

IDEA/Medicaid Side-By-Side Speech-Language Pathology Services

TOPICS

General Overview	2
Use of Public Funding/Insurance.....	2
Provider Qualifications	3
Supervision Requirements.....	4
Eligibility Requirements.....	5
Overview of Speech-Language Pathology Services	7
Documentation Requirements.....	8
Assistive Technology	9
Impact on Private Schools	10
Patient/Student Confidentiality	11

The following information is based on federal regulations and ASHA policy documents. To ensure compliance with both the Individuals with Disabilities Education Act and Medicaid, please check with your state Medicaid agency and state department of education for state-specific requirements for these programs.

GENERAL OVERVIEW

IDEA Part B (34 CFR 300)

Serves more than 6.5 million children in our nation's schools and preserves a free appropriate public education for children with disabilities. For more information visit ASHA's Issue Brief on Medicaid and Other 3rd Party Reimbursement (<http://www.asha.org/NR/rdonlyres/66EE3182-D0B3-4C37-811B-763D6246B277/0/MedicaidReimbursementBrief.pdf>)

Medicaid (42 CFR 440.110)

Medicaid is a federal-state health insurance program for individuals that meet certain eligibility requirements, as determined by the state and federal regulations.

ASHA Policy and Guidance

- Medicaid Reimbursement in Schools (<http://www.asha.org/members/slp/schools/prof-consult/medicaid.htm>)

USE OF PUBLIC FUNDING/INSURANCE

IDEA Part B (34 CFR 300)

A public agency may use Medicaid or other public benefits or insurance programs in which a child with a disability participates to provide or pay for services required under this part, as permitted under the public benefits or insurance program, with some exceptions. See ASHA's detailed side-by-side analysis of the IDEA Part B regulations [PDF] (<http://www.asha.org/NR/rdonlyres/C0CBD10E-4829-4B48-B5C0-BF6CDBD88023/0/IDEA99vs05.pdf>)

Medicaid (42 CFR 440.110)

Laws governing Medicaid allow coverage of health-related services provided to children under IDEA when medically necessary services included in the State Medicaid plan are provided to Medicaid-eligible children, and delivered and claimed in accordance with all other federal and state regulations.

ASHA Policy and Guidance

- Code of Ethics (<http://www.asha.org/docs/html/ET2003-00166.html>)
- Issues in Ethics statement on Representation of Services for Reimbursement (<http://www.asha.org/docs/html/ET2006-00266.html>)

PROVIDER QUALIFICATIONS

IDEA Part B (34 CFR 300)

Requires that:

- the SEA establish and maintain qualifications to ensure that personnel are appropriately and adequately prepared and trained and have the content knowledge and skills to serve children with disabilities;
- the qualifications for related services personnel and paraprofessionals are consistent with any State approved or State-recognized certification, licensing, registration, or other comparable requirements;
- State requirements have not been waived on an emergency, temporary, or provisional basis; and
- States must adopt a policy that includes a requirement that LEAs take measurable steps to recruit, hire, train, and retain highly qualified personnel.

For more information visit ASHA's Issue Brief on Personnel Qualifications [PDF] (<http://www.asha.org/NR/rdonlyres/9E868F3-972B-40A5-9613-4FAC6D298BDF/0/PersonnelQualificationsBrief.pdf>)

Medicaid (42 CFR 440.110)

A qualified speech-language pathologist holds the ASHA certificate of clinical competence (CCC-SLP) or has completed the academic program and is acquiring supervised work experience to qualify for the certificate. SLPs with education and work experience equivalent to the CCC-SLP may qualify as providers if the State Attorney General deems the state license equivalent to the certification.

ASHA Policy and Guidance

- ASHA Certification Requirements (<http://www.asha.org/about/membership-certification/handbooks/slp/default.htm>)
- SLP Scope of Practice (<http://www.asha.org/docs/html/SP2007-00283.html>)

SUPERVISION REQUIREMENTS

IDEA Part B (34 CFR 300)

The regulations allow the use of paraprofessionals and assistants who are appropriately trained and supervised. ED points out in its discussion that the Act should not be construed to permit or encourage the use of paraprofessionals as a replacement for teachers or related services providers. ED emphasizes that these personnel are not directly responsible for the provision of special education and related services to children with disabilities; rather, they provide services only under the supervision of special education and related services personnel.

Medicaid (42 CFR 440.110)

SLPA services can be provided by or under the direction of a qualified speech-language pathologist.

ASHA Policy and Guidance

- Medicaid Guidance for Speech-Language Pathology Services: Addressing the "Under the Direction of" Rule - Technical Report 2004 (<http://www.asha.org/docs/html/TR2004-00142.html>)
- Medicaid Guidance for Speech-Language Pathology Services: Addressing the "Under the Direction of" Rule - Position Statement 2004 (<http://www.asha.org/docs/html/PS2004-00098.html>)
- Medicaid Guidance for Speech-Language Pathology Services: Addressing the "Under the Direction of" Rule - Guidelines 2005 (<http://www.asha.org/docs/html/GL2005-00056.html>)
- Medicaid Guidance for Speech-Language Pathology Services: Addressing the "Under the Direction of" Rule - Knowledge and Skills 2005 (<http://www.asha.org/docs/html/KS2005-00083.html>)
- Knowledge and Skills for Supervisors of Speech-Language Pathology Assistants (<http://www.asha.org/docs/html/KS2002-00031.html>)
- Guidelines for the Training, Use, and Supervision of Speech-Language Pathology Assistants (<http://edit.asha.org/docs/html/GL2004-00054.html>)
- Clinical Supervision in Speech-Language Pathology and Audiology (<http://www.asha.org/docs/html/PS1985-00220.html>)

ELIGIBILITY REQUIREMENTS

IDEA Part B (34 CFR 300)

The public agency shall ensure that assessment and other evaluation materials are provided and administered in the child's native language or other mode of communication **“and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally”** unless it is clearly not feasible to do so.

For English Language Learners and other culturally and linguistically diverse children, the “form” in which evaluation procedures are administered will vary. The addition of this new language emphasizes the allowance of variance from standard testing procedures when necessary in order to appropriately assess academic, developmental, and functional skills.

Upon completion of the administration of assessments and other evaluation measures (Sec.300.306), a group of qualified professionals and the parent of the child determines whether the child is a child with a disability, as defined in Sec. 300.8, in accordance with paragraph (b) of this section, and the educational needs of the child. A child must not be determined to be a child with a disability under this part--

(1) If the determinant factor for that determination is: (i) Lack of appropriate instruction in reading, including the essential components of reading instruction; (ii) Lack of appropriate instruction in math; or (iii) Limited English proficiency.

IDEA Part B (34 CFR 300) continued

For more information visit ASHA's Issue Briefs on:

1. Culturally and Linguistically Diverse Students [PDF]
(<http://www.asha.org/NR/rdonlyres/2230A259-AE74-4C5A-9FBE-C143FE9E58BA/0/CLDStudentsBrief.pdf>)
2. Medicaid and Other 3rd Party Reimbursement [PDF]
(<http://www.asha.org/NR/rdonlyres/66EE3182-D0B3-4C37-811B-763D6246B277/0/MedicaidReimbursementBrief.pdf>)
3. IEPs and Eligibility for Services [PDF]
(<http://wwwt.asha.org/NR/rdonlyres/4A9DF9A1-84C2-4AD4-BD7D-1975228269C0/0/IEPsandEligibilityBrief.pdf>)

Medicaid (42 CFR 440.110)

Medicaid requires a referral by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law.

ASHA Policy and Guidance

- Eligibility and Dismissal Criteria Including "Adverse Affect"
(<http://www.asha.org/members/slp/schools/practice-of-consult/eligibility.htm>)
- Implementing IDEA 2004 Part I: Conducting Educationally Relevant Evaluations
(<http://www.asha.org/eweb/OLSDynamicPage.aspx?Webcode=olsdetails&title=Implementing+IDEA+2004+Part+I%3a+Conducting+Educationally+Relevant+Evaluations%2c+Technical+Assistance+for+Speech-Language+Pathologists+>)
- Admission/Discharge Criteria in Speech-Language Pathology
(<http://www.asha.org/docs/html/GL2004-00046.html>)
- Access to Communication Services and Supports: Concerns Regarding the Application of Restrictive "Eligibility" Policies (position statement and technical report)
(<http://www.asha.org/NJC/eligibility.htm>)
- Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services
(<http://www.asha.org/docs/html/KS2004-00215.html>)

- Provision of Instruction in English as a Second Language by Speech-Language Pathologists in School Settings (<http://www.asha.org/docs/html/TR1998-00145.html>)
- Clinical Management of Communicatively Handicapped Minority Language Populations (<http://www.asha.org/docs/html/PS1985-00219.html>)
- Social Dialects: Position Statement (<http://www.asha.org/docs/html/PS1983-00115.html>)
- American English Dialects: Technical Report (<http://www.asha.org/docs/html/TR2003-00044.html>)
- Students and Professionals Who Speak English With Accents and Nonstandard Dialects: Issues and Recommendations (<http://www.asha.org/docs/html/TR1998-00154.html>)

OVERVIEW OF SPEECH-LANGUAGE PATHOLOGY SERVICES

IDEA Part B (34 CFR 300)

- (15) Speech-language pathology services include:
- (i.) Identification of children with speech or language impairments;
 - (ii.) Diagnosis and appraisal of specific speech or language impairments;
 - (iii.) Referral for medical or other professional attention necessary for the habilitation of speech or language impairments;
 - (iv.) Provision of speech and language services for the habilitation or prevention of communicative impairments; and
 - (v.) Counseling and guidance of parents, children, and teachers regarding speech and language impairments.

Medicaid (42 CFR 440.110)

SLP services for children include diagnostic, screening, preventive, or corrective and includes any necessary supplies and equipment.

ASHA Policy and Guidance

- SLP Scope of Practice (<http://www.asha.org/docs/html/SP2007-00283.html>)
- Preferred Practice Patterns for the Profession of Speech-Language Pathology (2004) (<http://www.asha.org/docs/html/PP2004-00191.html>)
- Quality Indicators for Professional Service Programs in Audiology and Speech-Language Pathology (<http://www.asha.org/docs/html/ST2005-00186.html>)

DOCUMENTATION REQUIREMENTS

IDEA Part B (34 CFR 300)

An individualized education program (IEP) must be developed for each child with a disability. IEP means a written statement for each child with a disability that is developed, reviewed, and revised in a meeting in accordance with Sec. 300.320 - 300.324.

For more information refer to ASHA's IDEA Issue Brief: Individualized Education Programs and Eligibility for Services [PDF] (<http://www.asha.org/NR/rdonlyres/4A9DF9A1-84C2-4AD4-BD7D-1975228269C0/0/IEPsandEligibilityBrief.pdf>).

Medicaid (42 CFR 440.110)

Required documentation includes: dates of service, name of recipient, person providing service, duration or unit and medical justification of service, whether the service is group or individual. State Medicaid Agencies may have additional requirements, including whether or not an IEP can be used as an appropriate tool for documenting the provision of services.

ASHA Policy and Guidance

- Clinical Record Keeping for Third Party Payers [PDF] (<http://www.asha.org/NR/rdonlyres/5DA77D71-EC6B-4FE8-BB9C-A36C26B3E1B7/0/CRKSpeechED.pdf>)
- Code of Ethics (<http://www.asha.org/docs/html/ET2003-00166.html>)

ASSISTIVE TECHNOLOGY

IDEA Part B (34 CFR 300)

The regulations clarify the intent of IDEA 2004 on covered related services and reiterate the exclusion of a surgically implanted medical device as an assistive device. A cochlear implant is not an assistive device.

Medically implanted devices are excluded from the definition of assistive technology (AT), but Sec. 614(d)(3)(B)(v) of the statute requires that every IEP team consider whether a child requires assistive technology and states that each public agency must provide the technology if necessary as part of the child's special education. Additionally, funds may be used to improve the use and support of technology in the classroom to "maximize accessibility to general education curriculum for children with disabilities" (Sec. 611(e)(2)(C)iv) & (v))

The exclusion of mapping as a related service is not intended to deny a child with a disability assistive technology, e.g. an FM system, proper classroom acoustical modifications or routine checking of such device. Neither does this exception preclude a child with a cochlear implant from receiving related services (e.g. speech, audiology, language and/or interpreting services) that are necessary to benefit from special education as determined by the IEP team. For more information refer to ASHA's IDEA Issue Brief: Assistive Technology

<http://www.asha.org/about/legislation-advocacy/federal/idea/04-law-assist-tech.htm>

Medicaid (42 CFR 440.110)

Under the Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) regulations, Medicaid eligible children under the age of 21 qualify to receive a comprehensive package of benefits including necessary supplies and equipment.

ASHA Policy and Guidance

- Roles and Responsibilities of Speech-Language Pathologists With Respect to Augmentative and Alternative Communication: Position Statement (<http://www.asha.org/docs/html/PS2005-00113.html>)
- Roles and Responsibilities of Speech-Language Pathologists With Respect to Augmentative and Alternative Communication: Technical Report (<http://www.asha.org/docs/html/TR2004-00262.html>)
- Augmentative and Alternative Communication: Knowledge and Skills for Service Delivery (<http://www.asha.org/docs/html/KS2002-00067.html>)
- Guidelines for Meeting the Communication Needs of Persons With Severe Disabilities (<http://www.asha.org/docs/html/GL1992-00201.html>)

IMPACT ON PRIVATE SCHOOLS

IDEA Part B (34 CFR 300)

Now requires the local educational agency (LEA) where the private school is **geographically located** to conduct a thorough Child Find, including evaluations and/or re-evaluations, and provide equitable services for parentally-placed private school children. Previously, the LEA where the child resided was responsible to provide services for these children. The LEA where the private schools are located is now responsible for paying for the equitable services provided to a parentally-placed private elementary school or secondary school child.

For more information visit ASHA's Issue brief on Children with Disabilities Enrolled by Their Parents in Private Schools [PDF] (<http://www.asha.org/NR/rdonlyres/952FCFA5-ED53-45DB-A649-14695CA0E781/0/ChildrenPrivateSchoolsBrief.pdf>).

Medicaid (42 CFR 440.110)

There are no federal regulations that require school systems to bill the Medicaid program. This also applies to Private Schools. Speech-language pathologists should check with the Medicaid agency for state specific policies

ASHA Policy and Guidance

N/A

PATIENT/STUDENT CONFIDENTIALITY

IDEA Part B (34 CFR 300)

Ensures the protection of the confidentiality of any personally identifiable data, information, and records collected or maintained by the Secretary and by SEAs and LEAs. Rights under the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, also apply.

Medicaid (42 CFR 440.110)

Individuals providing Medicaid services are required to comply with the Health Insurance Portability and Accountability Act (HIPAA). Speech-language pathologists should familiarize themselves with the HIPAA requirements and work with the school to ensure compliance with these regulations.

ASHA Policy and Guidance

- Issues in Ethics Statement: Confidentiality (2004) (<http://www.asha.org/docs/html/ET2004-00168.html>)
- Code of Ethics (<http://www.asha.org/docs/html/ET2003-00166.html>)
- ASHA's HIPAA Web site (<http://www.asha.org/members/issues/reimbursement/hipaa/default.htm>)