A Guide to Medicaid Reimbursement for Online Speech Language Pathology Services in Schools

By: Melissa Jakubowitz, CCC-SLP, ASHA Fellow, Vice President of Clinical Services for PresenceLearning
Executive Summary

Right now, three to four million students with special needs require school-based services such as speech-language therapy as specified on their individual education programs (IEPs). These services are applicable to a variety of disorders from common articulation difficulties to those on the autism spectrum to other more severe disorders including apraxia, Down Syndrome and cerebral palsy.

However, there is not equitable access to speech-language pathologists (SLPs) for children in our country, particularly in urban, rural, and low-income districts. As many as 350,000 disabled students who require these services go completely without, and even more go underserved. This lack of access combined with ever-tightening school budgets put these already vulnerable students at even higher risk of academic and social failure with lifelong consequences.

Due in part to this lack of support and access to qualified professionals, special education students drop out at twice the rate of their general education peers. The impact on the lives of these students is incalculable, and so is the fiscal cost for states. Each additional dropout costs $290,000 in incremental social services costs, not factoring in the tragic yet all to common costs of incarceration for this at-risk population.

It is imperative for school districts, which are legally obligated through the Individuals with Disabilities Education Act (IDEA) to provide services, to find equal and effective alternatives, or risk falling out of compliance. Telepractice — the online delivery of therapy services — is one such option. Telepractice is not a new type of therapy. Rather, it is a new mode of service delivery for an existing reimbursable service and is recognized as such by CMS, the American Speech-Language-Hearing Association (ASHA), and others.
More than 40 peer-reviewed research studies have shown the effectiveness of telepractice and it is has been endorsed by the Mayo Clinic and supported by ASHA. **Yet, most of the states around the country lack Medicaid reimbursement for telepractice even though federal funds are available for this purpose.** In fact, 10 states (California (pending), Colorado, Maine, Michigan (pending), Minnesota, North Dakota, New Mexico, Ohio, Oregon, and Virginia) reimburse for speech services provided by a telepractice delivery model. CMS has already approved this treatment method and established coding procedures, so, in most cases, states simply have to clarify the proper treatment of this mode of service delivery to schools and billing agencies.

It is easier than you might think to allow reimbursement for the online delivery of speech therapy. This guide provides a blueprint for states to follow to actually make this change, with no impact to their budgets.

—Melissa Jakubowicz
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Here are the facts:

• Three to four million students with special needs require school-based services such as speech-language therapy services, as specified on their IEPs.

• There is a persistent nationwide shortage of speech-language pathologists (SLPs) willing to work in schools.

• Roughly 10,000 job openings for these highly sought-after professionals in school districts go unfilled annually, as SLPs either leave high stress jobs in the schools for lifestyle reasons or choose more lucrative positions outside of education. Many districts advertise for SLPs but receive no applications or interest from contractors.

• As a result, an estimated 350,000 students with special needs are unserved and even more are underserved, especially in urban, rural, and low-income school districts.

• Lack of speech-language therapy can prevent students from acquiring the foundational reading, writing and communication skills that enable access to every other curriculum area.

• Over 40 peer-reviewed research studies show that telepractice delivery of SLP services can be as effective as in-person, onsite therapy. Telepractice has been endorsed by the Mayo Clinic since 1997 and supported by the American Speech-Language and Hearing Association (ASHA) since 2005.

• Thousands of fully licensed, highly experienced SLPs are willing to work as tele-therapists with flexible hours for lifestyle reasons.

The Facts About Online Delivery of Speech Therapy

The lack of Medicaid reimbursement for telepractice services is a significant impediment for many schools and districts to provide adequate services for their students with special needs, especially in underserved rural and urban areas.
The technology and infrastructure needed for telepractice is inexpensive and widely available.

Many K-12 students (especially middle and high school students) prefer receiving therapy online—and make faster progress online with greater engagement.

Hundreds of public, virtual and charter schools are choosing to use telepractice as a way to relieve high caseloads, serve their students better, and stay in compliance with federal IDEA mandates.

Thousands of students are being successfully served online.

However, lack of Medicaid reimbursement for telepractice services is a significant impediment for many schools and districts to provide adequate services for their students with special needs, especially in underserved rural and urban areas.

When students do not receive the therapy they need, the consequences are severe not only for academic progress, social inclusion, and life after school, but also for districts. Schools that cannot provide adequate services fall out of compliance with the Individuals with Disabilities Education Act (IDEA) of 1997.

Telepractice is often the only option for rural and urban schools, which are still required to provide speech therapy by law even if they cannot find a local provider. However, a lack of Medicaid reimbursement for telepractice means that these schools effectively pay more for the same services than their urban peers, who have easier access to speech therapists. As a result, these schools are raising significant issues related to the equity of current Medicaid reimbursement policies. In states as diverse as New Mexico, Ohio, and Virginia, special education leaders have successfully petitioned for reimbursement.

Incremental funding for speech therapy delivered online is available from the federal government that your state is not receiving, but it is possible to access this money and to help districts and students in your state.
Online speech therapy is not a new service, but simply a modality of delivery for a service that is already approved by CMS and reimbursed by Medicaid for schools in 10 states.

The Basic Blueprint to Approving Reimbursement in Your State

It is important to keep in mind that online speech therapy is not a new service, but simply a modality of delivery for a service that is already approved by CMS and reimbursed by Medicaid for schools in 10 states. State-licensed and credentialed speech-language pathologists provide services to students using the same methods and materials that they would if meeting together in a school. There is no difference in the therapy provided, as recognized by ASHA and others.

In fact, CMS already includes an approved modifier to the CPT code for speech therapy for delivery via telepractice.

So what do states need to do to take advantage of this funding for students? There are four main steps.

1. **Speak to the stakeholders who can offer insight and support and who are affected by the change.** Build consensus for this change, and remember that the key is to ask why telepractice reimbursement is not currently allowed, instead of whether everyone supports telepractice in all instances. Telepractice is simply a new mode of service delivery and exists to supplement and compliment existing services. This guide provides discussion points relevant stakeholders, including:
   - ASHA
   - The state licensing board for SLPs
   - Special education directors in your state’s districts
   - The person in your state Department of Education responsible for special education services and/or child health programs for schools
2. Be aware that your state may need to adapt the modifier to represent telepractice services for analysis purposes to differentiate and compare onsite and telepractice services. However, in most states, there is no change required to the State Plan Amendment (SPA) unless there is explicit wording within the SPA that says telepractice is reimbursable in all settings except schools. Indiana, for example, is one such state.

3. Consult with your state-level billing agents on the best way to document the service to ensure program integrity.

4. Issue a letter of policy clarification. A sample is provided in Appendix A.

Medicaid reimbursement for speech therapy telepractice in schools is budget neutral because there is no state match required in the Medicaid program for schools. The funding is a pure pass-through from the Federal Government, as the money schools spend on staffing is already considered the state match.

Who Reimburses for Telepractice?

The following states reimburse for the online delivery of speech therapy:

California (pending)
Colorado
Maine
Michigan (pending)
Minnesota
North Dakota
New Mexico
Ohio
Oregon
Virginia

Private health insurance reimburses for the online delivery of speech therapy in the following states:

California
Colorado
Georgia
Hawaii
Kentucky
Louisiana
Maine
Maryland
Michigan
New Hampshire
Oklahoma
Oregon
Texas
Vermont
Virginia
Constructing the Conversation: Stakeholders and Practicalities

You will have a different conversation with each stakeholder involved in or affected by Medicaid reimbursement for speech therapy delivered online in schools. The ultimate goal is an informed consensus across stakeholders that this is a positive and necessary change that benefits students, districts, SLPs, and the state alike. This section outlines the conversations you will have with various stakeholders and the outcomes you can hope to achieve.

Common Objections

Following are a number of common objections you may hear as you communicate with stakeholders. Again, remember, you are not asking all stakeholders approve telepractice for use in all cases. Rather, you are building a consensus that there is no reason reimbursement should not be available for telepractice.

<table>
<thead>
<tr>
<th>Objection</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>But this is a new service!</td>
<td>Online delivery of speech therapy services (telepractice) is not a new service, just a new modality of delivery and is recognized as such by ASHA and CMS, among others.</td>
</tr>
<tr>
<td>Objection</td>
<td>Response</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>This will cost me money.</td>
<td>Medicaid reimbursement for speech therapy telepractice in schools is budget neutral because there is no state match required in the Medicaid program for schools. The funding is a pure pass-through from the Federal Government, as the money schools spend on staffing is already considered the state match.</td>
</tr>
<tr>
<td>Won’t this take away jobs?</td>
<td>Telepractice is an accepted and effective supplement to help fill shortages and gaps of SLP resources in schools. It also offers additional career opportunities to SLPs.</td>
</tr>
<tr>
<td>What research supports telepractice?</td>
<td>More than 40 peer-reviewed research studies support speech therapy delivered via telepractice. The Mayo Clinic has endorsed it since 1997 and the American Speech-Language and Hearing Association (ASHA) has supported it since 2005.</td>
</tr>
<tr>
<td>But this will flood the state with under-qualified professionals.</td>
<td>This is false. SLPs still need a state license to operate via telepractice.</td>
</tr>
<tr>
<td>Why do I need to do anything about this now?</td>
<td>As the rates for developmental and learning disabilities continue to rise, schools face ever increasing needs to provide services. Schools are already struggling to meet their special education mandates, resulting in large legal costs and the most vulnerable students falling further behind. This change gives schools equity of access to qualified therapists, helps alleviate costs, and provides students with the support they need to be successful learners.</td>
</tr>
</tbody>
</table>
Schools don’t have the technology for this.

The vast majority of schools do have the technical infrastructure to support telepractice. Outside of a computer and internet access, the only equipment necessary is a headset and a webcam, both of which are affordable.

I need to figure out my telepractice policy first.

This is a narrow change already allowed by the federal Medicaid program.

**ASHA**

Before you communicate with other stakeholders, familiarize yourself with the American Speech-Language-Hearing Association’s (ASHA) position on telepractice. ASHA does not see telepractice as a separate or diminished service, but rather a different mode of delivery for the same service. Following are the organization’s primary points:

- Telepractice is an appropriate model of service delivery for audiologists and speech-language pathologists.

- Practitioners who provide service via telepractice abide by the ASHA Code of Ethics, including Principle of Ethics II, Rule B, which states, “Individuals shall engage in only those aspects of the profession that are within their competence, considering their level of education, training, and experience” (ASHA, 2010).

- The client’s location determines the site of service, and the practitioner must be licensed in that state.

- Due to shortages or the maldistribution of clinicians, schools are the most common setting for telepractice.

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1 Source: [http://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/](http://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/)
• Numerous research studies detail the effectiveness of telepractice as a service delivery model.

• Parents, clients, and clinicians are all satisfied with telepractice.

• Clinicians are bound by the same federal and state regulations with telepractice as they would be onsite.

**Working with ASHA:** Do let ASHA know that your state is working on clarifying reimbursement for telepractice in schools. ASHA can let you know which states are also working on this and where reimbursement is already occurring.

For more information, contact R. Wayne Holland of the ASHA Health Care Economics Committee: WHolland@stamfordct.gov.

**State Licensing Board**

Currently, no state prohibits telepractice, but be sure to contact your state licensing board for Speech-Language Pathologists to confirm that there is no ban on these services. When checking with the board, keep in mind the following points:

• **Telepractice benefits students in the state.** It allows them access to services that they might not otherwise have at all. The flexibility of telepractice also means greater participation: sessions can be scheduled at the convenience of students’ and schools’ schedules, and can be rescheduled in the event of absence or changes in the school schedule (such as for a field trip). Students receive more individualized attention, and can be matched with a specialist or a bilingual or culturally diverse SLP when needed. Students report high satisfaction with telepractice, and even skeptical parents support it when they see their child’s engagement and progress.

• **Telepractice is good for the profession.** There are those who are concerned that telepractice can take away jobs. This is absolutely not the case, and in fact telepractice actually enhances options for SLPs in many ways. First and foremost, telepractice can help to reduce high caseloads. While ASHA recommends a maximum of 40 caseloads for a clinician, the average caseload of an SLP is 50. High caseloads contribute to poorer service for students.
and to burnout and turnover within the profession. Telepractice also eliminates travel time. School-based SLPs often spend an inordinate amount of time simply traveling between school sites. And finally, telepractice opens up more career options for SLPs in the state, and allows SLPs, including stay-at-home parents and retirees, the option to work at home.

- **Ensure there is no prohibition on telepractice in the state.** Affirm that ASHA does not see telepractice as a separate or diminished service, just a different mode of delivery. Knowing ASHA’s position is helpful for this conversation, and that ASHA does not consider telepractice to be a separate or diminished service at all, but just a different mode of delivery. Leverage the fact that many states defer to ASHA for the standards of practice and credentialing (Certificate of Clinical Competence in Speech-Language Pathology - CCC-SLP). States have an ongoing conversation and relationship with ASHA.

**Working with the state licensing board:** The ultimate outcome is for the state licensing board to certify that there is no prohibition against telepractice in the state. However, approach the conversation carefully and do not ask them whether telepractice is allowed, as telepractice is a mode of service delivery (like group therapy, individual therapy or the use of iPads) and nearly all licensing codes are silent on modes of service delivery.

**District Special Education Directors**

As the people on the front lines who manage special education budgets, deal with the legal ramifications of providing special education services, and who see the fallout of not being able to do so, district directors of special education are strong allies on the topic of Medicaid reimbursement. Contact your state’s Council of Administrators of Special Education (CASE) for help in reaching directors. Find special education directors who say they would use telepractice if it was reimbursed by Medicaid, and who have use a less than ideal alternative for their students because they cannot use telepractice if they are not reimbursed (for example, hiring an intern or a poorly qualified applicant, or going without services altogether). These districts are unfairly penalized because it costs them more to provide a similar level of service to other districts because telepractice is not reimbursable.
The final person to build consensus with is the person who is responsible for special education services or child health programs for schools within your state Department of Education. The are three main points to be made:

- Provide assurance that the change is budget neutral.
- Help him or her to understand the need for speech therapy telepractice (and the unfilled need for speech therapy services in general) throughout your state’s school districts.
- Provide referrals to districts that say they would use telepractice, and who have to use suboptimal alternatives because they cannot currently get reimbursed.

Working with the program director: Your goal in talking to the person in charge of special education services / child health programs in schools is to get him or her to understand the scope of the problem and to agree that reimbursement is needed.
Conclusion and Important Contacts

Language skills are key to a child’s academic achievement and to becoming a successful citizen, yet schools across the country struggle to provide the services and support to students in need. The time has come for states to ensure equity of access for speech-language pathology services delivered online by allowing Medicaid reimbursement for this mode of delivery to schools.

Though there is no “magic bullet,” this guide has provided a blueprint for doing so that has worked in other states. By executing a carefully orchestrated campaign to the stakeholders in your state, there are no major reasons why you should not be able to achieve this change.

For questions or additional information about any of the information in this guide, please feel free to contact:

- **Mark Smith**, President of the National Alliance for Medicaid in Education (NAME), Medicaid lead for the Ohio Department of Education, and lead for the Ohio Department of Education Medicaid for Schools Program: Mark.Smith@education.ohio.gov

- **Zach Male**, Director of Government Relations for MSB: zmale@msbconnect.com

- **R. Wayne Holland**, Member of the ASHA Health Care Economics Committee (HCEC) and ASHA AMA CPT Editorial Panel Advisor: WHolland@stamfordct.gov

- **Melissa Jakubowitz**, CCC-SLP, ASHA Fellow, Vice President of Clinical Services for PresenceLearning: melissa@presencelearning.com
LTCSSTL 11-15 (Providing Speech Therapy in the Medicaid School Program through Interactive Audio-Visual Technologies)
Long Term Care Services and Supports Transmittal Letter (LTCSSTL) No. 11-15

October 19, 2011

TO: Eligible Providers of the Medicaid School Program
Directors, County Departments of Job and Family Services

FROM: Michael B. Colbert, Director

SUBJECT: Providing Speech Therapy in the Medicaid School Program through Interactive Audio-Visual Technologies

This letter provides clarification of coverage of speech therapy provided by Speech-Language Pathologists through the Medicaid School Program (MSP) through interactive audio-visual technologies, commonly referred to as telehealth. Effective August 2, 2011, MSP speech therapy telehealth can be billed using Current Procedural Terminology code 92507, defined by the American Medical Association as: Treatment of speech language, voice, communication, and/or auditory procession disorder, individual; this code needs to be billed using the telehealth modifier “GT” to indicate the service was provided “via interactive audio and video telecommunication system” (e.g., 92507 GT). The purpose of this modifier is tracking and reporting only; no additional reimbursement is associated with providing speech therapy through telehealth.