March 7, 2011

Dear State Association President:

I am writing to you today to direct your attention to two letters that were sent by Kathleen Sebelius, U.S. Secretary of Health and Human Services, to state governors regarding cost savings and flexible interpretation of Medicaid rules to ease state financial burdens. We are concerned that the letters contain misleading and erroneous information regarding the provision of SLP services under Medicaid.

**Background**

On February 3, 2011, Secretary Sebelius sent a 2 ½ page letter (attached) to state governors regarding how her department can “…help…identify cost drivers in the Medicaid program and provide you with new tools and resources to achieve both short-term savings and longer-term sustainability while providing high-quality care to the citizens of your state.” Her subsequent letter of February 24, 2011, follow-up letter (also attached) to the governors again emphasized how Medicaid is adaptable but without discussing the role of mandated services for children. Please keep in mind that Sec. Sebelius is a former governor of Kansas and the daughter of former Ohio governor John Gilligan so she is able to get the attention of your governor regardless of political party.

Secretary Sibelius’s goal is to explain how the current administration is providing flexibility in the design of the Medicaid program. Unfortunately, while doing so she explains that one approach to cost savings in the Medicaid program is to modify benefits and writes, “While some benefits, such as hospital and physician services, are required to be provided by state Medicaid programs, many services, such as prescription drugs, dental services, and **speech therapy, are optional** (emphasis added).” This statement is somewhat erroneous. As you know, speech-language pathology and audiology services as well as speech-generating devices and hearing aids are covered under the mandated Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program for children.

The February 3, 2011, letter includes an attachment entitled, “Medicaid Cost-Savings Opportunities” that includes a Medicaid benefits table on page 3. The EPSDT program is clearly part of the mandatory services while “speech, hearing and language disorder services” are listed under the optional services category.

**Speech-Language Pathology Services and Devices Covered Under EPSDT**

ASHA urges you to contact your governor’s office and the Medicaid agency to remind them that speech-language pathology services and audiology services and related assistive devices are part of the mandatory EPSDT program. A sample letter is enclosed using much of the information mentioned above. We will send a similar letter directly to the Secretary reminding her that speech-language pathology services are covered under EPSDT and recommend that she ensure that our services not be placed in jeopardy for children in the Medicaid program. Her office
needs to remind the governors that EPSDT is a program that includes many essential services, such as speech-language pathology and audiology.

Speech-language pathology and audiology services require a very small budget investment for the states and the returns are great – a citizen who is more independent if not totally independent and, as a result, requires less services in the future.

**Early Periodic Screening Diagnostic and Treatment Program (EPSDT)**

Federal law (Title XIX of the Social Security Act) requires that children under the age of 21 be provided services including audiology and speech-language pathology on a comprehensive basis through EPSDT. EPSDT requires states to do more than merely offer to cover services. States are obligated to actively arrange for treatment, either by providing the service itself or through referral to appropriate agencies, organizations or individuals. 42 U.S.C. § 1396a(a)(43)(C). As part of the comprehensive developmental history, speech-language pathology and audiology services are included for:

- the identification of children with speech or language impairments,
- diagnosis and appraisal of specific speech or language impairments,
- referral for medical or other professional attention necessary for rehabilitation of speech or language impairment,
- provision of speech and language services, and
- counseling and guidance of parents, children, and teachers.

Additionally, EPSDT requires that any devices, such as hearing aids and augmentative and alternative communication devices, be covered when medically necessary. Federal Medicaid EPSDT specifically states that, at a minimum, the program include "diagnosis and treatment for defects of hearing, including hearing aids."

**Medicaid Services for Adults**

The letter to the governor includes a rationale for coverage of speech, language, and hearing services and devices for adults. As you know, there is no question that our services help citizens in your state become independent or less dependent.

Please consider sending your edited version of the attached sample letter with your comments to the Governor’s office so that the erroneous statements and misunderstanding raised in the Sebelius letter can be clarified. Should you have any questions or need further assistance, please contact Laurie Alban Havens, ASHA’s Director of Private Health Plans and Medicaid Advocacy, by e-mail at laalbanhavens@asha.org or by phone at 301-296-5677.

Sincerely,

Paul R. Rao, PhD, CCC, CPHQ, FACHE
2011 ASHA President