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
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

http://www.seacdc.org/
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.

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

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.

More Research

- **Test Review: PLS-5**

- **Test Review: CELF 5**
Comprehensive Assessment Reference Card

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

Student Effort

Student Performance
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
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

![Bar chart showing comparisons between General Education and Special Education for all students and two sub groups.](image)
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](http://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](http://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](http://www2.ed.gov/about/offices/list/ocr/docs/dcl-factsheet-parent-201411.pdf)
Questions ?
Key Issue #4: Compliance Topics
When you’ve seen one state ~ you’ve seen one state

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

- Document Outcomes
- Medicaid Audits
- Make up Therapy
- Scope Creep
- LRE & Service Delivery
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
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
Preparation for a Medicaid Audit in Schools
ASHA Medicaid Committee and ASHA School Finance Committee

Know Your Requirements

State laws must require federal and state requirements for quality assurance of professional services. Professionals should maintain their own documentation including student Individualized Education Program (IEP), therapy notes, and other records.

Make notes about your state requirements and then start reviewing your records.

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, or a Medicaid intermediary). At the LEA or local school district level, the first step is generally a review of documentation. This may include comparison of state or local policies and documents. Auditors may crosswalk data. For example, they may compare student therapy or transportation records to attendance records. If the local attendance policy for students is late or leave only to mark them absent, then therapy cannot be billed on that date and there are no budgetary issues. Provider records may be reviewed with specific attention to data from therapy, program, dates of service, and any pertinent information forSUPER. 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 correction plan is developed, and any necessary additions are made to the audit report. Find more information at:

http://www.asha.org/Advocacy/schoolfunding and http://www.asha.org/practice/reimbursement
“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 he made on a case-by-case basis.”

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, RtI, 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 few states
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
References

References

Questions?
Comments?
Thank You