



## MARSHALL UNIVERSITY SPEECH AND HEARING CENTER

One John Marshall Drive, Huntington, WV 25755-2675

Phone: (304) 696-3641 / Fax: (304) 696-2986

### **About the Marshall University Feeding and Swallowing Clinic**

The Marshall University Feeding and Swallowing Clinic is a multi-disciplinary specialty clinic within the Speech and Hearing Center located in Smith Hall 143.

#### **Who is on the team?**

A speech language pathologist is the lead on our Feeding Team. Additional professionals are essential to the assessment and include: dietician/nutrition, behavioral psychology, and physical therapy. The primary care physician is always contacted prior to the evaluation and is an integral part of the team. Due to this, we ask families to please give or send the enclosed Request for Medical form to your child's physician to fill out and fax back to us prior to your visit. If you are unable to have the form completed before the appointment, we will still see you and your child on the scheduled date. But do please try to have it completed if at all possible.

We are a teaching institution therefore our clinic space has observation rooms so students and staff can observe clinic visits without disturbing the children. Graduate students in the Department of Communication Disorders may also assist with the feeding evaluation and often record evaluations for instructional purposes. We adhere to the Health Insurance Portability and Accountability Act, (HIPAA), so all records and recordings are protected and remain confidential.

#### **How do I make a referral?**

Referrals can be made by anyone who is concerned about their child's feeding/swallowing or nutritional status. Referrals are generally accepted from parents, therapists, schools or physicians. The Intake/Referral Form can be completed by the person making the referral and faxed/mailed to the Speech and Hearing Center 304-696-2986. Referrals can also be made by calling the main Speech and Hearing Center at 304-696-3641 or Pam Holland, Feeding Clinic Coordinator at 304-696-2985. The Referral/Intake information can also be taken over the phone.

In order to provide you with the best services, and to ensure you receive the most appropriate and thorough evaluation, the information on the enclosed Feeding/Swallowing Case History form is needed. Please complete this form and mail or fax back to the address listed at top of the form, attention Pam Holland. Once the Case History form is returned to the Speech and



## MARSHALL UNIVERSITY SPEECH AND HEARING CENTER

One John Marshall Drive, Huntington, WV 25755-2675

Phone: (304) 696-3641 / Fax: (304) 696-2986

Hearing Center, families will be contacted and an appointment will be scheduled. The Psychological Case History will also need to be completed and returned.

### **Appointments:**

There is often a waiting list so it is essential that families make every attempt to keep your scheduled appointment. If you cannot keep your appointment, please let us know as soon as possible so that we can try to bring in another family from our waiting list. If you have already confirmed the appointment and then need to cancel, please call Pam Holland (304-696-2985) as soon as possible or no later than 9:00 AM on the morning of your appointment. ***Families who fail to let us know that they are cancelling will be re-scheduled only when there is not a waiting list.***

**People you can bring with you:** We are a collaborative clinic and want to make every attempt at ensuring success once families leave our clinic. Each family is welcome to bring other family members, including children, teachers, aides, therapists or others to the visit. We encourage other professionals and families to bring results of any assessments or treatment notes that may be beneficial for the team.

### **What do I bring with me to the evaluation?**

- Physician Referral
- Medical Information from primary care physician including previous testing, procedures, growth charts, etc.
- Previous assessment reports and treatment records
- Insurance card
- Any special feeding equipment such as utensils, bottles, cups or special seating (e.g., wheelchair) that your child uses.
- For physical therapy consult, please bring a photo of your child eating in his normal environment.
- Food. Please bring the food your child usually eats. It is necessary to see them eat their favorites/preferred foods. Please also bring foods you know he/she will refuse. We DO NOT force feed but it is essential in the diagnosis process to observe behaviors when introduced to non-preferred foods.
- Beverages that your child prefers and ones you want them to be drinking along with preferred and non-preferred cups/bottles.
- A three-day diet record. Information about keeping the diet record is enclosed.



## MARSHALL UNIVERSITY SPEECH AND HEARING CENTER

One John Marshall Drive, Huntington, WV 25755-2675

Phone: (304) 696-3641 / Fax: (304) 696-2986

### **What happens during the evaluation?**

Clinic visits take approximately two hours so remember to bring items that will help your child during this time, books, favorite toys and activities. A review of the documentation will occur with a brief interview. Families will spend time with the professionals that are most appropriate for the documented concerns.

The professionals on this team believe that meal time should be a positive experience. With this said, we will have **you** present your child food in the same manner you do in your home. We are interested in seeing your typical routine. Each evaluation will begin in this fashion and be tailored to the individual need of the child and family. A formal oral motor assessment, a nutritional assessment and behavioral/psychological assessment and a physical therapy assessment with inclusion of sensory processing will be completed. Positioning and postural control during eating will also be observed.

### **Recommendations and reports:**

The team will discuss recommendations with you during the visit. It is the hope of the team that each family will leave the assessment with strategies to immediately begin utilizing on a day to day basis. An in depth report containing our complete assessment and recommendations will follow in approximately two-four weeks. Someone from our clinic may also call you after your appointment to ask for your evaluation of our services or you may be sent a follow up survey. We appreciate any feedback you have to offer. You are encouraged to share the report and recommendations with other professionals.

### **Treatment and Follow up:**

We offer feeding and swallowing therapy on an outpatient basis and tailor it to the specific needs of each child and family. If you have a team close to home, the recommendations and plan of care can be implemented there. Re-evaluations can be scheduled as requested.

### **Telepractice:**

In the event you live more than 50 miles from the university, you may qualify for Telepractice services. This involves collaborating with the Speech-Language Pathologist online rather than driving to Marshall University.



## MARSHALL UNIVERSITY SPEECH AND HEARING CENTER

One John Marshall Drive, Huntington, WV 25755-2675

Phone: (304) 696-3641 / Fax: (304) 696-2986

### **Payment:**

This evaluation is provided at no cost to families who reside in West Virginia courtesy of the West Virginia Children with Special Needs Program.

For those that have insurance, please check with your carrier to determine if feeding and swallowing services are covered benefits under your policy and if these services need to be pre-authorized or need a physician's referral. You can contact our Clinical Office Manager, Heather Jelovac, to assist you with any questions you may have (304) 696-3641.

For those patients without insurance coverage or whose insurance does not cover this evaluation, services may be offered through our Clinical Education Scholarship Program. Proof of income for the last twelve months it is required upon application to the program. This documentation should be in the form of a paycheck stub and a copy of last year's tax return. Return this information with the enclosed Case History form. This information is required prior to being scheduled for services.

Therapy services may be covered by the WVCSHCN if the child resides in West Virginia. Other payment options include insurance, prompt pay and the scholarship program. Insurance does cover Telepractice at this time therefore patients will be billed \$30 per 30 minutes of therapy.

**Questions:** If you have questions about the Marshall University Feeding and Swallowing Clinic please contact Pam Holland at (304)-696-2985 or [holland@marshall.edu](mailto:holland@marshall.edu)