



April 27, 2026

Perrie Briskin  
Deputy Secretary of Healthcare Financing and Medicaid Director  
Maryland Medicaid Administration  
State of Maryland, Department of Health  
201 West Preston Street, Room 525  
Baltimore, MD 21201

RE: Duplication of Services Policy

Dear Deputy Secretary Briskin:

On behalf of the American Speech-Language-Hearing Association (ASHA) and the Maryland Speech-Language-Hearing Association (MSHA), we write to express serious concern about denials of coverage for speech therapy services provided in outpatient settings when services are also offered in school settings.

ASHA is the national professional, scientific, and credentialing association for 247,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Over 4,000 ASHA members reside in Maryland.<sup>1</sup> MSHA is a nonprofit professional association of audiologists, SLPs, and professional affiliates and associates dedicated to improving clinical services for individuals with communication disorders.

SLPs identify, assess, and treat speech, language, swallowing and cognitive-communication disorders across settings, including schools, outpatient clinics, hospitals, and skilled nursing facilities. Children often receive speech therapy in both school and outpatient settings to address different but complementary educational and medical needs.

SLPs practicing in outpatient settings who are enrolled providers for Maryland Medicaid and its contracted managed care organizations have reported to ASHA and MSHA that they are receiving coverage denials or delays of care for children who receive speech therapy services both in schools and in outpatient settings. Some of these denials happen when services are offered on the same day and some happen when they are not.

These providers report being required to obtain and submit a child's Individualized Education Program (IEP) as a condition of coverage for outpatient services. This requirement effectively links coverage decisions for medically necessary outpatient care to services provided in an educational setting—which is inconsistent with the Individuals with Disabilities Education Act (IDEA) requirement that school-based services must not limit access to services outside of school. In addition, the policy places the administrative burden solely on outpatient providers to obtain documentation that is not within their control or standard scope of practice, creating operational challenges and potential delays in care.

### **Federal Law and Protections**

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IDEA is a federal law that ensures eligible children with disabilities receive a free appropriate public education.<sup>2</sup> IDEA explicitly prohibits reductions in access to other public health services—

such as speech therapy offered in an outpatient setting—as a result of services provided under IDEA.

Section 640(c) of IDEA states:

(c) REDUCTION OF OTHER BENEFITS.—Nothing in this part shall be construed to permit the State to reduce medical or other assistance available or to alter eligibility under title V of the Social Security Act (relating to maternal and child health)... or title XIX of the Social Security Act (relating to Medicaid [*sic*] for infants or toddlers with disabilities)... within the State.

Section 300.154(d)(2)(iii) of the U.S. Department of Education’s (“Department”) regulations further clarify that public agencies:

May not use a child’s benefits under a public benefit or insurance program if that use would—

- (A) Decrease available lifetime coverage or any other insured benefit;
- (B) Result in the family paying for services that would otherwise be covered by the public benefits or insurance program and that are required for the child outside of the time the child is in school;
- (C) Increase premiums or lead to the discontinuation of benefits or insurance; or
- (D) Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures...<sup>3</sup>

These provisions establish that services provided in schools must not limit access to medically necessary services in other settings. If outpatient services are denied or limited because a child receives related services in schools, families may face financial burdens or reduced access to care—outcomes that IDEA and its implementing regulations are intended to prevent.

Duplication of services policies, like Wellpoint’s policy as a Medicaid managed care organization, violate the provisions in IDEA requiring that school-based services billed to Medicaid must not affect coverage of those services offered outside of school.<sup>4</sup>

### **State-Level Assurance and Administrative Burden**

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Maryland’s Department of Education assures parents that children’s services outside of school will not be disrupted by services provided in schools. For example, the parental consent form for Medicaid billing in Prince George’s County Public Schools (PGCPS) reinforces these protections, stating that services received outside of school are authorized separately and will not be affected by school-based billing.<sup>5</sup>

**If PGCPS bills Medicaid, will Medicaid services that parents or guardians received outside school be affected? No, the PGCPS program does NOT impact a family’s Medicaid services, funds, or limits. The school may not use your child’s benefits under Medical assistance if that use would result in:**

- Decrease of available lifetime coverage *or any other insured benefits*;
- *Your family paying for services that would otherwise be covered by Medicaid Assistance or other insurance program and that are required for your child outside of time he/she is in school*;
- Increased premiums or discontinuation of benefits or insurance; or

- Risk of loss of eligibility for home and community-based waivers based on aggregate health-related expenditures. [emphasis added]

Maryland Medicaid and the Maryland Department of Education inform parents that their children's services will be covered across settings, yet Medicaid and its managed care organizations routinely deny them in the outpatient setting under circumstances specifically outlined in this parental consent form.

### **Relevant Policy Experience**

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ASHA documented this concern—state Medicaid policies that restrict access to outpatient services based on school-based service delivery—in public comments to the Department's proposed rule regarding parental consent to bill Medicaid.<sup>6,7</sup>

Some state Medicaid programs have tried to implement policies similar to this duplication of services policy within Maryland Medicaid and had to revise them due to direct violation of IDEA. For example, in April 2022, Colorado Medicaid required outpatient SLPs to submit IEPs for children receiving school-based services. ASHA informed the agency that this requirement violated IDEA. As a result, Colorado Medicaid changed its policy and no longer requires this documentation.

When faced with examples—like that of a child in Colorado in ASHA's August 2023 comments to the Department's proposed rule—the Department heeded the scores of documented concerns for student access to care across settings and rescinded its proposed rule in December 2024. The Department stated the following in the withdrawal of its proposed rule:<sup>8</sup>

After publication of the NPRM, the Department carefully considered the comments received. A number of commenters raised concerns about instances where students with disabilities were denied reimbursement for and access to Medicaid services provided outside of school as a result of the student's school accessing the student's public benefits for services provided in school. In light of these comments, the Department decided to focus our time and attention on providing technical assistance and working with Federal agencies, States and other partners to improve implementation of school-based Medicaid rather than engage in further rulemaking.

### **Impact on Providers and Patients**

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Outpatient providers report a requirement of submitting a child's IEP in order for Maryland Medicaid to consider covering speech therapy provided in an outpatient setting.

The IEP is a legal, binding document developed in part by a school-based SLP to ensure that children eligible for special education services have individualized and well-defined objectives for meeting their educational and functional goals. However, the IEP is specific to the school setting and does not govern medical necessity or treatment planning in the outpatient setting, where services are directed by a separate plan of care.

Outpatient SLPs are not involved in the development of the IEP and would not have access to it. Families may also have difficulty obtaining and sharing these documents. As a result, the requirement to obtain and submit a child's IEP to Maryland Medicaid or its contracted managed care entities creates operational challenges and may delay or impede access to care.

In addition, reports indicate that outpatient services may be evaluated against the IEP to determine potential overlap, while school-based services are not subject to the same review. This creates an imbalance in how services are assessed across settings. Children often need services in both settings to address different needs. School-based services focus on educational access while outpatient services address medical outcomes.

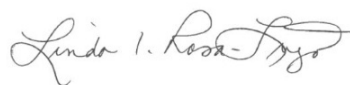
## Conclusion

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Given these considerations, ASHA and MSHA respectfully urge Maryland Medicaid to come into compliance with federal law and regulations, reduce administrative burden, and support continued access to medically necessary speech-language pathology services across settings by removing its duplication of services policies and enforcing compliance with IDEA by its managed care entities. Additionally, it is critical for the Maryland Department of Education to uphold its assurances to parents that services billed in the schools will never cause denials in outpatient settings.

Thank you for your consideration. If you or your staff have any questions, please contact Caroline Bergner, ASHA's director of health care policy for Medicaid, at [cbergner@asha.org](mailto:cbergner@asha.org).

Sincerely,



Linda I. Rosa-Lugo, EdD, CCC-SLP  
2026 ASHA President



Karen Miranda, MS, CCC-SLP  
2026 MSHA President

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<sup>1</sup> American-Speech-Language-Hearing Association. (2026). *Maryland* [Quick Facts]. <https://www.asha.org/siteassets/advocacy/state-flyers/maryland-state-flyer.pdf>

<sup>2</sup> U.S. Department of Education. (n.d.). *Individuals with Disabilities Education Act (IDEA)*. <https://www.ed.gov/laws-and-policy/individuals-disabilities/idea>

<sup>3</sup> National Archives and Records Administration. (2026). *Code of Federal Regulations*. 34 CFR 300.154 Methods of ensuring services. <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300/subpart-B/subject-group-ECFR69620aa83eed53c/section-300.154>

<sup>4</sup> Wellpoint. (2022). *Reimbursement Policy*. MD RP DuplicateSubsequentServices.pdf

<sup>5</sup> Prince George's County Public Schools Medicaid Recovery Office. (n.d.). *Parental Notification to Access Medical Assistance*. [iep-parental-notification.pdf](http://iep-parental-notification.pdf)

<sup>6</sup> American Speech-Language-Hearing Association. (2023, August 1). *ASHA Comments to U.S. Department of Education on IDEA NPRM*. <https://www.asha.org/siteassets/advocacy/comments/asha-comments-to-ed-on-idea-nprm-080123.pdf>

<sup>7</sup> U.S. Department of Education. (2023, May 18). Assistance to States for the Education of Children With Disabilities. *Federal Register*. <https://www.federalregister.gov/documents/2023/05/18/2023-10542/assistance-to-states-for-the-education-of-children-with-disabilities>

<sup>8</sup> U.S. Department of Education. (2024, December 27). Assistance to States for the Education of Children With Disabilities; Withdrawal. *Federal Register*. <https://www.federalregister.gov/documents/2024/12/27/2024-31187/assistance-to-states-for-the-education-of-children-with-disabilities-withdrawal>