ASHA
American
Speech-Language-Hearing
Association

October 6, 2020

The Honorable Mark Allan Schultz
Acting Assistant Secretary
Office of Special Education and Rehabilitative Services
U.S. Department of Education
400 Maryland Ave, SW
Washington, DC 20202

Re: Agency Information Collection Activities; Submission to the Office of Management and Budget for Review and Approval**;** Comment Request; Report of Children Receiving Early Intervention Services in Accordance With Part C; Report of Program Settings in Accordance With Part C; Report on Infants and Toddlers Exiting Part C. [Docket No. ED–2020–SCC–0098]

Dear Assistant Secretary Schultz:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the September 16, 2020, *Federal Register* notice of the extension of information collection on the Report of Children Receiving Early Intervention Services in Accordance With Part C; Report of Program Settings in Accordance With Part C; Report on Infants and Toddlers Exiting Part C.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids and cochlear implants. Speech-language pathologists (SLPs) identify, assess, and treat speech and language problems, including swallowing disorders. More than half of ASHA members work in educational settings and/or early intervention (EI) systems. The services provided by ASHA members help ensure that children with disabilities develop effective cognitive-communication skills and achieve successful learning outcomes while receiving a free appropriate public education in the least restrictive environment.

EI providers and specialized instructional support personnel, which both include audiologists and SLPs, provide critical services to improve outcomes for children with disabilities receiving IDEA Part C and/or Part B services. Pediatric and educational audiologists also provide valuable services to children who have hearing-related issues by providing ongoing evaluation, helping children access necessary technology, accommodations and interventions, and the general educational curriculum.

ASHA offers the following comments and recommendations on information collection under the IDEA Part C programs.

(1) Is this collection necessary to the proper functions of the Department?

Yes, this collection is necessary and provides feedback regarding the functions of the U.S. Department of Education (ED) as IDEA requires states to report: the number of children

receiving EI services under Part C of IDEA; the settings in which these children receive services; and the reasons these children exit Part C of IDEA.

(2) Will this information be processed and used in a timely manner?

Yes, this data collection informs, in part, future service provision and impacts funding that relate to established timelines.

(3) Is the estimate of burden accurate?

The COVID-19 pandemic and related public health emergency (PHE) may impact the burden of collecting this data.

(4) How might the Department enhance the quality, utility, and clarity of the information to be collected?

Continuing to collect the required data will help determine the overall utility of the data by providing a longitudinal comparison to previous data collected. During the COVID-19 pandemic, the continued collection and comparison to previous data can also help inform ED regarding performance during the PHE.

To improve quality and clarity, it is important to add specificity in the data collection with respect to COVID-19, such as incorporating in Part C data systems dropdown options for COVID-19 related reasons for exiting, noncompliance, new service codes/methods, and reimbursement trends.

Comments/Recommendations:

Since the onset of COVID-19, state Part C systems have altered policies, procedures, and practices to address public health concerns while continuing to serve the needs of children, birth to three, and their families. Assessing the impact of these changes and other disruptions caused by the PHE has required modifications and additions to existing data collection.

For states to describe COVID-19 related changes and understand its impact on EI services and families' decisions, states need to collect specific information at multiple points in time. This is critical due to the fluidity of the PHE, regional regulations, and family circumstances that can impact service delivery. Numerous factors have affected referrals, evaluations, eligibility determinations, the ability and/or willingness to engage in services, methods of service delivery, transitions from Part C programs, use of funds, and more.

ASHA recommends that ED consider new data codes and new data collection on contextual variables, when looking at numbers of children in EI, including where and how they receive services and the reason(s) infants and toddlers might exit Part C. For example, without contextual data on when an EI system paused evaluations, accurate interpretations of the data on individual children and families cannot occur.

Some Part C data systems have already added dropdown options for COVID-19 related reasons for exiting, noncompliance, new service codes/methods, and reimbursement trends. These and the following additional data considerations will help guide decisions about meeting child/family needs throughout the PHE and moving forward:

- changes in assessment tools/methods;
- continuation of EI services for children after turning 3 years old;
- costs of technology (e.g., devices, internet access), personal protective equipment (PPE);
- family access to technology and participation in virtual services;
- personnel shortages;
- reason(s) family declined/paused services or changed individualized family service plan (IFSP);
- start/end dates for pauses in referrals, evaluations, and/or methods for eligibility determination; and
- start/end dates for virtual and in-person services.

States will need additional time for collecting new data to study the effects of EI service delivery and the PHE on child and family outcomes. To ensure that quality EI services remain accessible and available where families need them during the PHE and in the post-COVID-19 era, states will need to expand their data systems to meet the evolving needs of families, providers, and policymakers. Documenting these COVID-19 related changes will provide greater context for current EI system data and help inform analyses and decision making moving forward.

Thank you for your consideration of these comments on information collection on children receiving early intervention services, program settings in accordance with Part C, and infants and toddlers exiting Part C. If you or your staff have any questions, please contact Catherine D. Clarke, ASHA's director of education policy, at cclarke@asha.org or Tim Nanof, ASHA's director of health care and education policy, at tnanof@asha.org.

Sincerely,

Theresa H. Rodgers, MA, CCC-SLP
2020 ASHA President