

# the **KSHA** *Communicator*

a publication of the  
Kentucky Speech-Language-Hearing Association



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## Therapy à la Carte

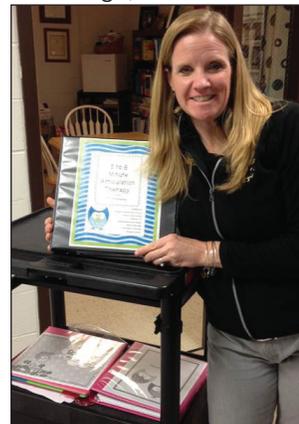
**Christie à LaCharite, MS, CCC-SLP**

*KSHA President-Elect, Boone County Schools/First Steps*

As therapists, we are always trying to be more effective. As a middle school speech-language pathologist, it is my job to make sure that my students are learning strategies and tools to help them be successful prior to attending high school. Six years ago, I was sending our high school speech pathologists up to three or four students per year just to work on articulation goals. Since after a certain age, sound production skills are not likely to change quickly, my goal has always been to engage these students in highly effective articulation therapy so they would be eligible for dismissal before they ever left for high school.

I should mention that I'm what you might call "seasoned" in the art of therapy. I have been a speech-language pathologist in the schools since 1999. I have provided articulation therapy to students from preschool through high school. Traditional articulation therapy, for me, included working with small groups of three to six students at a time, in a pull out setting for 30 to 45 minutes. In my 17 years, I have tried many different activities and approaches to target articulation. I have made articulation worksheets with sounds in words, practicing those

worksheets in therapy and then sending them home for carryover of skills; playing games, utilized centers to increase focus on sound production, oral motor exercises, and many more. Even with this variety, I never felt that therapy for remediation of errored sounds in was effective enough for my students. For years, I felt that I needed to find a better approach.



Three years ago, I talked to a fellow speech pathologist who shared Susan Sexton's 5 Minute Kids approach to therapy. My mind reeled with questions. Is it possible to be an effective therapist in five to seven minutes? Where do I even begin to schedule my articulation-only students for such short periods of time? Wait, how many students will I need to see? How many days a week will I need to see each one? How will middle school students respond to a new approach? Will my students mind standing in the hallway to work on their speech skills? Still, my ultimate concern was, if I spend the time to change my approach, WILL THE NEW APPROACH BE EFFECTIVE WITH MY STUDENTS?

Looking for answers, I found Ms. Sexton's information online and read her article.

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## Setting the Pace

### *President's Message*

Linda Gregory, MA, CCC-SLP

*KSHA President*

**K**SHA certainly sets the pace when putting on a Convention! It was outstanding! A successful Convention doesn't just happen. It takes a lot of hard work, long hours and dedication to making it successful. I want to thank our Convention Co-Chairs, Christie LaCharite and Tina Brock and their Convention Committee, for a job well done. A special thanks to the Craven Management Team for all their support to Christie and Tina as well as all their hard work during the Convention to continue to set the pace for KSHA.

Listening to our luncheon speaker, Angeline Ross, speak about her journey in life before and after a stroke, was one of the most inspirational presentations that I have heard. Her story was a perfect example of never giving up even when faced with seemingly insurmountable odds. Her success was the result of determination to get better and the decision to never give up. It was rewarding to know that she had dedicated speech-language pathologists to help her on this journey.

Congratulations to Dr. Tammy Cranfill and Douglas Keefe for receiving Honors of the Association. They both have served KSHA in numerous positions including President of the Association. They are both examples of outstanding leadership to our organization.

KSHA continues to advocate for our membership and for those we serve. This year has been no exception. Members of the executive council have spent numerous hours on legislative issues. At the time of this publication, the state budget has not been finalized, but we have received word that funding for the salary stipend has not been included in the budget. A special thanks to Representative Leslie Combs and Representative Kelly Flood for making

our voice heard and working to include the salary stipend in the budget. KSHA will continue to fight for the stipend. We are disappointed but not discouraged!

Once again, KSHA partnered with the Kentucky Physical Therapy Association and the Kentucky Occupational Therapy Association for a Student Advocacy Day on March 8. Dr. Kellie Ellis worked tirelessly to make sure this event was a success. The students met on the evening before to receive training about advocacy. The next day, they met with legislators to advocate for our issues. They focused on HB 376—funding for the salary stipend, issues related to the requirement for multi-disciplinary practices to have a certificate of need (CON), and funding for the KTRS—the teacher's retirement system. Our students did an outstanding job discussing these issues with the legislators! The legislators were receptive with our students and very responsive to our concerns.

As my tenure as President comes to an end, I want to thank the KSHA Officers and the entire Executive Council for being such a supportive team. It goes without saying that the success of any organization is teamwork. I believe there is no organization that has members that give as much time and effort as KSHA does to make our Association the best it can be. We are from diverse backgrounds and offer diverse opinions but we all stand together to ensure that decisions are made in the best interest of KSHA's members. I am humbled to have been in the position to witness such a hardworking, dedicated team. Once again, I thank you for making this a successful year! Helen Keller said, "Alone we can do little, together we can do so much." We did so much this year!

## Therapy à la Carte

*Continued from pg. 1*

She stated, "In order to maximize time in the general education classroom and to provide quality instruction, therapy is scheduled for short intensive drill sessions several times a week. The number of sessions provided weekly varied, depending upon the severity of the speech disorder. This schedule offered the opportunity for individualized therapy to address the unique needs of each student." The data that I read in this article completely floored me. Please see her website and data at: <http://www.5minutekids.com/ResearchArticle.pdf>. As I read through her article, I kept asking myself, is it possible that my students could make progress this quickly? The only way to find out was to invest the time to make it happen and try it. So, I began articulation cart therapy with my students at the middle school level in Boone County, Kentucky.

After all was said and done, I believed I'd finally found an approach that worked. Three years later, my students are progressing through the cart therapy program and I'm no longer sending the high school therapists articulation students for the production errors with /r/, /s/, /z/, and /th/. My students are learning skills they need to appropriately produce these sounds and carrying their skills over into their classrooms faster than I ever thought possible. And, believe it or not, it's no longer even an option to use any other approach! That is how effective cart therapy has been for me.

# KSHA



Kentucky Speech Language Hearing Association

**VISION STATEMENT:** A Commonwealth where all voices are heard.

**MISSION STATEMENT:** KSHA empowers speech-language pathologists and audiologists through Professional development, Advocacy, Collaboration, and Education.

**P PROFESSIONAL DEVELOPMENT:** KSHA provides professional development opportunities to professionals through our Annual Convention, online CEU opportunities and specialized training events.

**A ADVOCACY:** KSHA advocates for the professional issues important to our membership. At the State level, we work with lobbyists and legislators to create change that will improve our profession. Nationally, KSHA coordinates with ASHA through our SEAL, STAR, StAMP and Advisory Councilor positions.

**C COLLABORATION:** KSHA collaborates with several entities on behalf of its members. We work with the Kentucky Department of Education, the Licensure board, Universities, Kentucky Department of Insurance, the Kentucky Physical Therapy and Occupational Therapy Associations, Council of State Speech-Language-Hearing Association Presidents, and ASHA.

**E EDUCATION:** KSHA supports research and scholarship through professional grants and funding opportunities. We also provide the membership with current and relevant information concerning our professions by providing and approving Continuing Education opportunities and through the *KSHA Communicator*, social media and email blasts.

# #KSHAcon16 Recap

## Battle for the Golden Brain

Douglas Keefe, MS, CCC-SLP

Jefferson County Public Schools

This year marked the fifth anniversary of the KSHA Praxis competition. Once again, teams representing every communication disorders program from across the state competed for scholarship money and the honor of housing the Golden Brain trophy at their University for the next year. Teams of four, some with first and second-year graduate students, as well as some undergraduates, worked through 25 questions from all areas of the Praxis exam for speech-language pathology. In the end, the margin separating the highest and lowest-scoring teams was only five questions.



The Golden Brain will be making its first visit to the University of Kentucky this year as they edged out the second-place team from Eastern Kentucky University. Last year's champion, Murray State came in third place followed by a tie for fourth between the University

of Louisville and Western Kentucky University. Brescia came in fifth, once again winning the "All Undergraduate" Division honors. The first-place team was awarded \$800 with \$200 going to second place. This money goes directly to the student competitors to help offset the cost of taking the Praxis Exam.

This year also marked the first year of audience participation in the competition. Audience members could compete as individuals or form teams to see how they measured up competing against the SLPs of the future. Using "Kahoot," audience members could play along in real time on their mobile devices. Several teams took up the challenge to show the young upstarts the wisdom gained from their years of experience in the field. In reviewing the results, the top-scoring audience participant had the same number correct as our lowest-scoring University team! (Maybe our practicing professionals should dust off their Praxis review manuals to get prepared for next year.) We will be expanding the audience participation aspect of the competition for next year's Convention.

Thanks to all the supporters and audience members who chose to join us. Many

of the schools had large, vocal support groups cheering them on. Some teams even had uniforms made for the occasion and it was great to see many alumni participating alongside their alma mater.

Thanks again to all of our participants.

- **University of Kentucky (First Place \$800):** Rachel Sims, Adrienne Hatton, Britta Eden, Dana Vogel
- **Eastern Kentucky University (Second Place \$200):** Amelia Shew, Bryanna Owens, Contessa Vick, Virginia White
- **Murray State University (Third Place):** Megan Daughtery, Allie Board, Pam Jones, Victoria Pierpoint
- **University of Louisville (Tie/Fourth Place):** Sarah Lynch Darnell, Lauren Simpson, Sarah Beth Mounts, Mary Sutter
- **Western Kentucky University (Tie/Fourth Place):** Ashlee Powers, Susan Marquess, Jeanna Smith, Cate Thomas
- **Brescia University (Fifth Place):** Lauren Grant, Paige Mingus, Laura Estridge, Amber Banks

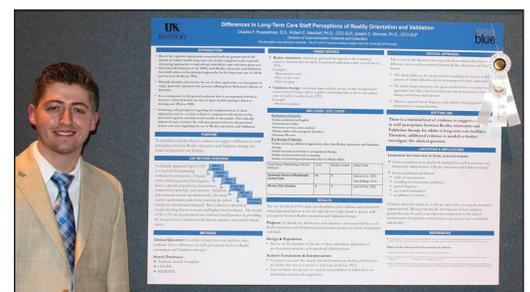
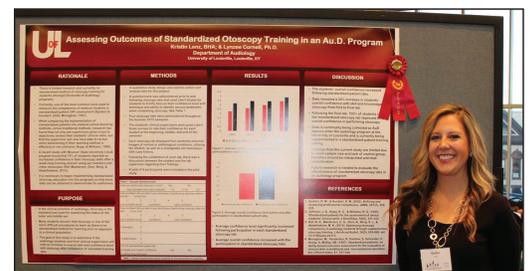
## Poster Winners



Lindsay Kroes (left), from the University of Kentucky, won first place in KSHA's Student Poster Competition! Her presentation titled *Comparing Dysphagia Treatments for Individuals With Parkinson's Disease* examined the use of neuromuscular electrical stimulation therapy in conjunction with traditional swallowing treatment in the management of oropharyngeal dysphagia. Based on the evidence she found, Kroes concluded that the treatments did not yield significant differences, therefore they were equally effective in the

treatment of oropharyngeal dysphagia. She proposed that future research might pair traditional and NMES treatments to determine if the pairing yields improved outcomes. Well-done, Lindsay!

Kristin Lenz from the University of Louisville was awarded Second Place (pictured top right) and Charles Poppleman from the University of Kentucky earned Third Place (pictured bottom right). Congratulations to our winners! Thank you to all our student researchers for participating!



# KSHA Advocates for You!

## Report from KSHA 2016 Student Advocacy Event

Kellie Ellis, PhD, CCC-SLP

Eastern Kentucky University



Students from training programs in speech-language pathology across the Commonwealth recently participated in KSHA's 2016 Student Advocacy Event. The two-day event was held in Frankfort and entailed professional development as well as "hands-on" advocacy opportunities at Kentucky's state capitol.

On March 8, student participants completed a unique, interactive professional development session focused on advocacy. The session was led by Kellie Ellis, KSHA Governmental Relations Chair, and Kate Wood, KSHA's Lobbyist. Students learned about the governmental structure in Kentucky, gaining insight on differences among branches of state government, how bills become law and the Kentucky state budget process. In addition, students gained awareness of numerous ASHA and KSHA advocacy tools, such as Take Action, ASHA Issue Briefs and email blasts. Finally, student participants acquired knowledge regarding advocacy techniques and pointers for successful communication with legislators. The highlight of the training session occurred when Representative Leslie Combs (Democrat, District 94) presented an insider's perspective of state government.

On March 9, students participated in the Tri-Alliance Advocacy Day (TAAD), a collaborative initiative of KSHA, the Kentucky Physical Therapy Association and Kentucky Occupational Therapy Association. TAAD was held at the Kentucky State Capitol. More than 300 students from training programs in speech-language pathology, physical therapy and occupational therapy were in attendance. At the TAAD event, Kentucky state legislators and officers from each association discussed the significance of professional advocacy and rehabilitation services. Following the TAAD event, KSHA's student advocacy event participants completed legislative appointments and conducted free hearing screenings for legislators and staff members. During visits with legislators, students discussed varying topics of interest to KSHA, including funding for the salary stipend bill (House Bill 376), certificate of need requirement for private practices, and Kentucky teacher retirement. In all, students completed over 15 legislative appointments and screened hearing of more than 50 legislators and staff.

### KSHA Student Advocacy Event Participants

- Maria Bane, University of Kentucky
- Sharrell Barnes, University of Kentucky
- Amber Bradley, University of Louisville
- Lydia Dogett, University of Louisville
- Shelby Carter, Eastern Kentucky University
- Taylor Cecil, Eastern Kentucky University
- Rachel Criss, Eastern Kentucky University
- Katie Flynt, University of Kentucky
- Tara Ford, Murray State University
- Kacey Hulker, Eastern Kentucky University
- Hannah Kuzma, Western Kentucky University
- Susan Marquess, Western Kentucky University
- Miranda McKinney, Murray State University
- Karley O'Donley, Murray State University
- Kelsey Rowe, Western Kentucky University
- Kara Stinson, Murray State University
- Dana Vogel, University of Kentucky
- Tom Powell, University of Louisville
- Janice Carter-Smith, KSHA Publications Chair
- Tammy Cranfill, KSHA Past President
- Kellie C. Ellis, KSHA Governmental Relations/PAC Chair
- Linda Gregory, KSHA President
- Doug Keefe, KSHA Membership Chair
- Lacey Back-Lane, KSHA Secretary
- Krista Wilson, KSHA Member

# Pragmatically Speaking

Alexander Plamp, BA

Graduate Research Assistant; Western Kentucky University

Janice Carter Smith, PhD, CCC-SLP

Pragmatic language is the use of language skills to communicate successfully with others.

Whether we are asking for directions, ordering food at a restaurant, explaining how to work the copy machine, responding to criticism from our employer or simply saying “hello,” every communicative act is an attempt to achieve a goal of some kind. For example, when asking for an item, we must first formulate a request. To get the best results, the request should include specific information about what we want and language to convince our conversational partner to comply. Compare “Gimme that!” to “Could I borrow your pen, please?” If our use of language is inefficient or inappropriate, the goal may not be met. Pragmatic language skills are intertwined and dependent on our ability to solve problems. Problem solving is a composite of many executive skills.

Executive functioning, the underlying thought processes that help us analyze, plan, make decisions and take action, are often the same skills we use to develop and deliver a pragmatically appropriate and effective message (Hughes, 2007; Zelazo, Muller, Frye, & Marcovitch, 2003). Think about this: what do you do to assess a social situation before you respond? In nearly every communication exchange, we are identifying potential problems, planning, anticipating consequences, choosing an approach or strategy, making choices, responding to unintended consequences, repairing miscommunications and devising alternative solutions.

The relationship between problem solving and pragmatic language is of particular interest to speech-language pathologists, who treat clients with cognitive deficits. With clients who have had traumatic brain injuries,

strokes or developmental disabilities, improving pragmatic language skills is a priority. Some clients may have the physical ability to produce speech, but insufficient use of pragmatic language to navigate the everyday problems of independent living. SLPs, trained to analyze and evaluate language use, are attending to recent research that may provide a deeper understanding of how underlying differences in thought processes influence pragmatic language use.

Seventeen children with autism and 17 typically developing children (matched for age and gender) participated in a study using the Rapid Assessment of Problem Solving (RAPS), a test of problem solving ability (Marshall & Karrow, et al., 2003; Smith, Page, & Marshall, 2013). The RAPS is much like a game of reverse Guess Who in the sense that the problem-solver asks questions that can be answered “yes” or “no” but can still see all the options as items are eliminated. To ensure the participants would be able to complete the RAPS, only individuals who were able to form and ask yes/no questions independently were included.

This exploratory study indicated that while children with autism were capable of solving problems, they did so less effectively than their typically developing peers. Children with autism asked more novel, creative questions, but these were less efficient in solving the problem than questions asked by their matched peers. The children with autism in this small sample were less likely to ask efficient first questions as well. This may indicate that typically developing children are more effectively integrating the information presented to them (i.e. recognize that several pictures

belong to the same category or share characteristics, like color) than children with autism. Overall, children with autism also tend to guess more often than their typical peers, indicating a lack of strategy selection and use during problem solving.

The exploratory study was followed by a larger investigation in which 229 typically developing children were tested using the RAPS (Smith, 2015). The children were divided into young (7 to 9 years), early adolescent (10 to 13 years), and adolescent (14 to 17 years) age groups. Inclusion criterion was the same as above.

By analyzing the questions that the children asked, problem solving was assessed in relation to four executive skills that are essential elements of pragmatic language: planning, strategy selection, strategy execution, and strategy shift.

Results from this study provide preliminary evidence that typically developing children improve significantly in each of these four executive skills as they get older, with one caveat. The children in the early adolescent group performed slightly better than the

*Continued pg. 7*



# ASHA STAR Report

Renea Sageser, CCC-SLP  
Kentucky STAR



We have made great strides in the State of Kentucky. However, it has been a very busy few months. We have been working very hard to get the answers regarding new rules and regulations within the healthcare settings for reimbursement.

In 2016, each state had to adopt an existing health plan that covered the EHBs (Essential Health Benefits) based on the Affordable Care Act (ACA). The ACA identifies 10 broad categories of services that it requires certain health insurance plans to cover. Those services are called essential health benefits (EHBs). One of the categories of EHBs is rehabilitative and habilitative services and devices. The federal government allowed states to adopt an existing health plan as the model for coverage

of EHBs, which it called a benchmark plan. A state's benchmark plan serves as the model for the types of services that must be covered, as well as any quantitative limits on those services, such as visit limits. Kentucky adopted the federal definition of habilitation. What is the federal definition of habilitation? "Habilitation Services: Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings."

What does this mean for us? It means that individuals that currently have a state insurance plan should not be denied for services for speech therapy, even if they don't have a medical diagnosis like autism, CP or Down syndrome. Example- A child with just developmental delay in speech should be able to receive services without being denied. This year the state has combined 20 visits for speech for both rehabilitation and habilitation. In 2017, the Kentucky plan allows for a minimum of 25 visits for speech for rehabilitation and a minimum of 25 visits for speech for habilitation. Please feel free to contact me regarding the above information if you have any questions.

Currently our meetings are held the 4th Wednesday of the month at 7:00 pm.

## Pragmatically Speaking

*Continued from pg. 6*

adolescent group in their ability to shift strategies – that is, to recognize that a problem can be solved quicker by asking a different type of question. In fact, although the older age group performed slightly better overall than the early adolescents, the margin was not as wide as expected. It is possible that differences in testing environment, lack of focus or motivation to perform may have influenced this anomaly.

So what does that tell us about pragmatic language? First, for that client who is struggling to make progress, pragmatically speaking—perhaps a closer look at their planning and strategy skills is in order. An assessment, like the RAPS, may help clinicians to pinpoint differences in how language is used to navigate problems. It may also help to identify any underlying planning or strategy deficits. This knowledge

would certainly inform clinicians as they develop targeted remediation plans for children with pragmatic language issues associated with abilities to integrate and interpret the information in front of them. Lastly, thinking strategically (with a goal in mind) is a part of everyday functioning. Determining how our clients select and implement strategies to solve the simplest of problems may provide a richer understanding of how to improve their quality of life.

### References

- Hughes, C. E., R. (2007). Executive Function and Theory of Mind: Predictive Relations from Ages 2- to 4-years. *Developmental Psychology*, 43, 1447-1459.
- Marshall, R. C., Karow, C. M., Morelli, C. A., King Iden, K., & Dixon, J. (2003a). A Clinical Measure for the Assessment of Problem Solving in Brain-Injured Adults. *American Journal of Speech-Language*

*Pathology*, 12(3), 333.

- Smith, J.C. (2015). Problem solving of typically developing children on an adaptation of the twenty questions task. *Theses and Dissertations—Rehabilitation Sciences*. Paper 26. [http://uknowledge.uky.edu/rehabsci\\_etds/26](http://uknowledge.uky.edu/rehabsci_etds/26)
- Smith, J.C., Page, J.L., & Marshall, R.C. (2013). Clinical Measure of Problem Solving in Children with and without Autism Spectrum Disorders. Presented at American Speech Language Hearing Association Convention on November 15, 2013.
- Zelazo, P. D., Muller, U., Frye, D., & Marcovitch, S. (2003). The development of executive function in early childhood. *Monographs of the Society for Research in Child Development*, 68(3).

# ASHA Advisory Council Update

Lyn Covert, PhD, and Tommy Evans, AuD

*ASHA Advisory Council*

In March, Tommy Evans and I attended the ASHA Advisory Council joint meeting of audiologists and speech-language pathologists at the ASHA National Office in Rockville, Maryland. It was a productive meeting. We discussed issues that we felt were important to our professions and made recommendations to the ASHA Board of Directors. Tommy and I were able to schedule meetings with Kentucky legislators while in Washington. to discuss issues related to our professions and those we serve. For the remainder of the meeting, audiologists and speech-language pathologists split into their respective groups to learn about and discuss our roles in ASHA.



## Speech-Language Pathology Advisory Council

During the SLP meeting, ASHA's strategic pathway was presented by Edie Hapner. Initiatives from the strategic pathway included:

1. Increase NOMS to include pediatric, K-12, early intervention, pediatric audiology and adult audiology
2. IPE/IPP resources can be found on ASHA's website to include infused competencies and defining IPP
3. Clinical Research – transforming the ASHA journals program to be more user-friendly
4. Access to Service – use of support personnel and telepractice
5. Value of Services – using services surveys, NSSLHA, advocacy
6. Diversity – increase number of males and diverse races in the professions and bi-lingual recruitment and retention in the professions
7. International engagement – recruiting international affiliates
8. Increase cultural competence

## Audiology Advisory Council

### *My First Rodeo*

When I was elected to this position, I honestly didn't know what to expect, but what I did know was that it was important to get involved. Upon my arrival to Washington. I quickly realized how much ASHA values and supports each and every one of us. The first night they brought in a speaker to prepare us for our visits to Capitol Hill with the legislators. The take-home from that briefing was to be "authentic" which seems logical when meeting with anyone you are trying to influence. However, that is easier said than done depending on your environment.

On the day of the legislative visits, I didn't think I would be nervous but I was. It was baptism by fire as I was alone for my first meeting and in retrospect I am very thankful for that. As soon as I entered the Senate building and met with Senator Paul's staff I realized it was a casual conversation and there was honestly nothing to be anxious about.

Lyn and I had four meetings, and all of them went well. We met with staff from Rand Paul and Mitch McConnell's office as well as representatives from Lexington

and Northern Kentucky. We discussed multiple issues including audiologists and speech-language pathologists being able to provide telehealth services in the private sector, reauthorization of the EHCI act, therapy caps and licensure to fit hearing aids in the state of Kentucky. As you might imagine, some legislative staff were more receptive and engaged than others, but what I observed to be key was that most remembered or had at least heard of ASHA and our professions.

The rest of the weekend was devoted to discussing and brainstorming amongst topics that were of significant relevance to the professions of speech-language pathology and audiology. These meetings were extremely interactive and it was very motivating to hear perspectives on various topics from professionals of different backgrounds and geographic locations. I learned a tremendous amount in a short amount of time and was able to network with multiple professionals across the country. I would like to thank Lyn for showing me the ropes and helping me with my first experience on the ASHA Advisory Council. We had a blast and I am so excited to serve on this council.

# Medicare Connection: What Providers Need to Know

Todd Winston, MS, CCC-SLP

Evergreen Rehabilitation

Kentucky StAMP Representative

## OVERVIEW

Medicare is a health insurance program run by the US federal government. It is funded through automatic payroll deductions and provides medical coverage to citizens or permanent residents who have worked for at least 10 years in Medicare covered employment and who have met the eligibility requirements.

Many settings serve Medicare patients. In particular, acute care hospitals, critical access hospitals, long term care hospitals, inpatient rehabilitation facilities, rehabilitation agencies, certified outpatient rehabilitation agencies, skilled nursing facilities, assisted living facilities, independent living facilities, continuing care retirement communities, home health, hospice, and private practices commonly provide services for Medicare patients.

Medicare consists of two distinct parts: Medicare Part A Hospital Insurance and Medicare Part B Medical Insurance. Part A is an automatic benefit with no monthly premium if an individual has satisfied the minimum amount of Medicare-covered employment. Medicare Part B is an optional benefit with a monthly premium that can be used to cover therapy services that are medically necessary after they have

exhausted their 100 days of coverage under Part A.

Medicare is administered by the Centers for Medicare and Medicaid Services (CMS). CMS contracts with Medicare Administrative Contractors (MAC) to implement Medicare benefits. MACs process Medicare Part A claims and some facility based Medicare Part B claims. CMS provides the MACs with regulations and guidelines to help them determine what services are covered and the MACs are responsible for processing claims, paying providers, conducting medical review of claims and auditing cost reports for skilled nursing facilities.

Below is some information on how you can find out more about Medicare:

## HOWTO ENROLL IN MEDICARE

- Get your NPI Number: <https://nppes.cms.hhs.gov> (You will need: a SS or Tax ID # and your SLP Provider Taxonomy # (235Z00000X))
- Save your User name and password (It will be needed for your Medicare Enrollment)
- Enroll in Medicare online: <https://pecos.cms.hhs.gov>

- Sign in with your NPI User Name and Password
- Answer a series of questions for your application (e.g., University/ graduation year, professional license, ASHA cert date (not required), Practice location & information, Electronic Funds Documentation, etc.)

## KENTUCKY'S MEDICARE ADMINISTRATIVE CONTRACTOR (MAC)

### Kentucky's MAC is CGS

For more information about CGS in Kentucky go to:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/#ky>

## ASHA's State Advocates for Medicare Policy (StAMP) Network:

StAMP provides a wealth of resources related to Medicare policy. Please find more on the website here:

<http://www.asha.org/Practice/reimbursement/medicare/StAMP/>

## Find Us Online



## Connect With KSHA

Visit the KSHA website, [www.ksha.info](http://www.ksha.info), and make sure your KSHA membership is up-to-date. Log on to the Member Center of the website, enter your Last Name and your Member Number. Once logged in, you are able to edit your membership information, such as mailing address, email address, professional information and more.

The Member Center also gives you access to renew your membership, register for an event at the member discounted rate, search for a member, access member-only resources and print your membership card.

You can always check out the current and past editions of the **KSHA Communicator** online at <http://ksha.info/index.php/communicator>.

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# Signing With Children With Down Syndrome

Rachel Burns, BS

Western Kentucky University Graduate Researcher

The last decade has seen a growing trend within upper middle class, hearing parents exposing their typically developing children to baby sign language or baby signs (Pizer et al. 2007). Interest in the field gained momentum after a study in 2000, claimed that signing with babies advanced their language development and even boosted their IQs (Goodwyn & Acredolo 2000). However, more recent evidence reviews concluded that based on the inconsistent results over the last decade, parents should neither be encouraged nor discouraged to sign with their infants (Johnston et al. 2005, Paling 2007).

Though evidence to support the use of baby signs to improve communication in typically developing children has been inconclusive, that is not the case for a special population that will be considered here. Studies have shown marked gains in early language development for children with Down syndrome (DS) when speech and the use of signs are integrated (Dunst et al. 2011, Launonen 1996, Wright et al. 2013). As such, signing is of particular interest to speech language pathologists (SLPs) working in early intervention. Unfortunately, best practices for signing within these groups have not been established.

The purpose of the current study was to identify research based practices for signing with children from birth to five years old with DS, and then compare those findings with the strategies being used by SLPs in the field. To accomplish this, a literature review examining the effective techniques of signing was completed and a survey was developed and distributed to SLPs around the US to gather information about their experience and approach to signing with this population. Read the complete article online at <http://ksha.info/index.php/communicator>.

This study observed the habits of both Deaf and hearing mothers as they signed with their children (Clibbens et al.

2002). Deaf mothers frequently reached around their child to sign in the child's signing space—a strategy that hearing mothers did not utilize. So for example, if the child was facing a book shelf and reaching for the books, a deaf mother might reach around the child into the space where the child could be signing to model the appropriate sign. Hearing mothers are more likely to sit next to the child and say "Oh, book? You want a book?" drawing their child's attention away from the books and toward the sign and the mother. The method that many deaf mothers use is called displaced signing (Clibbens et al. 2002). Displaced signing (or signing in the child's space) allows the child to maintain focus which may be particularly beneficial for children with DS who are already struggling with limited attentional abilities.

In addition to signing in the child's space, evidence indicates that signs are more effective when chosen based on the child's interest (Dunst et al. 2011). Selecting signs for highly desired objects, actions or people facilitates engagement and increases motivation. Similarly, joining the child in play of their choosing while attending to child-selected toys resulted in greater increases in receptive language (Harris et al. 1996). Following the child's lead in play while describing shared activities and modeling signs led to significant gains in both signed and spoken language (Wright et al. 2013). One proven method for teaching a child new signs is delayed physical prompting followed with immediate reinforcement (Thompson et al. 2004, Normand et al. 2011). Immediately after making the sign with the child's hands or the child making the sign, then the SLP provides the desired object or action for reinforcement. Gradually the SLP lengthens the delay before the physical prompt to give the child an opportunity to independently use the sign. A 2011, study by Dunst et al. compared many

different kinds of sign language and found that regardless of the type of signs used (ASL, baby signs, a sign the child created), the simultaneous use of speech and signing facilitated children's language development.

Now that we have an idea of what strategies research suggests would be the most effective, let's examine the methods that practicing SLPs reported using. Twenty-seven SLPs who identified themselves as having experience working with children with DS from birth to age five completed an anonymous survey. The results showed that more than 79% of SLPs surveyed utilized three techniques proven to be successful with this population: modeling, physical prompting and reinforcement. Seventy-nine percent also used verbal prompting which has no research to either encourage or discourage its use. The most significant finding, however, was displaced signing was by far the LEAST used strategy, with only 42% of respondents reporting using it. Perhaps of greater concern, is that 67% reported drawing the client's attention to the sign rather than signing in the child's space. Disrupting and redirecting the child's focus may not be beneficial for children with DS considering known attention deficits and the importance of maintaining joint attention for language development.

While these SLPs are using many research based practices, displaced signing is clearly underutilized. Perhaps if more SLPs were aware of this method, opportunities for signed input where the child is attending to the sign and the context simultaneously might be increased. These preliminary findings indicate further research is warranted to solidify the efficacy of using displaced signing with this population, as well as the need to disseminate information regarding best practices. In an attempt to improve the dissemination of this

*Continued pg. 11*



## Steckol Award Winner

### Nickolas P. Tang



I am humbled by the receipt of the Steckol Scholarship. Strangers helping my future and what I hope to accomplish is a great challenge to live up to.

I have spent more than a decade of my life working in the public sector, helping children as a teacher. These fields of service often offer few avenues and resources for professional growth and in many communities, speech services are the most critical shortage area. When I decided to pursue speech-language pathology, the financial burdens of WKU were my biggest obstacle, but I have always told my kids to follow their

passion and make a difference, and I felt like a hypocrite if I faltered in front of the same fears.

KSHA members have taken a powerful stand in protecting the integrity of the field by offering students like myself not only the ability to continue our education but also the freedom after graduation to make choices about service not based solely on money but rather on passion, service and scholarship, and for this, I am extremely grateful to this professional organization. This amazing organization also acts as advocates for certification, pay and many other critical areas in protecting the public service sector of our profession for which I am extremely appreciative.

## Stanley Award Winner

### Jacob L. Walker



Allow me to first and foremost thank the executive committee for giving the opportunity to receive such an honorable and prestigious award.

I want to also thank both Dr. Kelly Kleinhans and Dr. Sharon Hart for supporting me with their phenomenal letters of recommendation. Without their trust in me, this would not have been attainable. Lastly, I want to thank my Lord Jesus Christ for blessing myself with such a gracious decoration for without him none of this would be possible. This financial aid relieves a large burden in the form of payment of classes, rent, books and living expenses. As any speech pathologist

can attest, both in and out of school, graduate school is a very expensive undertaking. However, even with the steep commitment, it offers a multitude of rewards over the course of a therapist's career. I say thank you to the Kentucky Speech-Language-Hearing Association for helping me get one step closer to that career and Go Racers!

*Jake Walker is from Greensburg, Kentucky and graduated from Western Kentucky University in 2014 with his bachelor's in Interdisciplinary Studies. He currently attends Murray State University, pursuing his master's in speech-pathology. He has signed a contract with a private pediatric clinic in Bowling Green and looks forward to starting his career.*

## Signing With Children With Down Syndrome

Continued from pg. 10

information two WKU graduate students, Callie Haynes and Rebecca Russel created a website—[www.dssigning.weebly.com](http://www.dssigning.weebly.com), designed for practitioners and parents. The site incorporates this research as well as instructional videos demonstrating research based strategies, special considerations for this population, tips, recommendations for SLPs and additional resources for parents. We invite you to check it out and share it should the opportunity arise.

### Selected References

Clibbens, J., Powell, G., & Atkinson, E. (2002). Strategies for achieving joint attention when signing to children with Down's syndrome. *International Journal of Language & Communication Disorders*, 37(3), 309-323.

Dunst, C.J., Meter, D., & Hamby, D.W. (2011). Influences of sign and oral language interventions on the speech and oral language production of young children with disabilities. *Center for Early Literacy Learning*, 4(4), 1-20.

Goodwyn, Susan & Acredolo, Linda (2000). Impact of Symbolic Gesturing on Early Language Development. *Journal of Nonverbal Behavior* 24, 81-103.

Harris, S., Kasari, C. & Sigman, M.D. (1996). Joint attention and language gains in children with Down syndrome. *American Journal on Mental Retardation* 100, 608-619.

Johnston, J. C., Durieux-Smith, A., & Bloom, K. (2005). Teaching gestural signs to infants to advance child development: A review of the evidence. *First Language*, 25, 235-251.

Launonen, K. (1996). Enhancing communication skills of children with Down syndrome: Early use of manual signs. In S. von Tetzchner & M.H. Jensen (eds.), *Augmentative and Alternative Communication: European Perspectives*. London: Whurr.

Pizer, G., Walters, K., & Meier, R. (2007). Bringing Up Baby with Baby Signs: Language Ideologies and Socialization in Hearing Families. *Sign Language Studies*, 7(4), 387-430.

Wright, C., Kaiser, A., Reikowsky, D., & Roberts, M. (2013). Effects of a Naturalistic Sign Intervention on Expressive Language of Toddlers With Down Syndrome. *Journal of Speech Language and Hearing Research*, 994-994.

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