



October 6, 2020

Seema Verma, MPH
Administrator
Centers for Medicare & Medicare Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Verma:

On behalf of the American Speech-Language-Hearing Association and the American Occupational Therapy Association, we write to request that supervision requirements for audiology, speech-language pathology, and occupational therapy students be modified during the time of the Coronavirus Disease 2019 (COVID-19) public health emergency (PHE) to allow for virtual supervision, often referred to as telesupervision.

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.

The American Occupational Therapy Association (AOTA) is the national professional association representing the interests of more than 213,000 occupational therapists, occupational therapy assistants, and students of occupational therapy. The practice of occupational therapy is science-driven, evidence-based, and enables people of all ages to live life to its fullest by promoting health and addressing the functional effects of illness, injury, and disability.

According to Chapter 15 of the Medicare Benefit Policy Manual, for Part B services audiology students require direct supervision. In addition, speech-language pathology and occupational therapy students require 100% supervision at all times. The manual states that services would be reimbursable if the qualified practitioner is present and in the room for the entire session directing the service, making the skilled judgment, and remaining responsible for the assessment and treatment provided. In most Part A settings, Medicare largely does not dictate student supervision requirements and instead defers to state law, the policies of the institution, and the discretion of the supervising clinician. However, in skilled nursing facilities, the supervising clinician cannot be supervising another student or treating another patient. During the COVID-19 PHE, these requirements challenge fieldwork programs attempting to place students in a range of settings to further their education and provide essential training opportunities.

ASHA and AOTA appreciate everything that the Centers for Medicare & Medicaid Services (CMS) has done to create waivers and flexibilities to ensure our health care system functions effectively during this extremely challenging time. This includes allowing audiologists, speech-language pathologists (SLPs), and occupational therapy practitioners to provide services via telehealth. In addition, CMS has set a precedent of allowing for

telesupervision of residents by physicians. The ability of audiologists, SLPs, occupational therapists (OTs), and occupational therapy assistants (OTAs) to supervise students of their respective disciplines is an equally important flexibility necessary during the PHE to ensure these students receive the training they need while controlling transmission rates and preserving personal protective equipment (PPE), which appears to be in a second period of limited supply.

As many universities consider the possibility of remaining mostly or completely virtual for at least the duration of the fall semester, CMS' required level of supervision would be impossible to provide. The Accreditation Council for Occupational Therapy Education (ACOTE) standards allow telesupervision of students and include the following definition of "supervision, direct": Two-way communication that occurs in real time and offers both audio and visual capabilities to ensure opportunities for timely feedback.¹ In addition, AOTA's *Telehealth in Occupational Therapy* position paper includes the following:

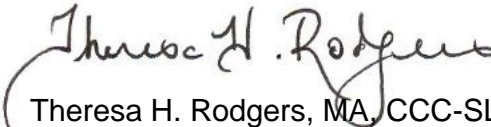
Supervision Using Telehealth Technologies State licensure laws, institution-specific guidelines regarding supervision of occupational therapy students and personnel, the Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services (AOTA, 2014a), and the Occupational Therapy Code of Ethics (AOTA, 2015a) must be followed, regardless of the method of supervision. Telehealth may be used while adhering to those guidelines to support students and practitioners working in isolated or rural areas (Bernard & Goodman, 2013; Miller, Miller, Burton, Sprang, & Adams, 2003; Nicholson, Bassham, Chapman, & Fricker, 2014; Rousmaniere & Renfro-Michel, 2016). Factors that may affect the model of supervision and frequency of supervision include the complexity of client needs, number and diversity of clients, skills of the occupational therapist and the occupational therapy assistant, type of practice setting, requirements of the practice setting, and other regulatory requirements (AOTA, 2014a).²

ASHA states that, "Telesupervision of student clinicians occurs when a qualified professional observes, from a distance, the delivery of services by the student and provides feedback or assistance as needed. Telesupervision offers the potential to expand students' access to clinical placements and to reduce travel and scheduling conflicts for clinical educators."³ ASHA emphasizes that clinicians engaging in telesupervision must adhere to policies and regulations of state licensure boards, state/federal laws, and other regulatory agencies, the ASHA code of ethics, and demonstrate appropriate knowledge and skills to engage in telesupervision. Similarly, the Council on Academic Accreditation (CAA) and the Council for Clinical Certification (CFCC), who set the accreditation and certification standards for ASHA, indicate that "Speech-language pathology and audiology programs are permitted to count clinical hours earned through telepractice as part of their required supervised clinical practicum hours, including those earned after January 1, 2020."⁴


Without the flexibility to supervise students via audiovisual equipment, students will not be able to participate in the clinical training necessary to graduate on time. To ensure safety and educational continuity, we recommend CMS allow for virtual supervision of these students during the federal PHE in compliance with applicable state laws and regulations. Thank you in advance for consideration of our request. If you have any questions, please contact Sarah Warren, MA, ASHA's director of health care policy, Medicare, at

swarren@asha.org, or Jennifer Bogenrief, JD, AOTA's assistant director of regulatory affairs, at jbogenrief@aota.org.

Sincerely,



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



Wendy C. Hildenbrand, PhD, MPH,
OTR/L, FAOTA AOTA President

¹ Accreditation Council for Occupational Therapy Education (ACOTE®). 2019. *Standards and Interpretive Guide*. <https://acoteonline.org/wp-content/uploads/2020/07/2018-ACOTE-Standards.pdf>.

² The American Occupational Therapy Association, Inc. (AOTA). 2018. *Telehealth in Occupational Therapy*. <https://ajot.aota.org/article.aspx?articleid=2719223>.

³ American Speech-Language-Hearing Association. (n.d.). Clinical Education and Supervision. https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942113§ion=Key_Issues#Telesupervision.

⁴ Council on Academic Accreditation. (2020). COVID-19: Clinical Simulation, Telepractice, and Telesupervision. <https://caa.asha.org/about/coronavirus-covid-19/clinical-simulation-telepractice-and-telesupervision/>.