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**PROVIDER INFORMATION NOTICE**

**TO:** Speech Language Pathologists  
Child & Family Connections Managers  
Child & Family Connections Service Coordinators

**FROM:** Janet D. Gully, Chief   
Bureau of Early Intervention

**DATE:** November 22, 2010

**SUBJECT: CLARIFICATION OF EXISTING POLICY/PROCEDURE REGARDING  
DEVELOPMENTAL SERVICES PROVIDED BY SPEECH LANGUAGE  
PATHOLOGISTS TO CHILDREN ELIGIBLE FOR EARLY INTERVENTION**

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This provider information notice is meant to clarify the developmental focus of services provided by Speech Language Pathologists (SLPs) for children eligible for the Illinois Early Intervention (EI) program. This provider information notice was developed in consultation with the EI Speech Therapy Policy/Procedure Workgroup.

A webinar has been scheduled for **December 14, 2010 at 10am** to review the content of this provider information notice and to answer questions regarding it. If you would like to participate in the webinar, please register at the Illinois Early Intervention Training Program's website at [www.illinoiseittraining.org](http://www.illinoiseittraining.org).

The EI program is Part C of the "Individuals with Disabilities Education Act" (IDEA) and is a developmental program serving eligible children birth to three year old with developmental delays, disabilities or at-risk conditions. Services are authorized based upon functional outcomes that focus on child development, and family training, education and support that address developmental needs rather than medical needs.

The *Early Intervention Service Descriptions, Billing Codes & Rates* document is the EI provider handbook that was developed to guide providers of EI services in the provision of **developmental** intervention. All EI providers should have a copy of this document and should read and review the full text. For SLP's, the following sections are of great importance:

- 1) Principles of Early Intervention;
- 2) Important Early Intervention Policies and Procedures;
- 3) Service Descriptions for Aural Rehabilitation, Speech Language Therapy and Assistive Technology;
- 4) Definitions including Family Training, Education and Support, Functional Outcomes, Written Home Activity Program and others, and
- 5) All attachments.

The EI program utilizes the *Principles of Early Intervention for service delivery*. All approaches to service delivery are based upon the unique needs of each child/family and focus on the **coordination of both developmental and therapeutic activities** to ensure that all members of the team involved in a child's intervention, including the family and/or caregiver, are working together. The following philosophy applies to EI:

- The family is viewed as the primary interventionist in a child's life and the expert in relation to the needs of the child and family.
- The family and service providers involved in a child's intervention establish a working partnership based on an open exchange of information and expertise.
- Developmental and therapeutic activities are incorporated into a child's everyday life to naturally emphasize acquisition of functional skills.

EI does **not** pay for therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury. Rehabilitative therapy and therapy required as part of a medical procedure, medical intervention or injury **is not developmentally based** but is medically based. Once the condition has become medically stable, services that address on-going developmental delay can be addressed by EI.

Section 303.12(d)(14) of Part C of the IDEA state that speech language pathology includes:

- (i) Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; and
- (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
- (iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

What does this mean? This means that a speech language pathologist may provide a combination of developmental and therapeutic services to treat children who are experiencing medically stable oropharyngeal disorders and delays in development of communication skills. The goal of EI is to improve a child's functional ability to communicate at home and in other environments.

EI **does not** pay a SLP to provide services to a child who is medically unstable. A child who is experiencing oropharyngeal disorders at a medically unstable stage must receive services to treat those disorders within a medical setting. It is the responsibility of medical providers to determine, recommend and supervise a child's medically unstable care and subsequent pediatric rehabilitative therapy needs.

Developmentally based EI services address:

- cognitive development
- physical development including vision and hearing
- language, speech and communication development
- social emotional development
- adaptive self-help skills development

In order to distinguish developmental vs. medical, SLPs should focus on the need to ensure a child's health status will **NEVER** be compromised by an EI strategy. Children with altered respiratory status due to a medical condition such as apnea, cyanosis, tracheostomy, global motor disorders, and/or disorganized swallow as evidenced by significant clinical signs of gagging, choking, emesis, or aspiration may require medical intervention to ensure the child's safety and require immediate access to medical care.

Speech deficits that are considered medical vs. developmental include but are not limited to:

- alteration in respiration (active or past history of hypoxia/anoxia or aspiration; critical/persistent respiratory failure; respiratory infection, trauma, or malignancy; pneumonia; mechanical ventilation; tracheostomy)
- speech sound production or oral motor synchrony arising from any structural, neurologic or genetic defect (e.g., cleft lip/palate) which critically affects swallowing and breathing synchrony as a life sustaining function; inability to manage oral secretions
- active disease (persistent lung disease, bronchopulmonary disease, dysphagia, paralyzed vocal cords or gastroesophageal reflux disease (GERD), contagious disease processes
- enteral tube feeding, management & nutritional support
- other medically based deficits

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. See the following developmental versus medical case examples:

Example A: Two year old child is referred to EI for evaluation of speech delay with no medical diagnosis. Evaluation reveals a 35% speech delay. Child's treatment will be developmentally based with expected outcomes of improved receptive and expressive language skills. Developmentally based therapy is the focus of EI services.

Example B: Two month old child referred to EI post meningitis; receiving gastrostomy tube (g-tube) feedings. Child demonstrated aspiration on recent video swallow test. Altered neurologic status noted. This child should be referred to his/her Primary Medical Physician (PMP)/ medical home for medically based treatment and follow-up secondary to current health status (aspiration & g-tube feedings), medical interventions, and medical history. Children with medically complex conditions that require more medically based treatment must always be referred to their PMP/medical home. EI providers must ensure the child's health is never compromised due to EI outcome(s), developmental intervention strategy(s), or written home activity program (see definition section in EI Provider Handbook). Any potential risk for the child's respiratory, cardiac, neurologic, or metabolic status destabilizing requires immediate referral for medical evaluation and intervention.

Example C: Sixteen month old child referred to EI secondary to parent report of child not reaching developmental milestones in speaking. Medical diagnosis: Prematurity with low birth weight - (875kg), Respiratory Distress, hepatomegaly & splenomegaly secondary to Cytomegalovirus (CMV) at birth. No current medical problems. Child passed Newborn Hearing Screening; no further auditory assessments performed. Evaluation revealed profound hearing loss and eligible level of delays in expressive and receptive language. Global evaluation/assessment revealed no other delays. Child referred to Division of Specialized Care for Children (DSCC) for hearing intervention and follow-up.

Child will receive EI services based upon functional outcome(s), which reflect improvement in receptive and expressive language skills.

Example D: Three month old child referred to EI post discharge from NICU. Medical diagnosis: Respiratory Distress, Bronchopulmonary Dysplasia, Cerebral Palsy and Infantile spasms. Child has tracheostomy with O2 and G-button for feedings. Post evaluation/ assessment, SLP referred back to medical home for primary medical intervention secondary to complex medical needs. Once the child's condition becomes medically stable, services that address on-going developmental delay can be addressed by EI.

Example E: Twenty-nine month old referred by PMP. Medical diagnosis: Allergies and Asthma. Consumes liquids, pureed and soft solids; refuses finger foods. Child is currently fed apart from family meals and mother acknowledges frustration with this routine. Global evaluation revealed development WNL, Sensory Integration deficit with alteration in behavior. Parent requesting guidance and strategies to modify child's current eating behaviors. SLP will provide services as recommended per the IFSP team and PMP will be consulted to explore medical health issues.

Example F: One of eight month old fraternal twins born at 34 weeks gestation referred to EI per NICU for follow-up care. Medical diagnosis: Prematurity (birth weight 795kg), Down Syndrome, Ventricular Septal Defect (VSD) s/p VSD Repair, and Seizure Disorder. Evaluation findings revealed 60% Speech Delay and poor sucking reflex; child appears underweight. Mother advised SLP child recently has had frequent episodes of seizures despite many antiepileptic medication adjustments. Child coughs, gags and has bluish skin tone (cyanosis) during feeding. Child has been scheduled for g-tube insertion due to inadequate oral intake to meet nutritional needs. SLP referred child to PMP/medical home for medical intervention to manage nutritional needs and provide medical intervention to stabilize seizure disorder. Tube feeding administration, tube feeding insertion site care, adjustment of feeding formula/weaning, parent education re: medical care , weight monitoring and nutritional management related to feeding tubes are **not** EI covered services. They are medical services that require medical intervention. The PMP/medical staff who ordered the tube insertion is responsible for nutrition management. Seizure disorder medication management also requires medical intervention. When the child's condition becomes medically stable, services that address on-going developmental delay can be addressed by EI.

Activities for EI also include assistive technology assessment and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child are incorporated. Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to speech language services and enhancing the child's development are integral to this service. An eligible child is not required to be present, but may be if appropriate. They may also include such services as support groups, individual support and other training or education for the family. Please refer to the definition of "family *training, education & support*" in the *Early Intervention Service Descriptions, Billing Codes & Rates*, EI provider handbook.

Failure to make the appropriate referral may lead to increased liability for the provider.

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If you have questions about this provider information notice after December 14, 2010, please contact Jacqueline Thomas, Early Intervention Staff at: [jacqueline.thomas@illinois.gov](mailto:jacqueline.thomas@illinois.gov)

Thank you.