Frequently Asked Questions (FAQs)
SLP Provider Information Notice
April 19, 2011

Q (1) Why was the 11/22/10 Provider Information Notice developed?

A (1) The goal of the of the 11/22/10 Provider Information Notice is to clarify current policy regarding the developmental focus of services provided by Speech Language Pathologists for children eligible for the Illinois Early Intervention(EI) program. This notice does not create new policy or procedures, but is part of ongoing Program Integrity efforts to accomplish statewide program equity, fidelity to program principles and state laws, and long-term program stability. Overtime, the Bureau will offer Provider Information Notices with clarification focusing on other Service Descriptions found in the EI Provider Handbook and qualified staff who provide services under those Service Descriptions.

Q (2) What feeding issues can be addressed by Early Intervention?

A (2) SLPs in EI may provide services for children with feeding/swallowing deficits related to sensory integration, medically stable oropharyngeal disorders and behavioral issues only. All other feeding/ swallowing deficits are medically related and should be referred to the child's primary medical physician or medical home for medical intervention.

Q (3) Are Evaluators allowed to do initial evaluations despite the stable/unstable condition of the child?

A (3) This provider information notice does not change the current evaluation/assessment process. All children referred to Early Intervention will be evaluated to determine eligibility and need for EI services. If a child is found to be medically unstable in any domain during the evaluation/assessment process, it is the responsibility of the provider to refer the child back to the primary medical physician for further evaluation and possible medical treatment.

Q (4) Will service coordinators be responsible for obtaining medical clearance/release for direct services?

A (4) Service coordinators will not be responsible for following up to obtain medical clearances or releases from physicians for Early Intervention services. It is the responsibility of a child's parent or physician to notify a child's service coordinator when a child is determined to be medically stable and direct services can begin. Medical clearance is obtained by an EI SLP from an eligible child's medical provider.

Q (5) As IFSP facilitators of the IFSP meeting, are service coordinators responsible for reviewing feeding recommendations at initial IFSPs to determine if they are medical or developmental?

A (5) Service coordinators may share the information in this provider notice with IFSP team members, including the family. Based upon this information, it is the responsibility of the IFSP team who evaluates the child to determine if the child should be referred for medical services. It is the responsibility of both the IFSP team and the service coordinator to ensure that policy and procedure identified in this notice are followed when developing functional outcomes for children with feeding issues, as well as linking EI services to those outcomes. SLP's in EI may provide feeding services for children with deficits related to sensory integration, medically stable oropharyngeal disorders and behavioral issues only.

Q (6) Who is responsible for contacting the child's physician?

A (6) The SLP should refer to the child's primary medical physician or medical home when he/she assesses the need for medical intervention.

Q (7) What should an SLP do if child already has an IFSP but is not medically stable to receive therapy for oral-motor/feeding concerns?

A (7) Again, if a SLP assesses the need for medical intervention he/she should refer to the child's primary medical physician or medical home. The SLP should notify the child's service coordinator that a referral has been made back to the child's primary medical physician and existing policies and procedure should be followed if changes to the IFSP are needed. The IFSP team must meet to make changes in functional outcomes, service intensity, frequency or duration identified on the existing IFSP if the child is determined to require medical intervention.

Q (8) Once a child is medically stable, if the child's on-going developmental delay includes difficulty with beginning oral feeding, can the child receive speech-language services through EI or should they receive speech-language services through a medical setting because the original cause of the difficulty is medical in origin?

A (8) Once the child is medically stable, he/she can receive developmentally-based speech-language services through EI. SLPs in EI may provide therapy for children with feeding/ swallowing deficits related to sensory integration, medically stable oropharyngeal disorders and behavioral issues.

Q (9) Can providers consult with a child's physician?

A (9) Yes. A provider may consult with a child's primary care physician and other specialty physicians who may be treating the child and bill for this consultation using IFSP development time. The physician must have provided medical treatment to the child within the past year.

Q (10) What is the EI definition of "medically stable" and "medically unstable"? If a child is not considered to be medically stable at the time the IFSP is written can it be written into the plan that speech services will begin once the child received clearance from the physician that they are medically stable?

A (10) "Medically stable" is the stage in a medical condition where life-threatening conditions/diseases are under control. "Medically unstable" is the stage in a medical condition where life-threatening conditions/diseases are not under control. Yes. If a child is not considered to be medically stable at the time the IFSP is written it can be written into the plan that speech services will begin once the child receives clearance from the physician that he/she is medically stable.

Q (11) Who is considered a "medical provider" as referred to in the document?

A (11) A "medical provider" is a licensed physician i.e., Pediatrician, Primary Medical Physician (PMP) or Specialist) who has provided medical treatment to the child within the past year. The physician's name does not have to be included on a child's IFSP.

Q (12) Who is responsible for obtaining medical clearance and how should it be documented? Is it necessary to go back to the doctor for an additional medical clearance prior to a 6-month or annual review? What happens when a child who has received medical clearance becomes ill?

A (12) Medical clearance is obtained by an EI SLP from an eligible child's medical provider. The SLP will document the receipt of medical clearance from the physician in his/her progress notes. In addition, the SLP will contact the child's service coordinator who will track the child's stability/instability in the child's case notes. As long as the child remains stable (i.e., unchanged from receipt of the medical clearance), the initial medical clearance remains valid. If at any time the child becomes ill and the SLP assesses the need for medical intervention, he/she should refer to the child's primary medical physician or medical home and contact the child's service coordinator regarding the child's status. The service coordinator will then monitor the child's status through his/her contacts with the family and will notify the SLP when the child's status indicates that medical clearance should be sought by the SLP from the child's medical provider.

Q (13) As an EI SLP, how do I know that what I am doing is within the scope of acceptable practice in Early Intervention?

A (13) In order to work within the scope of acceptable practice in EI, an SLP should review and understand the following sections of the EI Provider Handbook: 1) Philosophy of Early Intervention found on the Introduction page; 2) Principals of Early Intervention; 3) Important Early Intervention Policies and Procedures; 4) Speech Language Therapy and Audiology, Aural Rehabilitation and Other Related Services service descriptions; 5) Definitions; 6) Report Format; and 7) all attachments. In addition, SLP's should review the American Speech-Hearing Association's (ASHA) documents on Early Intervention which includes "Roles and Responsibilities of Speech-Language Pathologists in Early Intervention: Guidelines" and other ASHA EI Position Statements.

Q (14) If Early Intervention services are only developmentally based, why is it necessary to bill insurance for services, knowing that insurance will only pay for "medically necessary services"?

A (14) Federal dollars received by states for early intervention are considered by Part C of IDEA to be "payor of last resort." Part C (303.527(a)) states that "funds under this part may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source." This means that each state must identify and coordinate all available resources within the State. The Early Intervention Services System Act 325 ILCS 20/13(c) states that "Public or private source" includes public and private insurance coverage." Accessing a family's insurance and Medicaid allows our state to find and serve all eligible children as required by Part C.

Q(15) Service Delivery: Can a Speech Therapist provide evaluations for feeding and speech services for the same child?

A (15) Yes. A speech therapist would have one authorization for a speech evaluation and should address both issues in the evaluation report. SLPs in EI may provide therapy for children with feeding/swallowing deficits **related to sensory integration, medically stable oropharyngeal disorders and behavioral issues only**. All other feeding/ swallowing deficits, including "Failure to Thrive", which may be secondary to sensory integration or behavioral issues, are medically related and should be referred to the child's Primary Medical Provider (PMP) or medical home for medical intervention.

Q (16) When SLPs recommend a video swallow study do they have to wait for the results before proceeding with treatment?

A (16) Yes. If the findings are not within normal limits (WNL), the child should be referred to his/her medical provider for medically- based treatment until the condition is stable.

Q (17) Will there be differentiation between organic and non-organic "Failure to Thrive"?

A (17) No. There is no differentiation. SLPs in EI may provide therapy for children with feeding/swallowing deficits **related to sensory integration, medically stable oropharyngeal disorders and behavioral issues only**. All other feeding/ swallowing deficits, including "Failure to Thrive," which may be secondary to sensory integration or behavioral issues, are medically related and should be referred to the child's Primary Medical Provider (PMP) or medical home for medical intervention. SLPs should assess children for risk of aspiration, breathing difficulties, neurological or gastrointestinal distress and report these issues to the PMP or medical home immediately. Once these deficits become medically stable, EI services may be appropriate.

Q (18) What about the feeding concerns associated with conditions that make children automatically eligible, such as cleft palate?

A (18) Children who have medical conditions that make them automatically eligible for EI services may receive developmentally-based EI services when they are medically stable. SLPs in EI may provide therapy for children with feeding/swallowing deficits **and related to sensory integration, medically stable oropharyngeal disorders behavioral issues only**. All other feeding/swallowing deficits should be referred to the child's medical provider for medical treatment/management.

Q (19) If a child who has a history of aspiration is tolerating a modified diet that is considered safe, can the child be seen for oral motor feeding therapy through EI? If so, can the therapist through EI advise to change the child's diet to assess safety or does the child need to be referred back for medical intervention?

A (19) When a child receives medical clearance from his pediatrician/PMP and is consuming a diet with no dietary restrictions, EI speech therapy services may begin. Diet recommendations/ changes are only ordered by Medical Providers.

Q (20) If a NICU graduate is referred for feeding services upon discharge from the unit due to immature feeding skills, can a speech therapist through the EI program provide parent education on feeding techniques and periodically assess the child's development of more mature/age-appropriate feeding patterns?

A (20) NICU graduates with this level of feeding skills should receive medically-based services until feeding skills and general condition are medically stable. EI SLP services may begin upon receipt of medical clearance. SLPs in EI may provide therapy for children with feeding/swallowing deficits **related to sensory integration, medically stable oropharyngeal disorders and behavioral issues only**. All other feeding/swallowing deficits should be referred to the child's medical provider for medical treatment/management.

Q (21) Can we get specific examples of children who would be considered not appropriate for feeding therapy within Early Intervention?

A (21) Please refer to pages 3 and 4 of the November 22, 2010 Early Intervention Speech Language Pathology Provider Information Notice.

Q (22) Are Illinois hospitals and doctors being educated about the policy changes so they will know not to discharge kids from hospital based speech/feeding therapy if they are not appropriate for services from EI?

A (22) There have been no changes taking place in EI. The Provider Information Notice is clarification of EI's developmental focus. Child and Family Connections offices will be communicating with area hospitals regarding EIs developmental focus as part of their ongoing community outreach. The Coordinating Care Between Early Intervention and the Primary Care Medical Home Project is educating primary care physicians regarding EIs developmental service focus.

Q (23) Does EI have a specific definition of an oropharyngeal disorder? Does a child who is medically stable, with developmental delays and an oropharyngeal impairment qualify to receive EI services?

A (23) The clinical definition of "Oropharyngeal" is "pertaining to the mouth and the part of the throat between the mouth and the voice box", or most commonly known as the area at the back of the throat. SLPs in EI may provide therapy for children with feeding/swallowing deficits related to sensory integration, medically stable oropharyngeal disorders and behavioral issues only.

Q (24) Is a NICU graduate who has history of hypoxia/anoxia or aspiration and is medically stable eligible for EI services?

A (24) EI does not pay an SLP to provide services to a child who is **medically unstable**. Children with speech deficits that are considered medical may receive EI services once they are medically stable.