

ISHA School Affairs Update 2017

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Today's Agenda

School Affairs Committee Updates

Licensure

Medicaid Update

Practice Act Up for Renewal in 2017

“I Contribute” Campaign Challenge

Shout-Outs and Q & A!



School Affairs Committee Update

Current Goals

Webpage updated and in progress

Volunteers always welcomed!

Advocacy

--responses to email inquiries.

--topics for newsletter submissions

Severity Matrix and Workload

New Goals

Revising the Exemplary School Award

Severity Rating Matrix Category Updates

ARTICULATION/ PHONOLOGICAL PROCESSING DISORDERS

FLUENCY

VOICE

SWALLOWING

EXPRESSIVE LANGUAGE (Academic, Verbal/Social Communication)

Categories in Matrix, continued...

SOCIAL/ PRAGMATIC LANGUAGE/ASD

WRITTEN LANGUAGE (Academic, Social Communication)

RECEPTIVE LANGUAGE Vocabulary, Language Processing, Listening and/or Reading Comprehension

CENTRAL AUDITORY PROCESSING Auditory Discrimination, Binaural Processing, Temporal Processing

ILLINOIS SPEECH/LANGUAGE ELIGIBILITY CRITERIA MATRIX for Use in DETERMINING WORKLOAD*

NOTE: Clinical judgment may warrant modification of these guidelines as individual needs are considered.

RATING OF DISORDER	TYPICAL DEVELOPMENTAL EXPECTATIONS 0 Service Delivery Units	MINIMAL DIFFERENCE(S) 1 Service Delivery Unit 15-30 mpw	MILD 2 Service Delivery Unit Minimum of 30 mpw	MODERATE 3 Service Delivery Units Minimum of 60 mpw	SEVERE 4 Service Delivery Units Minimum of 90 mpw	PROFOUND 5 Service Delivery Units Minimum of 120 mpw
Description of Severity	No impairment.	Impairment <u>minimally</u> affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment <u>mildly</u> affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment <u>interferes with</u> the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment <u>limits</u> the individual's ability to communicate effectively within academic settings and/or social situations. Environmental and/or individual concern is evident and documented.	Impairment <u>prevents</u> the individual from communicating effectively within any setting, including academic settings and/or social situations. Functional communication is absent or significantly limited/impaired.
ARTICULATION/ PHONOLOGICAL PROCESSING DISORDERS	Intelligible 81% or more of the time in connected speech. No impact on intelligibility or communication, and is easily understood by unfamiliar listeners.	Intelligible 70-80% of the time in connected speech. No more than 1-2 speech sound errors outside the developmental guidelines ¹ . Errors are inconsistent, but may be recognized by listeners and may cause some distraction.. Possible impact on reading fluency measures during progress monitoring.. The individual is stimutable for correct production, and may be considered for RTI (Tier 2) speech support.	Intelligible 60-80% of the time in connected speech. No more than 2 speech sound errors outside the developmental guidelines ¹ . Errors are recognized by listeners, and cause distraction from the spoken content. Standard scores 1-1.5 SD below the mean. Possible impact on reading fluency measures during progress monitoring.. The individual may be stimutable for correct production of errored phonemes.	Intelligible 40-59% of the time in connected speech. Multiple distortions, substitutions, and/or omissions outside developmental guidelines may be present. There is limited stimulability for errored phonemes. Probable impact on reading fluency measures. Spelling and/or decoding difficulties may also be noted.	Intelligible 20-39% of the time in connected speech. Deviations may range from extensive substitutions and many omissions to extensive omissions. A limited number of phoneme classes are evidenced in a speech/language sample. Noted impact on reading fluency measures. Spelling and/or decoding difficulties may also be noted. Augmentative communication systems may be warranted.	Speech is unintelligible without gestures and cues, and/or knowledge of the context. Deviations range from extensive substitutions and omissions to a sound repertoire consisting of vowels only. A limited number of phoneme classes are evidenced in a speech/language sample. Significant impact on reading fluency, if even measurable at all. Usually there are additional pathological or physiological problems, such as neuromotor deficits or structural deviations. Augmentative communication systems may be warranted.
FLUENCY	The individual demonstrates age-appropriate communication skills and fluency in connected speech based upon observations of student freely engaging in conversation with peers and adults. The individual does not alter communication habits.	No more than 2% atypical dysfluencies within a speech sample of at least 100 words. Dysfluencies are brief and inconsistent. No visible tension observed; secondary characteristics are absent. Disturbances in rate and/or prosody may occur but rarely interfere with communication. However, these disturbances in rate/prosody may impact reading fluency during progress monitoring. Individual rarely avoids communicative opportunities. The individual rarely makes decisions of daily life based on the possibility of stuttering.	2-4% atypical dysfluencies within a speech sample of at least 100 words. Majority of dysfluencies are less than 250 ms in duration. No tension to minimal tension; secondary characteristics are absent. Disturbances in rate and/or prosody may mildly interfere with communication and reading fluency. Individual may exhibit avoidance of communicative opportunities. The individual may occasionally make decisions of daily life based on the possibility of stuttering.	5-8% atypical dysfluencies within a speech sample of at least 100 words. Majority of dysfluencies are less than 1 second in duration. Noticeable tension and/or secondary characteristics may be present. Disturbances in rate and/or prosody may often interfere with communication and reading fluency. Individual may often choose to avoid communicative opportunities. The individual may often make decisions of daily life based on the possibi of stuttering.	9-12% atypical dysfluencies within a speech sample of at least 100 words. Majority of dysfluencies are between 1-5 seconds in duration. Excessive tension and/or secondary characteristics are present. Disturbances in rate and/or prosody usually interfere with communication and reading fluency. Individual usually chooses to avoid communicative opportunities. The individual usually makes decisions of daily life based on the possibility of stuttering.	More than 12% atypical dysfluencies within a speech sample of at least 100 words. Majority of dysfluencies are greater than 5 seconds in duration. Excessive tension and/or secondary characteristics are present and interfere significantly with communication. Disturbances in rate and/or prosody always interfere with communication and reading fluency. The individual always chooses to avoid communicative opportunities. The individual always makes decisions of daily life based on the possibility of stuttering.
VOICE	No vocal differences are noted, or differences noted are caused by a temporary condition.	N/A	Vocal difference including hoarseness, hyper/hypo-nasality, pitch or intensity inappropriate for the individual's age is of minimal concern to parent, teacher, individual or physician. Vocal differences are not due to any temporary condition (i.e. allergy, respiratory virus, infection, short term vocal abuse or puberty). Medical referral may be warranted subsequent to a voice screening.	Vocal difference including hoarseness, hyper/hypo-nasality, pitch or intensity inappropriate for the individual's age is of some concern to parent, teacher, individual or physician. Vocal differences are not due to any temporary condition (i.e. allergy, respiratory virus, infection, short term vocal abuse or puberty). Medical referral may be warranted subsequent to a voice screening.	Vocal difference including hoarseness, hyper/hypo-nasality, pitch or intensity inappropriate for the individual's age is of significant concern to parent, teacher, individual or physician. Vocal differences are not due to any temporary condition (i.e. allergy, respiratory virus, infection, short term vocal abuse or puberty). Medical referral likely warranted subsequent to a voice screening.	Speech is largely unintelligible due to aphonia or severe hypernasality. Extreme effort is apparent in production of speech. Vocal differences are not due to any temporary condition (i.e. allergy, respiratory virus, infection, short term vocal abuse or puberty). Medical referral likely warranted with/without a voice screening.

Exemplary School Award Revision Proposal

Current qualifications (from ISHA's website)

Exemplary School Award

The Exemplary School Award is awarded:

- To give visible recognition to outstanding speech-language or audiology programs in the Illinois schools and/or to ISHA professionals involved in exemplary school initiatives in Illinois.
- To promote and share quality professional programs with colleagues in the schools state-wide, and to motivate individuals and departments to enrich their own programs.
- To highlight our profession in the media for positive public relations with the citizens of Illinois, thereby strengthening public support for improving school programs.

How to nominate

Directions for Nominating a Colleague and Nomination Application, ISHA's Website

Process and Propose New Language

Licensure

Review - You must have applied or be licensed by IDFPR in order to practice in the school setting in the state of Illinois.

Resources www.isbe.net/Pages/Educator-Licensure.aspx
<http://www.idfpr.com/profs/SpeechLangAudio.asp>
www.ishail.org/Frequently-Asked-Questions-1

Fulfilling Continuing Education Requirements (teaching PEL or non-teaching PEL)

2014 Credentials and Requirements for School-Based SLPs, SLP/Auds, and SLPAs

GROUP	**Professional Educator License (PEL)	IDFPR	CCCs	CE Requirement	*Fulfills IDFPR (20/2 yrs)	*Fulfills CCCs (30/3 yrs)
SLP	Teaching (formerly Type 03/09/10)	Yes	Yes	120 hrs/5 yrs	Yes	Yes
SLP	Teaching (formerly Type 03/09/10)	Yes	No	120 hrs/5 yrs	Yes	N/A
SLP	Teaching (formerly Type 03/09/10)	No	No	120 hrs/5 yrs	N/A	N/A
SLP	Non-Teaching (formerly Type 73)	Yes	Yes	20 hrs/2 yrs	Yes	Yes
SLP	Non-Teaching (formerly Type 73)	Yes	No	20 hrs/2 yrs	Yes	N/A
SLP	Non-Teaching (formerly Type 73)	No	No	120 hrs/5 yrs	N/A	N/A
SLP + Aud.	Teaching (formerly Type 03/09/10)	Yes	Yes	120 hrs/5 yrs		Yes
SLP + Aud.	Teaching (formerly Type 03/09/10)	Yes	No	120 hrs/5 yrs		N/A
SLP + Aud.	Teaching (formerly Type 03/09/10)	No	No	120 hrs/5 yrs	N/A	N/A
SLP + Aud.	Non-Teaching (formerly Type 73)	Yes	Yes	40 hrs/2 yrs	Yes	Yes
SLP + Aud.	Non-Teaching (formerly Type 73)	Yes	No	40 hrs/2 yrs	Yes	N/A
SLP + Aud.	Non-Teaching (formerly Type 73)	No	No	120 hrs/5 yrs	N/A	N/A
SLPA	N/A (ISBE does not govern)	Yes	N/A	10 hrs/2 yrs	Yes, for SLPA req.	N/A

* Some CPDUs do not = CEUs and may not count toward IDFPR/CCC requirements (eg. meetings at school).

**If an SLP holds a PEL (Teaching) and may, in the future, consider becoming an administrator/principal, he/she is strongly encouraged to maintain the "teaching" license. The change will be irreversible.

NEW RULES FOR RENEWAL LANGUAGE TARGET DATE 7/2014.

Additional Information:

1. ISBE does not govern over private schools. Therefore, continuing education requirements for SLPs in private schools will be based on requirements for IDFPR licensure and/or CCCs.
2. At this time, there are no known limits on group sizes for those with PEL (non-teaching).

Medicaid Provider Notice

On October 18, 2016, **Clarification Regarding Record Requirements for Therapy Services in Individualized Education Programs (IEPs)** was released by the Illinois Department of Healthcare and Family Services (HFS).

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn161018b.asp>

Questions should be directed to the School-Based Health Services Program in the Bureau of Program and Policy Coordination at 217-782-3953.

Medicaid Billing in the Schools

1. The written referral specifies a need by making a recommendation for speech and language services, but the rendering practitioner, not the referring practitioner determines the diagnosis, frequency and duration of services to be provided.
2. Referrals for speech and language services can be made by a physician or other licensed practitioner of the healing arts acting within the scope of practice. Examples of other licensed practitioners that can refer speech services in the school setting include, but are not limited to, physician assistants, advanced practice nurses, clinical psychologists, speech-language pathologists or individuals with a Professional Educator License (PEL) endorsed in School Psychology or Speech Language Pathology.

Medicaid Billing in the Schools, continued...

3. The referral of services provided in the school setting are subject to provisions of the Health Care Worker and Self-Referral Act (225 ILCS 47/1).
4. The prescription/order or referral is required prior to services being rendered and must be updated annually.
5. The written prescription/order/referral must be included in the student's file and be made available to the Department upon request.
6. Neither the attendance sheet from the IEP meeting nor the signed IEP itself satisfies the requirement for a written prescription/order or referral.

Medicaid Update: Most Frequent Question

- 1) The provider notice states: “The referral of services provided in the school setting are subject to the provisions of the Health Care Worker and Self-Referral Act.” As mentioned above, there is no different application of the Act in the case of referrals made in a school setting. It is clear that the Department wants the protection that a self-referral prohibition may offer.
- 2) Further evidence that self-referral is not allowed can be found in another provision of the provider notice, which states that the rendering practitioner, not the referring practitioner, determines the diagnosis, frequency and duration of services to be provided. The involvement of 2 practitioners in the process precludes self-referral.

The Impact of this Change to your Practice

- Creation of new referral forms within your district / cooperative
- Sending information home to parents to share with physicians
- Tracking referral returns
- Annual updates of referral form and storage/access of signed referrals
- Ensuring you have referral before billing Medicaid

Illinois Speech and Audiology Practice Act

Found at:

www.ilga.gov/JCAR/AdminCode/068/06801465sections.html

Originally effective in 1989

Renewal Language is being determined by a committee in 2017

Where is the Licensure Act Found?

TITLE 68: PROFESSIONS AND OCCUPATIONS

CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1465 THE ILLINOIS SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY PRACTICE ACT

www.ilga.gov/JCAR/AdminCode/068/06801465sections.html

Areas of Focus in the Current Act

[Section 1465.10 Application for Licensure Under Section 7 of the Act \(Repealed\)](#)[Section 1465.20 Approved Programs](#)

[Section 1465.30 Professional Experience](#)

[Section 1465.35 Supervision](#)

[Section 1465.36 Evaluation and Management Related to Speech-Language Pathology and Audiology](#)

[Section 1465.40 Application for Licensure](#)

[Section 1465.41 Temporary License](#)

[Section 1465.45 Jurisdiction](#) [Section 1465.50 Examination](#)

Areas of Focus in the Current Act, continued...

[Section 1465.60 Endorsement](#)

[Section 1465.70 Renewal](#)

[Section 1465.75 Fees](#)

[Section 1465.80 Restoration](#)

[Section 1465.85 Continuing Education](#)

[Section 1465.90 Granting Variances](#)

[Section 1465.95 Professional Conduct Standards](#)

ASHA's "I Contribute" Campaign

- The ASHA SEAL "I Contribute" Campaign, developed in 2014 by SEAL champions in Wisconsin, funded by an ASHA grant.
- Major advocacy effort. Aligns with ASHA's PACE (Performance Assessment of Contributions and Effectiveness).
- SEALs Champions ppt available; appropriate to present to SLP teams.
- After March 4th, a video webinar will be available and will offer CEUs.
- A Toolkit is available to aid reflection; will be updated after March 4th.
- The CHALLENGE!!!

Contact Us

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