

IDEA/Medicaid Side-By-Side Audiology Services

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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)

The educational needs of children with hearing loss and/or auditory processing disorders are the responsibility of SEA's and LEAs based on IDEA, Section 504 of the Rehabilitation Act and the ADA.

Medicaid (42 CFR 440.110)

Medicaid is a federal-state health insurance program to 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>)
- Guidelines for Audiology Service Provision in and for Schools (2002) (<http://www.asha.org/docs/html/GL2002-00005.html>)

USE OF PUBLIC FUNDING/INSURANCE

IDEA Part B (34 CFR 300)

A public agency may use the 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 2006 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 audiologist is an individual with a master's or doctoral degree in audiology that is licensed to practice audiology that maintains documentation to demonstrate that he or she maintains the ASHA Certificate of Clinical Competence (CCC-A) or relevant work experience as required by federal regulations.

In the case of an individual who furnishes audiology services in a State that does not license audiologists, or is exempt from State the regulations outline specific provider requirements including maintaining the ASHA CCC-A.

ASHA Policy and Guidance

- Scope of Practice in Audiology (<http://www.asha.org/docs/html/SP2004-00192.html>)
- Guidelines for Audiology Service Provision in and for Schools (2002) (<http://www.asha.org/docs/html/GL2002-00005.html>)
- Support Personnel in Audiology: Position Statement and Guidelines (<http://www.asha.org/docs/html/GLPS1998-00038.html>)

SUPERVISION REQUIREMENTS

IDEA Part B (34 CFR 300)

Paraprofessionals and assistants are not directly responsible for services provided but provide services only under the supervision of the audiologist.

Medicaid (42 CFR 440.110)

Audiology services must be provided by or under the direction of a qualified audiologist. CMS has outlined specific supervision requirements that must be met in order for reimbursement of services provided under the direction of a qualified provider.

ASHA Policy and Guidance

- Code of Ethics (<http://www.asha.org/docs/html/ET2003-00166.html>)
- Support Personnel in Audiology: Position Statement and Guidelines (<http://www.asha.org/docs/html/GLPS1998-00038.html>)
- Guidelines for Audiology Service Provision in and for Schools (2002) (<http://www.asha.org/docs/html/GL2002-00005.html>)
- Medicaid Guidance for School-Based SLP Services: Addressing the “Under the Direction of” Rule (<http://www.asha.org/docs/html/GL2005-00056.html>)

ELIGIBILITY REQUIREMENTS

IDEA Part B (34 CFR 300)

To be eligible for special education, a child must be a child with a disability and must need special education services and/or related services. If a child has a disability but does not need special education services, the child is not eligible for special education under IDEA but may be eligible for protections under Section 504 of the Rehabilitation Act.

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

- Scope of Practice in Audiology (<http://www.asha.org/docs/html/SP2004-00192.html>)
- Code of Ethics (<http://www.asha.org/docs/html/ET2003-00166.html>)

OVERVIEW OF AUDIOLOGY SERVICES

IDEA Part B (34 CFR 300)

Audiology services include hearing screening, diagnostic assessment, re/habilitation, hearing conservation, counseling and guidance to students, parents and teachers, and selection, fitting and verification of individual and group amplification systems.

Medicaid (42 CFR 440.110)

Covered services include diagnostic, screening, preventive, or corrective and includes any necessary supplies and equipment.

ASHA Policy and Guidance

- Scope of Practice in Audiology (<http://www.asha.org/docs/html/SP2004-00192.html>)
- The Use of FM Amplification Instruments for Infants and Preschool Children with Hearing Impairment (<http://www.asha.org/docs/html/PS1991-00040.html>)
- School Based Services for Students with Cochlear Implants (<http://www.asha.org/members/slp/schools/prof-consult/cochlear-implants.htm>)
- Cochlear Implants- Technical Report (2004) (<http://www.asha.org/docs/html/TR2004-00041.html>)

DOCUMENTATION REQUIREMENTS

IDEA Part B (34 CFR 300)

The IEP must consider the communication needs of the child. This includes language describing opportunities for direct communication with peers and professional personnel in the child's language and communication mode taking into consideration their academic level and full range of needs, including opportunities for direct instruction. The need for assistive technology should also be considered. For more information refer to ASHA's IDEA Issue Brief: Individualized Education Programs and Eligibility for Services (<http://www.asha.org/about/legislation-advocacy/federal/IDEA>)

Medicaid (42 CFR 440.110)

Required documentation includes: dates of service, name of recipient, person providing service, duration or unit, medical justification of service, and 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

- Code of Ethics (<http://www.asha.org/docs/html/ET2003-00166.html>)

ASSISTIVE TECHNOLOGY

IDEA Part B (34 CFR 300)

An Assistive Technology (AT) refers to any piece of equipment that improves the functional capabilities of the child who is deaf or hard of hearing and ensures that they have access to classroom instruction. AT such as FM or Sound field systems are used to minimize the effects of distance, noise or reverberation and enhance the student's access to classroom instruction. AT's do not include surgically implanted devices such as cochlear implants (CI) or optimization (e.g., mapping) of CI's. Services for AT's include selection, acquisition, fitting, and verification of individual or group systems. AT's may also include visual systems such as transcription technology. Hearing aids are in some cases considered to be assistive technology. If deemed necessary by the IEP team, assistive technology and services should be made to the child.

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

- Guidelines for Fitting and Monitoring FM Systems (1999)
(<http://www.asha.org/docs/html/GL2002-00010.html>)
- The Use of FM Amplification Instruments for Infants and Preschool Children with Hearing Impairment
(<http://www.asha.org/docs/html/PS1991-00040.html>)

ROUTINE CHECKING OF HEARING AIDS AND EXTERNAL COMPONENTS OF SURGICALLY IMPLANTED MEDICAL DEVICES

IDEA Part B (34 CFR 300)

Each public agency must ensure that hearing aids and the external components of CI's are worn and functioning properly. The public agency is not responsible for the post-surgical maintenance, programming, or replacement of the CI or other medical device that has been surgically implanted.

Medicaid (42 CFR 440.110)

Under EPSDT, supplies and devices are covered, however, coverage criteria should be confirmed with state Medicaid agency.

ASHA Policy and Guidance

N/A

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 IDEA Issue Brief: Children with Disabilities Enrolled by Their Parents in Private Schools [PDF] (<http://www.asha.org/NR/rdonlyres/952FCF-A5-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. Audiologists 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). Audiologists 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>)