



March 20, 2020

Seema Verma, MPH  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Blvd  
Baltimore, MD 21244

RE: CMS-2324-NC

Dear Administrator Verma:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the request for information (RFI) for Coordinating Care from Out-of-State Providers for Medicaid-Eligible Children with Medically Complex Conditions.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

ASHA's comments address this solicitation in two parts: 1) general recommendations on telepractice and Medicaid managed care, and; 2) responses to selected questions posed within the RFI.

### **Stakeholder Feedback – General Comments**

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#### **Telepractice**

In an Executive Order issued October 3, 2019, the federal government recognized the benefits of telepractice.<sup>1</sup> The use and successful coordination of services for children with complex medical conditions could benefit from the expansion of coverage for services provided via telepractice. ASHA members provide services via telepractice in hospitals, clinics, home care, and schools.

Roles and responsibilities for audiologists and speech-language pathologists (SLPs) in the provision of services delivered through telepractice include:

- understanding and applying appropriate models of technology used to deliver services;
- understanding the appropriate specifications and operations of technology used in the delivery of services;
- calibrating and maintaining clinical instruments and telepractice equipment;
- selecting clients who are appropriate for assessment and intervention services via telepractice;
- selecting and using assessments and interventions that are appropriate to the technology being used, and that take into consideration client and disorder variables;
- being sensitive to cultural and linguistic variables that affect the identification, assessment, treatment, and management of communication disorders/differences in individuals receiving services via telepractice;
- training and using support personnel appropriately when delivering services;

- being familiar with the available tools and methods, and applying them to evaluate both the effectiveness of services provided and measure outcomes;
- maintaining appropriate documentation, including informed consent, for use of telepractice and documentation of the telepractice encounter;
- being knowledgeable about and compliant with existing rules and regulations regarding telepractice, including security and privacy protections, reimbursement for services, licensure, liability, and malpractice concerns; and
- collaborating with physicians and other practitioners for timely referral and follow-up services.<sup>2</sup>

For ASHA members providing services via telepractice, ASHA recommends that the provider hold licenses in the originating site (i.e. location of the provider) and the distance site (i.e. the location of the client). Providers may need to have licenses in multiple states if treating clients in different states. ASHA is working with other stakeholders, including the National Council of State Boards of Examiners for Speech-Language Pathology and Audiology and the Council of State Governments – National Center for Interstate Compacts (CSG), to facilitate the development and implementation of the Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC), which is an interstate compact for audiologists and SLPs that will assist providers in obtaining licensure in multiple states.

Incorporating telepractice into the total care program needed for children with complex medical conditions represents a model of improved effectiveness and efficiency. This is useful for children with multiple needs who have trouble traveling to health care appointments. The coordination of care among providers facilitated by telepractice also allows the primary coordinator to draw upon the unique skills of all the professionals serving their clients. This opportunity would work both in fee-for-service and in managed care models. For the managed care model, there may be times when an exception is needed so that the client could see an out-of-network provider for specialized care.

### **Medicaid Managed Care**

ASHA appreciates the key role that Managed Care plays in the Medicaid program. Frequently, services for Medicaid-eligible children with complex medical conditions cost more than services for other Medicaid beneficiaries. For this reason, services for complex clients have been carved out of the managed care and provided on a fee-for-service basis under “traditional” Medicaid. However, the number of clients receiving care through Medicaid managed care has increased. This transition and expansion of coverage of complex beneficiaries within managed care presents unique challenges including:

- **Cost or treatment limitations:** The costs associated with treatment for this population exceed the average cost of care for Medicaid beneficiaries in general, and many managed care programs impose dollar or visit limits that could inappropriately restrict access to medically necessary care. Such limits may violate federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements applicable to Medicaid eligible children.
- **Program/equipment restrictions:** Due to the unique needs of these children, they may require specialized or extended treatment and equipment not generally covered within the limitations of a managed care policy based upon the generalized needs of the overall Medicaid population within a state.

These challenges make it difficult for clinicians to provide the service that meets the specialized needs of these children within the constraints of managed care utilization management strategies. ASHA recommends that CMS reevaluate and provide greater oversight of the restrictions imposed by Medicaid managed care plans for all patients including children with complex medical conditions. ASHA also recommends that CMS exercise greater oversight and enforcement authority of the manner in which managed care entities meet the requirements of the federal EPSDT mandate.

### **Stakeholder Feedback – Specific Topics**

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- *We are seeking public comment on any best practices for using out-of-state providers to provide care to children with medically complex conditions, including specific examples of what has and has not worked in the commenter's experience.*
  - An SLP from Idaho reported that clients in Idaho can travel to Utah and Washington to see other providers, due to good program coordination. Medicaid has paid for those services including related travel expenses involved in accessing care out of state.
  - SLPs in Indiana (at a university-affiliated medical center) and Kentucky (at an out-patient clinic) reported successful coordination with providers in neighboring states.

ASHA recommends that CMS share models like those established in Idaho and Kentucky as examples of how to manage services for children with medically complex conditions.

- *We are seeking public comment related to individual financial barriers (for example, costs of travel, lodging, and work hours lost) that prevent children with medically complex conditions from receiving care from out-of-state providers in a timely fashion, as well as examples of successful approaches to reducing those barriers.*
  - An SLP in Nevada shared a financial barrier regarding the inequality of provider reimbursement between neighboring states. The reimbursement rate for providers in California was much lower than the rate in Nevada making it difficult to find Nevada providers willing to contract with Medi-Cal to meet beneficiary needs.

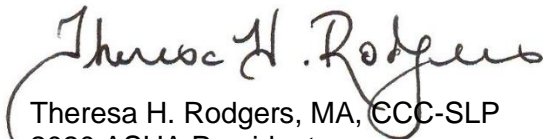
ASHA recommends that CMS establish policies to match reimbursement rates that could incentivize providers to seek licensure and meet the needs of Medicaid beneficiaries in additional states. Such policies would also incentivize service delivery via telepractice to underserved areas by providers in higher density locations.

- *We are seeking public comment on best practices for developing appropriate and reasonable terms of contracts and payment rates for out-of-state providers, for both Medicaid fee-for-services and Medicaid managed care.*
  - As noted above, ASHA is working to support the establishment of the ASLP-IC, which will increase access care for Medicaid beneficiaries. For children with medically complex conditions, the ASLP-IC would:
    - facilitate continuity of care when clients, patients, and students relocate or travel;
    - ensure that audiologists and SLPs have met acceptable standards of practice;

- promote cooperation between states in the areas of licensure and regulation;
  - offer a higher degree of consumer protection across state lines;
  - help facilitate access to both telepractice and in-person practice across state lines where ASLP-IC is adopted; and
  - permit audiologists and SLPs to provide services to populations in underserved or geographically isolated areas.
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- ASHA supports the reimbursement of telepractice services for audiology and speech-language pathology services by all payers. For children with medically complex conditions, telepractice would enhance access to coordinated care.
  
  - ASHA supports contracting that establishes comparable reimbursement for payers between states in order to incentivize providers to practice in states with unmet demand, including states that border their location or that could be serviced via telepractice.

On behalf of ASHA, thank you for the opportunity to provide feedback on this request for information. If you or your staff have any questions, please contact Laurie Alban Havens, ASHA's director of health care policy, Medicaid and private health plans, at [lalbanhavens@asha.org](mailto:lalbanhavens@asha.org).

Sincerely,



Theresa H. Rodgers, MA, CCC-SLP  
2020 ASHA President

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<sup>1</sup> Authenticated U.S. Government Information. (2019). *Executive Order 13890 of October 3, 2019 Protecting and Improving Medicare for Our Nation's Seniors*. Retrieved from <https://www.govinfo.gov/content/pkg/FR-2019-10-08/pdf/2019-22073.pdf>.

<sup>2</sup> American Speech-Language-Hearing Association. (n.d.). *Telepractice*. Retrieved from [https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934956&section=Key\\_Issues](https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934956&section=Key_Issues).