Maximizing State Funding Resources to Alleviate Financial and Emotional Burdens



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INTRODUCTION

Although there are many organizations, advocates, and institutions working to make hearing health care more accessible, financial burden continues to be a barrier to care for many families pursuing hearing intervention. Despite the known importance of early hearing intervention in children, not all states require private health insurance plans to include coverage for children's hearing devices and services. These gaps in care not only affect the individual and family, but can be costly to institutional entities such as the education system due to the extra support these children may require. Children who do not receive early intervention for hearing loss may result in an additional \$420K in costs to schools, with an overall lifetime cost of \$1 million in special education, lost wages, and health complications (Honeycutt et al., 2004; Johnson et al., 1993; Mohr et al., 2000). In an effort to ease the financial barriers to hearing health care in the pediatric population, Florida created the Children's Hearing Aid Program (CHAP). Since its creation, the Children's Hearing Program at the University of Miami has utilized this valuable resource to help connect families with appropriate and accessible intervention.

PROGRAM IMPLEMENTATION

The Implementation of CHAP within a Large Institution:

• Legal team must approve contract agreement.

- Provider must fill out Memorandum of Understanding (MOU).
- Exhibit B: form to complete for device authorization for every submission.
- Exhibit A: form to confirm that devices were fit for every submission.

Supporting Families Through the Application Process:

- Step-by-step guidance to ensure smooth access to the program by our family support team at the Children's Hearing Program at the University of Miami. *See Figure 1 below.*
- Social work team helps assist families and audiologists by gathering necessary documents from the families to submit to CHAP on their behalf.

POSITIVE OUTCOMES FOR CLINICS

- Improved access to technology for children allows quicker intervention, which will likely lead to improved outcomes.
- Stronger collaboration between families, audiologists, and institutions.
- Support in addressing access barriers in audiology clinics.
- Decreases burn out and compassion fatigue for audiologists.

ADVOCACY & NEXT STEPS

Showing The Need:

Lobbyists, family members, self-advocates, audiologists, speech pathologists, educators, agency leaders, and other allies of individuals with hearing loss across the state collaborated to advocate for the funding necessary to create CHAP. In 2023, after continuous letters, visits to the hill, presentations, and discussions, the contract to manage the fund was awarded to Sertoma and CHAP began their efforts to support families across Florida. **Currently there are approximately 110 audiologists that are CHAP approved providers across the state of Florida**.

The Problem:

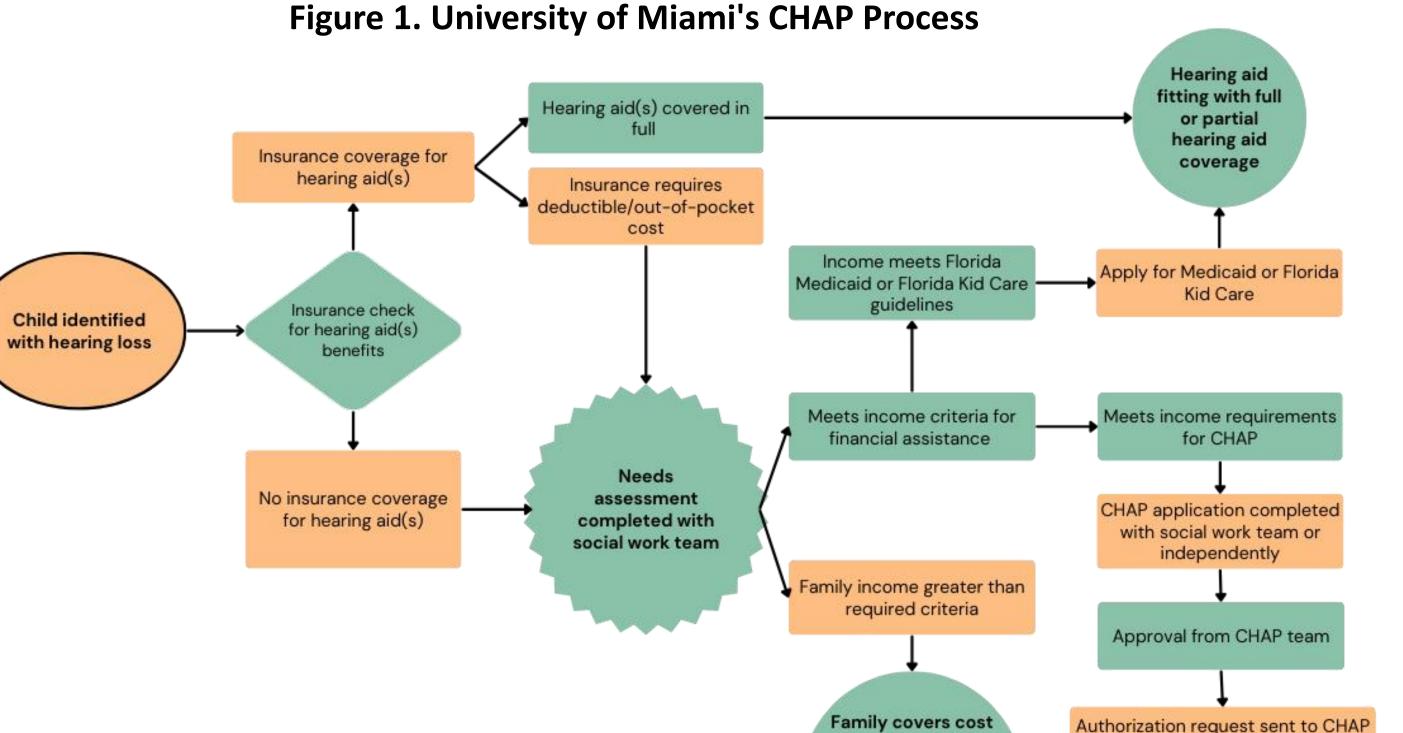
- Financial burden remains a significant barrier to pediatric hearing care.
- Most ObamaCare and private health insurance plans <u>do not</u> cover children's hearing aids and services.
- Families might not qualify for Medicaid but are still unable to afford hearing technology.

Aims: Identify common barriers in obtaining hearing technology in early childhood, establish protocols necessary for successful implementation of a state funded financial relief program, and outline benefits for both clinicians and families on using state funded resources. specifically for hearing related technology.

CHILDREN'S HEARING AID PROGRAM (CHAP)

- A \$5 million dollar annual fund that supports families in Florida.
- Covers both the cost of hearing technology (hearing aids, bone

- Families can also choose to apply independently through Sertoma and get connected with a contracted audiologist.
- CHAP provides an approval or denial within 48 hours.
- If a denial is received, the social work team helps assist the family in navigating alternative options such as Medicaid or Florida Kid Care.



of hearing aid(s) in ull or is responsible

or out of-pocket-

costs (\$1,700 -\$3,000 per hearing services to be performed)

Hearing aid fitting with full coverage

for hearing aid, services and batteries if

applicable

Documentation of hearing aid

ing and devices received sent to

HAP funding can continue to be

as needed, however new

ithorization requests must be completed

Expanding CHAP Statewide:

- Present program information across state level organizations and conferences.
- Engage in online promotions.
- Collaborate with stakeholders to increase awareness and outreach.
- Strengthen partnerships with health professionals and educational institutions to support the program's growth.

Expanding CHAP Across State Lines:

Other states are encouraged to mirror the efforts of Florida in the advocacy for the creation of CHAP. Presenting data on the Florida outcomes can assist advocates in securing such funding. Collaboration among states is necessary for these efforts to be effective. It is also important to highlight that this was accomplished through the involvement of the entire community at all levels and positions.

- conduction devices, cochlear implants) and necessary follow-up appointments and services.
- Established to support families under 400% of the federal poverty level. Table 1 below shows CHAP income guidelines.
- Specifically targets families who do not qualify for Medicaid but still face financial struggles.
- Provides assistance for children aged 0-18.

Table 1. CHAP Income Guidelines

Persons in family/household	Income limit
1	\$62,600
2	\$84,600
3	\$106,600
4	\$128,600
5	\$150,600
6	\$172,600
8	\$216,600
7	\$194,600



CHAP Approvals		
2024	24	
2025	5 (as of 3/1)	

POSITIVE OUTCOMES FOR FAMILIES

- Reduces financial stress for families seeking hearing interventions.
- Improves access to necessary technology for children's hearing health.
- Leads to timely access to hearing intervention for children.
- <u>Since program adoption at the University of Miami in February 2024, we</u> <u>have received 29 CHAP application approvals.</u> *See Table 2 above.*

DISCUSSION

- Finances significantly impact access to hearing services, including the selection and use of hearing devices such as hearing aids, cochlear implants, bone conduction devices, and remote microphones (Boss et al., 2011; Jabbour et al., 2018).
- The Children's Hearing Aid Program (CHAP) plays a crucial role in reducing these financial barriers for children, benefiting not only individual families but also the broader educational system and community.
- It is essential to create, promote, and expand such programs to increase awareness of the resources available.
- Further advocacy is needed to secure recurring funding and broaden coverage both within Florida and across the United States.
- These efforts are vital to ensuring that more children receive timely and appropriate interventions that will lead to improve





References

Boss EF, Niparko JK, Gaskin DJ, & Levinson KL (2011). Socioeconomic disparities for hearing-impaired children in the United States. The Laryngoscope, 121(4), 860–866. 10.1002/lary.21460
Honeycutt, A.A., Grosse, S.D., Dunlap, L.J., et al. (2003). Economic costs of mental retardation, cerebral palsy, hearing loss, and vision impairment. In Altman B.M., Barnartt S.N., Hendershot G., Larson S., Eds., Using Survey Data to Study Disability: Results from the National Health Interview Survey on Disability (pp. 207-228). London: Elsevier Science, Ltd.

3. Jabbour J, Robey T, & Cunningham MJ (2018). Healthcare disparities in pediatric otolaryngology: A systematic review. The Laryngoscope, 128(7), 1699–1713. 10.1002/lary.26995

4. Johnson, J.L., Mauk, G.W., Takakawa, J.M., Simon, PR., Sia, C.C.J., Blackwell, P.M. (1993). Implementing a statewide system of services for infants and toddlers with hearing disabilities. Seminars in Hearing, 14(1), 105-119.

5. Mohr, P.E., Feldman, J.J., Dunbar, J.L., et al. (2000). The societal costs of severe to profound hearing loss in the United States. International Journal of Technology Assessment in Health Care, 16, 1120-1135.