

Schools Caucus Results 2009

On March 7, 2009, over 175 school SLPs and audiologists attended the annual Schools Caucus at the OSLHA Convention. The following issues were addressed and recommendations made:

Issue #1: Medicaid Schools Program (MSP)

Background Information was presented by Dana Jancik and included the following:

- The Medicaid Schools Program (MSP) is a collaborative effort between the Ohio Department of Jobs and Family Services (ODJFS) and the Ohio Department of Education (ODE) to allow schools to become Medicaid providers of skilled therapy and other specified services using a “fee for service” model.
- Districts can bill for direct services (not indirect) for PT, OT, SLP, audiology, nursing mental health and transportation services.
- In December, 2008, OSLHA members from the schools were surveyed about their concerns about the proposed rules and testimony was presented about these concerns.
- In February, 2009, the MSP rules were passed in order to meet the March 1 deadline for maximum school reimbursement.
- Currently, discussions are being held between ODJFS and stakeholders, including OSHGAC, to amend/clarify the rules, i.e. wording, codes, etc.
- These concerns and questions have been discussed at these meetings:
 - ✓ Need for prior authorization and parental consent:
 - Each district must determine how consent is received, i.e. Medicaid application vs. a handout.
 - Prior authorization for use of minutes exceeding that written on the IEP would need to be sought by the district, not the SLP/audiologist.
 - ✓ Need for certification/licensure to bill (i.e. SLP interns)
 - ✓ Need to broaden eligible reimbursable services: codes are being reviewed.

- ✓ There are many billing questions:
 - Services provided and reimbursed in the schools by Medicaid do not overlap with services from “outside” agencies. Both types of services can be billed.
- ✓ There is concern about the amount of paperwork required to bill.
- ✓ There needs to be clarification of terminology and wording, i.e. “medical necessity”, “plan of care”:
 - ODE and ODJFS are working on a guidance manual to address all aspects related to billing.
 - Plan of care is covered by the new IEP. A separate document is not required.

Cauc Caucus Discussion and Suggestions:

1. 1. Service providers should not be required to do documentation for “back-billing”:
 - To contrive documentation for billing sessions from past years is fraudulent and unethical.
 - This retroactive documentation will be very time-consuming for the service provider.
2. Documentation for billing for Medicaid is an additional workload burden.
 - Some districts give a stipend to service providers for doing the extra documentation for Medicaid.
 - Service providers should advocate at the grassroots district level for stipends for this extra workload.
 - Service providers should advocate at the grassroots district level for clerical support to help with documentation required for Medicaid billing.
 - Service providers should advocate at the grassroots district level for extra calendar time to do the documentation for Medicaid billing, i.e. 4 days per year.
 - The paperwork required for billing takes time away from service to students.

- OSLHA should advocate for service providers to ODE to reduce the caseload cap and decrease this extra paperwork.
- Eliminate the redundancy required for documentation for Medicaid billing, i.e. initialing every session, signing every page, documentation for every child whether they are Medicaid eligible or not.
- There should be state guidelines for district administrators to give the time and/or compensation and/or clerical support for Medicaid documentation.
- Service providers should use the Medicaid documentation form as their planning/progress/data collection form to avoid duplication of paperwork. This form is filled out during each student's session.
- Service providers should have a list of Medicaid eligible students on their caseloads so that they only provide documentation for that select group rather than their entire caseload.
- OSLHA should publish the procedures used by Toledo City Schools to achieve a \$2000 stipend for service providers doing Medicaid documentation.
- OSLHA should advocate for reduced caseloads, stipends and/or extra contract time for service providers to do Medicaid documentation, and clerical support to help with this extra documentation/billing.

Issue #2: Salary Supplements for SLPs and Audiologists with the CCC's/National Certification

Background Information presented by Gloria Roth and Jean Smith and included the following:

- In October, 2008, the Ohio Speech & Hearing Governmental Affairs Coalition (OSHGAC) agreed to advocate for supplements for SLPs and audiologists with their CCC's to match the supplements given to National Board-certified (NBPTS) teachers.
- In January, 2009, Kelly O'Reilly, OSHGAC lobbyist, met with ODE and then with OEA about this matter. She met opposition from OEA because of the following:
 - ✓ Maryland State Dept. of Education "Commission to Explore the Expanded Application of State Stipends for National Certification of Teachers" concluded that national certification for PTs, OTs and SLPs did not meet the conditions required for NBPTS.

- ✓ National Board-certified teachers have more rigorous requirements than those required for CCC's.
 - ✓ NBPTS requires more experience and reflection on performance by the teacher candidate than ASHA does.
 - ✓ ASHA CCC's seem more comparable to the Ohio Professional Educator License.
 - ✓ ASHA's Clinical Specialty Recognition seems more comparable to the NBPTS certification.
 - ✓ SLPs should consider meeting the requirements for the NBPTS "Exceptional Needs Specialty Certificate" for Mild-Moderate Disabilities, Deaf and Hard of Hearing, or Moderate to Severe Disabilities.
- In February, 2009, a survey of OSSPEAC and OSLHA school members yielded these results:
 - ✓ 548 school SLPs and audiologists responded
 - ✓ 96% of the respondents were employed in Ohio schools
 - ✓ 72% of these respondents had their ASHA CCC's
 - ✓ 7% (34 SLPs) currently received supplemental compensation/stipends from their district
 - ✓ 11 respondents indicated they had ASHA Clinical Specialty Recognition:
 - 9 in the area of Child Language
 - 1 in the area of Hearing
 - 1 in the area of Swallowing Disorders
 - ✓ 87% of the respondents indicated they are paid on the same salary schedule as teachers in their district
 - ✓ 72% of the respondents said they are members of a local teacher union
 - 83.3% of these are affiliated with the Ohio Education Association
 - 16.6% of these are affiliated with the Ohio Federation of Teachers
 - In February, 2009, the proposed state budget indicated removal of stipends for NBPTS-certified teachers. Because of this, OSHGAC decided to discontinue efforts

for stipends for CCC's at this time with the promise to resume these efforts if this money is returned to the state budget.

- Jean Smith continues to provide advocacy resources to SLPs and audiologists who want to advocate at the grassroots/district level for stipends for CCC's. These resources include:
 - ✓ Sample letters to school administrators and local bargaining units.
 - ✓ Data and survey results.
 - ✓ Comparison tables.
 - ✓ Web resources and success stories

Jean Smith can be contacted at jeanbwt@aol.com or 419-901-0816.

Caucus Discussion and Suggestions:

- Ideas for grassroots efforts and success stories should continue to be shared by OSLHA.
- OSHGAC should advocate for money from the federal stimulus package to be used for these stipends.
- OSHGAC should advocate for improved school funding.
- OSLHA should collaborate with ASHA for advocacy for stipends for CCC's.
- ASHA dues should be paid for SLPs and audiologists if stipends cannot be paid.
- SLPS and audiologists should be on an administrative pay scale like many psychologists.
- Stipends for CCC's is a very important recruitment and retention issue.
- OSLHA should continue to inform members about ways to advocate for stipends at the district level including success stories from various Ohio districts and other states.

Issue #3: Pediatric Interagency Collaboration (PIC) Committee

Background Information was presented by Ann Slone:

- There are many reasons it is difficult for SLPs in hospitals, private practices, speech and hearing centers to collaborate with SLPs in the school and I&DD settings:
 - ✓ Medically complex children are being served in multiple settings.
 - ✓ Evaluation/treatment parameters vary from setting to setting.
 - ✓ Prescriptive reports are often written by hospitals, private SLPs, etc. that do not match the needs of the child in the schools.
 - ✓ Many providers of information often do not align among settings.
 - ✓ Non-specific, conflicting information often is reported in the various settings.
 - ✓ Each setting has unique demands and eligibility standards.
 - ✓ An “ivory tower complex” is often perceived in the hospital/private SLPs.
 - ✓ Parent reports/expectations often cause miscommunication among settings.
 - ✓ Missing and misinformation cause difficulty working together.
 - ✓ Turf issues undermine professional trust among SLPs within various settings.
- In southwest Ohio, there have been some strides made toward solutions for these problems in the areas of Communication, Best Practice, and Expectations:

COMMUNICATION	BEST PRACTICE	EXPECTATIONS
Family Information Sheet	Collaborative Observations	Streamlined Service Delivery
E-mail Lists	Collaborative Treatment Plans	Interagency/Professional Collaboration
Collaborative Treatment Plans	IEP Goal Consensus	Trust First
Shared Observations	Collaborative Professional Development	CCHMC Policy
Weekly Progress Notes	Collaborative Apraxia Study Group	
Communication Journals	Fluency Friday Plus	

Phone Conferencing		
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- OSLHA has formed a Committee to promote this collaboration among SLPs who serve children around the state. The committee is referred to as the Pediatric Interagency Collaboration (PIC) Committee.
- The committee met Friday, March 6, for the first time.
- The committee includes representatives from health care, non-profits, I&DD, private practice and schools.
- A liaison was chosen from each of these groups. Judy Graf is the liaison from the school group.
- A listserv is formed to include all interested members.
- Suggestions are being sought from each Caucus about what this committee can do to promote collaboration around the state.

Cauc Caucus Discussion and Suggestions:

- Families need to understand the differences between school based and hospital/clinic based services.
- If school districts have difficulty finding service providers for Extended School Year (ESY) services, they could contract with private agencies to fulfill some of these needs.
- Since each region is so different, the PIC Committee should have one representative from each region in Ohio (SST regions) to represent the schools, hospitals, private practices, etc.
- Specialists from the hospitals or private practices who specialize in specific disorders or types of children could serve as consultants to school districts and provide in-service to the districts in their region.
- School SLPs could provide in-service to private/hospital SLPs about common practices in the schools, i.e. RtI, evaluation/IEP requirements, etc.
- OSLHA could organize a speakers list for the various regions in the state with specialists who are willing to present on various topics of specialty.
- Hospitals and schools could share reports electronically given parent permission.
- Hospital SLPs could provide training to school SLPs regarding medical issues including trachs, TBI, cleft lip/palate, etc.
- There needs to be an understanding by SLPs in all settings about the various eligibility standards for receiving services.
- OSLHA could establish a list of agencies by region that provide S/L services to children.

Other Issues Written on Participant Input Forms at the Schools Caucus:

1. OSLHA should lobby for funding from the stimulus packages coming to Ohio for Assistive Technology Devices for individual students (like the old ATIP grants. Some of this money was to be used for help with increasing federal funding for special education.
2. OSLHA should continue to work on reducing the caseload/workload of SLPs in Ohio.