

FAQ on the DHS Provider Information Notice to Clarify Speech Language Pathology in Early Intervention

12/14/10

Q(1) Why was the 11/22/10 Provider Information Notice developed?

A(1) The goal of the of the 11/22/10 Provider Information Notice is to clarify current policy regarding the developmental focus of services provided by Speech Language Pathologists for children eligible for the Illinois Early Intervention program. This notice does not create new policy or procedures, but is part of ongoing Program Integrity efforts to accomplish statewide program equity, fidelity to program principles and state laws, and long-term program stability. Overtime, the Bureau will offer Provider Information Notices with clarification focusing on other Service Descriptions found in the EI Provider Handbook and qualified staff who provide services under those Service Descriptions.

Q(2) What feeding issues can be addressed by Early Intervention?

A(2) SLPs in EI may provide services for children with feeding/swallowing deficits related to sensory integration, medically stable oropharyngeal disorders and behavioral issues only. All other feeding/ swallowing deficits are medically related and should be referred to the child's primary medical physician or medical home for medical intervention.

Q(3) Are Evaluators allowed to do initial evaluations despite the stable/unstable condition of the child?

A(3) This provider information notice does not change the current evaluation/assessment process. All children referred to Early Intervention will be evaluated to determine eligibility and need for EI services. If a child is found to be medically unstable in any domain during the evaluation/assessment process, it is the responsibility of the provider to refer the child back to the primary medical physician for further evaluation and possible medical treatment.

Q(4) Will service coordinators be responsible for obtaining medical clearance/release for direct services?

A(4) No. Service coordinators will not be responsible for following up to obtain medical clearances or releases from physicians for Early Intervention services. It is the responsibility of a child's parent or physician to notify a child's service coordinator when a child is determined to be medically stable and direct services can begin.

Q5) As IFSP facilitators of the IFSP meeting, are service coordinators responsible for reviewing feeding recommendations at initial IFSPs to determine if they are medical or developmental?

A(5) Service coordinators may share the information in this provider notice with IFSP team members, including the family. The IFSP team determines the need for services based upon a child's functional outcomes and determines intensity, frequency and duration of services.

Q(6) Who is responsible for contacting the child's physician?

A(6). The SLP should refer to the child's primary medical physician or medical home when he/she assesses the need for medical intervention.

Q (7) What should a SLP do if child already has an IFSP but is not medically stable to receive therapy for oral-motor/feeding concerns?

A(7) Again, if a SLP assesses the need for medical intervention he/she should refer to the child's primary medical physician or medical home. The SLP should notify the child's service coordinator that a referral has been made back to the child's primary medical physician and existing policies and procedure should be followed if changes to the IFSP are needed. The IFSP team must meet to make changes in functional outcomes, service intensity, frequency or duration identified on the existing IFSP if the child is determined to require medical intervention.

Q(8) Once a child is medically stable, if the child's on-going developmental delay includes difficulty with beginning oral feeding, can the child receive speech-language services through EI or should they receive speech-language services through a medical setting because the original cause of the difficulty is medical in origin?

A(8) Once the child is medically stable, he/she can received developmental speech-language services through EI. SLPs in EI may provide therapy for children with feeding/swallowing deficits related to sensory integration, medically stable oropharyngeal disorders and behavioral issues.

Q(9) Can providers consult with a child's physician?

A(9) Yes. A provider may consult with a child's primary care physician and other specialty physicians who may be treating the child. The physician must have provided medical treatment to the child within the past year.