June 12, 2019

Dr. Mark Schneider
Director, Institute of Education Sciences
U.S. Department of Education
400 Maryland Ave SW, Room 4109
Potomac Center Plaza
Washington, DC 20202

Re: Comment Request on IDEA State and Local Implementation Study 2019
(Docket No.: ED–2019–ICCD–0050)

Dear Dr. Schneider:

On behalf of the American Speech-Language-Hearing Association, I submit these comments to the Institute of Education Sciences (IES), U.S. Department of Education (Department), in response to the April 15, 2019, Federal Register notice on the IDEA State and Local Implementation Study 2019.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists and speech-language pathologists (SLPs) who work in educational settings provide important and valuable services that help students access the general curriculum and collaboratively develop learning systems for students. ASHA members support students, families, and staff from early education through graduation in both general and special education.

Speech-language pathology services are utilized by students served under the Individuals with Disabilities Education Act (IDEA). According to the Department’s 40th Annual Report to Congress on the Implementation of IDEA, 2018, speech or language impairments represent the most prevalent disability category (42.6%) of children ages 3 through 5 served under IDEA Part B. Additionally, speech or language impairment was the second or third most prevalent disability category for students ages 6 through 21 in every racial/ethnic group served under IDEA Part B.¹

ASHA submits the following comments and recommendations on the Federal Register notice.

General Comments
ASHA commends the Department for its continued efforts in evaluating the implementation of IDEA. The results of the 2019 study will help Congress, as well as other stakeholders, assess state and local district compliance and provide information to inform the next reauthorization of this landmark legislation. ASHA recommends that the Department make the study results publicly available and urges broad distribution.

According to the notice, the last study assessing the implementation of IDEA, was conducted 10 years ago. In order for the data collected to more effectively inform decision-making, the study should be conducted on a more frequent basis. Further, each study should measure similar
factors so that data can be compared over time to identify trends and changes. Since information will be collected at the state and local level, ASHA recommends that the study collect data regarding personnel shortages, the use of qualified personnel that meet state standards, and how extenders, such as assistants and aids, are used. While ASHA supports the use of appropriately trained and supervised audiology and speech-language pathology assistants as extenders, it recommends that data be collected so that stakeholders could get a better understanding of how such individuals are used across different settings.

**Specific Questions Addressed:**

1. **Is this collection necessary to the proper functions of the Department?**
   
   Yes, ASHA supports continued collection of this data.

2. **Will this information be processed and used in a timely manner?**
   
   ASHA supports disseminating the results of the study publicly via the Department’s website.

4. **How might the Department enhance the quality, utility, and clarity of the information to be collected?**
   
   The Department should provide clear instructions accompanied by examples of the type of information requested. Conducting the assessment on a more frequent basis and disaggregating the data will allow the Department, states, and other interested parties to utilize the information for comparison purposes and capture important regional, state, and local trends.

5. **How might the Department minimize the burden of this collection on the respondent including through the use of information technology?**

**Comments**

- The Department is encouraged to determine whether there are ways to streamline the information collected. For example, what are the key pieces of information necessary from those who administer Part C and Part B to determine the burden of paperwork? The number of questions could be reduced if a psychometrician looks at the relationships between characteristics of responders and responses and finds patterns that indicate fewer questions are necessary to understand the constructs being evaluated.

- The notice suggests that the School Survey, will be “administered to the school principal or lead special education staff.” Unfortunately, all school principals are not fully aware and knowledgeable about the nuances of IDEA. It is important to emphasize in the introductory information (e.g., background, instructions) indicating that the most knowledgeable person in the school should complete the survey. In addition, any key concepts important for obtaining comprehensive and accurate survey responses should be listed and defined in the introduction.
Recommendations
1) ASHA encourages the Departments of Education and Health & Human Services (HHS) to coordinate and collaborate to reduce the administrative burden of duplicative paperwork for school-based providers who utilize IDEA funds and bill Medicaid.

ASHA strongly recommends that the Office of Special Education and Rehabilitative Services within the Department coordinate with the Center for Medicaid and CHIP Services within HHS’ Centers for Medicare & Medicaid Services to develop trainings and provide technical assistance for billing and payment administration of Medicaid services in schools and reduce the total paperwork burden when utilizing IDEA funds and billing Medicaid.

2) Include the following bolded language in survey guidance that acknowledges the paperwork burden in IDEA and Medicaid documentation on students with disabilities:

Unnecessary and redundant paperwork often constrains and compromises the quality of special education services and steps should be taken to reduce administrative barriers for providing health services in and in coordination with schools.

Rationale
Medicaid, a public health insurance program, requires separate and somewhat different documentation from IDEA, an education program. While variation exists in the reason for documentation and content for IDEA and Medicaid, there is enough overlap in reported data to allow for efficiencies to be identified if efforts were made to align and coordinate reporting requirements across the programs to the extent practicable. Creating a unified reporting system for both IDEA and Medicaid would free up specialized instructional support personnel, including audiologists and SLPs, to provide more services to children with disabilities. Additionally, growth in Medicaid-managed care has caused a substantial amount of additional provider burden because of the requirement to demonstrate and re-demonstrate a continued need for services in order to access limited Medicaid funds. School-based audiologists and SLPs must provide services to children with disabilities in compliance with their Individualized Education Program regardless of whether Medicaid is covering the services, and additional documentation requirements often impact the ability of providers to spend time directly with children.

Thank you for the opportunity to provide comments on the April 15, 2019, Federal Register notice to IES on the IDEA State and Local Implementation Study 2019. If you or your staff have any questions, please contact Catherine D. Clarke, ASHA’s director of education policy, cclarke@asha.org.

Sincerely,

Shari B. Robertson, PhD, CCC-SLP
2019 ASHA President