



HEARING AID DISPENSERS MEETING MINUTES

Sheraton San Diego Hotel and Marina

October 10, 2013

1380 Harbor Island Drive

San Diego, CA 92101

Room: MARINA 5

(619) 272-5830

Committee Members Present

Deane Manning, Chair, Hearing Aid Dispenser
Alison Grimes, Dispensing Audiologist
Rodney Diaz, Otolaryngologist
Amnon Shalev, Hearing Aid Dispenser

Staff Present

Annemarie Del Mugnaio, Executive Officer
Claire Yazigi, Legal Counsel (Outgoing)
Sabina Knight, Legal Counsel (Incoming)
Breanne Humphreys, Program Manager

Committee Members Absent

Marcia Raggio, Dispensing Audiologist
Jamie Lee, Public Member

Board Members Present

Patti Solomon-Rice, Speech-Language Pathologist
Dee Parker, Speech-Language Pathologist
Monty Martin, Public Member

Guests Present

None

I. Call to Order

Chairperson Manning called the meeting to order at 1:53 p.m.

II. Introductions

Those in attendance introduced themselves.

III. Approval of the June 12, 2013 Hearing Aid Dispensers Committee Meeting Minutes

M/S/C Grimes/Diaz

Minutes approved as written.

IV. Development of Proposed Practice Guidelines for Hearing Aid Dispensing

Ms. Del Mugnaio explained the reason behind the need for this document. The Practice Guidelines is a reference document for Board staff and Subject Matter Experts (SME) to use when there is any uncertainty when rendering an opinion in our enforcement cases. She stated that it is not intended to serve as a scope of practice document but should reflect the current practice for standard of care. The scope of practice is covered in the written and practical exams and in regulations. She also reminded the committee that this document is to be the blueprint for the supervisory manual which needs to be created.

Ms. Del Mugnaio created the Practice Guideline draft document from both the written and practical exam content outlines that are given to the candidates. Committee members had previously submitted comments on the draft document and those comments were reviewed. She explained that one area that renders differing opinions from SME's is in the fitting verification measurements. (Speech Mapping, Real Ear Measurement, self-report,etc). Ms. Grimes suggested that being specific on the available verification tools would age the document. She suggested to simply state that an evidence based tool must be used.

Ms. Yazigi stated this document should not be creating anything new; it should reflect back to our statutes and regulations. It should be a flow chart or cheat sheet for obligations that already exist for our applicants and licensees. She also stated it should not replace human judgment.

There was discussion on having the document with two columns. Column A would be what must be done by law and Column B would list examples on how the practitioner can accomplish that task. The Committee directed Ms. Del Mugnaio to reformat the document. She will work with Mr. Manning and bring it back to the committee for review.

V. Consider Proposed Amendments to Continuing Education (CE) for Hearing Aid Dispensers (16 CCR 1399.140-1399.144)

Ms. Del Mugnaio made the Committees recommended changes from the June Committee meeting and reviewed other changes she made to the proposed amendments to continuing education. The Committee agreed to those changes.

- 1399.140(c) – included statement regarding records provided to the Board in response to an audit.
- 1399.140(d) – Changed verbiage to more accurately reflect verification of CE compliance.
- 1399.140.0 – Added subsection (b) regarding courses that are deemed outside the acceptable scope of CE course content. The language was previously under section 1399.141(a)(1)
- 1399.141(a)(1) Changed the language regarding the advanced level of knowledge of CE courses.

M/S/C Grimes/Diaz

The Committee will recommend that the Board adopt the proposed regulations as drafted and notice the proposed change for a 45 day public comment period and delegate to the Executive Officer the authority to adopt the proposed regulatory changes as modified if there are no adverse comments received during the public comment period and further delegate the authority of the Executive Officer to make any technical and non-substantive changes that may be required in completing the rulemaking file.

Chairperson Manning adjourned the meeting at 2:50 p.m.

Humphreys, Breanne@DCA

From: Deane Manning <deane1951@dslextreme.com>
Sent: Friday, December 20, 2013 4:10 PM
To: Humphreys, Breanne@DCA
Subject: Fwd: FW: Question regarding non-licensed audiologists fitting a Ponto sound processor

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Breanne

Hi Breanne,
Happy Holidays,

I am forwarding on to you an email that was sent to me. I was wondering if this has been addressed in the past. I know we have discussed it in passing at past Board meetings and my memory was that we said a hearing aid of any type is still a hearing aid, but I am not clear on the pertinent regulations. Your help would be appreciated.

Thanks
Sincerely
Deane Manning

----- Original Message -----

Subject:FW: Question regarding non-licensed audiologists fitting a Ponto sound processor
Date:Fri, 20 Dec 2013 13:00:25 -0800
From:Don Tucker <don.tucker@verizon.net>
To:'Deane Manning' <deane1951@dslextreme.com>

From: Teri Sinopoli [<mailto:tsin@oticonmedical.com>]
Sent: Wednesday, December 18, 2013 11:58 AM
To: don.tucker@verizon.net
Subject: Question regarding non-licensed audiologists fitting a Ponto sound processor

Dear Don,

I was given your name from Gloria Peterson.

I am the Director of Corporate Compliance at Oticon Medical. Corey Brackmann is the regional manager representing southern California. She has been having some discussion with a gentleman / audiologist at, Douglas Martin, at Children's Central California regarding the legality of audiologists without a hearing aid dispensers license, fitting an external processor with children. I am not entirely sure what the issue is, but maybe if I explain how the Ponto System is different from a typical hearing aid, it might help.

First, Medicare recognizes bone anchored hearing devices as a prosthesis rather than a hearing aid. This is because bone anchored devices are usually implanted, and after a certain amount of time to allow for proper osseointegration, the external processor is fit. The fitting and programming of the device is done by an

audiologist with proper training. The surgical components and sound processor is sold as a bundled product based on HCPCS codes established by CMS and used by third party payers. For younger children (under 5 years of age) or adults who prefer not to have surgery, the external processor can be fit to a soft band or a head band.

The issue that Mr. Martin appears to have is that the external sound processor cannot be dispensed (or fit) without a hearing aid license. But the reality is, these devices are Class II medical devices (vs. hearing aids that are Class I) and requires a doctor's prescription. The FDA does not require the person fitting the sound processor to have a hearing aid license.

If only audiologists with dispensing licenses can fit the external sound processor, then physicians who do not dispense hearing aids in their practice and therefore may not require an audiologist with a hearing aid license would be unable to treat patients who are candidates for bone anchored systems, which impinges on a physician's ability to practice medicine.

I need some clarity as to why a bone anchored device requires a hearing aid license in the state of California. I appreciate your assistance.

Warm Regards,

Teri Sinopoli, M.A., FFF-A, CCC-A

Director of Corporate Compliance

tsin@oticonmedical.com

Customer Service: 888-277-8014

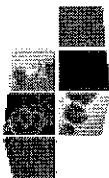
Direct: ext. 2837

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Fax: 303-953-8293

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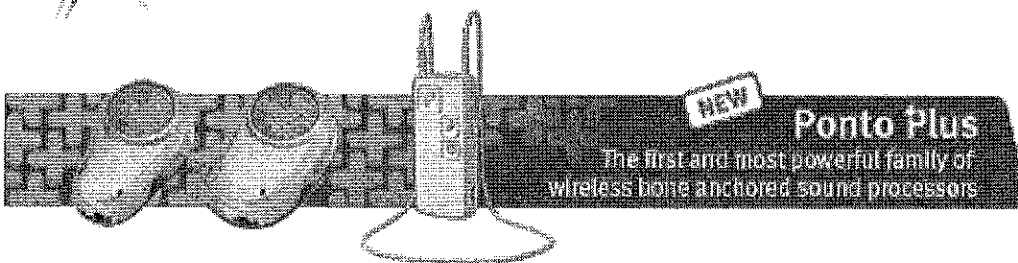
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**SPEECH-LANGUAGE PATHOLOGY PRACTICE COMMITTEE
MINUTES**

Sheraton San Diego Hotel and Marina

October 10, 2013

1380 Harbor Island Drive

San Diego, CA 92101

Room: MARINA 5

(619) 272-5830

Committee Members Present

Patti Solomon-Rice, Interim Chair, Speech-Language Pathologist

Dee Parker, Speech-Language Pathologist

Rodney Diaz, Otolaryngologist

Monty Martin, Public Member

Board Member Present

Alison Grimes, Dispensing Audiologist

Guests Present

None

Staff Present

Annemarie Del Mugnaio, Executive Officer

Clair Yazigi, Outgoing Legal Counsel

Sabina Knight, Incoming Legal Counsel

Breanne Humphreys, Program Manager

I. Call to Order

Chairperson Solomon-Rice called the meeting to order at 3:02 p.m.

II. Introductions

Those present introduced themselves.

III. Approval of the June 12, 2013 Speech-Language Pathology Practice Committee Meeting Minutes.

M/S/C Diaz/Martin

Minutes were accepted as stated.

IV. Discussion Regarding the Evaluation of Internationally Trained Applicants for Licensure

A. Update on International English Language Testing System (IELTS) Project

The English Language Competency project was to set a standard passing score for the IELTS exam. A new exam specialist with the Office of Professional Exam Services (OPES) interviewed the six subject matter experts who took the exam and expressed concern with the strong Australian accent of the exam moderator. Issues were with idioms and regionalism which made the exam difficult for those that speak English.

TOFIL – designed for students who want to come to the United States to go to college

TOEIC - designed for professionals

IELTSs - similar to the TOEIC but the standard setting study had already been done and it was an easier process to implement.

It was decided that the English language competency component must be linked to the minimum standards of a speech-language pathologist. To be an effective speech-language pathologist, one must be able to communicate with the clients they serve. This is not clearly identified in the Occupational Analysis (OA) for speech-language pathology. Since the last OA for speech-language pathologist was conducted in 2001, OPES suggested that a new OA be conducted with a supplemental report on English language competency. OPES is working on an OA project plan and obtaining ETS's 2010 speech-language pathologist Job Analysis Study which supports the current speech-language pathologist Praxis Exam. The OA will take between nine to twelve months to complete. OPES will assist the Board with selecting another exam that will meet our criteria.

B. Discuss Amendments to Existing Regulations (CCR 1399.152 & 1399.152.1)

Current provisions in the Board's laws and regulations do not specify that academic equivalency is intended only for internationally trained students. This may result in graduates from unaccredited U.S. programs petitioning for equivalency. The intent of the current provisions was to apply to internationally trained applicants only. Current provisions address graduate level coursework but not undergraduate coursework.

Ms. Solomon Rice gave a detailed report on an analysis that she and Ms. Raggio conducted on what is currently done in the 16 CA universities that train students in speech-language pathology. They charted the undergraduate and graduate curriculums of these universities.

Ms. Del Mugnaio stated that it was helpful having identified the required nine core content areas so that the transcripts can be more easily translated. She stated that current law requires 60 semester hours with 23 courses covering the core content areas. We are recommending increasing the 60 hours to 69 semester hours. Changing a statute requires legislation. We would have to find a motivated author or committee to carry this bill. We must have a compelling reason to raise the minimum standard for licensure; the current standards are antiquated and no longer represent entry level academic standards for a speech-language pathologist. The regulation would have to define the equivalent qualifications.

Ms. Solomon-Rice stated the 23 courses covering the core content areas would be better served if they were in a regulation because competencies can change as the scope of practice changes.

Ms. Yazigi said that by removing the number of semester units and adding general language of what is required will clarify the provisions for the internationally trained applicant. She suggested the Board address the academic requirements in regulation.

Motion to move to make the following changes:

M/S/C Diaz/Martin 1:44:36

Recommend to the full board to find an author to strike B&P Code 2532.2 (b) which removes the number of semester hours from statute. Change 1399.152.1 to include the competencies listed in the draft of 2532.2(b) which are anatomy and physiology of speech, swallowing and hearing; neuroanatomy; psychoacoustics of hearing; speech and language development; neurological aspect of language; phonetics; articulation and speech disorders; fluency; voice and resonance; child and adult language disorders; aural rehabilitation; swallowing; communication modalities; clinical methods; audiology; general coursework in biological, physical, and social science; and statistics.

V. Consider amendments to the Speech-Language Pathology Assistants (SLPA) Regulations (16 CCR 1399.170-1399.170.20.1) Scope of Responsibility and Supervision Provisions.

Ms. Del Mugnaio referred to the document that Ms. Carol Murphy put together from other states regarding supervision of SLPAs. It was found that some boards do not license SLPAs but do regulate them, while others have no regulations regarding SLPAs. She stated that ASHA's speech-language pathologist scope of practice states that there is a minimum of direct supervision for the first 90 workdays. Currently our provisions do not address a minimum percent of direct supervision.

Our regulations do address types of supervision required for duties performed by a SLPA. Ms. Del Mugnaio gave the following examples of when supervision is required: immediate supervision (physically present) is required to any direct client activity involving medically fragile patients and may include any new screening or treatment activity that the assistant has been trained on, but has yet to perform. It is dependent on the task, the competency of the assistant, and the status or level of the client.

The Board has already adopted some changes but the committee needs to decide if it wants to add a minimum number of hours of supervision during the SLPA's first 90 days.

Ms. Solomon-Rice stated that she believes we should have both hours and percentages identified as ASHA has in their speech-language pathologist guidelines. The need is to address immediate supervision during the first 90 days. Immediate supervision is defined in regulation as the

speech-language pathologist is physically present during services provided to the client by the speech-language pathologist. ASHA guidelines recommend no less than 20% supervision.

Ms. Parker supports moving forward because this is important for consumer/student protection, especially during the first critical 90 days. The speech-language pathology assistant must be fully aware of what they can and cannot do. They must know the limits of their scope of practice.

Mr. Martin, who works in the school setting, agrees that this is important but stated there is a shortage of speech-language pathologists in the schools. He has observed some of the activities of SLPAs and had concerns.

Ms. Del Mugnaio said that this would create a problem in the school setting and would not be favorable. She recommended asking for comments from those interested parties before the Board adopts direct supervision requirements. It was agreed to send out a request for comments from CSHA and SELPA Directors.

The committee will recommend that the Board give the Executive Officer authority to send this information to the interested parties, as well as the other adopted changes that the Board would like to move into regulation.

VI. Discussion Regarding Credential Waivers Issued to Speech-Language Pathologists by the California Commission on Teacher Credentialing (CCTC)

Ms. Del Mugnaio stated that this is an informational discussion. The Board does not regulate speech-language pathologists that are employed in the public school districts. They are credentialed and waived under the governance of the Department of Education.

Ms. Solomon-Rice stated that the concern is that the speech-language pathologist working under a waiver is not practicing at a minimal level of competency. The waived SLP does not have a master's degree, has not passed the Praxis, and has not completed the required 300 clock hours of clinical work under supervision of a licensed speech-language pathologist.

Ms. Del Mugnaio viewed a report by Ms. Carol Murphy regarding the issuance of credential waivers through CCTC. She found a total of 222 (30%) waivers granted for speech-language pathologist between the period of June 2008 and March 2013.

Ms. Solomon-Rice shared from a report that during 2010-2011 there were a total of 533 speech-language pathologist credentials granted and 439 Variable Term Waivers (VTW) granted. During 2008-2009 there were a total of 465 credentials granted and 504 VTWs. More waivers were granted than credentials. Waivers are granted for one year but can be renewed.

Ms. Parker stated that to obtain a VTW the applicant must have documentation that he/she is enrolled in a program and will complete six units that year. Some districts that had refused to hire VTWs in the past are now hiring them because of the severe shortage of qualified licensed or credentialed speech-language pathologists. She shared that the VTWs in the southern districts

speaking Spanish and provide a greater source of translation and interpretation, so they are in great demand.

The issue is the disparity in training for a waived speech-language pathologist and that of a licensed speech-language pathologist. The Board has tried to convince the legislature that it would be better for the public to have a uniform standard, that being licensure. We really do not have an understanding of the process, criteria, or prerequisite for these waivers.

Ms. Del Mugnaio recommended inviting the CCTC to speak to this subject at our next Board meeting. Ms. Parker will invite the person over credentialing and issuance of waivers to address the Board at our February meeting.

Chairperson Solomon-Rice adjourned the meeting at 4:25 p.m.



TITLE 16 CALIFORNIA CODE OF REGULATIONS

Article 3. Qualifications for Licensure-Education and Clinical Experience

1399.152.2. Supervised Clinical Experience

(a) Supervised clinical experience within the meaning of Section 2532.2, subdivision (c) of the code shall be in the area for which licensure is sought. Speech-language pathology clinical experience shall be under the supervision of a licensed speech-language pathologist or a speech-language pathologist having qualifications deemed equivalent by the board, and who possesses at least two years of full-time experience providing services as a fully licensed speech-language pathologist, or if in a setting or state that does not require licensure, holds legal authorization to provide independent services. Audiology clinical experience shall be under the supervision of a licensed audiologist or an audiologist having qualifications deemed equivalent by the board, and who possesses at least two years of full-time experience providing services as a fully licensed audiologist or if in a setting or state that does not require licensure, holds legal authorization to provide independent services. "Qualifications deemed equivalent by the board" includes a supervisor who holds the legal authorization to practice in the field for which licensure is sought in the state where the experience is being obtained, if the supervised clinical experience is obtained in a setting which is exempt from the licensure requirements of the Act or out of state.

(b) Two hundred seventy-five (275) clock hours of clinical experience shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program on or before December 31, 1992.

(c) Three hundred (300) clock hours of clinical experience in three (3) different clinical settings shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program after December 31, 1992.

(d) Twenty-five (25) hours of the required clinical experience may be in the field other than that for which the applicant is seeking licensure (speech-language pathology for an audiologist or audiology for a speech-language pathologist) if such clinical experience is under a supervisor who is qualified in the minor field as provided in subsection (a).

NOTE: Authority cited: Section 2531.95, Business and Profession Code. Reference: Section 2532.2, Business and Profession Code.

Article 4. Qualifications for Licensure-Required Professional Experience

1399.153. Definitions.

As used in this article, the term:

(a) "Required professional experience" or "RPE" means the supervised practice of speech-language pathology or audiology for the purpose of meeting the requirements for licensure in accordance with Sections 2530.5, subdivision (f), and 2532.2, subdivision (d), of the code and these regulations.

(b) "Required professional experience supervisor" or "RPE supervisor" means a person who is licensed as a speech-language pathologist or audiologist in the field for which licensure is sought, or has qualifications deemed equivalent by the board, and who possesses at least two years of full-time experience providing services as a fully licensed practitioner, or if in a setting or state that does not require licensure, holds legal authorization to provide independent services in the field for which licensure is sought. "Qualifications deemed equivalent by the board" include a supervisor who holds legal authorization to practice in the state where the experience is being obtained in the field for which licensure is sought if the required professional experience is obtained in a setting which is exempt from the licensure requirements of the Act or out of state.

(c) "Required professional experience temporary license holder" or "RPE temporary license holder" means a person who has complied with Section 1399.153.2 of these regulations.

NOTE: Authority cited for Article 4 (Sections 1399.160 - 1399.168): Section 2531.95, Business and Professions Code. Reference: Section 2532.2, Business and Professions Code.

Article 12. Speech-Language Pathology Assistants

1399.170. Definitions.

As used in this article:

(a) "Accountability" means being legally responsible and answerable for actions and inaction's of self or others during the performance of a task by the speech-language pathology assistant.

(b) "Client" shall have the same meaning and effect as the term "patient" and "student," when referring to services provided in a school setting, for purposes of interpreting the provisions in this Article.

(c) "Direct supervision" means ~~on-site~~ observation and guidance by the supervising speech-language pathologist provided on-site or via electronic means, while a clinical activity is performed by the speech-language pathology assistant. Direct supervision performed by the supervising speech-language pathologist may include, but is not limited to, the following: observation of a portion of the screening or treatment procedures performed by the speech-language pathology assistant, coaching the speech-language pathology assistant, and modeling for the assistant.

(d) "Immediate supervision" means the supervising speech-language pathologist is physically present during services provided to the client by the speech-language pathology assistant.

(e) "Indirect supervision" means the supervising speech-language pathologist is not at the same facility or in close proximity to the speech-language pathology assistant, but is available to provide supervision by electronic means. Indirect supervision activities performed by the supervising speech-language pathologist may include, but are not limited to, demonstration, record review, review, and evaluation of audio or video-taped sessions, interactive television, and supervisory conferences that may be conducted by telephone or electronic mail.

(f) "Medically fragile" is the term used to describe a client that is acutely ill and in an unstable condition and if treated by a speech-language pathology assistant, immediate supervision by a speech-language pathologist is required.

(g) "Screening" is a pass-fail procedure to identify, without interpretation, clients who may require further assessment following specified screening protocols developed by the supervising speech-language pathologist.

(h) "Supervision" for the purposes of this article, means the provision of direction and evaluation of the tasks assigned to a speech-language pathology assistant. Methods for providing supervision include direct supervision, immediate supervision, and indirect supervision.

(i) "Support personnel" means individuals who, following academic and/or on-the-job training, perform tasks as prescribed, directed, and supervised by a speech-language pathologist. There are different levels of support personnel based on training and scope of responsibilities.

NOTE: Authority Cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference Cited: Section 2538.1(b), Business and Professions Code.

1399.170.4. Application for Approval of Speech-Language Pathology Assistant Training Programs.

(a) To be eligible for approval by the Board as a speech-language pathology assistant training program (hereinafter referred to as "program"), the sponsoring institution shall be accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges.

(b) An educational institution seeking approval of a speech-language pathology assistant program shall:

(1) Notify the Board in writing, by submitting a request from the officially designated representative of the sponsoring institution and the speech-language pathology assistant program director, of who must hold a valid and clear license in speech-language pathology or equivalent credentials, of its intent to offer a new program.

(2) No later than six (6) months prior to the enrollment of students, submit a formal proposal to the Board demonstrating how the program will meet the requirements of Sections 1399.170.5. through 1399.170.10. The Board, at its sole discretion, may retroactively approve programs that enrolled students prior to the effective date of the regulations.

(c) The Board shall review the request and formal proposal and may thereafter grant or deny approval. The Board may request additional information to evaluate the request for approval and shall notify the program of its decision in writing within sixty (60) days from receipt of all requested documents.

(d) A material misrepresentation by the program of any information required to be submitted to the Board may be grounds for denial of approval or removal of the program from the approved list.

NOTE: Authority Cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference Cited: Section 2538.1(b)(2), Business and Professions Code.

1399.170.6. Requirements of the Sponsoring Institution.

(a) Responsibilities of the sponsoring institution and of each field work site shall be clearly established by formal agreement or memorandum of understanding.

(b) The sponsoring institution shall assume primary responsibility for receiving and processing applications for student admissions, curriculum planning, selection of course content, coordination of classroom teaching and supervised field work, appointment of faculty, and granting the completion certificate or degree, or otherwise documenting satisfactory completion of the program.

(c) Student records including admission, enrollment, academic performance directed observation, field work clock hours, and demonstration of field work competencies shall be maintained by the sponsoring institution according to its policies. Grades and credits for courses must be recorded on students' transcripts and shall be maintained by the sponsoring institution. Hours for field work experiences and supervision shall be recorded and documented by supervisory staff.

(d) The program director of the sponsoring institution shall be responsible for ensuring that the scope of responsibilities delegated to students during field work experiences are appropriate to the training received and the clients assigned, and consistent with the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants (1996, Spring-ASHA 2004), incorporated herein by reference, and that all approved criteria for speech-language pathology assistant training has been met.

NOTE: Authority Cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference Cited: Section 2538.1(b)(2), Business and Professions Code.

1399.170.10. Required Curriculum.

(a) A program's curriculum shall not be implemented or revised until it has been approved by the Board.

(b) The curriculum shall be designed so that a speech-language pathology assistant who completes the program will have the knowledge and skills necessary to function in accordance with the minimum standards set forth in Section 2538.1(b)(3) of the Business and Professions Code.

(c) The curriculum shall consist of not less than sixty (60) semester units or ninety (90) quarter units, which shall include the following:

(1) Twenty (20) to thirty (30) semester units or thirty (30) to forty-five (45) quarter units in general education requirements, including but not limited to, basic communication skills, knowledge of mathematics, liberal arts, and biological, behavioral and health sciences.

(2) Thirty (30) to forty (40) semester units or forty-five (45) to sixty (60) quarter units in course work that satisfies the competencies curriculum defined in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants Appendix-C B-Speech-Language Pathology Assistant Suggested Competencies Sample Course Work and Field Work for the Speech-Language Pathology Assistant (1996, Spring-ASHA 2004) including the following observation and field work experiences:

(A) A minimum of fifteen (15) clock hours of directed observation; and

(B) A minimum of ~~seventy (70)~~ one-hundred (100) clock hours of field work experience.

(d) The course of instruction shall be presented in semester or quarter units under the following formula:

(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(2) Three (3) hours of field work practice each week throughout a semester or quarter equals one (1) unit.

NOTE: Authority Cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference Cited: Section 2538.1(b)(2), Business and Professions Code.

1399.170.11. Qualifications for Registration as a Speech-Language Pathology Assistant.

To be eligible for registration by the Board as a speech-language pathology assistant, the applicant must possess at least one of the following qualifications:

(a) An associate of arts or sciences degree from a speech-language pathology assistant program accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, and approved by the Board; or

(b) Evidence of completion of a bachelor's degree program in speech-language pathology or communication disorders from an institution listed in the "Accredited Institutions of Postsecondary Education" handbook issued by the American Council on Education, and completion of the field work experience as required in Section 1399.170.10(c)(2)(B) from a Board-approved program, or completion of a minimum of ~~seventy (70)~~ one-hundred (100)

hours of field work experience or clinical experience equivalent to that required in Section 1399.170.10(c)(2)(B) in a bachelor's degree program as recognized in this subsection.

(1) The equivalent field work hours or clinical experience completed in a bachelor's degree program in speech-language pathology or communication disorders shall be evaluated for verification by the current training program director.

(2) In the event that the field work experience or clinical experience completed in the bachelor's degree program is deemed deficient by the authorized representative of a board-approved speech-language pathology assistant training program, the applicant may petition the Board for reconsideration.

(3) In lieu of completion of the ~~seventy (70)~~ one-hundred (100) hours of field work experience or clinical experience in a bachelor's degree program as defined in subsection (b) above, the Board may consider the completion of nine months of full-time work experience performing the duties of a speech-language pathology assistant enumerated in paragraph (4) of subsection (b) of Section 2538.1 of the Business and Professions Code as equivalent to the required clinical training.

(c) Evidence of completion of an equivalent speech-language pathology assistant associate of arts or science degree program, which includes the ~~competencies curriculum~~ in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants, Appendix C B- Speech-Language Pathology Assistant Suggested Competencies Sample Course Work and Field Work for the Speech-Language Pathology Assistant (1996, Spring ASHA 2004).

NOTE: Authority Cited: Sections 2531.95 and 2538.1, Business and Professions Code. Reference Cited: Section 2538.1(b)(2) and 2538.3(a), Business and Professions Code.

1399.170.15. Requirements for the Supervision of the Speech Language Pathology Assistant.

(a) The supervising speech-language pathologist is responsible for designing and implementing a supervisory plan that protects client care and maintains the highest possible standards of quality. The amount and type of supervision required should be consistent with the skills and experience of the speech-language pathology assistant, the needs of the clients, the service setting, the tasks assigned, and the laws and regulations that govern speech-language pathology assistants. Treatment of the client remains the responsibility of the supervisor.

b) Any person supervising a speech-language pathology assistant registered with the Board on or after April 10, 2001, (hereinafter called "supervisor") shall submit, within thirty (30) days of the commencement of such supervision, the "Responsibility Statement for Supervision of a Speech-Language Pathology Assistant" (77S-60, New 12/99), which requires that:

(1) The supervisor shall possess and maintain a current valid California license as a speech-language pathologist as required in Section 2532 of the Code and Section 1399.160.3 of California Code of Regulations or may hold a valid and current professional clear, clear, or life clinical or rehabilitative services credential in language, speech and hearing issued by the California Commission on Teacher Credentialing, and must have at least two years of full-time experience providing services as a speech-language pathologist.

(2) The supervisor shall immediately notify the assistant of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or lapse in licensure that affects the supervisor's ability or right to supervise.

(3) The supervisor shall ensure that the extent, kind and quality of the clinical work performed is consistent with the training and experience of the person being supervised, and shall be accountable for the assigned tasks performed by the speech-language pathology assistant. The supervisor shall review client/patient records, monitor and evaluate assessment and treatment decisions of the speech-language pathology assistant, and monitor and evaluate the ability of the assistant to provide services at the site(s) where he or she will be practicing and to the particular clientele being treated, and ensure compliance with all laws and regulations governing the practice of speech-language pathology.

(--) During the first 90 days, the supervisor shall provide immediate supervision at least 20% per week of the work schedule.

(4) The supervisor shall complete not less than six (6) hours of continuing professional development in supervision training ~~in the initial two year period from prior to~~ the commencement of supervision, and three (3) hours in supervision training of continuing professional development every ~~two years~~ four (4) years thereafter. Continuing professional development training obtained by a Board-approved provider that meets the course content listed below, may be applied towards the continuing professional development requirement for licensees set forth in Section 1399.160.3 of the California Code of Regulations. The content of such training shall include, but is not limited to:

(A) Familiarity with supervision literature through reading assignments specified by course instructors; and

(B) Improving knowledge and understanding of the relationship between the speech-language pathologist and the assistant, and the relationship between the speech-language pathologist and the client.

(C) Structuring to maximize supervision, including times and conditions of supervision sessions, problem solving ability, and implementing supervisor interventions within a range of supervisory modalities including live, videotape, audiotape, and case report methods;

(D) Knowledge of contextual variables such as culture, gender, ethnicity, and economic issues; and

(E) The practice of clinical speech-language pathology including the mandated reporting laws and knowledge of ethical and legal issues.

(5) The supervisor shall maintain records of course completion for a period of two years from the speech-language pathology assistant's renewal date.

(6) The supervisor knows and understands the laws and regulations pertaining to supervision of speech-language pathology assistants.

(7) As the professional development advisor, the supervisor shall assist in the development of a plan for the speech-language pathology assistant to complete twelve (12) hours of continuing professional development every two years through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication disorders.

(8) The supervisor shall communicate to the speech-language pathology assistant the manner in which emergencies will be handled.

(9) Upon written request of the Board, the supervisor shall provide the Board with any documentation which verifies the supervisor's compliance with the requirements set forth in this article.

NOTE: Authority Cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference Cited: Sections 2530.2(f), 2538.1(b)(5), (6), (7), and (9), Business and Professions Code.



November 26, 2013

Dear Interested Parties:

The Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board has voted to adopt the following changes to the regulations of a Speech-Language Pathology Assistant (SLPA). Please review and send your comments for consideration to the Board by December 31, 2013.

SLPA Proposed Changes

1399.152.2. Supervised Clinical Experience

- (a) Proposed change would require a RPE supervisor to have at least two (2) years of full-time experience providing services under a license or legal authorization to practice.

1399.153. Definitions.

- (b) Defining the term "RPE Supervisor" as used above.

1399.170. Definitions.

- (c) Adds on site or via electronic means into the definition of "Direct Supervision".

1399.170.4. Application for Approval of SLPA Training Programs

- (b)(1) Requires the SLPA training program director to hold a valid and clear license in speech-language pathology or equivalent credentials.

1399.170.6. Requirements of the Sponsoring Institution

- (d) Updates the reference to the American Speech-Language-Hearing Association (ASHA) document regarding the Guidelines for the Training, Use, and Supervision of SLPA as the current 2004 document.

1399.170.10. Required Curriculum

- (b)(c)(2) Same change reflected in 1399.170.6. Updating reference to ASHA document.

1399.170.10 (c)(2)(B) & 1399.170.11 (b)(3) Field work experience increased from seventy (70) hours to one-hundred (100) hours.

1399.170.11. Qualifications for Registration as a SLPA

(c) Same change reflected in 1399.170.6. Updating reference to ASHA document.

1399.170.15. Requirements for the Supervision of the SLPA

(b)(1) The proposed change requires the supervisor to have at least two (2) years of full-time experience providing services as a speech-language pathologist.

(b)(3) The proposed change requires that during the first 90 days, the supervisor is to provide immediate supervision at least 20% of the SLPA's work schedule per week

(b)(4) The proposed change requires that the six (6) hours of supervision training occur prior to the commencement of supervision and that the subsequent supervision training occur every four (4) years.

Sincerely,

Breanne Humphreys
Program Manager

From: Jennifer Ostergren <Jennifer.Ostergren@csulb.edu>
Sent: Tuesday, December 03, 2013 5:36 PM
To: SpeechandHearing@DCA
Cc: Carolyn Madding
Subject: FW: CHANGES TO THE REGULATIONS FOR A SLPA- NOTICE-November 27, 2013

Hello,

I received the email below requesting comments on the proposed changes for SLPA regulations. I am a faculty member at CSULB and coordinate the course at CSULB for individuals interested in completing clinical hours to apply with a Bachelor's degree as an SLPA.

I have a few concerns, as below in red.
Jennifer Ostergren

SLPA Proposed Changes

1399.152.2. Supervised Clinical Experience

(a) Proposed change would require a RPE supervisor to have at least two (2) years of full-time experience providing services under a license or legal authorization to practice. See note below relative to the term RPE. Also, Can you clarify within the document if this is applicable only to those individuals who are supervising registered SLPAs or if this applies to those that supervise individuals in training to become SLPAs (e.g., those that supervise students completing clinical practicum hours as an SLPA student).

1399.153. Definitions.

(b) Defining the term "RPE Supervisor" as used above. This term RPE is confusing and associated with the RPE completed by SLP. Is there now a similar RPE for SLPAs as well? Is this specified within this standard or elsewhere in the document.

1399.170. Definitions.

(c) Adds on site or via electronic means into the definition of 'Direct Supervision'.

1399.170.4. Application for Approval of SLPA Training Programs

(b)(1) Requires the SLPA training program director to hold a valid and clear license in speech-language pathology or equivalent credentials.

1399.170.6. Requirements of the Sponsoring Institution

(d) Updates the reference to the American Speech-Language-Hearing Association (ASHA) document regarding the Guidelines for the Training, Use, and Supervision of SLPA as the current 2004 document. This is NOT a current ASHA document. The 2004 document referenced was rescinded and replaced by a 2013 document as below:

<http://www.asha.org/policy/SP2013-00337/>

1399.170.10. Required Curriculum

(b)(c)(2) Same change reflected in 1399.170.6. Updating reference to ASHA document. Ditto. this document no longer exists.

1399.170.10 (c)(2)(B) & 1399.170.11 (b)(3) Field work experience increased from seventy (70) hours to one-hundred (100) hours.

1399.170.11. Qualifications for Registration as a SLPA

(c) Same change reflected in 1399.170.6. Updating reference to ASHA document. Ditto. This document no longer exists.

1399.170.15. Requirements for the Supervision of the SLPA

(b)(1) The proposed change requires the supervisor to have at least two (2) years of full-time experience providing services as a speech-language pathologist. Can you clarify within the document if this is applicable to only those individuals who are supervising registered SLPAs or if this applies to those that supervise individuals in training to become SLPAs (e.g., those that supervise students completing clinical practicum hours as an SLPA student).

(b)(3) The proposed change requires that during the first 90 days, the supervisor is to provide immediate supervision at least 20% of the SLPA's work schedule per week

(b)(4) The proposed change requires that the six (6) hours of supervision training occur prior to the commencement of supervision and that the subsequent supervision training occur every four (4) years. Ditto. Can you clarify within the document if this is applicable to only those individuals who are supervising registered SLPAs -or- if this applies to those that supervise individuals in training to become SLPAs (e.g., those that supervise students completing clinical practicum hours as an SLPA student).

Jennifer A. Ostergren, PhD, CCC-SLP
Graduate Advisor
Assistant Professor
Department of Communicative Disorders
CSULB
1250 Bellflower Boulevard
Long Beach, California 90840
562/985-8843
jennifer.ostergren@csulb.edu

From: DCA - STATE LICENSING BOARD [bohara@csha.org]

Sent: Wednesday, November 27, 2013 12:06 PM

To: Carolyn Madding

Subject: CHANGES TO THE REGULATIONS FOR A SLPA- NOTICE-November 27, 2013

SpeechandHearing@DCA

From: Louise Valente <lvalente@sbcglobal.net>
Sent: Wednesday, November 27, 2013 3:14 PM
To: SpeechandHearing@DCA
Cc: Anne Delfosse
Subject: Comments re the changes in supervision

I would like to comment as requested on the changes in supervision for a SLP-A.

I understand and support the intent of the changes, and agree with them. However, I am disappointed that additional rules are being placed on districts and practices who are doing things "right" without enforcement for those who do it wrong.

This year, I know of three example situations:

- 1 – One SLPA who has gone over a year without supervision. She works for a district.
- 2 - One SLPA who acted as an SLP for an extended time while one clinician was on maternity leave, and one on disability leave. She works for a different district.
- 3 - One SLPA who is supervising a speech aide while the supervisor is at another site. This SLPA, speech aide, and SLP share a caseload of 120, many of whom are in special day classes. This team is hired by a third district and is contracted through an agency.

I also know of several districts who are trying hard to use the SLP-As as they were intended – to assist in controlling workload. However, in my opinion, this is the minority.

Without enforcement of the current supervision rules, including penalties to the districts for non-regulation and compliance, the current EdCodes are in violation. No SLP-A will report it as there is a job shortage. SLPs who are working with them don't stand up to the administrator, because the administrators see no financial penalty in violating the EdCode.

In terms of simple solutions, I would like to suggest that a statement be sent out and signed by the SLP and the coordinator (e.g. special education director) stating something along the lines of ...

- 1 - Our SLP-A is being supervised 10% of the time, with 30% when new to a position
- 2 - Our SLP is _____ with a license of _____. She has reviewed the provisions of the supervision laws.
3. I understand that according to EdCode, caseloads may not be increased due to the use of a SLPA. I understand that the penalty for misuse of a SLP-A can be a fine to the hiring district or a suspension of an SLP license. I understand that it is the responsibility of both the supervising SLP and the hiring district to report changes or corrective actions as below _____

Thank you.

My Best,

Louise Valente, MSPA-CCC-SP
Director of Staffing
Pacific Coast Speech Services, Inc.
714-731-6630
www.pacificcoastspeech.com

SpeechandHearing@DCA

From: Rosemary Scott <RXSCOTT@pasadena.edu>
Sent: Wednesday, November 27, 2013 1:26 PM
To: SpeechandHearing@DCA
Subject: Proposed Changes to SLPA Regs

Dear Board,

I will go through all of the changes in more detail.

However, might it not be better to reference the most recent ASHA document with the SLPA Scope of Practice (ASHA, 2013).

I sat on the Ad-Hoc Committee, which was to revise the 2004 Guidelines. Scope of Practice is much stronger than a "guidelines" statement, and also that new ASHA document is very recent. The Guidelines are now 9 years old.

Here is the link:

<http://www.asha.org/policy/SP2013-00337/>

Next, I think you may want to clarify "electronic means" more fully under "Direct" supervision. It could be confused with Indirect Supervision. I would define what "electronic means" is -- for example, real-time viewing via secure webcam or videoconferencing technology, etc.

Let me know what you think and Happy Thanksgiving,

Rosemary

Rosemary Scott, MA-CCC

Speech-Language Pathologist

Pasadena City College

1570 E. Colorado Boulevard, C-121

Pasadena, CA 91106

SLPA Program: (626) 585-7021

DSPS: (626) 585-7062

www.pasadena.edu/slpa

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
2005 Evergreen Street, Suite 2100, Sacramento, CA 95815
P (916) 263-2666 F (916) 263-2668 www.speechandhearing.ca.gov

SpeechandHearing@DCA

From: Angela Benes <wings4angelab@yahoo.com>
Sent: Monday, December 02, 2013 3:52 PM
To: SpeechandHearing@DCA
Subject: SLPA Proposed Changes

I have read the SLPA proposed changes and I have a few questions/concerns.

1. When will this be effective?
2. For 1399.170.15 (b) (3); will this supervision need to be on-site or can it be done through electronic means? It states immediate supervision, is this referring to direct supervision?
3. Will more courses for supervision of SLPA's be offered on a regular basis? It has been difficult to find appropriate courses at the time of hire for our SLP's that are in need of the 6 hour training. If that needs to be done prior to the commencement of supervision, I hope there will be more courses to choose from on a regular basis.
4. I just attended a supervision training in October and they stated that CFY supervisors need to attend supervision training courses every 4 years, but SLPA supervisors need to attend the trainings every 2 years. According to (b)(4), this is only going to be required every 4 years?

I will look forward to hearing the responses.

Thank you!

Angela J. Benes, M.S., CCC-SLP
Wings Speech and Language Center
"Where Language Takes Flight"
909.390.1313
909.390.1311 f
4100 E. Jurupa St.,
Suite 108, Ontario CA 91761

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SpeechandHearing@DCA

From: janet campbell <campbelljm44@yahoo.com>
Sent: Wednesday, November 27, 2013 8:36 PM
To: SpeechandHearing@DCA
Subject: change in supervision

Excellent changes, I have noticed that many slp's who have just themselves received RPE completion turn around and supervise their classmates the following year, and basically just sign them off, no direct supervision and no basis to judge performance due to their inexperience. That trend has contributed to the dilution of our profession. Janet M. Davis Campbell Lic. 2452 Sp.

SpeechandHearing@DCA

From: Foldvary, Sherry L <Sherry.Foldvary@csun.edu>
Sent: Monday, December 02, 2013 2:17 PM
To: SpeechandHearing@DCA
Subject: Proposed SLPA Regulation Changes

To Whom It May Concern:

With the proposed changes in the regulations that will require an increase from 70 to 100 hours of fieldwork experience, when would that requirement go into effect?

Sherry

Sherry Foldvary, MBA, MA, CCC-Sp
Coordinator, Distance Learning Program
Communication Disorders and Sciences
California State University, Northridge
818-677-2880
sherry.foldvary@csun.edu

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SpeechandHearing@DCA

From: sistercandi26@yahoo.com
Sent: Thursday, November 28, 2013 8:23 AM
To: SpeechandHearing@DCA
Subject: Proposed Slp changes

The changes seem reasonable and necessary, I just hope that the changes would not affect people already in the RPE process. That would be frustrating and unfair.
Candace Grantham

Sent from my iPad

SpeechandHearing@DCA

From: PAMELA HAHN <pamelahahn@sbcglobal.net>
Sent: Tuesday, December 03, 2013 9:26 AM
To: SpeechandHearing@DCA

Reviewed and approve that the recommended changes are appropriate. Pamela Hahn MA, CCC, SLP

SpeechandHearing@DCA

From: Sue Kidwell <skidwell@deltacollege.edu>
Sent: Monday, December 23, 2013 7:11 AM
To: SpeechandHearing@DCA
Subject: SLPA regulation changes

Thank you for the opportunity to review the proposed changes to the SLPA regulations. After reviewing the changes, I have no concerns and support the proposal.

Susan M Kidwell MA, CCC-SLP
Director SLPA Program
Delta College
(209)954-5572
skidwell@deltacollege.edu

Humphreys, Breanne@DCA

From: Knight, Sabina@DCA
Sent: Wednesday, January 29, 2014 11:02 AM
To: Humphreys, Breanne@DCA
Subject: SLP waivers

I have included data related to the number of Speech-Language Pathology Waivers that are issued each year from 2009 – 2012 received from the attorneys I spoke with there.

Please note, the data is broken out to include Variable Term Waivers in SLP issued for the first time and those that are subsequently reissued.

	2009	2010	2011	2012	% Change from 2009 to 2012
First-Time	194	182	134	145	-25.26%
Reissuance	288	300	299	270	-6.25%
Total	482	482	433	415	-13.90%

Thank you,

Sabina A. Knight
Attorney
Division of Legal Affairs
Department of Consumer Affairs
916-574-8220
916-574-8623 fax

STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS

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AUDIOLOGY PRACTICE COMMITTEE MEETING MINUTES

Sheraton San Diego Hotel and Marina

October 10, 2013

1380 Harbor Island Drive

San Diego, CA 92101

Room: MARINA 5

(619) 272-5830

Committee Members Present

Alison Grimes, Chair, Audiologist
Marcia Raggio, Audiologist
Rodney Diaz, Otolaryngologist
Amnon Shalev, Hearing Aid Dispenser

Staff Present

Annemarie Del Mugnaio, Executive Officer
Clair Yazigi, Outgoing Legal Counsel
Sabina Knight, Incoming Legal Counsel
Breanne Humphreys, Program Manager

Board Members Present

Deane Manning, Hearing Aid Dispenser
Carol Murphy, Speech-Language Pathologist
Patti Solomon Rice, Speech-Language Pathologist

Guests Present

None

I. Call to Order

Chairperson Grimes called the meeting to order at 4:45 p.m.

II. Introductions

No introductions.

III. Approval of the June 12 Audiology Practice Committee Meeting Minutes

M/S/C Shalev/Raggio
Minutes are approved.

IV. Develop Proposed Regulatory Amendments for Audiology Aide Supervision Standards and Practice Limitations (16CCR 1399.154 – 1399.154.4)

Ms. Del Mugnaio gave a brief history of the documents contained in the Board packet. It was worked on by Ms. Raggio, Ms. Grimes and Ms. Bingea. She compared this document to what we currently have in regulations and then created the proposed regulations.

The major changes for the committee to consider are two new additions of 1399.154.1 Supervision of Audiology Aide and 1399.154.8 Activities, Duties, and Functions Outside the Scope of Responsibility of an Audiology Aide.

Ms. Del Mugnaio explained that an audiology aide can do anything that an audiologist can do as long as there is direct supervision. Currently the audiology aide has no scope of practice.

Ms. Grimes agreed that we should focus on the prohibitive tasks and not what is allowable for an aide; this would be clearer for the supervisor and the aide.

The new 1399.154.8 Activities, Duties, and Functions Outside the Scope of Responsibility of an Audiology Aide will read as:

An audiology aide may not perform any of the following functions:

1. Provide counseling or advice to a client or a client's parent or guardian which is beyond the scope of the client's treatment;
2. Sign any documents in lieu of the supervising audiologist i.e.. treatment plans, client reimbursement forms, or formal reports;
3. Discharge clients from services;
4. Make referrals for additional services;
5. Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervising audiologist;
6. Represent himself or herself as an audiologist;
7. Fit or sell a hearing aid without possessing a valid hearing aid dispensers license;
8. Independently adjust hearing aids or cochlear implant settings; and,
9. Perform procedures that require a high level of clinical acumen and technical skill;
10. Conduct evaluations;
11. Interpret data;
12. Alter treatment plans;
13. Perform any allowable task without the express knowledge and approval of a supervising audiologist.

Ms. Raggio offered that item 9 opens itself up for interpretation and may need examples. Ms. Raggio and Ms. Grimes are to come up with the examples tonight and recommend to the full Board tomorrow.

Chairperson Grimes adjourned the meeting at 5:17 p.m.

Business and Professions Code: Section 2530.2 (m) Audiology Aide:

(m) "Audiology aide" means any person meeting the minimum requirements established by the board. An audiology aide may not perform any function that constitutes the practice of audiology unless he or she is under the supervision of an audiologist. The board may by regulation exempt certain functions performed by an industrial audiology aide from supervision provided that his or her employer has established a set of procedures or protocols that the aide shall follow in performing these functions.

Title 16 Division 13.4 Article 5. Speech-Language Pathology & Audiology Aides

1399.154. Definitions.

As used in this article, the term:

(a) "Speech-language pathology aide" means a person who

(1) assists or facilitates while a speech-language pathologist is evaluating the speech and/or language of individuals or is treating individuals with a speech-language and/or language disorder and

(2) is registered by the supervisor with the board and the registration is approved by the board.

(b) "Audiology aide" means a person who

(1) assists or facilitates while an audiologist is evaluating the hearing or vestibular function of individuals and/or is treating individuals with hearing or balance disorders, and

(2) is registered by the supervisor with the board and the registration is approved by the board.

(c) "Supervisor" means a licensed speech-language pathologist who supervises a speech-language pathology aide or a licensed audiologist who supervises an audiology aide.

(d) "Industrial audiology aide" means an audiology aide who conducts pure tone air conduction threshold audiograms for the purpose of industrial hearing testing in addition to other acts and services as provided in these regulations.

1399.154.1 Supervision of Audiology Aide.

For the purposes of the supervision of an audiology aide, the following supervision terms shall apply:

(a) "Direct supervision" means on-site observation and guidance by the audiology supervisor while the audiology aide is treating a patient or client. Direct supervision performed by the supervising audiologist may include, but is not limited to, the following: observation of a portion of the testing or treatment procedures performed by the audiology aide, coaching the audiology aide, and modeling for the aide.

(b) "Indirect supervision" means the supervising audiologist is not at the same facility or in close proximity to the audiology aide, but is available to provide supervision by telephonic or electronic means. Indirect supervision activities performed by the supervising audiologist may include, but are not limited to, demonstration, record review, review and evaluation of recorded sessions, interactive television, and supervisory conferences that may be conducted by telephone or electronic mail. Indirect supervision may be provided to an industrial audiology aide, if all of the following conditions are met:

(1) An alternative plan of supervision has been approved by the board.

(2) The supervisor includes the proposed plan with his or her application form.

(3) The only activity the industrial audiology aide performs outside the physical presence of the supervisor is pure tone air conduction threshold audiograms.

(4) Following the completion of any pure tone air conduction threshold audiograms, the

supervisor reviews the patient histories and the audiograms and make any necessary referrals for evaluation and treatment.

(c) "Immediate supervision" means the supervising audiologist is physically present during services provided to the patient or client by the audiology aide.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

1399.154.2. Responsibilities of Speech-Language Pathology Aide's Supervisor.

A supervisor of a speech-language pathology or audiology aide shall:

(a) Have legal responsibility for the health, safety and welfare of the patients.
(b) Have legal responsibility for the acts and services provided by the speech-language pathology ~~or audiology~~ aide, including compliance with the provisions of the Act and these regulations.

(c) Be physically present while the speech-language pathology ~~or audiology~~ aide is assisting with patients, unless an alternative plan of supervision has been approved by the board.

~~(d) A supervisor of industrial audiology aides shall include a proposed plan for alternative supervision with the application form. An industrial audiology aide may only be authorized to conduct puretone air conduction threshold audiograms when performing outside the physical presence of a supervisor. The supervisor shall review the patient histories and the audiograms and make any necessary referrals for evaluation and treatment.~~ Evaluate, treat, manage and determine the future dispositions of patients.

(e) Appropriately train the speech-language pathology ~~or audiology~~ aide to perform duties to effectively assist in evaluation and/or treatment. A supervisor shall establish and complete a training program for a speech-language pathology ~~or audiology~~ aide in accordance with Section 1399.154.4 which is unique to the duties of the aide and the setting in which he or she will be assisting the supervisor.

(f) Define the services which may be provided by the speech-language pathology ~~or audiology~~ aide. Those services shall not exceed the competency of the aide as determined by his or her education, training and experience, and shall not include any treatment beyond the plan established by the supervisor for the patient.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

1399.154.25. Responsibilities of Audiology Aide's Supervisor.

A supervisor of a speech-language pathology or audiology aide shall:

(a) Have legal responsibility for the health, safety and welfare of the patients.

(b) Have legal responsibility for the acts and services provided by the audiology aide, including compliance with the provisions of the Act and these regulations.

(c) Provide the appropriate level of supervision to the audiology aide when he or she is engaged in direct client or patient care or assisting with patients.

(d) Evaluate, treat, manage and determine the future dispositions of patients.

(e) Appropriately train the audiology aide to perform duties to effectively assist in evaluation and/or treatment. A supervisor shall establish and complete a training program for the audiology aide in accordance with Section 1399.154.4 which is unique to the duties of the aide and the setting in which he or she will be assisting the supervisor.

(f) Define the services, in keeping with the Board-approved scope of practice, that an aide may or may not conduct (Section 1399.154.8), which may be provided by the audiology aide. Those services shall not exceed the competency of the aide as determined by his or her education, training and experience, and shall not include any treatment beyond the plan established by the supervisor for the patient.

(g) Ensure that the audiology aide is wearing a nametag, at all times while working, with their name and registration status displayed in at least 18-point type

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

1399.154.3. Maximum Number of Aides.

A supervisor shall not supervise more than three (3) speech-language pathology or audiology aides. The board may authorize more than three supervisees if, in its discretion, the supervisor demonstrates that the public health and safety would not be jeopardized and that he or she can adequately supervise more than three aides.

1399.154.4. Training of Aides.

Before a speech-language pathologist or audiologist allows an aide to assist in the practice of speech-language pathology or audiology under his or her supervision, a speech-language pathology or audiology aide shall complete a training program established by the supervisor. The training program shall include, but is not limited to:

(a) Instruction in the skills necessary to perform any acts or services which are the practice of speech-language pathology or audiology as defined in Section 2530.2 of the code. The supervisor is not required to repeat any training which may have already been received by the aide because of any prior education, training and experience.

(b) A supervisor shall require a speech-language pathology or audiology aide to demonstrate his or her competence to perform any acts or provide any services which are the practice of speech-language pathology or audiology as defined in Section 2530.2 of the code which may be assigned to the aide or which the aide may provide to patients. A supervisor shall allow a speech-language pathology or audiology aide only to perform those acts or to provide those services for which he or she has been provided training and has demonstrated competency.

(c) A supervisor shall instruct a speech-language pathology or audiology aide as to the limitations imposed upon his or her duties, acts or services by these regulations, by his or her training and skills and by the evaluation and treatment plan for any patient.

(d) In addition to the requirements of this section, an industrial audiology aide shall be provided training in the use of an audiometer and in the necessary techniques for obtaining valid and reliable audiograms.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

1399.154.5. Notice of Termination.

Within 30 days after the termination of the supervision of a speech-language pathology or audiology aide, the supervisor shall notify the board, in writing, of such termination and the date thereof.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and professions Code.

1399.154.6. Noncompliance With Article.

Failure of a supervising licensee to comply with the provisions of this article may result in a forfeiture of the privilege to supervise an aide.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2530.6,

Business and Professions Code.

1399.154.7. Aide Experience Not Applicable to Qualifications for Licensure.

Any experience obtained acting as a speech-language pathology or audiology aide shall not be creditable toward the supervised clinical experience required in Section 2532.2(c) of the code or the required professional experience required in Section 2532.2(d) of the code.

1399.154.8. Activities, Duties, and Functions Outside the Scope of Responsibility of an Audiology Aide

- (a) An audiology aide may not perform any of the following functions:
 - (1) Conduct diagnostic evaluations;
 - (2) Interpret diagnostic data;
 - (3) Alter treatment plans;
 - (4) Provide counseling or advice to a client or a client's parent or guardian which is beyond the scope of the client's treatment;
 - (5) Sign any documents in lieu of the supervising audiologist i.e., treatment plans, client reimbursement forms, or formal reports;
 - (6) Discharge clients from services;
 - (7) Make referrals for additional services outside the audiology practice
 - (8) Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervising audiologist;
 - (9) Represent himself or herself as an audiologist;
 - (10) Fit or sell a hearing aid without possessing a valid hearing aid dispensers license;
 - (11) Independently adjust hearing aids or cochlear implant settings;
 - (12) Perform those procedures that require a high level of clinical acumen and technical skill, e.g., diagnostic VNG, ENG, ABR interpretation;
 - (13) Perform any task without the express knowledge and approval of a supervising audiologist, or
 - (14) Violate HIPPA regulations/laws/requirements

Continuing Education Requirements

The content of each continuing education (CE) course must meet the Board's content requirements for each license type, as described below. Content that is **not** acceptable for any license type are; courses related to office production, financial planning, employee benefits, marketing, or ways to increase productivity or profitability, and any course in which the licensee, not the consumer, is the primary beneficiary.

AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS

- Courses may be taken from the following providers:
 - American Speech and Hearing Association (ASHA)
 - American Academy of Audiology (AAA)
 - California Medical Association – Institute for Medical Quality (CMA)
 - Accredited Universities
 - Board approved Professional Development Providers (PDP). Click the following link for a current list of PDP's: http://www.speechandhearing.ca.gov/forms_pubs/providerlist.pdf

Definitions:

- **Self-Study** – This includes viewing pre-recorded courses, listening to audiotapes, and online courses which are non-participatory (recorded courses that include a live chat or test upon completion are still considered self-study.) *Live online courses are not self-study.*
- **Related Courses** – Topics such as: social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, and medical pathologies related to neurological disorders that also result in communication difficulties.
- **Indirect Client Care** – Topics such as: legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and technological applications related to assessment/diagnosis or intervention.

NOTE: *If you do not complete the CE by your license expiration date, you must place your license on inactive status and cease practice. When place your license on inactive status you are still required to pay the full renewal fee. To reactivate your license, you must submit the Request for Reactivation of License and provide proof of completing the CE requirement. Click here for the Request for Reactivation of License form: http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf*

Requirements:

Biennial Renewal:

24 hours of CE are required for each renewal period.

- Minimum of 18 hours must be directly relevant to the scope of practice of speech-language pathology or audiology.
- Maximum of 6 hours may be in self-study courses.
- Maximum of 4 hours may be taken from related courses and/or indirect client care courses.

New Licensees:

If you have been licensed for less than two years (first time renewal), 12 hours of CE are required.

- Minimum of 10 hours must be directly relevant to the scope of practice of speech-language pathology or audiology.
- Maximum of 2 hours may be in self-study courses.
- Maximum of 2 hours may be taken from related courses and/or indirect client care courses.

Dual License Holders:

If you hold both a Speech-Language Pathology license and an Audiology license, 32 hours of CE are required. (16 hours for each license)

- 16 hours must be directly relevant to the scope of practice of speech-language pathology
- 16 hours must be directly relevant to the scope of practice of audiology
- Within the 32 hours, a minimum of 29.5 hours must be live courses.
- Within the 32 hours, a maximum of 2.5 hours may be taken in self-study
- Within the 32 hours, a maximum of 2.5 hours may be taken in related and/or indirect care.

SPEECH-LANGUAGE PATHOLOGY ASSISTANTS – Renews Biennially

Requirements:

12 hours of CE are required for each renewal period.

- Courses may be taken from state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication and related disorders. *Courses from an accredited university (including a master's degree program) cannot be counted for CE credit.*
- The Speech-Language Pathology Assistant's supervisor shall be responsible for assisting in the selection of the required courses.
- Courses may be taken from Board approved providers; however this is not a requirement. Click the following link for a current list of PDP's:
http://www.speechandhearing.ca.gov/forms_pubs/providerlist.pdf
- There is no limit to self-study courses that may be taken.

NOTE: *If you do not complete the CE by your license expiration date, you must place your license on inactive status and cease practice. When place your license on inactive status you are still required to pay the full renewal fee. To reactivate your license, you must submit the Request for Reactivation of License and provide proof of completing the CE requirement. Click here for the Request for Reactivation of License form:*
http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf

DISPENSING AUDIOLOGISTS – Renews Annually

- Audiology courses may be taken from the following providers:
 - American Speech and Hearing Association (ASHA)
 - American Academy of Audiology (AAA)
 - California Medical Association – Institute for Medical Quality (CMA)
 - Accredited Universities
 - Board approved Professional Development Providers (PDP). Click the following link for a current list of PDP's: http://www.speechandhearing.ca.gov/forms_pubs/providerlist.pdf
- Hearing Aid Dispenser courses must be taken from those listed on the Board approved list. Click here for a list of approved courses: http://www.speechandhearing.ca.gov/forms_pubs/cecourses.pdf

Definitions:

- **Self-Study** – This includes viewing pre-recorded courses, listening to audiotapes, and online courses which are non-participatory (recorded courses that include a live chat or test upon completion are still considered self-study.) *Live online courses are not self-study.*
- **Related Courses** – Topics such as: social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, and medical pathologies related to neurological disorders that also result in communication difficulties.

- **Indirect Client Care** – Topics such as: legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and technological applications related to assessment/diagnosis or intervention.

NOTE: *If you do not complete the CE by your license expiration date, you must place your license on inactive status and cease practice.* When place your license on inactive status you are still required to pay the full renewal fee. To reactivate your license, you must submit the Request for Reactivation of License and provide proof of completing the CE requirement. Click here for the Request for Reactivation of License form: http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf

Requirements:

12 hours of CE are required for each renewal period.

- 6 hours must be relevant to the practice of audiology.
- 6 hours must be in courses relevant to hearing aid dispensing. **Manufacturer courses are allowed as long as they are not product and/or device specific.**
- Maximum of 1.5 hours may be taken in self-study courses.
- Maximum of 1.5 hours may be taken from related courses and/or indirect client care courses.

Dual License Holders:

If you hold both a Dispensing Audiology license and a Speech-Language Pathology license:

- 8 CE hours are required annually to renew the Dispensing Audiology License.
 - 4 hours must be relevant to the practice of audiology
 - 4 hours must be relevant to the practice of speech-language pathology
 - Maximum of 1 hour may be taken in self-study courses.
 - Maximum of 1 hour may be taken from related courses and/or indirect client care courses.
- 16 CE hours are required biennially to renew the Speech-Language Pathology license.
 - Maximum of 2.5 hours may be taken in self-study courses. *
 - Maximum of 2.5 hours may be taken from related courses and/or indirect client care courses. *

*A maximum combination of only 4 hours may be obtained between self-study and related and/or indirect client care courses per renewal cycle.

HEARING AID DISPENSERS – *Renews Annually*

- All courses must be taken from those listed on the Board approved list. Click here for a list of approved courses: http://www.speechandhearing.ca.gov/forms_pubs/cecourses.pdf

Definitions:

- **Self-Study** – This includes viewing pre-recorded courses, listening to audiotapes, and online courses which are non-participatory (recorded courses that include a live chat or test upon completion are still considered self-study.) *Live online courses are not self-study.*
- **Related Courses** – Topics such as: social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, and medical pathologies related to neurological disorders that also result in communication difficulties.

- **Indirect Client Care** – Topics such as: legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and technological applications related to assessment/diagnosis or intervention.

Requirements:

9 hours of CE are required for each renewal period.

- Minimum of 6 hours must be directly relevant to the scope of practice of Hearing Aid Dispensers.
- Maximum of 3 hours may be taken in ethics courses (*including the ethics of advertising and marketing*) or business practices.
- Currently, there is no limit to the amount of hours that may be taken through self-study courses.

As of January 1, 2015: A total of 12 hours of CE will be required per renewal cycle, there will be a limit to 3 hours of self-study courses, and manufacturer courses will be allowed as long as they are not product and/or device specific.

Humphreys, Breanne@DCA

From: Humphreys, Breanne@DCA
Sent: Friday, December 20, 2013 4:36 PM
To: 'Grimes, Alison'
Subject: RE: Regional Center issues
Attachments: Sunset 2012, DDS.docx; Chair Ltr to DDH-Sept 2009.pdf; DDS Ltr - July 2010.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: BOARD MEMBERS

Hello Alison,

The Senate BP&ED indicated at the Sunset Hearing that this issue was outside their jurisdiction and suggested that we work with other Legislative Committees: Health and Human Services Committee and/or the Educational Committee. Annemarie had recommended writing letters to the above Legislative Committees in both houses using the information from our Sunset report to convey our concerns. I have attached our Sunset report regarding this issue.

For background, I have attached the Board's latest letter (that I have found on file) to DDS that Chair Lisa O'Connor wrote in 2009, expressing concern regarding the provision of services to infants and toddlers who are D/HH. Also attached is a DDS letter dated July 14, 2010 which was written in response to our May 6, 2010 letter (I do not have on file).

If you would like to send me a draft letter, I will put on the Board's letter head. In the meantime, I will research and find out the name of the Committee chairs (4) for both houses.

Please let me know if you need anything else. There are other and older letters to DDS on file referencing specific complaints.

Thank you,

BREANNE HUMPHREYS
INTERIM EXECUTIVE OFFICER

*Speech-Language Pathology &
Audiology & Hearing Aid Dispensers Board*

From: Grimes, Alison [mailto:AGrimes@mednet.ucla.edu]
Sent: Thursday, December 19, 2013 12:18 PM
To: Humphreys, Breanne@DCA
Cc: DelMugnaio, Annemarie@DCA
Subject: RE: Regional Center issues

Just reviewing a referral and I see that this is yet another case of a child who wears hearing aids, has developmental delay and receives regional center services but nothing specifically targeting speech/auditory/language skills.

Alison M. Grimes, AuD, ABA-Pediatric Specialty Certified



September 5, 2009

Terri Delgadillo, Director
Department of Developmental Services
1600 Ninth Street
Sacramento, CA 95814

RE: Services to Infants and Toddlers identified as Deaf and Hard of Hearing

Dear Ms Delgadillo:

We are writing to express our concern regarding the provision of services to infants and toddlers who are deaf or hard of hearing (D/HH) and who may be served by a variety of agencies, including a Regional Center. The system for providing Early Intervention services for D/HH children in California is both complicated and fractured. Children with only a D/HH diagnosis (solely low-incidence) are served by the Local Education Area (LEA) but, if the child demonstrates additional disabilities, Regional Centers (RCs) take over management of all of the child's needs, including (theoretically) the Early Intervention program addressing their hearing, speech and language development.

We are aware of a number of specific cases involving a variety of RC's where parents of D/HH children have been told by the service coordinator that 'Regional Center does not provide these services.' In one case, the parent was given a brochure to go to the John Tracy Clinic, a private non-profit that provides free services independently. In another case, the Mother reported great frustration because she did not know how to communicate with her baby. In yet another case, only a hearing test was mentioned in the IFSP, and the parent was told that 'Regional Center does not provide services for the hearing loss'.

The National Initiative on Children's Healthcare Quality (NICHQ), a collaborative focusing on the early identification and provision of early intervention services for deaf and hard of hearing infants in Southern California, is aware of these situations and many other similar cases. NICHQ has expressed great concern regarding lack of access to quality care in the birth to 3 population for those who have, or are at risk for developmental delay in addition to a hearing impairment.

It is well documented that best speech and language outcomes accrue when children's services are provided by speech-language pathologists, teachers of the deaf and hard of hearing, and or audiologists with specific skills in working with young children with impaired hearing. For example, the Joint Committee on Infant Hearing (JCIH), a national multi-specialty group, developed a 2007 position statement that says:

"Early intervention services for infants with confirmed hearing loss should be provided by professionals who have expertise in hearing loss, including educators of the deaf, speech-language pathologists, and audiologists."

In a further document, the JCIH states as an objective for Care/Service Coordination that:

"All families have timely access (within 45 days) to care/service coordination from a professional with specialized knowledge and skills in early childhood deafness and hearing loss assuring a

seamless transition from confirmation of hearing loss to the initiation of early intervention services and that counseling and information are provided in a manner that promotes the family's emotional health and well-being."

This additional document goes on to specifically state that the individual with first contact needs the following specialized knowledge and experience related to:

- 1) infancy/early childhood, deafness and hearing loss,
- 2) parent counseling, especially grief counseling specific to deafness and hearing loss,
- 3) development of language,
- 4) auditory skill development,
- 5) speech development,
- 6) cognitive development, and
- 7) social-emotional development.

Certainly, individuals who make first contact must be able to answer parents' questions about hearing loss and provide further explanation of:

- 1) screening technologies,
- 2) audiologic diagnostic evaluations,
- 3) amplification choices,
- 4) methods of communication,
- 5) communication development from infancy through early childhood: language, auditory, speech, social-emotional
- 6) resources in deafness, hearing and hearing loss,
- 7) medical aspects of hearing loss – likelihood of progression, improvement,
- 8) current research,
- 9) choices/options. EI providers who are the first contact for families need the skills to be able to re-explain audiological reports and information, information about amplification choices and methods/modes of communication.

While our initial concern, as mentioned above, was the issue of whether or not deaf and hard of hearing infants provided services through the Regional Center system would be served by professionals with specific expertise in speech, language and psychosocial development, we now have an additional concern as to how the present cuts in DDS eligibility will further impact these children. It is not at all clear whether children who have a diagnosed hearing loss and have another "at risk" condition such as prematurity will be eligible for Early Start services through the Regional Center system. Parents, upon hearing that their child has been "exited" from the Regional Center as "no longer eligible" may not understand that they are then eligible for EI services for hearing impairment through the Local Education Area (LEA).

As noted in the opening paragraph, the system in California for serving deaf and hard of hearing infants is complicated and fractured. D/HH children, depending on whether there are additional developmental delays, receive unequal care: those receiving services in the LEA are well-served; those receiving services through the RC apparently receive a far lesser-quality intervention program. Parents who are already overwhelmed with the child's disabilities are now left to navigate a very complex system with little guidance from those that should be providing support and assistance.

The Board, believing that this is a significant consumer protection issue, requests that DDS and the Department of Education jointly address how the LEA could be supported and empowered to provide appropriate services for ALL children with hearing impairment, while the DDS continues to provide services addressing developmental delay. With coordinated services, all children would receive

appropriate, and equivalent, Early Intervention services for their hearing impairment, regardless of whether there are additional handicapping conditions.

Sincerely,

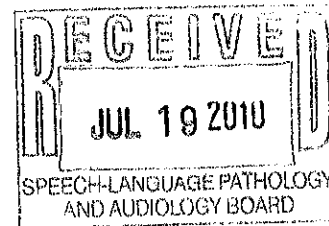
Lisa C. O'Connor, MA, Board Chair
ASHA Certified Speech Language Pathologist

Alison M. Grimes, AuD, Board Vice Chair
Board Certified Audiologist, American Board of Audiology

Cc: Dr. Mac Petersen, Chair
Interagency Coordinating Council

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, ROOM 240, MS 2-13
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-1897



2

July 14, 2010

Lisa C. O'Connor, MA, Board Chair
Alison M. Grimes, AuD, Board Vice Chair
Department of Consumer Affairs
Speech-Language Pathology and Audiology Board
2005 Evergreen Street, Suite 2100
Sacramento, CA 95815

Dear Ms. O'Connor and Ms. Grimes:

Thank you for your letter dated May 6, 2010, expressing your concerns for children entering the Regional Center and Local Education Area system after being diagnosed with a hearing loss. Your letter references the December 14, 2009, conference call during which your concerns were discussed with Julia Mullen, Deputy Director, and Rick Ingraham, Manager. The Department of Developmental Services (DDS) committed to the following three steps to address those concerns:

1. DDS would fax your letter of concern, dated September 5, 2009, to the California Department of Education (CDE) to ensure that CDE was made aware of the issues raised and that they could be addressed in CDE's instruction letter to schools regarding services to children with hearing impairment.
2. DDS would visit a recommended program in Santa Clarita that serves children with hearing loss to determine the various components of a "model system."
3. DDS would keep you both informed as to our efforts in this area.

DDS delivered your September 5, 2009, letter to Meredith Cathcart at CDE on December 16, 2009. In addition, Rick Ingraham made a personal visit on January 6, 2010, to the recommended model Santa Clarita program and met with the Special Education Local Plan Area Director, Ms. Margaret Cherene and regional center representatives to learn about what makes them successful in meeting the needs of children with hearing impairments and their families. Mr. Ingraham confirmed with them that several key factors have helped to ensure the success of the services in that area. The location and low density population of the catchment area allow for good access to an area rich in resources with low competition for services. Ms. Cherene noted that the program has experienced a very low turnover in staff and administration, leading to a

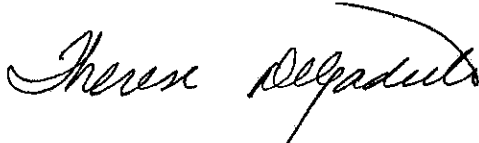
"Building Partnerships, Supporting Choices"

Lisa C. O'Connor
Alison M. Grimes
July 14, 2010
Page two

high level of continuity of services to consumers. Also, Ms. Cherene reported that there is a strong commitment from all supporting agencies to serve children with hearing impairments and their families.

This letter confirms the steps that DDS has taken to begin addressing the concerns brought forth in your September 5, 2009, letter and during the December 14, 2009, conference call. We look forward to working with you to best serve these infants and their families.

Sincerely,

A handwritten signature in cursive script, reading "Terri Delgadillo". The signature is written in black ink and is positioned above the printed name and title.

TERRI DELGADILLO
Director

cc: Julia Mullen, Deputy Director, DDS
Rita Walker, Deputy Director, DDS
Rick Ingraham, Manager, DDS

Services provided by Regional Centers for Deaf/Hard of Hearing Impaired Children

The Department of Developmental Services contracts with 21 Regional Centers in California to provide services for infants and children who have both a hearing impairment and an additional disability (e.g., intellectual disability, autism). Such services are provided in accordance with the Individuals with Disabilities Education Act (IDEA), Part C (birth-3years old).

The infant who has a hearing loss (is deaf or hard-of-hearing, referred to as D/HH) requires specialized services by individuals who have expertise in language (and speech) development in the D/HH infant or toddler and their family. Language development, including the development of oral speech, American Sign Language (ASL) or both, is time-sensitive, and the impact of delayed diagnosis and delayed intervention on the development of language has been well-documented in the research and education literature.

In spite of this, there are abundant reports from all over the state of D/HH children who receive Regional Center services that do NOT include specialized language and speech therapies.

One reported case, a child with Teacher-Collins Syndrome, in which the outer ears are completely absent at birth, being managed in a Central Valley Regional Center and never being referred for audiologic diagnostic and treatment services. Only after the child transitioned to Part B services at age 3 was he referred to audiology to address his hearing loss needs.

A similar case, a child was diagnosed with autism by the LA Regional Center at 2 years of age. He never had a hearing test. He's received autism therapy for more than one year. In actuality he has severe to profound hearing loss.

Best practices, as outlined by the National Joint Committee on Infant Hearing (2012), stipulate that states/territories need to ensure that Early Intervention (EI) providers meet at least minimum criteria for experience and skills necessary to serve infants who are D/HH and their families. A primary goal of the EI program is to promote children's development of strong language skills, regardless of the route(s) taken by the family (spoken language, ASL, visually-supported spoken language). This is critical because it is widely recognized that well-developed language skills serve as a foundation for communication and literacy attainment.

Often, parents whose children are served in the Regional Center system do not know the qualifications and competencies of the service providers.

The hearing loss, because it is typically invisible until the child fails to develop speech and language, is easily overlooked when the child also has more visible impairments and delays, such as motor skills, intellectual development, etc.

It is urgent that the Regional Center system, statewide, be required to identify and contract with Early Intervention personnel with knowledge and skills in the development

of language and speech and/or ASL. Every child entering the Regional Center system must have evidence of a passed Newborn Hearing Screening, and if NBHS was not passed, evidence of Audiologic Diagnostic Evaluation and ongoing audiologic and/or otologic care. Children who are being treated in the Regional Center system for delayed/aberrant language and communication must have an audiologic evaluation even if newborn hearing screening was passed (risk factors for hearing loss include caregiver concern regarding hearing, speech or language development). Early Intervention providers must be knowledgeable about the impact of impaired hearing on communication development, skilled in the use of ASL and/or oral-language therapeutic approaches (depending on the preferences of the family), and have the credentials (license in Audiology, Speech-Language Pathology, and/or Credentialed Teacher of the Deaf/Hard of Hearing).

The Board has communicated with the Department of Developmental Services (DDS) on several occasions regarding its concerns with the services provided to D/HH children within the Regional Centers. While DDS has responded to the Board and has made attempts to communicate the Board's concerns to the California Department of Education, issues regarding the lack of appropriate services within Regional Centers remain.

The Board would be interested in the Legislature convening a task force to investigate and address such issues. The Board stands ready to assist and participate in finding solutions to an ongoing and pervasive problem.



Telephonic Meeting Minutes November 25, 2013

Department of Consumer Affairs
Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
2005 Evergreen Street, Ste. 2100 Sacramento, CA 95815
(916) 263-2909

200 UCLA Medical Plaza, Suite 540, Rm. 21
Los Angeles, CA 90095
(310) 267-4650

1600 Holloway Ave, Burk Hall, Rm. 101
San Francisco, CA 94132
(415) 338-7652

1000 Victoria, Welch Hall A 320B
Carson, CA 90747
(310) 243-2425

400 Hoover Lane
Nevada City, CA 95959
(530) 265-0611 x233

333 Gellert Blvd., Suite 118
Daly City, CA 94015
(650) 994-3410

Participating Board Members

Alison Grimes, AuD, Audiologist – Chairperson
Patti Solomon-Rice, PhD, Speech-Language Pathologist
Dee Parker, PhD., Speech-Language Pathologist
Monty Martin, MA, Public Member
Marcia Raggio, PhD, Audiologist

Board Members Absent

Rodney Diaz, M.D., Public Member
Deane Manning, Hearing Aid Dispenser
Jaime Lee, Esq., Public Member
Amnon Shalev, Hearing Aid Dispenser

Staff Present

Annemarie Del Mugnaio, Executive Officer
Breanne Humphreys, Board Staff
Jeff Sears, DCA, Personnel Officer
Brianne Gregory, DCA, Personnel
Sabina Knight, Legal Counsel

Guest Present

Kim Craig, HHP

I. Call to Order

Chairperson Grimes called the meeting to order at 12:42 p.m.

II. Introductions

Those present introduced themselves.

CLOSED SESSION

III. Closed Session (pursuant to Government Code Section 11126(c)(3)) – Other APA Enforcement Actions- Discuss Process for Considering a Petition for Reconsideration

The Board convened in closed session and appointed Breanne Humphreys as the interim Executive Officer.

M/S/C: Patti Solomon-Rice/Dee Parker

The Board reconvened in open session.

IV. Process for Executive Officer Recruitment

Jeff Sears, Personnel Officer for DCA/Office of Human Resources (OHR), explained the executive recruitment process and discussed the screening of candidates through a two-member search committee comprised of Board members. Mr. Sears requested that any changes to the recruitment bulletin and/or duty statement be forwarded to his office. The bulletin will be posted on the state job website as well as the internal DCA website. He also encouraged the Board members to send the recruitment notice to their respective associations. An average search can take approximately 60 – 90 days.

OHR will review the applications to ensure that the minimum qualifications are met; the search committee will then review those applications and select candidates to interview in Sacramento; then the committee will select the top contenders for the full board to interview.

The Board voted to delegate a scope of authority for the search committee:

- 1) Define the length of the search period
- 2) Define the number of candidates to recommend for the full Board to interview
- 3) Option to extend the filing dates for the search if needed

M/S/C: Dee Parker/Marcia Raggio

V. Public Comment on Items Not on the Agenda

There were no public comments.

VI. Adjournment

Chairperson Grimes adjourned the meeting at 1:15 p.m.



BOARD MEETING MINUTES
Sheraton San Diego Hotel and Marina
October 11, 2013
1380 Harbor Island Drive
San Diego, CA 92101
Room: MARINA 5
(619) 272-5830

Board Members Present

Alison Grimes, Chair, Dispensing Audiologist
Patti Solomon-Rice, Vice Chair, Speech-Language Pathologist
Rodney Diaz, Otolaryngologist
Amnon Shalev, Hearing Aid Dispenser
Deane Manning, Hearing Aid Dispenser
Marcia Raggio, Dispensing Audiologist
Dee Parker, Speech-Language Pathologist
Monty Martin, Public Member
Jamie Lee, Public Member

Staff Present

Annemarie Del Mugnaio, Executive Officer
Claire Yazigi, Outgoing Legal Counsel
Sabina Knight, Incoming Legal Counsel
Breanne Humphreys, Program Manager

Guests Present

Joseph McKenna, Deputy Attorney General

I. Call to Order

Chairperson Grimes called the meeting to order at 8:10am.

II. Introductions

Those present introduced themselves.

III. Approval of Meeting Minutes:

A. June 12-13, 2013 Board Meeting Minutes

The Board discussed minor edits to the minutes.

M/S/C: Manning/Raggio
Minutes approved with minor edits.

B. September 11, 2013 Telephonic Board Meeting Minutes

M/S/C: Manning/Raggio
Minutes approved as written.

The Board went into closed session.

IV. Closed Session: The Board met in closed session pursuant to Government Code Section 11126(c)(3) to discuss and vote on a petition for reconsideration of a proposed Decision and Order that had been adopted by the Board.

V. Hearing on Petition for Reinstatement of Revoked License – John Jakobcic

Roy W. Hewitt, Office of Administrative Law Judge convened the hearing. He explained that we would be hearing statement of evidence from the attorney general's office and from the petitioner in terms of reinstatement of licensure. At the conclusion, the Board will go into closed session for deliberations. Majority vote of the Board will decide the outcome.

Petitioner Jakobcic had his license revoked on December 11, 2006. He was convicted of MediCal and MediCare fraud. He served two years in federal prison and ordered to pay \$463,000 in restitution. He was engaged in a scheme for three years where an associate forwarded forged audiology testing documents and false claims were filed.

Deputy Attorney General (DAG) Joseph McKenna represented the Office of the Attorney General and the people of the state of California. He gave his opening statement, cited several investigative reports and stated the petitioner has not shown that he has been rehabilitated.

Petitioner Jakobcic declined to testify.

Petitioner Jakobcic was cross examined by DAG McKenna. Since his revocation in 2006, he has been cited by the Board and fined \$2500 for unlicensed practice in 2011. Upon conclusion of the cross, Mr. Jakobcic was asked if he had anything to add. He did not.

Board members asked questions of Mr. Jakobcic.

Judge Huett received agreement from both parties that the webcast of this hearing will serve as official transcript.

Board members went into closed session for deliberations.

VI. Return to Open Session: Executive Officer's Report

A. Budget update

Ms. Del Mugnaio reported that on August 29, 2013 the Senate Budget and Fiscal Committee held a special hearing on the Governor's loan repayment plans. In 2011/12 the former governor borrowed \$1.15 million from the Board. The Department of Finance has scheduled loan repayments beginning in FY 13/14 of \$300,000 and \$400,000 in FY 14/15, and the remaining \$450,000 in FY 15/16. She testified at the Senate Budget Hearing regarding the consequences to the Board's operations if the loan is not repaid. The Board would face a funding deficit in FY 15/16 and would not be able to support its enforcement functions.

Both CSHA and CAA testified on behalf of the Board and the need for the funding to be repaid. There was some indication that CSHA members felt that the licensing backlogs and non-responsiveness on the part of the Board remained problematic. However, William Barnaby testified that the Board's responsiveness and efficiency had greatly improved over the past year and a half.

Ms. Del Mugnaio stated that the Board should receive the first repayment prior to the close of FY 13/14.

B. Administrative Updates –BreEze/Staff Recruitment/Operational Updates

Ms. Del Mugnaio gave the following report:

Implementation of Phase I of BreEze went live October 8, 2013. There is no definitive date when our Board will go live but it is believed Phase III implementation will occur in the fall of 2014.

The Board still has a vacancy for the Non-Sworn Special Investigator position. The Department of Personnel Administration is conducting an audit of this position to determine the appropriate class and duties for the position. The Board cannot recruit until the final report is submitted.

The Board is resuming continuing education (CE) audits of its licensees. We are also including a voluntary survey with the audit letter inquiring about the quality of the CE courses that the licensees are taking and which method of instruction is most beneficial (i.e. interactive, self-study, classroom, etc.).

C. Update on Exemption Request of the Federal Drug Administration on Mail Order and Catalog Sales of Hearing Aids

The FDA is reviewing our exemption request and work is currently underway to consider California's provisions regarding the remote acquisition of hearing aids. Ms. Del Mugnaio spoke to Vicki Dionne, AuD, of the Texas Board about a recent Cease and Desist Order

issued to Hi Health Innovations regarding the web-based hearing test and internet purchase of hearing aids. Texas does not have an exemption to enforce these provisions, but they are interested in seeing this issue go to court and be presented before the public domain. They will pursue the case as unlicensed activity.

VII. Legislative Update

Ms. Del Mugnaio gave the following legislative updates:

A. SB 305Lieu – Sunset Bill

This bill was signed by the governor and extends the Board to 2018. It included the following provisions:

- Failing to comply with the provisions of a conditional license or a probationary license is unprofessional conduct and subject to disciplinary proceedings.
- Removing antiquated language for CPD.
- Providing an avenue for the Board to merge and consolidate the hearing aid regulations with the speech-language pathology and audiology regulations.

The requirement for an applicant who is currently licensed or had previously held licensure in another state to submit a self-query report with their application from the National Practitioner Data Bank (NPDB) was not included in the bill. The Board does not have the funding to query. The Legislative Committee will carry this bill for us in 2014.

B. AB 1000 –Maienschein & Wieckowski – Professional Corporations: Healing Arts Practitioners

The Moscone-Knox Professional Corporation Act 13401.5(d)(1) states that a speech-language pathology corporation may employ licensed audiologists. Under 13401.5(e)(1) states that an audiology corporation may employ licensed speech-language pathologists. Hearing aid dispensers are not included in Moscone-Knox because they are in General Law Corporations.

AB 1000 would open up all the professions listed in Moscone-Knox to employ one another. This is a significant change because together Moscone-Knox and B&P Code 650 prohibited referrals for financial benefit. Now large professional corporations (ie. rehab) can form and can refer the consumer to each other and the referral could be for financial gain.

The Board currently has statutes that oppose this bill. (Article7. Speech-Language Pathology Corporations and Audiology Corporations 2536 – 2537.5).

Legal Counsel will look more into the ramifications of AB 1000 and will report back to the Board.

C. AB 186 Maienschein- Temporary Licenses-Military Spouse

This bill would provide for an expedited review of the application for any spouse or partner of an active military service member and would authorize the licensing program to issue a temporary license if the applicant is licensed in another state.

The Board currently has provisions for temporary licensure for all applicants if licensed in another state. The bill has not moved forward and is now a two-year bill; it will be reconsidered in the next legislative session.

D. SB 129 – Wright -Deaf and disabled telecommunications program

This bill was chaptered and signed by the governor. It restricted the Public Utilities Commission from expanding the deaf and disabled program to include assistance to individuals with speech disabilities, including assistance in purchasing speech-generating devices, accessories, and mounting systems, and specialized telecommunications equipment.

SB 176 – Galgiani – Administrative Procedures

SB 176 would require the involvement of interested parties in discussions regarding any proposed regulation changes prior to the proposed regulation being noticed or publicized. The Board currently involves the public in its business by holding public meetings and discussing its proposed changes prior to formulating regulations.

VIII. Practice Committee Reports

A. Hearing Aid Dispensers Committee Report

Committee Chair Manning reported that it was decided to create the Practice Guidelines for Hearing Aid Dispensing by identifying what is essential and what is recommended as best practice. He and Ms. Del Mugnaio will work on the guidelines and bring back to the committee for review.

Chair Manning asked for a motion to approve the proposed amendments to continuing education.

M/S/C Grimes/Martin

The Board adopted the hearing aid dispensers proposed amendments to continuing education. The Board granted authority to the Executive Officer to notice the proposed changes for a 45-day public comment period and to adopt the proposed regulatory changes as modified if there are no adverse comments received during the public comment period. The Executive Officer was further delegated the authority to make any technical and non-substantive changes that might be required in completing the rulemaking file.

M/S/C Parker/Diaz

The Board accepted the committee's report.

B. Speech-Language Pathology Practice Committee Report

Board Chair Grimes appointed Ms. Solomon-Rice as the Chair of this committee. Ms. Solomon-Rice gave the following committee report:

Update on International English Language Testing System (IELTS) Project

Office of Professional Exam Services will conduct a SLP Occupational Analysis with a supplemental report on the English language competency component. OPES and the SMEs decided not to use the IELTS exam because of the Australian accent of the exam moderator. OPES will assist the Board in selecting another exam.

Competencies for Internationally Trained Students

Ms. Solomon Rice gave a detailed report on an analysis that she and Ms. Raggio completed about how the 16 CA universities train students in speech-language pathology including a table listing the undergraduate and graduate curriculums of these universities.

Ms. Solomon-Rice stated the 23 courses identified as covering the core content areas required for national accreditation would be better served if they were in a regulation because competencies can change as the scope of practice changes. She reported by revising the minimum number of semester units and adding general language of what is required through revisions to the statutes, for the internationally educated applicant will be clarified. The Board will address the academic requirements in regulation.

Motion to move to make the following changes:

M/S/C Diaz/Parker

Motion to adopt the amendments to the statute and regulations to strike B&P Code 2532.2 (b) which revises the number of semester hours in the statute. Change 1399.152.1 to include the competencies listed in the draft of 2532.2(b) which are anatomy and physiology of speech, swallowing and hearing; neuroanatomy; psychoacoustics of hearing; speech and language development; neurological aspect of language; phonetics; articulation and speech disorders; fluency; voice and resonance; child and adult language disorders; aural rehabilitation; swallowing; communication modalities; clinical methods; audiology; general coursework in biological, physical, and social science; and statistics.

Amendments to the Speech-Language Pathology Assistants (SLPA) Regulations for Scope to Responsibility and Supervision

ASHA's speech-language pathologist scope of practice states that there is a minimum percentage of direct supervision for the first 90 workdays as the first 90 days is critical to the successful training of a new SLPA. Currently our provisions do not address a minimum percent of direct supervision.

Our regulations do address types of supervision required for duties performed by a SLPA. Immediate supervision (physically present) is required to any direct client activity involving medically fragile patients and may include any new screening or treatment activity that the assistant has been trained on, but has yet to perform. It is dependent on the task, the competency of the assistant, and the status or level of the client.

This is important for consumer/student protection, especially during the first critical 90 days. The speech-language pathology assistant must be fully aware of what they can and cannot do and must be trained on the limits of their scope of practice.

ASHA guidelines recommend no less than 20% direct supervision during the initial 90 days of employment. The Board gave the Executive Officer authority to send this information to the interested parties as well as the other adopted language that the Board would like to move into regulation.

Credential Waivers Issued to Speech-Language Pathologists by the California Commission on Teacher Credentialing (CCTC)

An informational discussion was held by the Committee.

The Board does not regulate speech-language pathologists who are employed in the public school districts as they are credentialed and waived under the governance of the Department of Education.

The concern is that the speech-language pathologist working under a waiver is not practicing at a minimal level of competency. The waived SLP does not have a master's degree, has not passed the Praxis, and has not completed the required 300 clock hours of clinical work under supervision of a licensed speech-language pathologist.

The issue of concern is the disparity in training for a waived speech-language pathologist and the licensed speech-language pathologist. The Board has tried to convince the legislature that it would be in the public's best interest to have a uniform standard, that being licensure. We really do not have an understanding of the process, criteria, or prerequisites for these waivers.

The Board agreed to invite the person over credentialing and issuance of waivers at CCTC to address the Board at our February meeting.

**M/S/C Manning/Diaz
Committee report and recommendations approved.**

C. Audiology Practice Committee Report

Ms. Raggio gave the committee report.

The committee is seeking to add into regulation two major areas: Supervision of Audiology Aides and Duties Outside the Scope of Responsibility of an Audiology Aide.

The committee agreed to focus on the prohibitive tasks and not what is allowable in developing the following list:

An audiology aide may not perform any of the following functions:

1. Provide counseling or advice to a client or a client's parent or guardian which is beyond the scope of the client's treatment;
2. Sign any documents in lieu of the supervising audiologist i.e.. treatment plans, client reimbursement forms, or formal reports;
3. Discharge clients from services;
4. Make referrals for additional services;
5. Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervising audiologist;
6. Represent himself or herself as an audiologist;
7. Fit or sell a hearing aid without possessing a valid hearing aid dispensers license;
8. Independently adjust hearing aids or cochlear implant settings; and,
9. Perform procedures that require a high level of clinical acumen and technical skill;
10. Conduct evaluations;
11. Interpret data;
12. Alter treatment plans;
13. Perform any allowable task without the express knowledge and approval of a supervising audiologist.

Ms. Raggio presented four examples that she and Ms. Grimes developed which require a high level of clinical acumen and technical skill, stating this is not an inclusive list.

1. Choosing appropriate amplification
2. Developing a differential diagnostic plan
3. Infant ABR
4. Cochlear ear implant programming and mapping

Ms. Del Mugnaio commented that if a task is not listed as an example it may be deemed allowable when it should not be allowed.

Ms. Raggio commented that the list leaves it up to the supervising audiologist to decide what tasks are or are not difficult. She proposed that the language be changed to read that tasks that require a doctoral level clinician are not allowed, which would eliminate the need for examples. The supervising audiologist does not have to make a personal decision as to what is difficult and what is not difficult.

Ms. Del Mugnaio agreed and recommended that we rework that section and bring it back to the committee. Ms. Raggio and Ms. Grimes will rework the document.

**M/S/C Raggio/Diaz
Committee report and recommendations approved.**

IX. Licensing/Enforcement/Examination Statistical Data

The Board reviewed the Annual Report which included licensing and enforcement data.

The Board reviewed the hearing aid practical exam results from the August 24, 2013. An error was found in the computations so Board staff will rework and send back out to the Board members.

X. Public Comment on Items Not on the Agenda/ Future Agenda Items- Pending Issues Before the Board

There were no further public comments.

Ms. Del Mugnaio reviewed a few of the other pending issues before the Board in addition to what the Board worked on in this two-day meeting.

- Differences Between SLP Aides –vs.- SLPAs
- Supervisory Training Manual for Hearing Aid Dispensers
- Uniform Standards

XI. Announcements- Future 2013 Board Meetings- October 10-11, 2013- San Diego

The next Board meeting will be held February 6-7, 2014 in San Francisco. Ms. Del Mugnaio will send out possible dates for the May meeting.

XII. Adjournment

Ms. Del Mugnaio adjourned the meeting at 1:37pm.

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board - 0376
BUDGET REPORT
FY 2013-14 EXPENDITURE PROJECTION

FISCAL MONTH 6

OBJECT DESCRIPTION	FY 2012-13		FY 2013-14				
	ACTUAL	PRIOR YEAR	BUDGET	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES	EXPENDITURES	STONE	EXPENDITURES	SPENT	TO YEAR END	BALANCE
	(MONTH 13)	12/31/2012	2013-14	12/31/2013			
PERSONNEL SERVICES							
Salary & Wages (Staff)	361,666	193,966	424,311	187,617	44%	365,512	58,799
Statutory Exempt (EO)	78,356	38,978	81,732	41,372	51%	41,372	40,360
Temp Help Reg (Seasonals)	153		1,000		0%		1,000
Temp Help (Exam Proctors)	871	486		378			0
Board Member Per Diem	0		5,854		0%	0	5,854
Committee Members (DEC)	8,700	3,000		1,900		8,000	(8,000)
Overtime	22,102	10,254	5,000	5,078		13,000	(8,000)
Staff Benefits	215,895	106,129	222,940	96,225	43%	199,978	22,962
TOTALS, PERSONNEL SVC	687,743	352,813	740,837	332,570	45%	627,862	112,975
OPERATING EXPENSE AND EQUIPMENT							
General Expense	10,416	4,204	51,876	3,967	8%	12,000	39,876
Fingerprint Reports	15,680	4,655	28,439	7,277	26%	16,000	12,439
Minor Equipment	3,525		11,100	609		11,100	0
Printing	11,853	3,182	24,393	2,999	12%	12,000	12,393
Communication	6,277	1,833	17,027	1,739	10%	6,000	11,027
Postage	21,989	9,966	23,340	11,751	50%	22,000	1,340
Insurance			144		0%		144
Travel In State	18,573	6,171	34,162	3,360	10%	16,500	17,662
Travel, Out-of-State							0
Training			5,802		0%	500	5,302
Facilities Operations	65,374	52,680	112,569	64,161	57%	65,500	47,069
Utilities							0
C & P Services - Interdept.			23,890		0%		23,890
C & P Services - External	905	11,898		21,363		363	(363)
DEPARTMENTAL SERVICES:							
Departmental Pro Rata	151,494	85,158	172,854	94,594	55%	172,854	0
Admin/Exec	70,488	42,504	87,956	43,238	49%	87,956	0
Interagency Services - OPES			29,093		0%		29,093
IA w/ OPES	56,926	45,124		34,610		34,610	(34,610)
DOI-ProRata Internal	1,669	866	2,794	1,378	49%	2,794	0
Public Affairs Office	4,197	2,424	2,961	1,956	66%	2,961	0
CCED	18,947	10,038	38,091	18,688	49%	38,091	0
INTERAGENCY SERVICES:							
Consolidated Data Center	276	167	8,932	126	1%	500	8,432
DP Maintenance & Supply	4,344	2,441	17,077	2,626	15%	5,000	12,077
Central Admin Svc-ProRata	92,758	46,379	59,269	29,635	50%	59,269	0
EXAM EXPENSES:							
Exam Supplies							0
Exam Freight							0
Exam Site Rental			7,663	2,232		2,232	5,431
C/P Svcs-External Expert Administrative	11,463	9,916	25,542	8,870		15,000	10,542
C/P Svcs-External Expert Examiners			37,913				37,913
C/P Svcs-External Subject Matter	39,560	10,968		18,860		30,000	(30,000)
ENFORCEMENT:							
Attorney General	111,565	44,672	90,567	36,099	40%	100,000	(9,433)
Office Admin. Hearings	24,720	402	21,749	8,020	37%	25,000	(3,251)
Court Reporters	2,428			394		2,500	(2,500)
Evidence/Witness Fees	2,267	400	7,428	6,000	81%	10,000	(2,572)
DOI - Investigations	237,324	121,110	214,314	105,002	49%	214,314	0
Major Equipment	6,727		5,600			5,600	0
Other - Clothing & Pers Supp							0
Special Items of Expense							0
Other (Vehicle Operations)			15,000				15,000
TOTALS, OE&E	991,745	517,158	1,177,545	529,554	45%	970,644	206,901
TOTAL EXPENSE	1,679,488	869,971	1,918,382	862,124	90%	1,598,506	319,876
Sched. Reimb. - Fingerprints	(15,920)	(6,169)	(31,000)	(6,027)	19%	(31,000)	0
Sched. Reimb. - Other	(8,325)	(3,105)	(2,000)	(2,350)	118%	(2,000)	0
Distributed							0
Unsched. Reimb. - Other	(11,474)	(4,005)		(26,106)			0
NET APPROPRIATION	1,643,769	856,692	1,885,382	827,642	44%	1,565,506	319,876
SURPLUS/(DEFICIT):							17.0%

Senate Business, Professions and Economic Development Committee
COMMITTEE BILL: PROPOSED LEGISLATION

Note: Submit the completed form to the Committee electronically by email **and** as a hardcopy by mail. Attach additional information or documentation as necessary.

REQUESTOR & CONTACT INFORMATION:

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (SLPAHADB)
Breanne Humphreys
breanne.humphreys@dca.ca.gov
(916)561-8779

DATE SUBMITTED:

December 17, 2013

SUMMARY:

The Board is seeking to amend 2532.2(b) Business and Professions Code. Current provisions in the Board's laws and regulations do not specify that academic equivalency is intended only for internationally trained students. Terminology used in the laws and regulations is not consistent with international institutions. Terms such as "graduate courses" or "semester units" may not apply. The 300 clock hours of supervised clinical practice needs to increase to 375 clock hours to mirror the current requirements of all national accredited training programs.

IDENTIFICATION OF PROBLEM:

Current provisions in the Board's laws and regulations do not specify that academic equivalency is intended only for internationally trained students. This may result in graduates from unaccredited U.S. programs petitioning for equivalency. The intent of the current provisions was to apply to internationally trained applicants only.

Terminology used is not standard or consistent with international training programs. Terms such as a "graduate courses" or "semester units" may not apply. Transcript evaluation services provide for a conversion of credits awarded at the foreign institutions into U.S. academic units.

The national accredited training programs have increased the supervised clinical practice to 375 clock hours. Our statute needs to reflect this increase.

PROPOSED SOLUTION:

The proposed solution closes the loop and removes opportunity for a graduate from a U.S. unaccredited program from petitioning for equivalency.

The removal of terms such as "graduate courses" and "semester units" and adding general language of what is required, clarifies the provisions for the internationally trained applicant. The Board will address the academic requirements in regulation.

PROGRAM BACKGROUND & LEGISLATIVE HISTORY:

The Speech-Language Pathology & Audiology & Hearing Board (SLPAHADB) started out as a committee regulating speech-language pathology and audiology and operated under the jurisdiction of the Medical Board of California in 1974. The committee transitioned into its own independent health regulatory agency, the Speech-Language Pathology and Audiology Board (SLPAB). In 2010, AB 1535 merged the Hearing Aid Dispensers Bureau with SLPAB forming the current SLPAHADB.

JUSTIFICATION:

The original intent of the provisions was to apply to the internationally trained applicant. By amending the law, it closes the gap for a graduate from an U.S. unaccredited program appealing for equivalency.

Removing terminology that does not relate to some international training programs and replacing with general language of what is required, clarifies the provisions for the internationally trained applicant.

The accredited national academic programs have increased the required supervised clinical practice clock hours to 375.

ARGUMENTS PRO & CON:

The Board anticipates no opposition to the proposed change.

PROBABLE SUPPORT & OPPOSITION:

The Board anticipates no opposition to the proposed change and will get support from the accredited academic training programs.

FISCAL IMPACT:

The Board does not anticipate a fiscal impact as a result of the proposed change to our agency or to other stat departments.

ECONOMIC IMPACT:

The Board does not anticipate the economic impact as a result of the proposed changes.

FINDINGS FROM OTHER STATES:

There are no findings from other states.

PROPOSED TEXT (use underline & strikethrough):

- (a) Possess at least a master's degree in speech-language pathology or audiology from an educational institution approved by the board or qualifications deemed equivalent by the board.
- (b) ~~Submit transcripts from an educational institution approved by the board evidencing the successful completion of at least 60 semester units of courses related to the normal development, function, and use of speech, hearing, and language; and courses that provide information about,~~

~~and training in, the management of speech, hearing, and language disorders. At least 24 of the required 60 semester units shall be related to disorders of speech, voice, or language for speech-language pathology applicants or to disorders of hearing and the modification of communication disorders involving speech and language resulting from hearing disorders for audiology applicants. These 60 units do not include credit for thesis, dissertation, or clinical practice.~~

(c) Submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and communication disorders. The board shall establish by regulation the required number of clock hours, not to exceed ~~300~~ 375 clock hours, of supervised clinical practice necessary for the applicant. The clinical practice shall be under the direction of an educational institution approved by the board.

Senate Business, Professions and Economic Development Committee
COMMITTEE BILL: PROPOSED LEGISLATION

Note: Submit the completed form to the Committee electronically by email **and** as a hardcopy by mail. Attach additional information or documentation as necessary.

REQUESTOR & CONTACT INFORMATION:

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (SLPAHADB)
Breanne Humphreys
breanne.humphreys@dca.ca.gov
(916)561-8779

DATE SUBMITTED:

December 17, 2013

SUMMARY:

The Board is seeking to amend 2532.1 & 2538.24 requiring an applicant who holds, or has previously held a health care license in another state or territory of the United States, to produce a disciplinary data bank report as part of their application for licensure.

IDENTIFICATION OF PROBLEM:

The Board fingerprints all applicants. Applicants are also required to self-report prior discipline on the license application. The National Practitioner Data Bank, NPDB, is another tool to use for applicants who hold, or have previously held a health care license to determine if any adverse action related to licensure has been reported. The Board does not have the financial resources to query the NPDB.

PROPOSED SOLUTION:

The applicant will submit a self-query report from the NPDB with their application. Employing this method of query is cost effective for the Board, does not require an increase in licensing fees to off-set the Board's cost to query the data bank, and places a lesser workload burden on licensing staff to research the data bank.

PROGRAM BACKGROUND & LEGISLATIVE HISTORY:

The Speech-Language Pathology & Audiology & Hearing Board (SLPAHADB) started out as a committee regulating speech-language pathology and audiology and operated under the jurisdiction of the Medical Board of California in 1974. The committee transitioned into its own independent health regulatory agency, the Speech-Language Pathology and Audiology Board (SLPAB). In 2010, AB 1535 merged the Hearing Aid Dispensers Bureau with SLPAB forming the current SLPAHADB.

JUSTIFICATION:

The Board does not have the financial resources to query the NPDB for those applicants who hold, or have previously held a health care license in another state or territory in the United States. Receiving the NPDB report adds another layer of consumer protection. Employing this method of query is cost effective for the Board, does not require an increase in licensing fees to off-set the Board's cost to conduct the query the data bank, and places a lesser workload burden on licensing staff to research the data bank.

ARGUMENTS PRO & CON:

The Board anticipates no opposition to the proposed change. This provision is a consumer protection enhancement.

PROBABLE SUPPORT & OPPOSITION:

The Board anticipates no opposition to the proposed change.

FISCAL IMPACT:

The Board does not anticipate a fiscal impact as a result of the proposed change to our agency or to other state departments. The fee for an applicant to self-query is \$8.00.

ECONOMIC IMPACT:

The Board does not anticipate the economic impact as a result of the proposed change.

FINDINGS FROM OTHER STATES:

There are no findings from other states.

PROPOSED TEXT (use underline & strikeout):

2532.1. Applications

- (a) Each person desiring to obtain a license shall make application to the board, upon a form as prescribed by the board.
- (b) A separate license shall be granted in both speech-language pathology and audiology. An applicant may be granted both licenses upon successful completion of the requirements for both licenses.
- (c) Any applicant who holds, or has previously held a health care license in another state or territory of the United States, shall produce to the Board a disciplinary data bank report.

2538.24 Application for Licensure

- (a) Each person desiring to obtain a license to engage in the practice of fitting or selling hearing aids shall make application to the board. The application shall be made upon a form and shall be made in the manner as is provided by the board and shall be accompanied by the fee provided for in Section 2538.57.

(b) Any applicant who holds, or has previously held a hearing aid dispensers license or any other health care license in another state or territory of the United States, shall produce to the Board a disciplinary data bank report.

Humphreys, Breanne@DCA

From: Clark, Le Ondra <LeOndra.Clark@sen.ca.gov>
Sent: Monday, January 06, 2014 9:24 AM
To: Humphreys, Breanne@DCA
Subject: Omnibus Bill Proposals

Hello Ms. Humphreys,

I wanted to relay the decision on the omnibus proposals that the Board submitted. We are fine with including the academic equivalency proposal in the omnibus bill. Regarding the NPDB proposal, the Republican Caucus has requested that we pull that language because it is increasing licensure costs for the applicant which they deem as too substantive for an omnibus bill. If there are any questions, please feel free to contact me.

Thank you,
Le Ondra

Le Ondra Clark, Ph.D., Consultant
Senate Committee on Business, Professions and Economic Development
State Capitol, Room 2053
Sacramento, CA 95814
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Senate Business, Professions and Economic Development Committee
COMMITTEE BILL: PROPOSED LEGISLATION

Note: Submit the completed form to the Committee electronically by email **and** as a hardcopy by mail. Attach additional information or documentation as necessary.

REQUESTOR & CONTACT INFORMATION:

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (SLPAHADB)
Breanne Humphreys
breanne.humphreys@dca.ca.gov
(916)561-8779

DATE SUBMITTED:

December 17, 2013

SUMMARY:

The Board is seeking to amend 655.2 Business and Professions Code by making it bi-directional for the involved licensees.

IDENTIFICATION OF PROBLEM:

The current provision states that no audiologist or physician who is not licensed to dispense hearing aids, may not employ a hearing aid dispenser. The provision does not provide for the alternate employment arrangement where a hearing aid dispenser may not employ an audiologist or physician who is not licensed to dispense hearing aids.

The intent of the statute was to avoid collusion between the referring parties and the selling parties.

PROPOSED SOLUTION:

The SLPAHADB proposes that existing statutes be amended as follows:

655.2. No physician and surgeon or medical corporation licensed under Chapter 5 (commencing with Section 2000), nor any audiologist who is not a licensed hearing aid dispenser shall employ any individual licensed pursuant to ~~Article 8 of Chapter 5.3~~~~Chapter 7.5~~ (commencing with Section ~~2538.10~~~~3300~~) for the purpose of fitting or selling hearing aids. No individual licensed pursuant to Article 8 of Chapter 5.3 (commencing with Section 2538.10) shall employ any physician and surgeon or medical corporation licensed under Chapter 5 (commencing with Section 2000) or any audiologist who is not a licensed hearing aid dispenser for the purpose of fitting or selling hearing aids.

The proposed solution closes the loop and removes the incentive to refer patients to other healing arts professionals or medical professionals for financial gain. This change serves to clarify the legislative intent and is harmonious with B&P Code Section 650.

PROGRAM BACKGROUND & LEGISLATIVE HISTORY:

The Speech-Language Pathology & Audiology & Hearing Board (SLPAHADB) started out as a committee regulating speech-language pathology and audiology and operated under the jurisdiction of the Medical Board of California in 1974. The committee transitioned into its own independent health regulatory agency, the Speech-Language Pathology and Audiology Board (SLPAB). In 2010, AB 1535 merged the Hearing Aid Dispensers Bureau with SLPAB forming the current SLPAHADB.

JUSTIFICATION:

Legislation is needed to close the gap in the existing law that was intended to prohibit licensees from forming relationships for financial gain. The existing law is not bidirectional therefore a hearing aid dispenser can form a relationship with a physician or audiologist who is not licensed to dispense hearing aids, and enables the hearing aid dispenser to refer his clients for services.

ARGUMENTS PRO & CON:

The Board anticipates no opposition to the proposed change.

PROBABLE SUPPORT & OPPOSITION:

The Board anticipates no opposition to the proposed change.

FISCAL IMPACT:

The Board does not anticipate a fiscal impact as a result of the proposed change to our agency or to other stat departments.

ECONOMIC IMPACT:

The Board does not anticipate the economic impact as a result of the proposed changes.

FINDINGS FROM OTHER STATES:

There are no findings from other states.

PROPOSED TEXT (use underline & strikeout):

655.2. No physician and surgeon or medical corporation licensed under Chapter 5 (commencing with Section 2000), nor any audiologist who is not a licensed hearing aid dispenser shall employ any individual licensed pursuant to [Article 8 of Chapter 5.3](#)~~Chapter 7.5~~ (commencing with Section ~~2538.103300~~) for the purpose of fitting or selling hearing aids. [No individual licensed pursuant to Article 8 of Chapter 5.3 \(commencing with Section 2538.10\) shall employ any physician and surgeon or medical corporation licensed under Chapter 5 \(commencing with Section 2000\) or any audiologist who is not a licensed hearing aid dispenser for the purpose of fitting or selling hearing aids.](#)

Moscone-Knox amendment (Professional Corporations) (AB 1000)

Italics indicate changes/additions via AB 1000

Section 13401.5 of the Corporations Code is amended to read:

13401.5.

Notwithstanding subdivision (d) of Section 13401 and any other provision of law, the following licensed persons may be shareholders, officers, directors, or professional employees of the professional corporations designated in this section so long as the sum of all shares owned by those licensed persons does not exceed 49 percent of the total number of shares of the professional corporation so designated herein, and so long as the number of those licensed persons owning shares in the professional corporation so designated herein does not exceed the number of persons licensed by the governmental agency regulating the designated professional ~~corporation~~: *corporation. This section does not limit employment by a professional corporation designated in this section of only those licensed professionals listed under each subdivision. Any person duly licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, the Chiropractic Act, or the Osteopathic Act may be employed to render professional services by a professional corporation designated in this section.*

(a) Medical corporation.

- (1) Licensed doctors of podiatric medicine.
- (2) Licensed psychologists.
- (3) Registered nurses.
- (4) Licensed optometrists.
- (5) Licensed marriage and family therapists.
- (6) Licensed clinical social workers.
- (7) Licensed physician assistants.
- (8) Licensed chiropractors.
- (9) Licensed acupuncturists.
- (10) Naturopathic doctors.
- (11) Licensed professional clinical counselors.

(12) Licensed physical therapists.

(b) Podiatric medical corporation.

- (1) Licensed physicians and surgeons.
- (2) Licensed psychologists.
- (3) Registered nurses.
- (4) Licensed optometrists.
- (5) Licensed chiropractors.
- (6) Licensed acupuncturists.
- (7) Naturopathic doctors.

(8) Licensed physical therapists.

(c) Psychological corporation.

- (1) Licensed physicians and surgeons.
- (2) Licensed doctors of podiatric medicine.

- (3) Registered nurses.
- (4) Licensed optometrists.
- (5) Licensed marriage and family therapists.
- (6) Licensed clinical social workers.
- (7) Licensed chiropractors.
- (8) Licensed acupuncturists.
- (9) Naturopathic doctors.
- (10) Licensed professional clinical counselors.
- (d) Speech-language pathology corporation.
- (1) Licensed audiologists.
- (e) Audiology corporation.
- (1) Licensed speech-language pathologists.
- (f) Nursing corporation.
- (1) Licensed physicians and surgeons.
- (2) Licensed doctors of podiatric medicine.
- (3) Licensed psychologists.
- (4) Licensed optometrists.
- (5) Licensed marriage and family therapists.
- (6) Licensed clinical social workers.
- (7) Licensed physician assistants.
- (8) Licensed chiropractors.
- (9) Licensed acupuncturists.
- (10) Naturopathic doctors.
- (11) Licensed professional clinical counselors.
- (g) Marriage and family therapist corporation.
- (1) Licensed physicians and surgeons.
- (2) Licensed psychologists.
- (3) Licensed clinical social workers.
- (4) Registered nurses.
- (5) Licensed chiropractors.
- (6) Licensed acupuncturists.
- (7) Naturopathic doctors.
- (8) Licensed professional clinical counselors.
- (h) Licensed clinical social worker corporation.
- (1) Licensed physicians and surgeons.
- (2) Licensed psychologists.
- (3) Licensed marriage and family therapists.
- (4) Registered nurses.
- (5) Licensed chiropractors.
- (6) Licensed acupuncturists.
- (7) Naturopathic doctors.
- (8) Licensed professional clinical counselors.
- (i) Physician assistants corporation.
- (1) Licensed physicians and surgeons.
- (2) Registered nurses.
- (3) Licensed acupuncturists.

- (4) Naturopathic doctors.
- (j) Optometric corporation.
 - (1) Licensed physicians and surgeons.
 - (2) Licensed doctors of podiatric medicine.
 - (3) Licensed psychologists.
 - (4) Registered nurses.
 - (5) Licensed chiropractors.
 - (6) Licensed acupuncturists.
 - (7) Naturopathic doctors.
- (k) Chiropractic corporation.
 - (1) Licensed physicians and surgeons.
 - (2) Licensed doctors of podiatric medicine.
 - (3) Licensed psychologists.
 - (4) Registered nurses.
 - (5) Licensed optometrists.
 - (6) Licensed marriage and family therapists.
 - (7) Licensed clinical social workers.
 - (8) Licensed acupuncturists.
 - (9) Naturopathic doctors.
 - (10) Licensed professional clinical counselors.
- (l) Acupuncture corporation.
 - (1) Licensed physicians and surgeons.
 - (2) Licensed doctors of podiatric medicine.
 - (3) Licensed psychologists.
 - (4) Registered nurses.
 - (5) Licensed optometrists.
 - (6) Licensed marriage and family therapists.
 - (7) Licensed clinical social workers.
 - (8) Licensed physician assistants.
 - (9) Licensed chiropractors.
 - (10) Naturopathic doctors.
 - (11) Licensed professional clinical counselors.
- (m) Naturopathic doctor corporation.
 - (1) Licensed physicians and surgeons.
 - (2) Licensed psychologists.
 - (3) Registered nurses.
 - (4) Licensed physician assistants.
 - (5) Licensed chiropractors.
 - (6) Licensed acupuncturists.
 - (7) Licensed physical therapists.
 - (8) Licensed doctors of podiatric medicine.
 - (9) Licensed marriage and family therapists.
 - (10) Licensed clinical social workers.
 - (11) Licensed optometrists.
 - (12) Licensed professional clinical counselors.
- (n) Dental corporation.

- (1) Licensed physicians and surgeons.
- (2) Dental assistants.
- (3) Registered dental assistants.
- (4) Registered dental assistants in extended functions.
- (5) Registered dental hygienists.
- (6) Registered dental hygienists in extended functions.
- (7) Registered dental hygienists in alternative practice.
- (o) Professional clinical counselor corporation.
- (1) Licensed physicians and surgeons.
- (2) Licensed psychologists.
- (3) Licensed clinical social workers.
- (4) Licensed marriage and family therapists.
- (5) Registered nurses.
- (6) Licensed chiropractors.
- (7) Licensed acupuncturists.
- (8) Naturopathic doctors.
- (p) Physical therapy corporation.*
- (1) Licensed physicians and surgeons.*
- (2) Licensed doctors of podiatric medicine.*
- (3) Licensed acupuncturists.*
- (4) Naturopathic doctors.*
- (5) Licensed occupational therapists.*
- (6) Licensed speech-language therapists.*
- (7) Licensed audiologists.*
- (8) Registered nurses.*
- (9) Licensed psychologists.*
- (10) Licensed physician assistants.*

What does AB 1000 mean for Speech Language Pathologists, Audiologists, and Hearing Aid Dispensers?

The professionals listed (subsections a-p) are those who can be *shareholders* in a professional corporation. For example, under subsection e, Audiology corporation, only licensed speech-language pathologists and licensed audiologists may be shareholders. However, licensed speech-language pathologists own no more than 49% of the shares of the professional corporation. Hearing aid dispensers may NOT be shareholders in any professional corporation (this is unchanged) but they may be shareholders in “regular” corporations.

What is changed with AB 1000 is who can be an *employee* of a professional corporation. Now, AB 1000 allows anyone licensed under Division 2 to be an *employee* of a professional corporation listed under the subsections a-p.

Therefore, without other statutory limitations, hearing aid dispensers could be *employed* by *any* of the professional corporations listed in subsections a-p.

Business and Professions Code §655.2 provides a limitation for the employment of hearing aid dispensers.

Business and Professions Code §655.2 states, in part:

No physician and surgeon or medical corporation licensed under Chapter 5 (commencing with Section 2000), nor any audiologist who is not a licensed hearing aid dispenser shall employ any individual licensed pursuant to Chapter 7.5 (commencing with Section 3300) for the purpose of fitting or selling hearing aids.

How do the proposed changes to Business and Professions Code Section 655.2 affect Hearing Aid Dispensers?

The current provision states that no audiologist or physician who is not licensed to dispense hearing aids, may not employ a hearing aid dispenser. The provision does not provide for the alternate employment arrangement where a hearing aid dispenser may not employ an audiologist or physician who is not licensed to dispense hearing aids.

The intent of the statute was to prohibit such employment of dispensing and non-dispensing practitioners to avoid prohibited referrals. The amendment to §655.2 will make the limitation bi-directional.

LICENSING REPORT
Fiscal Year 2013 - 2014

LICENSES ISSUED	FY09/10	FY10/11	FY11/12	FY12/13	QTR 1 & 2
					Jul - Dec
AU	43	57	55	76	35
AUT	0	2	1	1	0
DAU	0 *	78	20	19***	-
SLP	691	734	911	1056	523
SPT	0	1	0	0	0
SLPA	290	312	346	407	170
RPE'S	568	513	667	727	490
AIDES	53	52	44	51	17
CPD PROVIDERS	15	15	16	9	9
HAD Permanant **	89	50	91	84	27
HAD Trainees	94	77	94	95	56
HAD Licensed in Another State	16	12	6	7	0
HAD Branch Office	192	205	192	132	125
TOTAL LICENSES ISSUED	2051	2108	2443	2645	1452

* FY 09/10 - 946 AU licenses converted to a DAU license.

** Delay due to waiting to pass exam.

*** Not able to get DAU report for Qtr 4.

ENFORCEMENT STATISTICS FY 2013 - 2014

COMPLAINTS AND CONVICTIONS	FY 2012 - 2013 TOTAL		FY 2013 - 2014 July - December	
	HAD	SP/AU	HAD	SP/AU
Complaints Received	71	28	46	19
Convictions Received	7	41	1	14
Average Days to Intake	1	2	1	3
Closed	103	87	31	27
Pending	111	29	128	34

Average Days to Intake - Average cycle time from complaint received, to the date the complaint was assigned to an investigator.

INVESTIGATIONS Desk	FY 2012 - 2013 TOTAL		FY 2013 - 2014 July - December	
	HAD	SP/AU	HAD	SP/AU
Assigned	98	69	46	31
Closed	91	80	27	26
Average Days to Complete	360	220	404	96
Pending	84	27	94	28

Average Days to Complete Desk Investigations - Average cycle time from complaint receipt to closure of the investigation process.

INVESTIGATIONS Non Sworn	FY 2012 - 2013 TOTAL		FY 2013 - 2014 July - December	
	HAD	SP/AU	HAD	SP/AU
Assigned	0	0	0	0
Closed	6	1	0	0
Average Days to Complete	604	1166	0	0
Pending	0	1	0	0

Average Days to Complete Non Sworn Investigations - Average cycle time from complaint receipt to closure of the investigation process.

ENFORCEMENT STATISTICS FY 2013 - 2014

INVESTIGATIONS Sworn	FY 2012 - 2013 TOTAL		FY 2013 - 2014 July - December	
	HAD	SP/AU	HAD	SP/AU
Assigned	25	0	10	5
Closed	6	6	4	1
Average Days to Complete	758	697	337	719
Pending	27	1	33	5

Average Days to Complete Sworn Investigations - Average cycle time from complaint receipt to closure of the investigation process.

ALL TYPES OF INVESTIGATIONS

Closed Without Discipline	94	77	28	77
Cycle Time - No Discipline	383	243	409	31

CITATIONS/Cease&Desist	FY 2012 - 2013 TOTAL		FY 2013 - 2014 July - December	
	HAD	SP/AU	HAD	SP/AU
Issued	6	3	3	0
Avg Days to Complete Cite	654	794	524	0
Cease & Desist Letter	26	0	1	0

Average Days to Issue a Citation - Average cycle time from complaint receipt to the effective date of the citation.

ATTORNEY GENERAL CASES	FY 2012 - 2013 TOTAL		FY 2013 - 2014 July - December	
	HAD	SP/AU	HAD	SP/AU
Initiated / Referred to the AG	4	9	1	3
Pending at the AG	12	12	8	13
Statement of Issues Filed	1	2	0	0
Accusations Filed	1	3	1	2
SOI Withdrawn, Dismissed, Declined	0	0	0	0
Acc Withdrawn, Dismissed, Declined	0	4	0	0
Closed Without Discipline	1	4	3	3
Closed Cases With Action	1	5	2	1
Average Days to Discipline	606	1013	741	613

ENFORCEMENT STATISTICS FY 2013 - 2014

ATTORNEY GENERAL CASE ACTIONS	FY 2012 - 2013 TOTAL		FY 2013 - 2014 July - December	
	HAD	SP/AU	HAD	SP/AU
Probation	0	4	3	0
Public Letter of Reprimand	0	0	0	0
Surrender of License	0	1	1	0
Suspension of License	0	0	0	0
License Revoked	0	0	0	1
License Denied (SOI)	1	0	1	0
Conditional License	0	0	0	0

Average Days to Close a Discipline Case - Average cycle time from complaint receipt to the effective date of the disciplinary order.

CLOSED AG CASES/ VIOLATION TYPE	FY 2012 - 2013		FY 2013 - 2014	
	HAD	SP/AU	HAD	SP/AU
Aiding or Abetting	0	1	0	0
Incompetence/Gross Negligence	0	2	1	0
Insurance Fraud	1	0	3	1
Cite and Fine Resolved	0	0	0	0
Substance Abuse	0	1	1	0
Probation Violations	0	1	0	0

PROBATION	FY 2012 - 2013 TOTAL		FY 2013 - 2014 July - December	
	HAD	SP/AU	HAD	SP/AU
New Probation Cases	0	4	2	3
Probation Completed	0	2	0	2
Active Cases	2	14	4	16
Tolled	1	9	1	8
Conditional License	0	3	1	3

HAD Practical Exam --December 7, 2013

Candidate Type		Passed	Percentages	Failed	Percentages
Applicants	6	4	67%	2	33%
HT	10	4	40%	6	60%
AU	14	11	79%	3	21%
Program	2	2	100%	0	0%
Aide	0				
M.D.	0				
TOTAL	32	21	66%	11	14%