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## New Department of Education Guidance Issued to Ensure Access to Speech-Language Pathology Services for Children With Autism

*ASHA Advocated Strongly for Department of Education Action*

**(Rockville, MD – July 21, 2015)** In response to reports that a growing number of children with autism spectrum disorder (ASD) may not be receiving needed speech and language services, the U.S. Department of Education (ED) has issued a new guidance to school systems nationwide recognizing the importance of speech-language pathology services and the necessary role of a speech-language pathologist in both evaluation and treatment of children with ASD.

In particular, ED's Office of Special Education Programs noted concern that speech-language pathologists and other appropriate professionals are not being included in evaluation and eligibility determinations under the Individuals with Disabilities Education Act (IDEA), Part B, which ensures the availability of free appropriate public education to all eligible children with disabilities, or in meetings to develop the individualized education plan (IEP) or individualized family service plan (IFSP) as required under IDEA, Parts B and C, respectively. Part C ensures that eligible infants and toddlers with a disability have access to early intervention services that are designed to meet their developmental needs.

In its guidance, ED states that some IDEA programs may be including applied behavior analysis (ABA) therapists exclusively without including, or considering input from, speech-language pathologists and other professionals who provide different types of therapies that may be appropriate for children with ASD. ED clarifies that ABA therapy is just one methodology used to address the needs of children with ASD—and reminds states and local programs to ensure that decisions regarding services are based on the unique needs of each child.

“We very much appreciate this guidance and believe that it will serve to ensure that children receive the appropriate treatment they deserve based on their individual needs,” said Judith L. Page, PhD, CCC-SLP, 2015 president of the American Speech-Language-Hearing Association. “The specialized education, training and experience of speech-language pathologists make them a key part of the team that evaluates and treats a child with autism spectrum disorder.”

## **ABA ED Guidance Cover Letter – FINAL**

### **U.S. Education Department Says ABA Is Not the Only Treatment for Children With ASD. CMS Agrees.**

Here is what you can do to advocate for speech-language pathology treatment.

#### **Background**

The United States Department of Education (USDOE) issued a guidance letter clarifying the roles of providers and the importance of coordinated delivery of services for children with autism spectrum disorder (ASD). The letter noted that school and early intervention programs should not rely on a single treatment method for children with ASD, such as ABA, and should include speech-language pathologists and other professionals in all decisions regarding evaluation and treatment. This follows extensive advocacy efforts from ASHA on behalf of members and state leaders concerned about the lack of consistent procedures pursuant to IDEA in the assessment and treatment of children with ASD.

There is a similar trend in health care to utilize only ABA specialists to provide care for children with ASD. Singling out ABA services in legislation, such as in mandates and payer policies, as the only treatment for individuals with developmental disabilities, including those with ASD, does not provide the full complement of appropriate treatments, and limits consumer choice. Legislators, payers, and policy makers at local, state, and federal levels should work to ensure that all therapies, not just ABA services, are included for coverage. CMS issued guidance on this topic in July 2014 stating, “While much of the current national discussion focuses on one particular treatment modality called Applied Behavioral Analysis (ABA), there are other recognized and emerging treatment modalities for children with ASD.” Clearly, CMS supports the full complement of services for individuals with autism, as does the U.S. Department of Education.

While this direct guidance is important for ASHA members and consumers, it is only helpful if all of us endeavor to get the “word out” to decision makers at the state level, in school districts, Part C early intervention programs, Medicaid programs, legislatures, and health plans. So please review the letter and share it with decision makers in your work setting.

#### **Actions to Take**

##### **In Schools and Early Intervention...**

- Offer in-service training to staff; include how SLPs evaluate and treat children with ASD
- Suggest to your supervisor ways that SLPs and ABA service providers can collaborate on treatment
- Communicate with Part C Coordinators and lead agencies about the CMS policy and the USDOE letter

##### **In the Community...**

- Speak with parent groups and local community disability organizations about the importance of a comprehensive evaluation and treatment program (IFSP/IEP), what services speech-language pathology services provide to children with ASD, and how services can be coordinated to provide maximum benefit for children
- Communicate with pediatricians and primary care physicians about the role SLPs play in treating individuals with ASD, and how USDOE and CMS guidance supports that role

**In health and private settings...**

- Communicate with local Medicaid and department of health representatives about the CMS policy and USDOE letter
- Communicate with health plan representatives and regulators about how the CMS policy and USDOE letter can and should influence payer policies

**State legislators and regulators...**

- Meet with legislators to discuss how the CMS policy and USDOE letter can influence state and payer policies
- Communicate with state insurance regulators about ACA Marketplace exchange plans that require habilitation services, such as speech-language treatment, and how individuals with ASD, who make up a subset of the population with developmental disabilities, may need habilitative services, as well as behavioral treatments, such as ABA

**Talking Points**

- SLPs are uniquely qualified to provide assessment and treatment of communication disorders for children with ASD, including social communication disorders
- Under IDEA Part B, a Free and Appropriate Public Education (FAPE) must be available to all students with disabilities under the law; allowing ABA therapists to dictate services is a violation of the law
- IDEA requires that decisions about services must be made by a full complement of appropriate qualified providers following a comprehensive evaluation
- IDEA's IEP and IFSP processes are designed to ensure that an appropriate program is developed to meet the unique individual needs of a child with a disability, and that services are identified based on the unique needs of the child by a team
- An ABA therapist may serve on the team, but is not the sole decision maker and cannot restrict access to services by other team members, such as SLPs
- No one treatment (including ABA) is appropriate for all individuals with ASD or other developmental disabilities
- Regarding Medicaid coverage, CMS recognizes that there are other treatments for children with ASD besides ABA, and that CMS, too, supports the full complement of appropriate services

# **US ED Guidance letter on Services to ASD - 7-6-15.pdf**



UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

JUL - 6 2015

Dear Colleague:

It has come to our attention that there are concerns in the field regarding services delivered to children with autism spectrum disorder (ASD). In particular, the Office of Special Education Programs (OSEP) has received reports that a growing number of children with ASD may not be receiving needed speech and language services, and that speech-language pathologists and other appropriate professionals may not be included in evaluation and eligibility determinations under the Individuals with Disabilities Education Act (IDEA), Part B, or in meetings to develop the individualized education program (IEP) or individualized family service plan (IFSP) under both Parts B and C of IDEA. Some IDEA programs may be including applied behavior analysis (ABA) therapists exclusively without including, or considering input from, speech language pathologists and other professionals who provide different types of specific therapies that may be appropriate for children with ASD when identifying IDEA services for children with ASD.

OSEP places a high priority on ensuring that infants, toddlers and children with disabilities are identified as early as possible under the IDEA and that appropriate services are provided, including to infants, toddlers, and children with ASD. Under Part B of the IDEA, each State and its public agencies must ensure that a free appropriate public education (FAPE) is made available to all eligible children with disabilities (34 CFR §§300.101 and 300.17). Under Part C of the IDEA, each State must ensure that each eligible infant and toddler with a disability has available early intervention services that are designed to meet their developmental needs as identified by the IFSP team.

When conducting an evaluation under Part C of the IDEA, the evaluation must identify the child's level of functioning in each of the following developmental areas: cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development (34 CFR §303.321(b)). Similarly, when conducting an initial evaluation under Part B, the public agency must ensure the child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities (34 CFR §300.304(c)(4)). In addition, the IFSP Team must include a person or persons directly involved in conducting the evaluations and assessments (34 CFR §303.343(a)(1)), while the IEP team must include an individual who can interpret the instructional implications of evaluation results (34 CFR §300.321(a)(5)). The IDEA's IEP and IFSP processes are designed to ensure that an appropriate program is developed to meet the unique individual needs of a child with a disability, and that services are identified based on the unique needs of the child by a team that include the child's parents.

Page 2 – Dear Colleague: Speech and Language Services for Students with Autism Spectrum Disorder

We recognize that ABA therapy is just one methodology used to address the needs of children with ASD and remind States and local programs to ensure that decisions regarding services are made based on the unique needs of each individual child with a disability (and the child's family in the case of Part C of the IDEA). We are sharing for your reference, and we encourage you to review, relevant guidance released by the Center for Medicare and Medicaid Services, "Clarification of Medicaid Coverage of Services to Children with Autism" (July 7, 2014; <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf>) and "Medicaid and CHIP FAQ: Services to Address Autism" (September 2014; <http://medicaid.gov/federal-policy-guidance/downloads/faq-09-24-2014.pdf>).

I hope this clarification is helpful to the speech language pathologists and others represented by your organization. If you have additional questions, please do not hesitate to contact Susan Kauffman at [susan.kauffman@ed.gov](mailto:susan.kauffman@ed.gov) or Dawn Ellis at [dawn.ellis@ed.gov](mailto:dawn.ellis@ed.gov).

Sincerely,



Melody Musgrove, Ed.D.  
Director  
Office of Special Education Programs