 Spanish Edition is not recommended for use.

A thorough history of the child's language use in their home and throughout their school program should be obtained prior to the testing, and language proficiency assessment should also be taken into account before selecting measures to use.

Assessing bilingual children is never black and white. While standardized tests do exist in English and Spanish, we must not rely on scores alone. The most appropriate testing involves additional measures—including language sampling, parent/teacher interviews, observation in the classroom and other contexts, and so on. The CELF-3 Spanish Edition is a useful tool, however, it should not be used alone.

QUESTION

Is there a law that states whether the therapy needs to be given in the student's native language or in their educational language?

ANSWER

Current law states that "in the case of a student with limited English proficiency, consider the language needs of the student as those needs relate to the student's IEP." (IDEA '97 SEC.614). In other words, the speech therapy services should be developed to enable the CLD student to receive an educational benefit. (See court case *Fernando P. v. Pasadena Independent School District*, 1991, *Fernando P. v. Pasadena ISD* TEA Docket No. 366-SE-072 January 2003). It should be the ARD committee's decision as to the language of speech therapy services, but the SLP should make an informed recommendation based on assessment results. It must be a case-by-case decision. Much depends on the child's proficiency in his native language, proficiency in English, and his language of instruction. Langdon and Saenz (1996) state that services should be provided in the stronger language. Information on language dominance and proficiency obtained during the assessment will be necessary to determine language of service delivery. In cases where no clear dominance can be determined, serious consideration should be given to providing services in the home language. This will promote the development of very important first language skills and facilitate family involvement as well. Research has demonstrated that new skills learned in the first language typically transfer to the second language (English).

ASHA (1985) addresses this issue of provision of services to minority language speakers with communication disorders. Depending on the client's English language proficiency, recommended competencies vary for the SLP.

Resources:

ASHA (1985). Clinical management of communicatively handicapped minority language populations. *Position Statement*. ASHA, 27.

Langdon, H.W. & Saenz, T.I (1996) *Language assessment and intervention with multicultural students*. Oceanside, CA: Academic Communication Associates.

ATA Report

— by Allison Morgan, Telepractice Task Force Chair

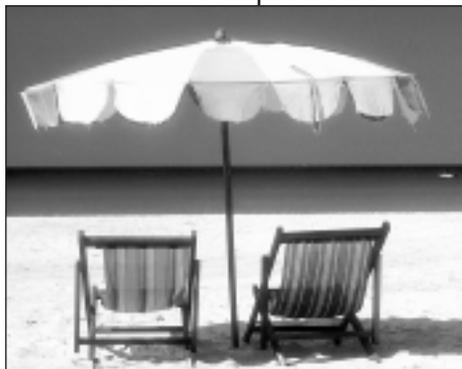
This is **Allison Morgan** reporting from the shores of Florida. Ahhh—the warm sand tickling my feet, the sun on my face, the cool breeze blowing over the ocean.

WAKE UP!

You are supposed to be reporting on the TELEPRACTICE convention! I do have to say that Florida is a wonderful place to hold a convention in the summer, and yes, the convention was great, too. In fact, there was a great deal to be learned in the time that I spent at the American Telemedicine Association (ATA) convention.

Convention highlights included sessions for business planning for telepractice, legal concerns in telemedicine, and human factors in the implementation of tele-programs. A sea of information was gained from exhibitors such as the Princeton Autism Technology company and the Center for Telemedicine Law as well as the hundreds of exhibitions of equipment and technology.

I attended the sessions in great hope to find ANSWERS to our current shipwreck regarding reimbursement and legal issues. What I found was that the ATA and partners in telehealth are in the same boat



as speech-language pathologists and audiologists with regards to the sharks that continue to lurk around the lack of rules for licensure and reimbursement. However, the ATA is at the forefront of governmental policy regarding these issues, and I am confident that we will see great waves from the ATA within the next few years.

I attended a session titled, “Transactional Presence in Primary Care

Telemedicine.” This session discussed the clinical implications of human factors related to telepracticing. The definition for transactional distance was introduced as the “the perceived interpersonal closeness between the practitioner and patient...as perceived by the patient respondents.” In a research project conducted by UTMB (University of Texas Medical Branch) to determine the significance of transactional distance, patients and providers were asked to rate telepractice versus in-person sessions. Results were as follows:

- Patient’s comfort levels were rated at 95.25% compared to in-person sessions
- Provider’s comfort levels: 92.5%
- Both patient’s and provider’s global satisfaction: 90%

As I waded through the vast ocean of information, I stumbled across a bright shell that whispered there was money available in GRANTS for those that would seek it. Access One Grant Writing <shughes42@cox.net> is a consulting firm that assists interested persons in developing various local, state, and federal grants for telepracticing. There are thousands of dollars available for telepracticing for willing participants in the field. From what I gathered from the captains at the convention, grants are the BEST way to be reimbursed for services at this time.

Following the 2004 ATA convention, the TSHA Telepractice Task Force established goals for the 2004–2005 year. These goals include increased hands-on education by inviting various telepractice technology exhibitors to the 2005 TSHA convention and posting links on the TSHA Web site for pertinent “Telepractice” information gained from the convention.

As the sun sets on my tele-adventure, I must say that there is hope in reeling in a “big one” if we continue to cast our line. Many people around the world have suited up and are diving in for better care and service for our patients.

Speech-language pathologists and audiologists are most comfortable at this point to be on the boat looking out over the beautiful waters—admiring the view. What we must do is JUMP in, get our feet wet, and enjoy what lies beneath! What you will find might just be a hidden treasure waiting to be discovered!

FPO

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place in this space and
center vertically and horizontally*

Private Practice Listserv Now Available

The Private Practice Task Force announced that a new listserv is available to facilitate networking among Private Practice SLPs. To subscribe to the list, type <slps-r-us-on@txsha.org>. To send messages to the list, type <slps-r-us@txsha.org>.

Pediatric Dysphagia Task Force

— by Kelly Lauck, Pediatric Dysphagia Task Force Co-chair

The Task Force for Pediatric Dysphagia continues to examine the issues involved in working with children who have feeding/swallowing disorders. We have previously been focusing on school-based speech-language pathologists and their role with students who have dysphagia. Starting in fall 2004, we will begin looking at issues affecting the SLP who works with the early childhood population and how transition should be addressed when these children enter the public school. If you work in ECI and have any issues or areas of concern you would like addressed please contact the Task Force on Pediatric Dysphagia at khlauck2@yahoo.com.

Medicaid

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However, she did express concerns over the words “medical necessity” (i.e., “the IEP must clearly reflect documentation from the licensed SLPs to support the medical necessity of these services”) in the ruling and how SLPs were going to make those wording changes in their IEPs.

The Office of Interagency Coordination at TEA has received numerous phone calls expressing similar concerns about the Medicaid rule language. However, the Director of that TEA office, Linda Crawford, acknowledged that the rule change does not affect the way a SLP performs his/her duties or the language used for the IEP. The only change is that the district has the option of using a licensed SLP as the LPHA instead of a physician.

She stated that “Medical necessity is a Medicaid term. It does not change the way school districts are providing and billing for speech therapy to Medicaid-eligible students. Speech therapy is recognized as both a medical and educational activity, thus providing credence to the medical necessity language in the rule. Speech therapy provided in the school setting serves the purpose of both Medicaid and IDEA. School staff are providing therapy (a medical service) for educational reasons, as is done for occupational therapy, physical therapy, etc. The term ‘medical necessity’ does not add additional requirements to school staff.”

Speech therapy services, along with the other SHARS services, are reimbursable under SHARS if the school district meets Medicaid guidelines, such as provider qualifications, service required by the IEP, and properly maintained required documentation.

The new ruling makes sense in light of the fact that SLPs have always been autonomous—that is, they could prescribe treatment and provide services without the approval of any other practitioner such as a physician. However, in order for those services to be funded by Medicaid, a doctor’s signature has previously been required. Removal of that requirement for children in the SHARS program will streamline the provision of speech therapy funding for Texas children.

For additional information visit

<<http://www.tea.state.tx.us/interagency/shars.html>> and

<<http://www.hhsc.state.tx.us/Medicaid/>>.

FPO Specialized Speech Fluency Services, LLC

1/2 page vertical

The Nuts and Bolts of CCC and Licensure Maintenance

— by Carol Williams, ASHA Certification Maintenance Program Manager

ASHA knows that many TSHA members have questions about maintaining their CCCs, using the ASHA CE Registry and maintaining their state or other local licensure or certification requirements. Below are resources that may answer some of those questions.

ASHA certification maintenance: There are several options for maintaining the ASHA Certificate of Clinical Competence. Individuals may accumulate the required hours (30 contact hours every three-year maintenance interval) by using any combination of the following options:

1. three ASHA CEUs;
2. three CEUs from a provider authorized by the International Association for Continuing Education and Training (IACET);
3. 30 contact hours of employer-sponsored in-service activities or continuing education activities from other organizations, professional associations, educational institutions, etc.; and/or
4. two semester hours of college or university course work.

For example, an individual could earn 0.7 ASHA CEUs (equivalent to seven contact hours), 13 contact hours from employer-sponsored in-service activities, and 10 contact hours from an "other" professional association (i.e., IACET, AAA, teacher's association, OT/PT, CME, etc.). This combination would be equivalent to 30 contact hours and would meet the requirement.

Individuals who wish to use option 1 will have to become a member of the ASHA CE Registry and will not have to maintain any documentation. The Certification unit will electronically access the individual's Registry record to confirm that the maintenance requirement was met.

Individuals who use options 2–4 will not be earning ASHA CEUs and will not use the ASHA CE Registry. These individuals will be responsible for maintaining documentation on their activities as well as reporting those activities to ASHA. However, there is no prior approval required from ASHA to use continuing education activities under options 2–4. As long as the activity occurs during the assigned three-year maintenance interval and meets the definition of professional development in the certification standards, the activity will be accepted towards meeting the certification maintenance requirement.

Contact ASHA for more information on maintaining your ASHA certification, such as

- determining your first three-year maintenance interval,
- converting CEUs or college credit into contact hours,
- record keeping and documentation, and
- assuring that an activity is acceptable.

You can also view or download "Guidelines for Maintaining the CCC-A" and "Guidelines for Maintaining the CCC-SLP," record keeping forms, and verification of attendance forms. Alternatively, these materials may be ordered by calling ASHA.

An "Orientation to Maintaining the ASHA Certificate of Clinical Competence" is available for use by state associations and professional development supervisors responsible for providing continuing education in the workplace. Please contact **Carol Williams**, Certification Maintenance Program, 800/498-2071 ext. 4240, for

information on how you can utilize this Orientation to educate your colleagues about maintaining the ASHA CCCs.

Contact ASHA at 800/498-2071, e-mail <certification@asha.org>, or check the ASHA Web Site at <<http://www.asha.org>>. Click on "About ASHA," "Membership & Certification," and then "Maintenance of Certification."

ASHA CE Registry: The ASHA CE Registry is a computerized database that awards ASHA CEUs on behalf of ASHA's Continuing Education Board (CEB), and maintains a permanent, cumulative transcript of your ASHA CEUs. There is an annual fee (\$24 for ASHA members, \$34 for nonmembers) for this service.

Anyone can use the ASHA CE Registry to maintain a permanent record of his or her ASHA CEUs. Registry users do not have to be members of ASHA. Participation in the CE Registry is optional.

For more information about the ASHA CE Registry and ASHA CEUs go to <<http://www.asha.org/about/continuing-ed/>>. If you have questions, please contact ASHA CE at <continuinged@asha.org> or 800/498-2071.

State Regulatory Requirements: State licensure/teaching certificate renewal is a separate requirement from the requirement for maintaining your ASHA certification.

Many states will accept continuing education activities that are offered through an ASHA-approved CE provider. You may be able to use your ASHA CEUs to meet your state regulatory requirements and use the CE Registry transcript as documentation. However, that does not necessarily mean that the states will recognize the other three options available to you for maintaining your ASHA CCCs (employer-sponsored in-service, other organizations who offer professional development activities, or academic course work).

If your state does accept ASHA CEUs, employer-sponsored in-service activities, other organizations' activities, and academic course work, you may be able to use the same activities to meet both your state regulatory requirements and the ASHA certification maintenance requirements. As long as the activities occur during your assigned three-year maintenance intervals and meet the definition of professional development, ASHA will accept the activities for meeting the requirements to maintain your CCCs.

Many people ask why ASHA is not accepting current state licensure as evidence of participation in professional development activities. Because every state has different requirements and some states do not have any requirements to participate in continuing education activities, ASHA cannot accept evidence of current licensure in order to meet the certification standard requiring demonstration of participation in professional development activities.

ASHA encourages you to check with your local regulatory agencies to determine what you are required to do to renew your license or teaching certificate. The ASHA Web site provides links to every state regulatory agency so that you can see a summary of any state's requirements or contact your local agency by phone, e-mail, or US mail. Access state information by going to <www.asha.org>. Click on "About ASHA," "Membership & Certification." Scroll to State Licensure, and click on State Contacts.

TSH Foundation Continues to Grow

— by Gilbert C. Hanke, TSH Foundation President

One of the most exciting moments at our wonderful TSHA Convention is during the Annual Awards Dinner when all the students receiving scholarships fill, and I mean FILL, the stage. As your Foundation president I am pleased to report that at the Convention and in recent weeks, representatives from several of our training programs have contacted me regarding beginning new scholarships through the Foundation. Since these are still in the planning stage I am not able to release which universities these are, but let's just say some are adding to scholarships they have and others are new to the Texas Speech-Language-Hearing Foundation (TSHF) process. I have a

standard contract with several options that each program is considering. I hope that your university or Alma mater is also ready to get into the mode of establishing a new scholarship. We are also interested in companies or organizations that might consider beginning a state-wide scholarship that might select from students at any of our great training programs. If I can help you in anyway, please call me at 936/560-1618 or e-mail me at <ghanke@sfasu.edu>. The Foundation is here to serve you, so please ask. Thanks to all the Fellows, Fund Sponsors, and all other donors who make all these hopes become realities.

ASHA, TSHA, State Board of Examiners— Who Does What?

— by Sherry Sancibrian, State Board of Examiners for Speech-Language Pathology and Audiology

How do I get a license from TSHA? Is the Certificate of Clinical Competence required to practice in Texas? Is the Certificate of Clinical Competence sufficient to practice in Texas? Is my license renewal included when I pay my annual dues to TSHA? Do I need a license if I only plan to supervise, not provide services directly? What can the

State Board do to help me find a job? These questions and others regularly asked by speech-language pathologists and audiologists in Texas show that there is a great deal of confusion about the differing roles of ASHA, TSHA, and the State Board of Examiners. The following table delineates the roles of each organization.

ASHA	TSHA	Texas Licensure
Membership is voluntary	Membership is voluntary	Licensure is mandatory for anyone providing or supervising speech-language pathology or audiology services
Private professional association	Private professional association	State agency (Texas Department of Health)
Represents and advocates for speech-language pathologists and audiologists Professionals who choose to belong pay annual dues for membership and maintenance of certification	Represents and advocates for speech-language pathologists and audiologists Professionals who choose to belong pay annual dues for membership	Licensure board exists to protect consumers Professionals who want to practice pay an annual fee for renewal of the license
Grants certification to practitioners who <i>choose</i> to meet national standards; CCC not required to practice in Texas but may be important for 3rd party reimbursement and employment in some settings	Does not provide credentials to practice	Protects the public's health, safety, and welfare; restricts practice so that it is <i>illegal</i> for unlicensed individuals to provide the services
Certification standards developed and approved by staff members (or elected representatives) of the association	Does not provide credentials to practice	Standards in the licensure act set by Texas legislature; rules developed and implemented by State Board of Examiners
30 hours of Continuing Education required every 3 years to maintain CCC	Provides opportunities for members to earn Continuing Education	10 hours of Continuing Education required each year to maintain license
Penalties for violation of Code of Ethics: <ul style="list-style-type: none"> • Rescind membership • Rescind certification • Censure 		Penalties for violation of law, rules, and/or Code of Ethics: <ul style="list-style-type: none"> • Private or public reprimand • Restrictions on practice • Suspension of license • Revocation of license • Monetary fine

TSHA Calendar of CE Events

AUGUST

- 2 **Mono/Bilingual Naming Therapy Research Update** [1.5 slp] (multicultural) Swathi Kiran Lisa Edmonds (Austin) Austin Dysphagia Forum—Christina Portell (512/301-0891)
- 3 **Language Assessment Utilizing the CELF-4 and Informal Measures** [6 slp] (lang/learn) Stephanie Stevens Clarice Mason Judy Keylon (Richardson) Richardson ISD—Love Decker (469/593-7515)
- 4-5 **Training for New Special Education Personnel** [10 slp] (prof. concerns) Various Presenters (Kilgore) Region VII Education Service Center—Janet Dowdy (903/988-6895) jdowdy@esc7.net
- 4-5 **Advanced Autism Seminar** [10.5 slp] (birth - 3) Kathleen Fad (Abilene) TX Early Childhood Intervention—Joy Kataoka (512/424-6813)
- 6 **Language Literacy Concerns for Public School SLPs** [6 slp] (lang/learn) Caroline Bezner Ann Tergarden (Sherman) Grayson Co. Special Education—Christi Nolen (903/893-3114)
- 6 **Visual Phonics III: Phonics, Word Study and the Alphabetic Principle** [5.5 slp] (speech) John Bond (Corpus Christi) Region 20 Education Service Center—John Bond (210/370-5418) john.bond@esc20.net
- 14 **23rd Annual Hearing Aid Seminars** [10 aud] (aud) Various Presenters (McKinney) Hear Consulting Services Inc.—Amby Dreiling (972/242-0072) ahdreiling@comcast.net
- 16-17 **Putting Early Intervention Where It Works—in Natural Routines** [11 both] (birth - 3) Robin McWilliam (Livingston) TX Early Childhood Intervention—Joy Kataoka (512/424-6813)
- 23-24 **Putting Early Intervention Where It Works—in Natural Routines** [11 both] (birth - 3) Robin McWilliam (El Paso) TX Early Childhood Intervention—Joy Kataoka (512/424-6813)
- 25-26 **A Blended, Developmental Approach to Treating Autism/PDD** [10.5 both] (birth - 3) Cheryl Baucum (Fort Worth) TX Early Childhood Intervention—Joy Kataoka (512/424-6813)
- 31 **Update for Special Education Personnel** [5 slp] (prof. concerns) Various Presenters (Kilgore) Region VII Education Service Center—Janet Dowdy (903/988-6895) jdowdy@esc7.net

SEPTEMBER

- 1 **Update for Special Education Personnel** [5 slp] (prof. concerns) Various Presenters (Kilgore) Region VII Education Service Center—Janet Dowdy (903/988-6895) jdowdy@esc7.net
- 2 **Update for Special Education Personnel** [5 slp] (prof. concerns) Various Presenters (Kilgore) Region VII Education Service Center—Janet Dowdy (903/988-6895) jdowdy@esc7.net
- 2 **Teacher & Parent Coping Skills for Children with Learning Differences** [2 both] (lang/learn) John Stella (Fort Worth) Fort Worth Cleft Palate Program—Brenda McKeon (817/927-1325) bmckeon@facialoralsurg.com

- 13 **Personal Experience with a Successful Alzheimer's Program** [1.5 slp] (neuro) Mary Walters (Austin) Austin Dysphagia Forum—Christina Portell (512/301-0891)
- 14 **What You Don't Know Can Hurt You: Licensure Update Fall 2004** [1 both] (prof. concerns) Sherry Sancibrian (Lubbock) So. Plains Sp/Hng/Lang Association—Kasey Hester (806/281-0684)
- 25 **Intro to NDT** [6 slp] (neuro) Denise Koonce Pam Rice (Houston) Care Group of Texas—Monika Cox (713/383-2100)

OCTOBER

- 7 **Speech & Hearing Complications** [2 both] (birth - 3) Mary Carlin (Fort Worth) Fort Worth Cleft Palate Program—Brenda McKeon (817/927-1325) bmckeon@facialoralsurg.com

NOVEMBER

- 1-2 **Picture Exchange Communication (PECS)** [13 slp] (aug. comm.) Diane Black Anna Hoffman (Kilgore) Region VII Education Service Center—Ann Phillips (903/988-6899) aphilips@esc7.net
- 19-20 **A Day in the Life of a Hearing Health Care Professional** [14 aud] (aud) Various Presenters (San Antonio) Amplifon USA—Jennifer Kolde (763/268-4074) jkolde@amplifonusa.com

Start Planning Now!

2004 – 2005 Executive Board/Council Calendar

October 21 – 23, 2004

Executive Board/Council meeting — Gaylord Hotel, Grapevine

November 16 – 20, 2004

CSAP Meeting and ASHA Convention — Philadelphia, PA

January 7, 2005

Executive Board Meeting — Dallas

March 30, 2005

Executive Board/Council meeting — Convention Center, Austin



March 31 – April 2, 2005

TSHA Annual Convention – Convention Center — Austin

June 2 – 4, 2005

Transition Executive Board meeting/Long Range Planning/Budget meeting — Austin

Mark Your Calendars!

TSHA 2005 Annual Convention

March 31 – April 2, 2005

Austin Convention Center

Austin, TX

FPO

THINKING PUBLICATIONS

1/2 PAGE

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Deadlines, Advertising, & Submissions

Communicologist Deadlines

These are the deadlines for receipt of all items to be considered for publication. Advertising submissions must include an insertion order.

Copy/Ad Deadline	Mail Date	Editor
September 1, 2004	October 1, 2004	Julie Noel
November 1, 2004	December 1, 2004	Peggy Kipping
January 1, 2005	February 1, 2004	Julie Noel

Send advertising to:

Electronic advertisements are preferred. Contact TSHA Headquarters for information to submit ads electronically. Send camera ready art to TSHA, PO Box 140647, Austin, TX 78714-0647.

There is usually a five- to six-week period between the copy deadline and the time the membership receives the newsletter. All items must be received in writing by the deadlines shown, including an insertion order with indication of payment and start date.

Questions about submitting an ad?

Contact TSHA Headquarters at 512/452-4636, 888/SAY-TSHA (729-8742), <tsha@assnmgmt.com>, or <tharris@assnmgmt.com>.

Display Ads

Back Cover (½ page, 7½ x 5¾)	\$500/issue
Full Page (7½ x 9¾, vertical)	\$600/issue
1/2 Page (7¼ x 4½, horizontal)	\$350/issue
1/2 Page (3½ x 9½, vertical)	\$350/issue
1/4 Page (3½ x 4½, vertical)	\$225/issue
1/6 Page (3½ x 2, business card)	\$150/issue

Classified Ads (35 characters per line including spaces)

TSHA Members (5 line min.)	\$8/line
Nonmembers (5 line min.)	\$10/line

Display and classified advertising may include:

- Speech-language pathologists (SLPs) or audiologists seeking employment ("position wanted")
- Employers with positions available
- SLPs or audiologists offering to sell and/or buy professional goods or services
- Vendors servicing the practices of speech-language pathology or audiology
- Universities or educational/training entities offering programs or services relevant to speech-language pathology and/or audiology

Calendar of Events (For events with TSHA CE)

Bold-faced listing	\$10/issue
Boxed listing	\$20/issue
Bold faced & boxed listing	\$25/issue

Content Submissions

You may submit:

- original photos for publication,
- "Around the State" items,
- Task Force reports, (after approved by monitoring Vice President),
- information on Regional Associations, and
- Texas Authors

Send submissions to:

Send questions, articles, reports, or photographs to TSHA Headquarters or the appropriate editor.

Electronic submission is preferred.

Peggy Kipping — 8700 Shoal Creek Blvd, Austin, TX 78757-6897, 512/451-3246 x663, fax 512/451-3321, or <pkipping@slpcommunications.com>

Julie Noel — 5925 Forest Ln. #517, Dallas, TX 75230, 972/661-5157 (office), fax 972/661-5173 or <jbnoel@aol.com>

TSHA Headquarters — C/O Tracie Harris, PO Box 140647, Austin, TX 78714-0647, 512/452-4636, 888/SAY-TSHA (729-8742), fax 512/454-3036, <tsha@assnmgmt.com> or <tharris@assnmgmt.com>

Change of Address?

Submit a change of address request in writing to TSHA Headquarters. Allow 2-3 weeks for processing. (PO Box 140647, Austin, TX 78714-0647, <tsha@assnmgmt.com>, or fax 512/454-3036)

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