

El Professional Issues 2024

**Facilitator: Kelly Caldwell,
MA, MS, CCC-SLP**

Summary and Learning Objectives

Due to challenges that early intervention therapy providers are facing, information will be presented and discussed related to current **legal and regulatory policy** and related topics that impact **program integrity** and child and family **outcomes** in early intervention. This session will provide information on licensing, scope of practice, ethical service provision, multi-disciplinary assessment, and formulating a pathway for program change in early intervention. All attendees will be invited to participate in discussions that will be helpful in a joint therapy advocacy effort in 2024.

1. Participants will participate in creating a pathway for advocating for program change in early intervention
2. Participants will be able to define the legal scope of practice for EI service providers
3. Participants will be able to list components of professional licensure in South Carolina and the effect of licensure on service provision.

Agenda and Interactive Discussion Rules

7:00 pm - 7:40 pm

Current policy on **personnel certification** and discussion

7:40 pm-8:30 pm

Current policy on **multidisciplinary assessment** and discussion

Rules

No recording

No screenshots of the chat - we can email out any material you'd like to save

These are discussions, not final products or recommendations to DHHS ... yet!

Feedback in an asynchronous format is welcomed - please contact your SCSHA committee chair or SCOTA, APTA-SC association leader.

SCSHA: Andi Lary or Katrina Tompkins (BabyNet), Carrie Hinnant (Reimbursement)

EI advocacy 2021-2024

Work done from 2021-2022 focused on collecting provider information and becoming knowledgeable about EI policy and procedures in SC

Oct 4, 2022 EI town hall

March 10, 2023 Therapy Coalition meeting with DHHS policy directors about BabyNet

June 1, 2023 new DHHS EI manual published

Notable Facts...

Annual Part C budget for SLP is twice as high as OT and PT combined

Nationally (2018-2020) males are served more than females in the Part C program

2018: 63.06% male (36.94% female)

2019: 62.44% male (37.56% female)

2011 SC Child count Birth-2: 4405

Nationally: 484,439

2019 SC Child count Birth-2: 6318

Nationally: 740,383

December 2022: Pres. Biden called on Congress to double funding for Part C

Problems Identified and Discussed, March 2023

- Clarify roles, responsibilities, and qualifications for EI providers
- Insufficient reimbursement
- Interdisciplinary assessment (long term goal)
- Multiple single-line solutions were recommended (4 pages with 28 individual targets). The targets below were meaningfully addressed:
 - Disallow FTs from administering tests they are not qualified to administer
 - Including licensed providers in state professional associations in reviewing drafts of manuals
 - Unity on BN policies focusing on rectifying conflicting and non-compliant language in the manuals
 - Licensed therapy providers included in discussions with BabyNet leadership
 - Amended the policy on non-covered activities to allow licensed provider co-treatment
 - Remove low-tech and mid-tech assistive tech requirements for AAC
 - Separate service coordinator and family trainer
 - Annual training requirements
 - Blended model of service coordination (work in progress - allowed in policy, not yet in practice)

Areas still needing attention:

- Updated referral paperwork
- Intake coordinator must send all intake paperwork to IFSP team members including medical documentation; Access to paperwork (EMR)
- Require adequate notice for change/review meetings and invite all IFSP members (suggested 1 month notice)
- High quality centralized personnel training with all providers completing onboarding and annual training
- Developmental Language Disorder (DLD) needs to be a qualifying diagnosis in BRIDGES
- Personnel Certification for FTs
- Concerns about the InterAgency Coordinating Council
- QA / Scope of Practice concerns

REIMBURSEMENT

- Direct parents to the IDEA-mandated central directory maintained by SC Family Connections
- Licensed provider should be able to bill appropriate CPT codes without gatekeeping by FTs
- Remove one-per-lifetime restrictions (work in progress)
- ChildFind process / MDA
- Qualifying diagnosis is automatically referred to all three therapy disciplines (possibly mental health, etc.)
- Remove redundancy in credentialing with both Medicaid and BabyNet
- Mental Health professionals for counseling
- Educators for education/special instruction

Personnel Certification

IDEA Part C requirements (Certification)

34 CFR 303.31

“Qualified personnel means personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services.”

EI Service Personnel & Licensing

According to IDEA Part C, A credential must be, at minimum, comparable to a state issued license. That credential may be called other terms as long as it is comparable. Licensure of a profession typically includes elements: minimum training requirements, a licensing and disciplinary body, code of ethics, scope of practice defined in statute or regulation, mandated continuing education and renewal, and a requirement to be licensed to practice that profession.

A “certification” is traditionally provided by a non-governmental entity while a license or registry is usually provided by a state entity based on a statute or regulation. One example of a certification that is recognized as a qualifying credential by DHHS is the ABA therapy, whose providers are certified by the Behavioral Analyst Certification Board (BACB).

A payer source has an inherent conflict of interest in attempting to carry out the other comparable requirements of licensure or registration such as the work of establishing a scope of practice, administering a disciplinary body, or writing and legal enforcement of a regulated code of ethics.

34 CFR 303.31

*“Qualified personnel means personnel who have met State approved or recognized certification, licensing, registration, or other **comparable requirements** that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services.”*

What are the licensing requirements in SC?

| | Speech-Language Pathology | Occupational Therapy | Physical Therapy | BabyNet Family Trainers | ABA Therapy |
|--------------------------------------|--|--|--|--|--|
| Minimum training requirements | <p>SC Code Ann §40-67-220</p> <p>SLP Assistant: Bachelors in SLP with requirements as defined in regulation; B.SLP at CC: Praxis core (not required for licensure) + C-SLPA if ASHA Certified (optional)</p> <p>SLP: Master's degree in communication science and disorders from a CAA-accredited program for preparing SLPs, pass Praxis for SLP + CCC-SLP if ASHA Certified (optional)</p> | <p>SC Code Ann §40-36-230</p> <p>COTA/L -Certified Occupational Therapy Assistant: Associate's Degree in occupational therapy from an ACOTE accredited program</p> <p>OTR/L- Occupational Therapist Registered/Licensed: Masters degree in occupational therapy from an ACOTE accredited program</p> <p>Board exam (NBCOT)</p> | <p>SC Code Ann §40-45-220, 240</p> <p>PTA: Physical Therapist Assistant: Associates Degree in an accredited PTA program</p> <p>PT, DPT Currently all programs in the US are graduating physical therapists with 3 year Doctorate of Physical Therapy degree; however minimum requirements for jobs still allow Bachelor's or Master's in PT</p> <p>Required state licensure exam</p> | <p>Bachelor's degree in a specific field (from the list) with 1 year of documented experience with children age 0-5 with disabilities OR</p> <p>Bachelor's degree in human services field, 12+ hours relevant coursework, and documented experience with infants and toddlers OR work with children age 0-5 with disabilities; transcript review OR</p> <p>Bachelor's degree in ANY field with 5 years experience with infants and toddlers OR work with children age 0-5 with disabilities, state agency review mandatory ALL: 1 hour BabyNet basics required (SCEILS) Not statutory</p> | <p>Registered Behavior Technician (RBT) - high school; 40 hour training; competency assessment; BACB Certificant Registry</p> <p>Board Certified assistant behavior analyst (BCaBA); ABAI recognized degree or equivalent undergraduate coursework; BACB Certificant Registry</p> <p>Board Certified Behavior Analyst (BCBA); ABAI or APBA accredited masters or doctoral degree; BACB Certificant Registry Not statutory</p> |

What are the licensing requirements in SC?

| | Speech-Language Pathology | Occupational Therapy | Physical Therapy | BabyNet Family Trainers | ABA Therapy |
|---------------------------------|---|---|---|--|---|
| Licensing and Disciplinary Body | SC Board of Examiners in Speech-Language Pathology and Audiology (statute; LLR) | SC Board of Occupational Therapy (statute; LLR) | SC Board of Physical Therapy (statute; LLR) | No State license Credential from Paying entity (BabyNet) No legally binding disciplinary body | No State License Non-governmental certification from BACB; BACB Ethics Department; No legally binding disciplinary body |
| Code of Ethics | SC Regulatory Chapter 115 + ASHA BOE if ASHA certified | SC Regulatory Chapter 94; NBCOT | SC Regulatory Chapter 101 | none | Ethics Code for Behavior Analysts (BCaBA or BCBA); RBT Ethics Code; not legally binding |
| Statutory Scope of Practice | SC Code Ann §40-67-20(14) | SC Code Ann §40-36-20(7) | SC Code Ann §40-45-20(9) | No legally binding scope of practice | BCAB Scope of Practice; No legally binding scope of practice |

What are the licensing requirements in SC?

| | Speech-Language Pathology | Occupational Therapy | Physical Therapy | BabyNet Family Trainers | ABA Therapy |
|---|---|---|---|--|---|
| Mandatory reported completion of continuing education, and renewal of the credential | <p>SC Code Ann §40-67-260</p> <p>Regulatory Chapter 115, Article 2</p> <p>1.6 CEUs each license period with renewal every 2 years</p> <p>+ ASHA requires ethics, diversity, and optional supervision CEUs for CCC-SLP maintenance</p> | <p>SC Code Ann §40-36-260</p> <p>Regulatory Chapter 94, Articles 1 and 4</p> <p>1.6 CEUs per biennium, renewal every 2 years</p> <p>NBCOT -must remain in good standing - 36 PDU's every 3 years, renewal every 3 years</p> | <p>SC Code Ann §40-45-250</p> <p>Regulatory Chapter 101, Article 3</p> <p>3.0 CEUs per biennium, renewal is every 2 years on EVEN numbered years. CEU hours must include 0.3 of professionalism and ethics in each biennium</p> | <p>Mandated by TECS and the BabyNet state agency office: 12 hours continuing education every 2 years</p> | <p>Defined by BCAB RBT: renewal competency assessment</p> <p>BCaBA: 20 continuing education units (CEUs) within each 2-year recertification cycle*</p> <p>BCBA: 32 continuing education units (CEUs) within each 2-year recertification cycle *including 4 CEUs in ethics and 3 CEUs in supervision (for supervisors). Not legally binding</p> |
| License (or comparable credential) required to practice in SC | <p>Yes</p> <p>SC Code Ann §40-1-30</p> <p>SC Code Ann §40-67-30</p> | <p>Yes</p> <p>SC Code Ann §40-1-30</p> <p>SC Code Ann §40-36-30</p> | <p>Yes</p> <p>SC Code Ann §40-1-30</p> <p>SC Code Ann §40-45-30</p> | <p>Part C credential is not comparable to a license; No legally binding credential</p> | <p>Medicaid and other payers require BCAB Certification; No legally binding credential comparable to licensing</p> |

Legal mandate for a license (licensed professions)

SC PROFESSIONS AND OCCUPATIONS (Title 40)

SC Code Ann §40-1-30:

It is unlawful for a person to engage in a profession or occupation regulated by a board or commission administered by the Department of Labor, Licensing and Regulation without holding a valid authorization to practice as required by statute or regulation.

An authorization to practice issued pursuant to this title is valid for up to two years and is renewable on renewal dates as established by the Director of Labor, Licensing and Regulation with the consent of each applicable regulatory board.

Scope of Practice: OT

SC Code Ann §40-36-20(7)

"Occupational therapy" means the functional evaluation and treatment of individuals whose ability to cope with the tasks of living are threatened or impaired by developmental deficits, the aging process, poverty and cultural differences, physical injury or illness, or psychological or social disability. The treatment utilizes occupational, namely goal-oriented activities, to prevent or correct physical or emotional deficits or to minimize the disabling effect of these deficits in the life of the individual. Specific occupational therapy techniques include, but are not limited to, activities of daily living (ADL), the fabrication and application of splints, sensory-motor activities, the use of specifically designed crafts, guidance in the selection and use of adaptive equipment, exercises to enhance functional performance, prevocational evaluation and treatment and consultation concerning adaption of physical environments for the handicapped. These techniques are applied in the treatment of individual patients or clients, in groups, or through social systems.

Legal mandate for a license: OT

SC Code Ann §40-36-30

No person may practice occupational therapy or may practice as an occupational therapy assistant without a license issued in accordance with this chapter. A person whose license has been suspended or revoked, who uses in connection with his name the words or letters "Occupational Therapist", "Licensed Occupational Therapist", "Occupational Therapist Registered", "Occupational Therapist Registered/Licensed", "O.T.", "L.O.T.", "O.T.R.", "O.T.R./L.", or "Occupational Therapy Assistant", "Certified Occupational Therapy Assistant", "Certified Occupational Therapy Assistant/Licensed", "O.T.A.", "L.O.T.A.", "C.O.T.A.", "C.O.T.A./L.", or any other letters, words, or insignia indicating that he is an occupational therapist or occupational therapy assistant, or who in any way, orally or in writing or in print or by sign directly or by implication, represents himself as an occupational therapist or occupational therapy assistant is deemed to be practicing occupational therapy or practicing as an occupational therapy assistant without being registered by the board and is guilty of a misdemeanor and, upon conviction for each offense, must be fined not less than one hundred dollars or more than five hundred dollars or be imprisoned for not less than thirty days or more than ninety days, or both. Each day's violation constitutes a separate offense.

Scope of Practice: PT

SC Code Ann §40-45-20(9)

"The practice of physical therapy" means the evaluation and treatment of human beings to detect, assess, prevent, correct, alleviate, and limit physical disability, bodily malfunction, and pain from injury, disease, and any other bodily or mental condition and includes the administration, interpretation, documentation, and evaluation of physical therapy tests and measurements of bodily functions and structures; the establishment, administration, evaluation, and modification of a physical therapy treatment plan which includes the use of physical, chemical, or mechanical agents, activities, instruction, and devices for prevention and therapeutic purposes; and the provision of consultation and educational and other advisory services for the purpose of preventing or reducing the incidence and severity of physical disability, bodily malfunction, and pain. The use of roentgen rays and radium for diagnostic or therapeutic purposes and the use of electricity for surgical purposes, including cauterization and colonic irrigations, are not authorized under the term "physical therapy" as used in this chapter, and nothing in this chapter shall be construed to authorize a physical therapist to prescribe medications or order laboratory or other medical tests.

Legal mandate for a license: PT

SC Code Ann §40-45-30

A person shall not engage in the practice of physical therapy without a license issued in accordance with this chapter. A person who practices as a physical therapist or as a physical therapist assistant without being licensed under this chapter or whose license has been suspended or revoked or who uses in connection with his name the words or letters "PT", "Licensed Physical Therapist", "Physical Therapist", "Physio Therapist", "Licensed Physical Therapist Assistant", "PTA", or any other letters, words, or insignia indicating or implying that he is a physical therapist or a physical therapist assistant or who in any other way, orally or in writing or in print or by sign directly or by implication, represents himself as a physical therapist or physical therapist assistant without being licensed by the board is subject to the penalties provided for in this chapter.

Scope of Practice: SLP

SC Code Ann §40-67-20(14)

"Speech-language pathology" or "speech-language pathology service" means screening, identifying, assessing, interpreting, diagnosing, rehabilitating, researching, and preventing disorders of speech, language, voice, oral-pharyngeal function, and cognitive/communication skills; developing and dispensing augmentative and alternative communication systems and providing training in their use; providing aural rehabilitation and counseling services to hearing impaired individuals and their families; enhancing speech-language proficiency and communication effectiveness; screening of hearing, limited to a pass-fail determination; screening of other skills for the purpose of speech-language evaluation; and identifying individuals with other communication disorders.

Legal mandate for a license: SLP

SC Code Ann §40-67-30

No person may practice speech-language pathology or audiology without a license issued in accordance with this chapter. A speech-language pathology intern or assistant may only practice under the direct supervision of a speech-language pathologist, and an audiology intern may only practice under the direct supervision of an audiologist as specified by the board.

BabyNet Service Coordinator/Family Trainer

Requirement to participate as a service coordinator or family trainer:

“In order to become a provider of service coordination and special instruction, a company and its owner must be deemed qualified through the SCDDSN qualified provider process and be enrolled in Medicaid and BabyNet before delivering services to children. Any provider unable to meet these requirements, will not receive referrals. If a provider’s enrollment status changes or is terminated for cause by SCDDSN, Medicaid or BabyNet, the provider will no longer be a provider of early intervention services.”

Service Coordinator Scope?

Service provided by Service Coordinators (DHHS EI Provider Manual, June 1, 2023)

“Service Coordination is a mandated service under Part C of the Individuals with Disabilities Act (for eligible children birth to three), provided at no cost to families. **Service coordination is defined as an active, ongoing process that assists and enables families to access services and assures their rights and procedural safeguards.”**

Reimbursable services (SCoord)

“The family shall, always, remain free to choose any Medicaid-enrolled provider. At no time shall the provider limit the family’s choices of a primary care physician, other medical care providers, or service coordinators.”

- Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP/FSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families.
- Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided.
- Coordinating evaluations and assessments.
- Facilitating and participating in the development, review, and evaluation of IFSPs/FSPs.
- Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner.
- Conducting follow-up activities to determine that appropriate Part C services are being provided.
- Informing families of their rights and procedural safeguards.
- Coordinating funding sources for services.
- Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

Family Trainer Scope?

Services provided by Family Trainers (DHHS EI Provider Manual, June 1, 2023)

Special Instruction under Part C of IDEA (for eligible children birth to three) is a service utilized to assist the family of an infant or toddler with a disability in understanding the special needs of the child and enhancing the child's development in daily routines and activities. This service is referred to as **family training and counseling** by SCDHHS.

Reimbursable services (FT)

- Provide the appropriate parental skills and/or supports to enhance the child's developmental growth and recreational development.
- Encourage the child's participation in family activities.
- Assist the family in maximizing the resources outlined in the IFSP/FSP, including assistive technology devices, nutritional services, and therapies directly related to the developmental needs of the child, when necessary.
- Encourage overall positive parent-child interaction.
- Empower the family to be aware of and know how to exercise their child's personal rights including the choice of a provider, access to a wide range of services, and other procedural safeguards.
- Design learning environments and activities that promote the infant's or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interactions.
- Plan curriculum, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP/FSP for the infant or toddler with a disability.
- Encourage the family and/or caregiver to become the child's primary service provider.

Another limit on FT Services

“Family Training and Counseling services should not be provided in a public preschool setting as Special Education teachers are trained to work with children with disabilities and their special needs. Visits to the preschool class for observational purposes (for plan and/or Assessment completion) on an occasional basis is allowed. This does not apply to children in a typical childcare setting.”

Ethics

Licensed professionals must refer to what SC regulations define as their professional code of ethics

Go to the appropriate regulatory chapter from the LLR board page

- Speech-Language Pathology: <https://llr.sc.gov/aud/>
- Physical Therapy: <https://llr.sc.gov/pt/>
- Occupational Therapy: <https://llr.sc.gov/ot/>

General preference is to take up concerns regarding the code of ethics, or violations of the practice act with a provider or their employer before reporting to LLR, but direct reporting is allowed.

- SC LLR reporting used to keep the name of the complainant confidential. **This changed in SC statute in 2023.** If LLR has a good reason to keep the name of the complainant anonymous, they can do so. <https://www.scstatehouse.gov/code/t40c001.php>

Whistleblower protections are available when reporting in good faith

- <https://oig.hhs.gov/fraud/whistleblower/> - for possible fraud, waste, abuse
- <https://oig.sc.gov/> - for possible state agency violations
- <https://www.foxcarolina.com/2024/06/06/report-nearly-1m-mismanaged-by-laurens-55-school-district/>
- BabyNet reporting page: <https://www.scdhhs.gov/resources/programs-and-initiatives/babynet/reporting>
- SC DHHS (general) reporting: <https://www.scdhhs.gov/contact>

Impact of certification on child/family outcomes

LLR Criteria for Licensing of a Profession: See SC Code Ann SC Code Ann §40-1-10(D): “In determining the proper degree of regulation, if any, the General Assembly shall determine:

... (10) whether the practitioner performs a service for others which may have a detrimental effect on third parties relying on the expert knowledge of the practitioner.”

Therapy providers agree that family trainers may have a detrimental effect on the provision of services in BabyNet, due to families relying on the knowledge of the practitioner. Additionally, family trainers are **functioning as gatekeepers, as they are deciding independently on whether or not referrals are placed to SLP, OT, PT, and other providers.** The discussion on what regulated state-issued credential is appropriate must include affected stakeholders, including therapists. The presence of an undergraduate or graduate degree and experience with children with or without disabilities, and 12 hours of continuing education per year alone, **does not function as a license, comparable credential, or a non-governmental certification.**

Interim or full IFSP goals established by Family Trainers since June 1, 2023

| | | |
|--|---|--|
| <p>During playtime, XXX will roll back and forth and/or throw and catch ... Hand-on-hand guidance may be used at first Physical therapy SOP</p> | <p>XXX will use the correct pincer grasp to improve his use of utensils Occupational therapy SOP</p> | <p>XXX will gain strength for increased movement and play Occupational or Physical therapy SOP</p> |
| <p>During playtime, XXX will point on request to people or objects ... EI and family will model how to point as they repeat the label while pointing multiple times... Hand-on-hand modeling to teach her how to point to requests while caregivers say/label name of person/object Speech therapy SOP (Language)</p> | <p>XXX will communicate wants and needs by using words or gestures ... EI, therapists and family can help with this goal by modeling expressive vocabulary, modeling sign language, reading, offering choices between activities or foods... Speech therapy SOP (Language)</p> | <p>During playtime and mealtime, XXX will use words, gestures, or signs to communicate... will teach XXX how to communicate his wants and needs using signs, gestures, and words. Speech therapy SOP (Language)</p> |
| <p>XXX will demonstrate knowledge of receptive language by following simple commands ... provide single-step commands; Hand on body will be provided to assist XXX in following commands Speech therapy SOP (Language)</p> | <p>XXX will walk independently at least once daily... Physical therapy SOP</p> | <p>XXX will pull to stand ... assist XXX in pulling self to stand, giving support and slowly removing assistance Occupational or Physical therapy SOP</p> |

| | | |
|---|--|--|
| <p>During playtime, XXX will use signs and words to express wants/needs ... encourage please/more with sign language and teaching her how to repeat basic words Speech therapy SOP (Language, Speech)</p> | <p>XXX will enjoy a variety of textures and movements during playtime in order to help his regulation system... regulating his system instead of hurting himself Occupational therapy SOP</p> | <p>XXX will move to a sitting position from stomach... provide hand and body guidance and support to teach XXX how to move to a sitting position from her stomach Physical therapy SOP</p> |
| <p>XXX will move around the house by taking 10 independent steps... hand-on-hand or hand-on-body support while XXX is standing and/or walking Physical therapy SOP</p> | <p>EI to develop birthday list for XXX due to child turning 3 and needing ideas to help XXX speech and occupational therapy skills. ... EI began researching toys to help develop speech. EI will add toys to a list and share with Mom. Speech therapy and Occupational therapy SOP</p> | |

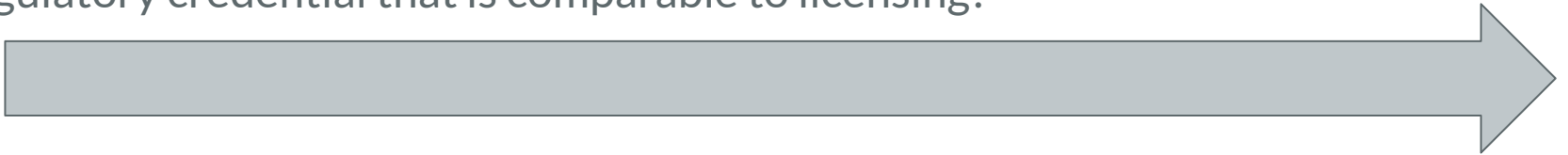
***** Interim IFSPs in lieu of therapy in the areas that SLP, OT, and PT have defined in their legal scope of practice are problematic and represent illegal pseudo-therapy *****

Discussion: Personnel Certification

What changes do you want to see in personnel certification for Family Trainers?

What language would you propose regarding limiting the scope of practice of FTs?

How do you propose we advocate for moving from a payer-issued credential to a regulatory credential that is comparable to licensing?



Multi-Disciplinary Assessment

IDEA Part C requirements (MDA)

34 CFR 303.24

“Multidisciplinary means the involvement of two or more separate disciplines or professions and with respect to—

(a) Evaluation of the child in §§ 303.113 and 303.321(a)(1)(i) and assessments of the child and family in § 303.321(a)(1)(ii), may include one individual who is qualified in more than one discipline or profession; and

(b) The IFSP Team in § 303.340 must include the involvement of the parent and two or more individuals from separate disciplines or professions and one of these individuals must be the service coordinator (consistent with § 303.343(a)(1)(iv)).”

Multi-Disciplinary Assessment (MDA)

According to IDEA Part C, a Multidisciplinary assessment must include either **2 individuals from separate disciplines**, or a single individual **qualified in two separate disciplines**. A family trainer completing the evaluation in isolation does not meet the minimum requirements in IDEA Part C for two or more separate disciplines.

A service coordinator, without a specific discipline in which they are qualified, does not complete an assessment. An individual may be dual-qualified, e.g. SLP who also qualifies as a family trainer, and in that circumstance, this individual is permitted to complete the multidisciplinary assessment independently.

A service coordinator is not qualified to complete an assessment, and if they are dual qualified (i.e. SLP who is also a service coordinator), still only represents ONE discipline.

What about Assessments by FTs?

Child Assessments:

The tools approved for use in South Carolina are:

- Hawaii Early Learning Profile (HELP)
- Carolina Curriculum for Infants, Toddlers and Preschoolers with Special Needs

Family Assessment:

The tool approved for use in South Carolina is:

- The Routines Based Interview

What about Assessments by FTs?

“Family Training and Counseling services include an **ongoing assessment** component. The assessment is used to determine the strengths and the needs of a child, his/her current level of development, and used to develop the IFSP/FSP. **Assessments must always be timely, comprehensive, and multidisciplinary.** Information for assessments must be completed as needed and at least annually.”

Family Training and Counseling assessments must include the following domains:

- Physical
- Cognitive
- Communication
- Social or Emotional
- Adaptive

Why do SLP, OT, PT care about MDA?

- It is best practice, and a requirement of Part C to complete the multidisciplinary assessment within 45 days.
- Family Trainers have been known to establish an IFSP and begin providing services that should be provided by SLP, OT, or PT in the absence of having an evaluation completed by those individuals. This practice may be called “pseudo-therapy,” and it is illegal per SC Code Title 40 and each of the practice acts for SLP, OT, and PT, due to the legal mandate for a license to practice.
- Families are given treatment advice by these family trainers that may be dangerous for the child, especially in the areas of general medical needs, feeding/swallowing and gross/fine/motor due to the lack of knowledge and skills by these family trainers. These areas of knowledge are unique to SLP, OT, and PT providers.
- These situations are patient safety risks, out of compliance with IDEA Part C, and they require immediate action on behalf of the BabyNet agency to remediate.

Impact of MDA on child/family outcomes

A Multi-Domain Assessment (or “*curriculum-based assessment*”) is not synonymous with a Multi-Disciplinary Assessment

Delay in finding areas of need served by SLP, PT, OT

Potential encroachment on scope of practice results in unskilled or lesser-skilled approaches to assisting children and families

There is an unknown potential for patient harm / patient safety risks especially with medically fragile and those with complex needs

IDEA Part C federal indicators may not capture this particular problem

<https://sites.ed.gov/idea/files/PartC-IndicatorAnalysis-FFY2020.pdf>

Interim IFSPs [Initial]

In the event that qualified personnel wish to establish an Interim IFSP prior to completion of the multidisciplinary assessment, the parent must consent, the services must be needed immediately, and the IFSP includes one qualified provider and a service coordinator. The multidisciplinary assessment must still be completed within 45 days, so an interim IFSP does not give permission for a family trainer to delay evaluations by disciplines needed (such as SLP, OT, PT, ABA) or provide services in lieu of those providers.

Interim IFSPs that are implemented without SLP, OT, and PT services shall therefore only include services that are **not related to concerns for possible deficits** in speech/language, feeding/swallowing, gross motor, fine motor, cognitive-communication, cognitive function, neuromuscular, central and peripheral nervous system, or other deficits treated by these providers (referencing the statutory scope of practice as noted in the table), if they have not been evaluated by the appropriate professional.

What does DHHS say about the MDA?

In the EI Provider Manual:

“A multidisciplinary team composed of the family, the service coordinator/early interventionist, friends, and professionals who interact with the child and family are responsible for the development of the IFSP/FSP. The initial IFSP/FSP must be developed within 45 days of the referral.”

- The word “multidisciplinary” appears in this manual TWO times.
- The manual focuses on the policy pertaining to the child assessment and family assessment, not the contribution of the MDA to the process.

What does BabyNet say about the MDA?

BabyNet P&P page: <https://www.scdhhs.gov/resources/programs-and-initiatives/babynet/providers/babynet-policies-and-procedures>

Development of Initial IFSP Policy: [https://www.scdhhs.gov/sites/default/files/babynet/\(2023-09-01\)%20SCDHHS%20IDEA%20PART%20C%20POLICY%20FOR%20IN.pdf](https://www.scdhhs.gov/sites/default/files/babynet/(2023-09-01)%20SCDHHS%20IDEA%20PART%20C%20POLICY%20FOR%20IN.pdf)

Initial and Annual Family Assessment:

<https://www.scdhhs.gov/sites/default/files/babynet/%282021-08-01%29%20SCDHHS%20IDEA%20PART%20C%20PROCEDURES%20FOR%20INITIAL%20AND%20ANNUAL%20FAMILY%20ASSESSMENT.pdf>

“The **Service Coordinator** will complete the **family assessment** before development of the initial IFSP”

Initial and Annual Child Assessment:

<https://www.scdhhs.gov/sites/default/files/babynet/%282021-08-01%29%20SCDHHS%20IDEA%20PART%20C%20PROCEDURES%20FOR%20INITIAL%20AND%20ANNUAL%20CHILD%20ASSESSMENT.pdf>

Procedural safeguard: “**Must be conducted by qualified personnel.**”

“The Service Coordinator will **ensure completion of the child assessment before development of the initial IFSP**, and within 30 days of the annual review of the plan.”

“For children initially eligible by documented delays in development, the results of IDEA Part C eligibility evaluation will serve as the child assessment. For children initially eligible by an established risk condition, the Service Coordinator **will ensure an approved curriculum-based assessment (CBA) is administered** to determine the present levels of development for the initial IFSP. The CBA results will also be used to assist in the completion of the COS process for the Early Childhood Outcomes. The child assessment must also include observation of the child in the home and community routines and activities.”

What does IDEA Part C say about Interim IFSPs?

34 CFR 303.345

“Interim IFSPs—provision of services before evaluations and assessments are completed.

Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessments in § 303.321, if the following conditions are met:

- (a) Parental consent is obtained.
- (b) An interim IFSP is developed that includes—
 - (1) The name of the service coordinator who will be responsible, consistent with §303.344(g), for implementing the interim IFSP and coordinating with other agencies and persons; and
 - (2) The early intervention services that have been determined to be needed immediately by the child and the child's family.
- (c) Evaluations and assessments are completed within the 45-day timeline in §303.310.”

Discussion: Interim IFSPs

- What are realistic or hypothetical circumstances where Family Trainers are needed immediately?
- What are realistic or hypothetical circumstances where Speech-Language Pathologists are needed immediately?
- What are realistic or hypothetical circumstances where Physical Therapists are needed immediately?
- What are realistic or hypothetical circumstances where Occupational Therapists are needed immediately?

FIVE DOMAINS

Physical

Cognitive

Communication

Social or Emotional

Adaptive

Program Integrity: IDEA Part C

Child Outcome Summary:

<https://www.scdhhs.gov/sites/default/files/babynet/%282020-01-07%29%20SCDHHS%20IDEA%20PART%20C%20PROCEDURES%20FOR%20CHILD%20OUTCOME%20SUMMARY%20PROCESS.pdf>

- Outcome 1: Child has positive social relationships.
- Outcome 2: Child acquires and uses knowledge and skills.
- Outcome 3: Child takes appropriate action to meet his/her needs.

Five Domains Activity and Discussion

- Spend about 5 minutes creating at least 4 examples in the chart
- The table will display on screen during discussion

Goal:

List real-life or hypothetical scenarios about how each EI personnel contributes towards the five domains of early intervention while respecting their legal, regulatory, and policy-driven bindings on their scope of practice.

| | Physical | Cognitive | Communication | Social or Emotional | Adaptive |
|---------------------------------------|----------|-----------|---------------|---------------------|----------|
| Speech therapy example | | | | | |
| Occupational therapy example | | | | | |
| Physical therapy example | | | | | |
| ABA Therapy example | | | | | |
| How can Family Trainers support? | | | | | |
| How can Service Coordinators support? | | | | | |

Gaps in BabyNet: Mental Health

Therapists are reporting that there is a Mental Health gap in the BabyNet program.

SC recently began offering IMHA certification (infant mental health), but this certification does not allow providers to **offer mental health services** or **encroach on the scope of practice** of licensed counselors, psychologists, and LPES.

Discussion/Ask: What is SCIMHA teaching in the coursework regarding scope of practice and referring to the most highly qualified licensed professional for mental health services for the child and/or family?

All EISP should know their licensed AND individual scope of practice, and be able to reference it in law, regulation, and policy.

Mental Health Professionals: Counselors

Professional Counselors (SC Code Ann 40-75-20(14)):

"Practice of professional counseling" means functioning as a psycho-therapist and may include, but is not limited to, providing individual therapy, family counseling, group therapy, marital counseling, play therapy, couples counseling, chemical abuse or dependency counseling, vocational counseling, school counseling, rehabilitation counseling, intervention, human growth and development counseling, behavioral modification counseling, and hypnotherapy. The practice of professional counseling may include assessment, crisis intervention, guidance and counseling to facilitate normal growth and development, including educational and career development; utilization of functional assessment and counseling for persons requesting assistance in adjustment to a disability or handicapping condition; and consultation and research. The use of specific methods, techniques, or modalities within the practice of licensed professional counseling is restricted to professional counselors appropriately trained in the use of these methods, techniques, or modalities.

Licensure mandate: SC Code Ann 40-75-30

Mental Health Professionals: LPES

Licensed Psycho-Educational Specialist (SC Code Ann 40-75-520):

The practice of a licensed psycho-educational specialist is the utilization of a unique blend of training, incorporating skills and knowledge of psychology and education, to provide services addressing the educational, personal, and social needs of children and adolescents through assessment, intervention, consultation, counseling, information and referral, planning, training, and supervision in return for compensation. The practice of a licensed psycho-educational specialist includes...

Certification (SCDE) requirement: SC Code Ann 40-75-560

**Certification is defined further in SC regulations for the Dept of Education, which is subject to regulatory control by the State Board of Education (not a paying entity)*

Mental Health Professionals: Psychologists

Psychologists: (SC Code Ann 40-55-50); Mandate to be licensed (SC Code Ann 40-55-55)

<https://www.scstatehouse.gov/Archives/CodeofLaws2016/t40c055.php>

Exceptions to licensure (SC Code Ann 40-55-90):

(12) an individual including, but not limited to, an educator, day care provider, hospital worker, member of a police or fire department, or other community worker providing, within the person's normal scope of employment, emotional support, guidance, nurturance, or crisis management intervention to persons in need;

(13) a person employed by any entity whose professional employment is funded through an agency of the State and who provides services of a psychological nature within the scope of employment if the person does not describe himself or his services by any title or description which states or implies that the person holds a license as otherwise required by this chapter;

Discussion: Other Gaps in BabyNet

Reimbursement - possibly the biggest issue we've addressed and continue to address over the short and long-term future

Our Ask: We need someone to assist in DATA collection and management for SCSHA, and possibly interface with SCOTA, APTA-SC to connect with therapy providers across the spectrum

- We are asked to provide input to DHHS on a regular basis - anecdotes are helpful and appreciated ... but we need numbers!



When you report: Describe with Impact

- Focus on the impact on the child/family
- Refer to the legal scope of practice for the profession who should have been involved in the case at that point in time
- Acknowledge the role that FTs can play in supporting the family without providing hands-on services to a child
- Frame the outcome in terms of patient safety, risks, and competence

Discussion: Provider and Patient Risks

Friction between an SLP, OT, PT provider and FT/EI agencies has been a point of contention for many years

- How do providers navigate this friction without risking a loss to their business?
- We know reimbursement comes into play... talk about how this friction affects providers

A word about advocacy and funding:

Connections through our Lobbyist is what has resulted in our ability to ask for policy change and improvement in the EI program. We are engaging with grassroots advocacy, but grassroots efforts alone will not result in the kind of change that our members need.

The cost of a lobbyist is paid from the association budget. Members support this by:

- Ongoing yearly member renewals - *advocacy is not transactional*
- Recruiting a colleague to join the association
- Participating in fundraising efforts - new SCSHA Partnership Program - ask your companies to support SCSHA
- Attending SCSHA annual convention (our biggest fundraiser)

SCSHA Partners Program

<https://www.scscha.net/partners>

We need more support order to make our budget work for the association's needs and continue to pay for necessary expenses like the lobbyist.

Share this webpage with your employers and *ask them* to support SCSHA!

Got other ideas on how therapy businesses can help support SCSHA? Please share them with us at SCSHAed@gmail.com



Future Meetings

July 13 SCOTA Exec Board meeting (RCPL)

July 26 5-7pm SCSHA Statewide Social!

- Charleston - Brew - Bowen Pier Dr
- Columbia - The Grand - 1621 Main St
- Aiken - The Alley Downtown Taproom - 214 The Alley SW
- Greenville - Coffee Underground - 1 E Coffee St
- Myrtle Beach - Rioz Brazilian Steakhouse - 2920 Hollywood Dr

Sept 7, Nov 16 SCSHA Exec Board meeting (virtual)

Stay in touch with your state association to find out when meetings are occurring, even if you aren't a member of those committees - your input in advance of these meetings is helpful!

SCSHA Provider Calls (every other month):

August 16 at noon; October 18 at noon

SCSHA BabyNet Committee

August 12 at 7pm; October 21 at 7pm

We will continue to collaborate with SCOTA and APTA-SC

SCSHA Reimbursement Committee:

July 22 at 7pm; September 9 at 7pm

Pathway for Change: What do we do next?

| | | | | | |
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To receive CEUs...

SCSHA members: check your email from SCSHAed@gmail.com

If you do not want CEUs, no further action is needed