



Solution-Driven State Leadership for Schools: Top 5 Issues of 2016

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Disclaimer Slide

The presenters have no relevant financial relationship(s) within the products or services described, reviewed, evaluated or compared in this presentation.

The presenters have one nonfinancial relationship to disclose as members of the SEACDC. Perry Flynn

<http://www.seacdc.org/>

SEACDC

- Consultants working to support speech-language and hearing professionals in schools since ~1939
- Members from across the USA
- Share information and network to improve services
- Collaborate with ASHA to address needs in school settings
- Website provides links to regulations and guidance

Today's Focus: 5 Key Issues

Evidence-Based Practices (EBP) and Assessment

Disproportionality and Overrepresentation

Title II of ADA guidance in contrast with IDEA and the IEP process

Compliance topics: Medicaid audits, Make-up therapy, documentation of outcomes

Mismatch of models: workload/caseload, educational vs. medical

Key Issue #1: Evidence-Based Practices in Assessment

Eligibility Criteria for Language Impairment – Is the Low End of Normal Always Appropriate?

- Of the 43 tests, acceptable accuracy (80% or better) was reported for only 5.
- The application of “low score” criteria for the identification of language impairment is not supported by the majority of current commercially available tests.

Spaulding, T. Plante, E. & Farinella, K. (2006) LSHSS, 37,
61-72

Factors Influencing the Selection of Standardized Tests for the Diagnosis of Specific Language Impairment.

- The most frequently used standardized tests were omnibus measures and single-word vocabulary measures.
- Publication year was the only test characteristic that correlated significantly with the frequency of test use.
- The quality of a standardized test, as measured by the test's psychometric properties, does not appear to influence how frequently a test is used.

Content Coverage of Single-Word Tests Used to Assess Common Phonological Error Patterns

- None of the tests provided 4 opportunities for every error pattern.
- Error patterns that tended to be underrepresented included:
 - weak syllable deletion
 - reduction of word-final clusters
 - fronting of velars
 - gliding of liquids
 - deaffrication

Kirk, C. & Vigeland, L. (2015). LSHSS 46(1), 14-29. doi: 10.1044/2014_LSHSS-13-0054.

A Psychometric Review of Norm-Referenced Tests Used to Assess Phonological Error Patterns

- The tests included in this review failed to exhibit many of the psychometric properties required of well-designed norm-referenced tests. Of particular concern was lack of adequate sample size, poor evidence of construct validity, and lack of information about diagnostic accuracy.

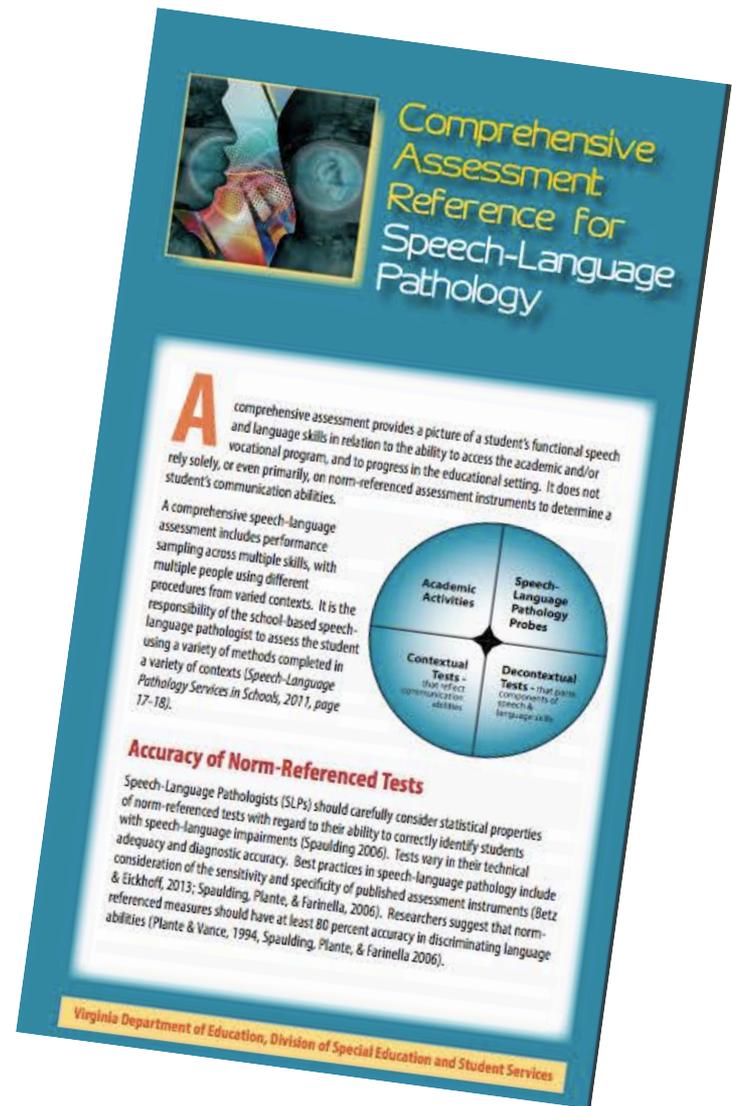
Kirk, C. & Vigeland, L. (2014). *LSHSS* 45(4), 365-377. doi: 10.1044/2014_LSHSS-13-0053.

More Research

- Test Review: PLS-5
 - LEADERS Project (2013). Retrieved from <http://leadersproject.org/sites/default/files/PLS5-English-finaldraft.pdf>
- Test Review: CELF 5
 - LEADERS Project (2014). Retrieved from <http://leadersproject.org/sites/default/files/CELF5%20Test%20Review-LEADERS.pdf>

Comprehensive Assessment Reference Card

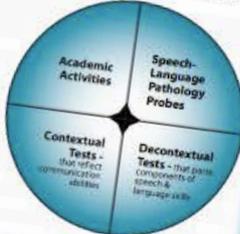
- Reviews comprehensive assessment process
- Reviews data from 13 tests
- Provides research references



Comprehensive Assessment Reference for Speech-Language Pathology

A comprehensive assessment provides a picture of a student's functional speech and language skills in relation to the ability to access the academic and/or vocational program, and to progress in the educational setting. It does not rely solely, or even primarily, on norm-referenced assessment instruments to determine a student's communication abilities.

A comprehensive speech-language assessment includes performance sampling across multiple skills, with multiple people using different procedures from varied contexts. It is the responsibility of the school-based speech-language pathologist to assess the student using a variety of methods completed in a variety of contexts (Speech-Language Pathology Services in Schools, 2011, page 17-18).



Academic Activities

Speech-Language Pathology Probes

Contextual Tests - that reflect communication abilities

Decontextual Tests - that assess components of speech & language skills

Accuracy of Norm-Referenced Tests

Speech-Language Pathologists (SLPs) should carefully consider statistical properties of norm-referenced tests with regard to their ability to correctly identify students with speech-language impairments (Spaulding 2006). Tests vary in their technical adequacy and diagnostic accuracy. Best practices in speech-language pathology include consideration of the sensitivity and specificity of published assessment instruments (Betz & Eickhoff, 2013; Spaulding, Plante, & Farinella, 2006). Researchers suggest that norm-referenced measures should have at least 80 percent accuracy in discriminating language abilities (Plante & Vance, 1994; Spaulding, Plante, & Farinella 2006).

Virginia Department of Education, Division of Special Education and Student Services

Diagnostic Accuracy

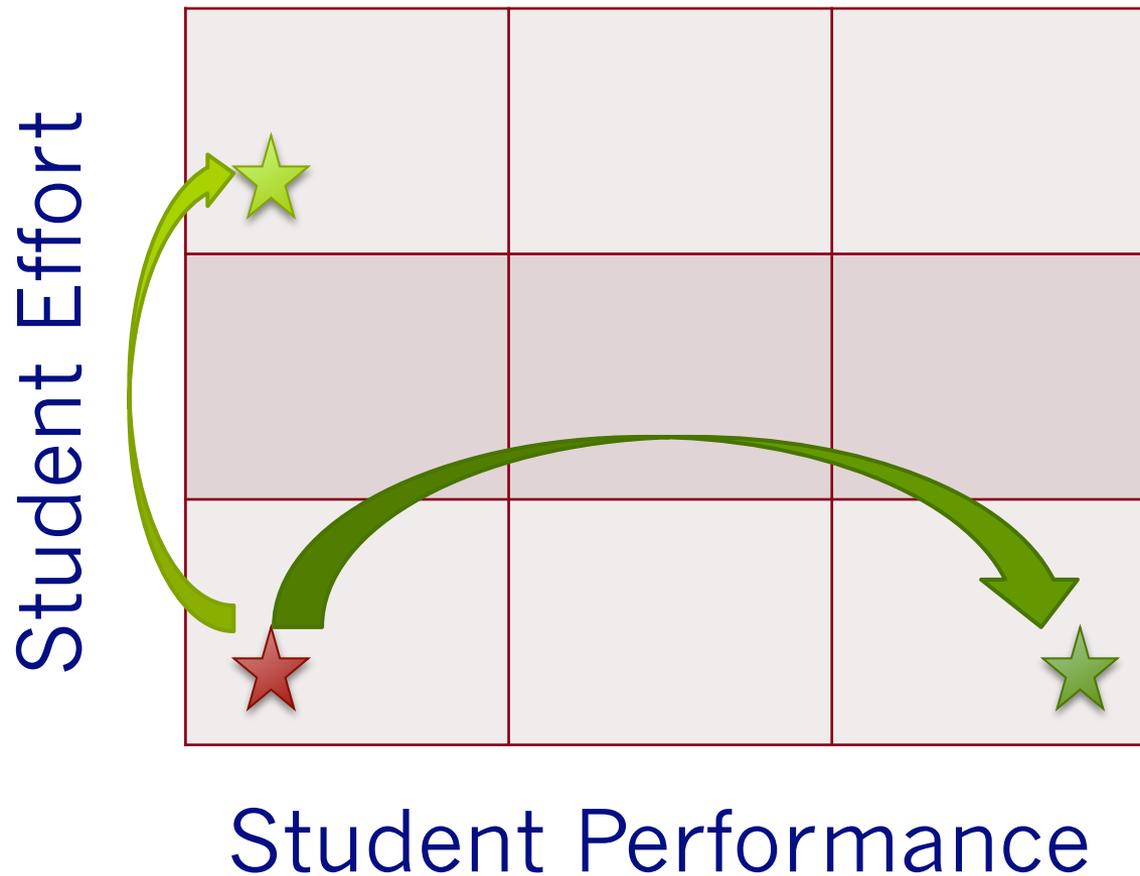
The diagnostic accuracy of distinguishing a language difference from language impairment is substantially increased when LSA is used in conjunction with standardized testing (Horton-Ikard, 2010).

Research Shows Valuable Methods

- Language Sample Analysis
 - Sampling Utterances Grammatical Analysis Revisited (SUGAR)
- Narrative Sampling
 - SLAM Cards
 - Narrative Protocol for Picture Prompted Stories
- Dynamic Assessment
 - Story Champs
 - Predictive Early Assessment of Reading and Language (PEARL)
 - NLM³

Dynamic Assessment

Examine Learning Potential and Outcomes



Resources

- www.seacdc.org/resources
- <http://www.seacdc.org/professional-development.html>
- www.omnie.ocali.org
- www.doe.virginia.gov (Search SLP)
- www.leadersproject.org

Talking EBP

- Free Newsletter
- 2x per year

1. Need to Know
2. Test Your Knowledge
3. Practically Speaking
4. Working with Data
5. More to Explore



Talking EBP: Information Updates for Virginia School SLPs Vol. 6, Number 2. Fall 2016

"Practitioners often see the gaps that researchers don't see and are able to work together to conduct studies" Vangie Foshee, Professor, Department of Health Behavior, University of North Carolina at Chapel Hill. Quotesgram.com, accessed August 31, 2016.

Need to Know:

de Wit, E., Visser-Bochane, M. I., Steenbergen, B., van Dijk, P., van der Schans, C. P., & Luinge, M. R. (2016). **Characteristics of Auditory Processing Disorders: A Systematic Review.** *Journal of Speech, Language, and Hearing Research, 59*(2), 384-413. doi: 10.1044/2015_JSLHR-H-15-0118

This systematic review examined 48 published studies exploring Auditory Processing Disorders (APD) that had adequate internal validity to be included in the review. Of these 48 publications, only 1 study was found to have "strong methodological quality" while the remaining 47 research publications had inadequate descriptions of participants, variable group compositions, and questionable validity and reliability of the measures used. Characteristics of children who were suspected of having APD were examined and found to include difficulties that extend beyond the auditory modality. The authors concluded that current empirical **evidence does NOT support APD** as a specific auditory condition. Therefore, they suggest that intervention efforts should be "focused on cognitive or language skills rather than only auditory functioning" (p. 408). These findings provide up-to-date research support for diagnostic and intervention decisions in your school.

Test Your Knowledge:

- 1) True or False: According to Oetting, Gregory, & Riviera (2016), the phrase "disorders that occur within dialects" should now be avoided.
- 2) True or False: A recent meta-analysis (Cleave, et al. 2015) supports the use of focused recasts during therapy to improve students' syntax. (Focused recasts: a language intervention technique that is a type of "contingent responding" in which the SLP replies to a student utterance by stating a new sentence that includes words from the student's sentence along with additional linguistic elements).
- 3) A recent tutorial in an ASHA journal (Price & Jackson, 2015) describes specific procedures for gathering word-, sentence-, and discourse-level data for which of the following forms of written language:
 - a) narrative texts
 - b) expository texts



Questions ?

Key Issue #2

**Disproportionality and
Over identification**

Disproportionate Representation

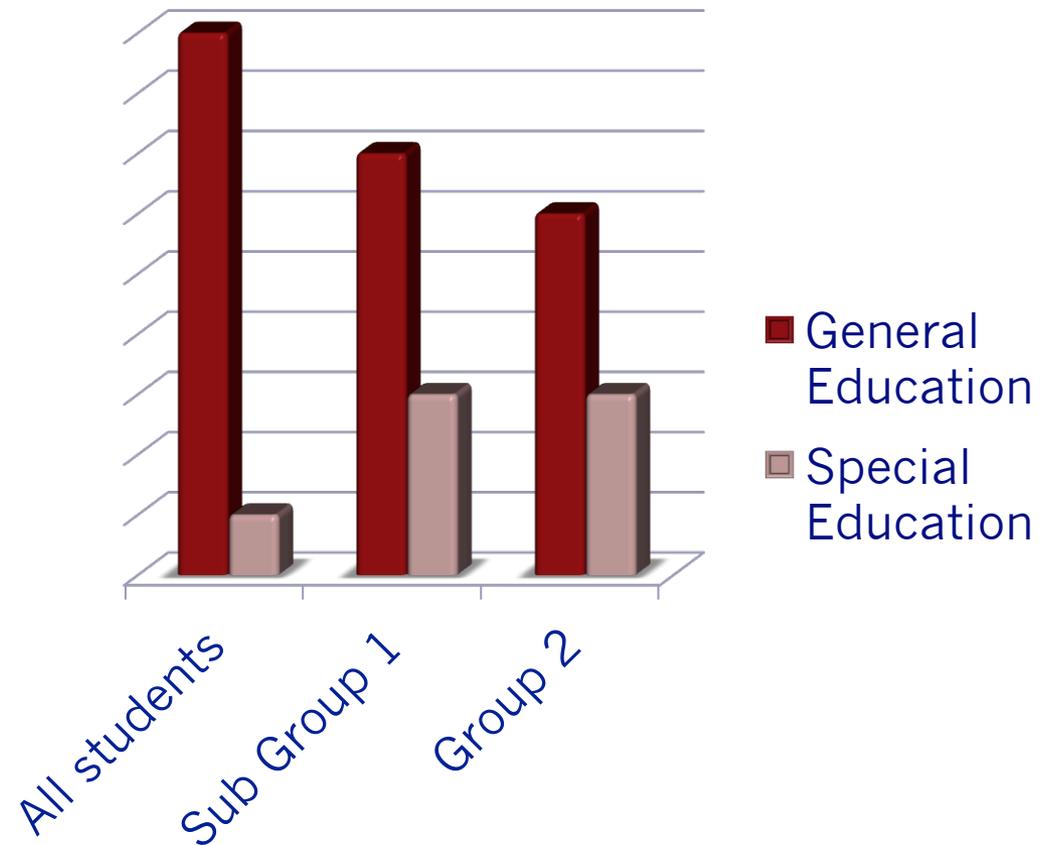
- Nationally, there continues to be under or over identification of children from cultural and/or linguistic minorities in groups of children identified with disabilities.

IDEA Requirements

- State education agencies must gather and examine such data (per IDEA 20 U.S.C. 1418(d) and 34 CFR §300.646)
- State and local education systems required to take steps to address disproportionality (USDOE, 2015; IDEA reference 20 U.S.C. 1416(a)(3)(C); 34 CFR §300.600(d)(3).).

Risk Ratio Comparisons

- Compares all students ratio to a sub group ratio



Disproportionate Representation

- Identification of LEA via Risk Ratio calculation
- 5 disability categories with required reporting
 - AUTISM
 - INTELLECTUAL DISABILITIES
 - EMOTIONAL DISABILITIES
 - SPECIFIC LEARNING DISABILITIES,
 - SPEECH LANGUAGE IMPAIRMENT

Strengthening Criteria for Services

- Addition of state specific regulations on
 - ✓ Criteria to address dialect and ELL impact
 - ✓ Criteria to address impact of poverty (SES)
 - ✓ Criteria to address lack of instruction (homelessness and migrant students)
- Addition of state guidance on assessment considerations
 - ✓ Comprehensive Assessment
 - ✓ Dynamic Assessment
 - ✓ Dialect
 - ✓ Bias in testing

Professional Development

Support is offered in multiple states to provide suggestions for what SLPs can do to help address this issue, including:

- Dialectal and linguistic variation considerations in assessment, instruction, and treatment
- Low SES & poverty factors in assessing risk for LI and related disabilities
- Informing evidence based decision making processes in your school/school system

Resources

Racial And Ethnic Disparities In Special Education

Dialect

- Understanding English Language Variation in U.S. Schools
- Phonological Features of African American English

Poverty

- Eric Jensen Teaching with Poverty in Mind
- Increasing Oral and Literate Language Skills of Children in Poverty
- Beginning with Babble LEAP Learning



Questions ?

Key Issue #3: Title II of ADA guidance in contrast with IDEA's IEP process

Effective Communication

When determining what is appropriate for that student, the school must provide an opportunity for the person with the disability (or an appropriate family member, such as a parent or guardian) to request the aid or service the student with a disability thinks is needed to provide effective communication.

Title II of ADA guidance and Dear Colleague Letter

- In November, 2014, the US Departments of Education and Justice issued a Dear Colleague Letter (DCL) with an associated FAQ document to “explain the responsibility of public schools to ensure that communication with students with hearing, vision, or speech disabilities is as effective as communication with all other students” (USDOJ & USDOE, 2014, p.1), addressing the relationship of two different federal regulations (IDEA and Title II of ADA).

Title II of ADA

- The guidance in the DCL has raised concerns due to conflicts between Title II and IDEA.
- Currently there is a supreme court case considering “exhaustion of remedies” and interplay of IDEA and Title II

Efforts to Date

- Constituent groups, including ASHA, have responded formally
- ASHA met with representatives of USDOE, DOJ, etc. in October, 2015 to convey concerns.
- An ASHA survey revealed the guidance documents were not widely distributed/known to members.

Impact in States

- OCR Complaints have been filed for not providing parents choice
- Students removed from public school by parents
- Students removed from SLP services by parents
- Extensive meetings and mediation with families and advocacy groups

Possible Concerns

1. Increased Litigation
2. Replacing the educational determinations of a team with parental preference
3. Failing to assess whether aids and services are proven and effective or are otherwise educationally ineffectual; and
4. Burdening schools, administratively and financially, by failing to establish clear, appropriate, and judicially recognized legal standards.

Links

- Letter
 - www2.ed.gov/about/offices/list/ocr/letters/colleague-effective-communication-201411.pdf
- FAQ
 - www2.ed.gov/about/offices/list/ocr/docs/dcl-faqs-effective-communication-201411.pdf
- Parent Fact Sheet
 - www2.ed.gov/about/offices/list/ocr/docs/dcl-factsheet-parent-201411.pdf



Questions ?

Key Issue #4: Compliance Topics

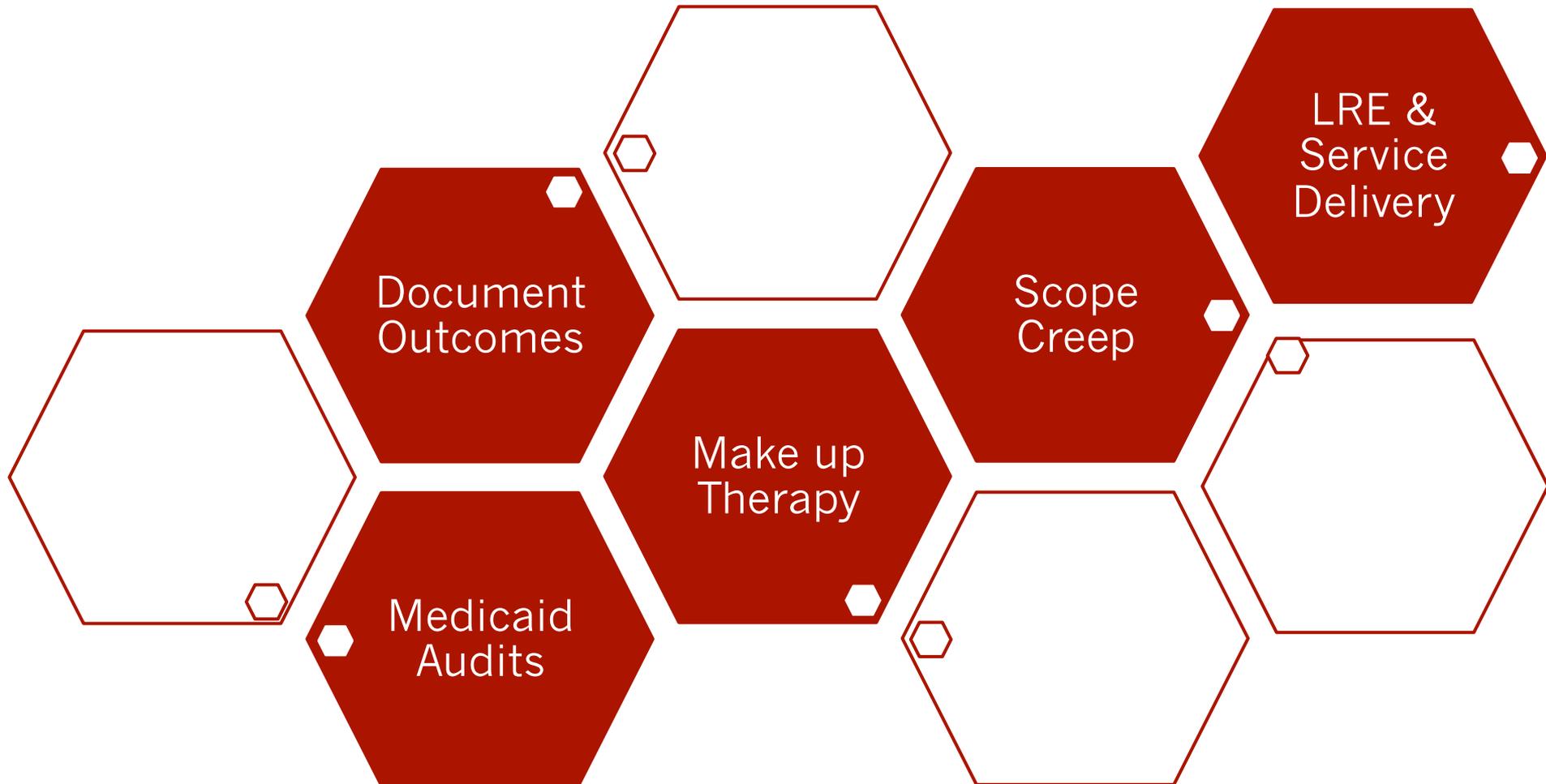


Professionals
must be aware of
differences and
follow state and
local
requirements to
remain in
compliance.

Compliance Topics

- Federal, state, and local regulations must be followed
- Be aware of the current issues
- Know the resources available in your state as well as SEACDC
- Understand where to go for reliable information

Compliance Topics



Medicaid Audits

- Medicaid requires compliance with data collection and service delivery
- Medicaid makes up some of the gap from underfunded IDEA (~17%)
- Supports for SLPs
 - ASHA Medicaid Toolkit
 - ASHA Medicaid Committee Presentations and Posters
 - Self Audit Tools

Medicaid Self Audit Tool

- Explains requirements
- Provides checklist
- Links to samples
- References to tools
- PDF Handout

Give Yourself a Documentation Check Up

Maintaining complete, accurate and confidential records is critical for professionals. To conduct a self-audit, professionals review their documentation and ensure it meets state and local requirements. Some states have a provider handbook that outlines specific requirements while others have developed self audit tools to assist providers. Documentation, referral for services, and provider qualifications are common areas of concern during audits for school based providers. Documentation errors are one of the most

Professionals should review their own documentation including student Individualized Education Program (IEP), therapy notes, and other records. **Make notes about your state requirements and then start reviewing records.**

Eligibility for Services

- Evaluations are clearly documented in the records _____
- IEP and Plan of Care (POC) are signed and dated _____
- Appropriate documentation of medical necessity
 oSLP oPhysician oIEP o_____

Therapy

- Dates of services listed for each session _____
- Therapy data is recorded for each session _____
- Therapy goals are measurable _____
- Length of session _____
 oRequired by state oNot required by state
- Documentation of treatment group or individual recorded for each session _____

Personnel/Administration

- Confidential records are secure and comply with HIPPA and FERPA
- Supervision logs signed for services provided "under the direction of" _____
- Documentation of provider credentials _____
- Use of appropriate forms required by LEA _____
- National Provider Identification (NPI) number requirement
 oUse SLP NPI # oUse LEA NPI #



ASHA Medicaid Committee

Resources

- Preparing for a Medicaid Audit in Schools (PDF tool)
- Embracing Healthy Professional Habits (2015 ASHA Poster)
- Medicaid Experts Provide Answers to Questions: What Everyday Leaders Need to Know (2016 ASHA Poster)



Embracing Healthy Professional Habits

Preparing for a Medicaid Audit in Schools

ASHA Medicaid Committee and ASHA School Finance Committee



Know Your Requirements

Professionals whose documentation meets federal and state requirements have nothing to fear during an audit. School-based providers need to have a thorough working knowledge of their state plan and local policies for Medicaid billing and the audit process.

An audit examines the implementation of regulations and policies at the local education agency through an examination of multiple data sources and each individual provider's documentation is also reviewed.

Examples of requirements that differ among state plans are shown below. State Plans and State Amendments (SPA) differ and providers must be aware of their requirements to ensure they remain in compliance.

State Limit Federal only: Mississippi Federal and State: North Carolina, Arkansas, Arizona, New York, Delaware Federal and State: Virginia, Kentucky Federal and State: Hawaii	Qualified Provider ASHA CCC-SLP: Idaho, Delaware ASHA CCC-SLP and State Licensure: Hawaii, Arizona, New York, Indiana, North Carolina Master's Degree and State Licensure: Virginia, New Mexico
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Provider Identification (NPI) Number Local Education Agency/District NPI #: Ohio, Mississippi, North Carolina Individual NPI #: Arizona, New York	Medical Necessity IEP Team Determines: Hawaii, Virginia, Arizona, Delaware, North Carolina Physician Determines: Mississippi (6 months), Idaho Licensed SLP: Texas, New York, Kentucky
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Stay Current and Access Professional Development

ASHA SLPs and audiologists should know state and local Medicaid requirements. Because requirements vary from state to state, participation in state or locally sponsored professional development regarding Medicaid is strongly encouraged. Some states publish a provider handbook that outlines requirements while others have all requirements set forth in the state plan and state plan amendments.

Remember that state Medicaid requirements can change! State Medicaid offices may amend forms, regulations, or request changes in a state plan amendment. When changes occur, it is vital for SLPs and audiologists to be aware of the changes to ensure they remain in compliance.

Professionals may contact their local education agency (school district), state Medicaid office, or state Medicaid office to request information on requirements, provider manuals, and professional development resources including online toolkits, provider manuals, audit forms, and training materials may be available.



Resources for Professionals

State Provider Manuals

State manuals are designed to assist professionals. Each state includes its specific requirements. Manuals from other states may not include the same requirements as your own state such as group size, medical necessity, and supervision. The following links are examples of state manuals:

- Virginia: <https://www.virginiamedicaid.dmas.virginia.gov/opa/portal/ProviderManual>
- Indiana: <http://www.doe.in.gov/sites/default/files/individualized-learning/school-401-17th-edition-march-30-2017.pdf>

State Audit Tools

State audit tools are designed to assist professionals. Each state includes their specific requirements. Using a tool from another state, be sure to pay attention to your own state and local specific requirements such as use of individualized education program (IEP) and plan of care (POC). The following links are examples of state developed audit tools:

- Kentucky: <http://education.ky.gov/districts/Documents/KentuckyMedicaidAuditReviewTool.docx>
- North Carolina: <http://www.ncdhs.gov/ncdhspublications/Forms/AuditForms/filledmedicaidauditmedicaidauditm09-24>

What Happens During an Audit?

If you have not been through an audit, you may wonder what actually happens during a Medicaid audit. The process and timelines will differ depending on who is completing the audit (federal, state, Office of Inspector General (OIG), or a Medicaid intermediary carrier (MIC)).

At the LEA or local school district level, the first step is generally a review of documentation. This may include a comparison of state or local policies and documents. Auditors may cross walk data. For example, they may compare student therapy or transportation records to attendance records. If the local attendance policy for students who leave or leave early is to mark them absent, then therapy cannot be billed on that date and there may be a retraction of funds. Provider records may be reviewed with specific attention to data from therapy, progress, dates of service, signatures, and documentation of supervision. There are many steps during the audit process. The complete cycle may take up to 24 months from start to finish. The audit begins with specific requests for documentation and data. Requested records and data are then submitted by the state, LEA, or provider. After the review, a complete analysis of findings is made. These findings are generally not provider specific. The LEA is then responsible for addressing concerns and responding.

Find more information at:

<http://www.asha.org/Advocacy/schoolfunding/> and <http://www.asha.org/practice/reimbursement/mo>

Make Up Therapy

“Schools must consider the impact of a provider’s absence or a child’s absence on the child’s progress and performance and determine how to ensure the continued provision of FAPE in order for the child to continue to progress and meet the annual goals in his or her IEP. Whether an interruption in services constitutes a denial of FAPE is an individual determination that must be made on a case-by-case basis.”

<http://www2.ed.gov/policy/speced/guid/idea/letters/2007-1/clarke030807disability1q2007.pdf>

Make Up Services

- State Perspective
 - Provision of FAPE (Free and appropriate public education)
 - In accordance with the IEP
- Local Perspective
 - Risk Tolerance of LEA
 - Banking time in advance



*“If it isn’t
written
down it
didn’t
happen”*

Documentation

- Date with MM/DD/YY
- Record retention in accordance with your state and local requirements
 - LEA
 - Medicaid
- HIPPA and FERPA compliant with communications
 - Emails to staff and others
 - Discussion board postings

LRE and Service Delivery

- Indicator 5 (a Federal Data Requirement) looks at student time in regular education
- Services provided outside of general education can impact LEA results
- Therapy in classroom allows for “incidental benefit to others”

Scope Creep

- ABA services
- Language interventionists
- Music therapy
- Non-qualified providers



Questions ?

Key Issue #5: Mismatch of Models:

**Workload/Caseload
Educational vs. Medical
MTSS, Rtl, Pre-referral
intervention**

Workload / Caseload

- Most states fund schools using a headcount approach for all students with disabilities
- Schools may adopt a workload model but cannot change funding formulas without significant legislative activity
- Learn about your state's funding model and how to advocate for change

Workload

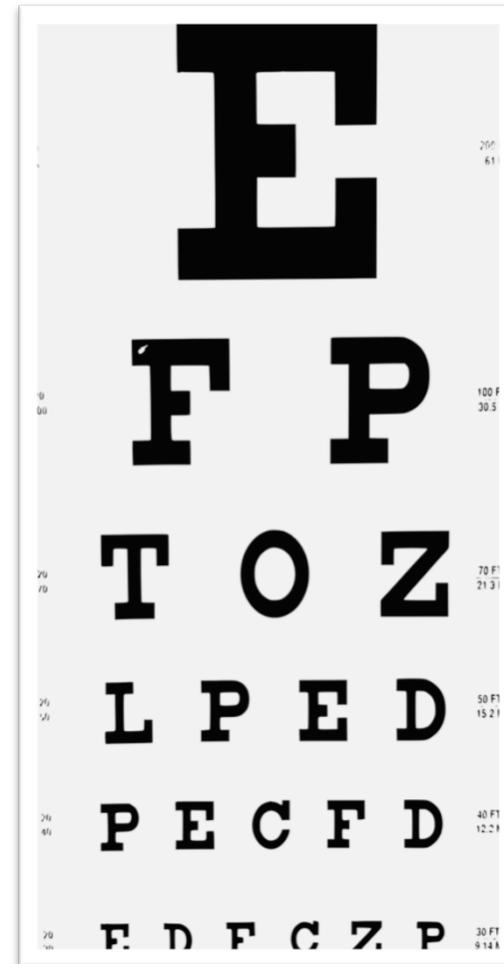
- ASHA supports a workload model in the schools
- There are grassroots efforts underway in many local school systems to pursue a workload approach
- Some states have taken strides in providing guidance documents or position statements in support of the workload approach.

Workload

- In 2015, a few states began drafting legislative language for a workload approach.
- Ohio-In July 2014, ODE adopted language to ensure districts utilize a two-prong approach looking at workload first and then caseload.
 - Eight guidance videos (link) were released to support districts' use of workload & caseload prongs.
 - The Ohio licensing board is working with ODE and state associations to encourage implementation of the new process.

Medical vs. Educational Models

- Discuss differing requirements
- Educational impact and need for specially designed instruction should be considered in school settings
- Guidance available from a



Prescriptions, diagnosis, or reports issued by licensed medical professionals, using medical diagnosis and classification systems ... must be considered but are not sufficient to make an eligibility determination.

Virginia Guidance

Students may meet the criteria for educational identification as a child with a disability under one of the federal disability categories without having a medical diagnosis. It is also possible for a student to have a medical diagnosis but not meet the criteria for an educational identification as a child with a disability.

(Virginia Guidance)

Resources from States

- Some states have existing guidance that addresses the differentiation between educational and medical models for assessment, diagnosis, eligibility, and treatment.
 - North Carolina
 - Virginia

Are you involved in general education programs? (RtI, MTSS, pre-referral initiatives)



Role of School SLPS in MTSS

- There is a growing trend nationally for SLPs working within the public education system to be involved in activities related to a Multi-Tiered System of Support (MTSS).
- States may address caseload issues and staffing challenges that arise from involvement in these programs

Challenges for School SLPs

Variance in guidance for SLPs, workload and workload funding concerns (Dixon, 2013; Rudebusch & Wiechmann, 2011)

Scheduling difficulties (Rudebusch & Wiechmann, 2013)

Use of IDEA's 15% funding for Coordinated Early Intervening Services (CEIS) to support various aspects of RTI

Recognizing the value of the SLP as an integral part of the whole in the school context

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Questions?

Comments?

Thank You