



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

August 16, 2018

Board of Speech-Language Pathologists and Audiologists  
301 South Park Avenue  
P.O. Box 200513  
Helena, MT 59620-0513

Dear Members of the Board:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the proposed regulations (MCA 24-222-28) impacting the professional requirements of audiologists, speech-language pathologists, audiology aides and assistants, and speech-language pathology aides and assistants.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 198,000 members and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 400 of our members reside in Montana.

Section 24.222.301 (5) (a) includes “successfully completed a post-baccalaureate program in communication sciences and disorders” as an academic option for aides and assistants. **ASHA recommends a bachelors or associate degree program for support individuals; therefore, we recommend deleting this language and retaining the undergraduate language.**<sup>1</sup>

Section 24.222.701 (3) removes the reference to supervision of direct services to clients that are provided by the aide/assistant and provides a minimum of 10% supervision of the services to each individual client. **ASHA recommends amending this language to require at least 30% supervision for the first 90 workdays including at least 20% direct and 10% indirect supervision, weekly.** After the first 90 workdays, the amount of supervision may be adjusted if the supervising SLP determines the speech-language pathology aide/assistant has met appropriate competencies and skill levels with a variety of communication and related disorders. Additionally, ASHA recommends requiring 100% direct supervision of speech-language pathology aides/assistants for medically fragile students, patients, or clients.<sup>2</sup>

Section 23.222.701 (4) allows audiologists and SLPs who have been licensed for one year to supervise aides and assistants. Due to the complex nature and variety disorders that audiologists and SLPs address, **ASHA recommends that supervisors practice at least two years before supervising an aide/assistant.** Audiologists earn a clinical doctoral degree or AuD in audiology and are highly qualified to conduct comprehensive assessments that determine hearing loss, auditory function, balance, and related systems, and evaluate, select, and dispense hearing aids. Audiologists also assess the candidacy of individuals with hearing loss for cochlear implants and work with medical teams to provide fitting, mapping, and audiologic rehabilitation to optimize

the use of these devices. SLPs assess, treat, and help prevent a variety of communication disorders involving speech, language, fluency (e.g., stuttering), voice and resonance problems, cognitive impairments such as memory, attention and problem-solving, as well as swallowing and associated feeding disorders.

Section 23.222.701 (5) allows audiologists and SLPs to supervise three full-time equivalent aides/assistants. Due to the range of disorders addressed by audiologists and SLPs, **ASHA recommends the supervision of no more than two full-time equivalents by any individual supervisor.**

Audiology and speech-language pathology aides/assistants provide a variety of services under the supervision of a certified and licensed professional. Current regulations stipulate prohibited services. **ASHA recommends that the regulations maintain those prohibitions that are referenced below.**

Audiology aides/assistants should not engage in the following:

- determining case selection or evaluation protocols;
- interpreting observations or data into diagnostic statements of clinical management strategies or procedures;
- participating in team or case conferences or on any interdisciplinary team, without the presence of the supervising audiologist or an audiologist designated by the supervising audiologist;
- writing, developing, or modifying a patient's individualized treatment plan;
- assisting with patients without following the treatment plan prepared by the audiologist or without proper supervision;
- composing or signing any formal documents (e.g., treatment plans, reimbursement forms, or reports)—progress notes written by audiology assistants may be reviewed and cosigned by the supervising audiologist, subject to local facility policy;
- transmitting or disclosing clinical information, either orally or in writing, to anyone, including the patient, without the approval of the supervising audiologist;
- selecting patients for treatment services or discharging patients from treatment services;
- counseling or consulting with the patient, family, or others regarding the patient status or service or making referrals for additional services; or
- referring to themselves either orally or in writing with a title other than one determined by the supervising audiologist.

Speech-language pathology aides/assistants should not engage in the following:

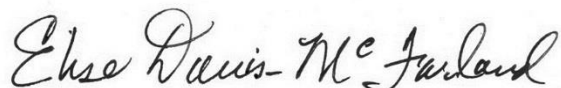
- represent himself or herself as an SLP;
- perform standardized or nonstandardized diagnostic tests, formal or informal evaluations, or swallowing screenings/checklists;
- perform procedures that require a high level of clinical acumen and technical skill (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging and oral pharyngeal swallow therapy with bolus material);
- tabulate or interpret results and observations of feeding and swallowing evaluations performed by SLPs;

- participate in formal parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising SLP or other designated SLP;
- provide interpretative information to the student/patient/client, family, or others regarding the student/patient/client status or service;
- write, develop, or modify a student's, patient's, or client's treatment plan in any way;
- assist with students, patients, or clients without following the individualized treatment plan prepared by the certified SLP and/or without access to supervision;
- sign any formal documents (e.g., treatment plans, reimbursement forms, or reports; the SLPA should sign or initial informal treatment notes for review and co-sign with the supervising SLP as requested);
- select students, patients, or clients for service;
- discharge a student, patient, or client from services;
- make referrals for additional service;
- disclose clinical or confidential information either orally or in writing to anyone other than the supervising SLP (the SLPA must comply with current HIPPA and FERPA guidelines) unless mandated by law;
- develop or determine the swallowing strategies or precautions for patients, family, or staff;
- treat medically fragile students/patients/clients independently; or
- design or select augmentative and alternative communication systems or devices.<sup>3</sup>

Section 24.222.703 (b) (i) includes a requirement for aides/assistants to complete 100 graduate-level clinical clock hours. **ASHA recommends amending this language to require successful completion of a minimum of 100 hours of supervised field work experience. ASHA also recommends deleting the requirements in (b) (ii) calling for the completion of ten semester hours of graduate credit in the professional area.** Licensed assistants should be required to maintain their credential by completing the same continuing education requirements as audiologists and SLPs.

Thank you for the opportunity to provide comments on the Montana Administrative Code proposed regulations. If you or your staff have any questions, please contact Eileen Crowe, ASHA's director of state association relations, at [ecrowe@asha.org](mailto:ecrowe@asha.org).

Sincerely,



Elise Davis-McFarland, PhD, CCC-SLP  
2018 ASHA President

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<sup>1</sup> American Speech-Language-Hearing Association. (2013). Speech-language pathology assistant scope of practice [Scope of Practice]. Available from [www.asha.org/policy](http://www.asha.org/policy).

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.