



January 29, 2025

Eunice Medina
Interim Director
South Carolina Department of Health and Human Services
P.O. Box 100101
Columbia, SC 29202

RE: The BabyNet Family Training Model for Early Intervention Services

Dear Interim Director Medina:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to provide feedback regarding the BabyNet family training (FT) model for early intervention (EI) services and to stress the importance of protecting consumer access to *licensed* speech-language pathology services.

ASHA is the national professional, scientific, and credentialing association for 234,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Over 3,000 ASHA members reside in South Carolina.¹

SLPs identify, assess, and treat speech, language, swallowing, feeding, and cognitive-communication disorders. SLPs across South Carolina serve infants, children, adolescents, and adults in many different settings, including homes, schools, outpatient clinics, hospitals, and skilled nursing facilities.

We are particularly concerned that the family training model South Carolina employs for EI involves the use of unlicensed family trainers to provide and bill directly for health care services. This does not follow the typical family training model in which unlicensed personnel facilitate access to EI services by acting as the *intermediary* between the family and the licensed and qualified EI provider.

Personnel Qualifications

ASHA is concerned about the role of unlicensed family trainers as part of the initial evaluation and subsequent service delivery within the Individualized Family Service Plan (IFSP) framework. Unlike other qualified professions under the Individuals with Disabilities Education Act (IDEA), such as SLPs, unlicensed family trainers could potentially be considered unqualified personnel under applicable laws such as IDEA. Part C of IDEA outlines that services must be provided by qualified personnel, including audiologists, SLPs, special educators, and other licensed professionals. Furthermore, EI services, as defined under Section §303.13 of IDEA, are services provided that must meet the developmental needs of the child^{2,3}. IDEA makes it clear that personnel must meet specific qualifications for compliance. For instance:

- **State Policies and Procedures⁴:**
 - States must ensure that personnel providing EI services meet appropriate professional qualifications.

- Policies should outline the requirements for certification, licensing, or registration of professionals.
- States must adopt personnel standards to ensure qualifications align with professional requirements.
- **Use of Paraprofessionals and Assistants⁵:**
 - Paraprofessionals and assistants must be appropriately trained and supervised.
 - They may assist in the provision of EI services under the supervision of qualified personnel as outlined by the state.

Such personnel qualifications are best structured within a Comprehensive System of Personnel Development (CSPD) to ensure the availability of qualified personnel to provide EI services.⁶ The components of CSPD may include:

- **Recruitment and Retention:** strategies to attract and retain qualified personnel
- **Preservice and In-Service Training:** ongoing training for personnel to maintain qualifications
- **Technical Assistance:** support to enhance service delivery
- **Evaluation:** monitoring and improving the quality of personnel and services.

Given the limited defined role of family trainers, they are not able to adequately provide the full continuum of services that are required for children with communication disorders under IDEA. SLPs as part of their professional scope are trained in the full continuum of services.

In addition, BabyNet assures families that the role of the intervention team is to “work together so that each team member’s expertise will be used to help parents meet the goals they have for their child’s development” and “help families find answers to their tough questions.”⁷ South Carolina families that enroll in the BabyNet program expect the provider working with their child to have expertise in communication sciences and disorders, and the education and training of an SLP aligns with this expectation.

We offer the following comparison to illustrate the disparate education, training, and licensing between SLPs and family trainers.

Comparison of Qualifications of SLPs and Family Trainers

The education requirements for a family trainer in South Carolina are:

- A bachelor’s degree from a list of approved fields of study with one year of documented experience working with a) infants and toddlers or b) children with disabilities aged birth to five years; or
- A bachelor’s degree in a human services field not included on the approved list, with a required transcript review, at least 12 hours of relevant coursework, and one year of documented experience working with a) infants and toddlers or b) children with disabilities aged birth to five years; or
- A bachelor’s degree in any field with five years of documented experience with a) infants and toddlers or b) children with disabilities aged birth to five years.⁸

In contrast, the education requirements for an SLP in South Carolina are:

- A master’s degree program in the specialized field of communication sciences and disorders; and

- 1,260 hours of supervised professional employment.⁹

An SLP completes six years of schooling between undergraduate and graduate programs to ensure an educational foundation for the best care to meet patients' needs. In addition, SLPs who obtain the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) must complete ongoing professional development, including at least 30 hours of professional development every three years.

Family trainers have varied educational backgrounds and do not have a scope of practice outlined in statute or by a regulating agency. SLPs have a scope of practice outlined in statute, are regulated, and have the educational foundation that enables them to focus on feeding and swallowing, understanding and using language, social communication, literacy, and speech production, as well as evaluating for and recommending appropriate augmentative and alternative communication devices.

According to South Carolina's scope of practice statute for a licensed SLP, "speech-language pathology" or "speech-language pathology service" means screening, identifying, assessing, interpreting, diagnosing, rehabilitating, researching, and preventing disorders of speech, language, voice, oral-pharyngeal function, and cognitive/communication skills; developing and dispensing augmentative and alternative communication systems and providing training in their use; providing aural rehabilitation and counseling services to hearing impaired individuals and their families; enhancing speech-language proficiency and communication effectiveness; screening of hearing, limited to a pass-fail determination; screening of other skills for the purpose of speech-language evaluation; and identifying individuals with other communication disorders.¹⁰

Initial Evaluation and the Provision of Services Within the IFSP Framework

In addition to ensuring compliance with the personnel requirements of IDEA, we are concerned with reports that family trainers—as opposed to qualified SLPs—are conducting initial evaluations for students who may benefit from services that are within the licensed professional scope of speech-language pathology.¹¹ The following examples illustrate the benefits of services that SLPs are uniquely qualified to provide.

- **Expertise and Training:**
 - **SLPs' Specialization:** SLPs have extensive training in speech, language, swallowing, and feeding development, disorders, and evidence-based interventions.
 - **Professional Standards:** SLPs usually have a master's degree, supervised clinical experience, Certificate of Clinical Competence, and state licensure.
- **Accurate Diagnosis and Effective Intervention:**
 - **Comprehensive Assessments:** SLPs can accurately diagnose speech, language, swallowing, and feeding disorders using standardized assessments and observational techniques.
 - **IFSP:** SLPs develop tailored intervention plans that address specific needs, ensuring effective and appropriate services.
 - **Legal Compliance:** Using qualified SLPs ensures greater compliance with federal and state regulations, reducing the risk of legal challenges.

- **Positive Developmental Outcomes:**
 - **Early Identification:** Early and accurate assessment by qualified SLPs leads to timely and effective intervention, enhancing developmental trajectories.
 - **Skill Development:** Targeted interventions support the development of critical communication skills, setting up future academic and social-emotional success.
- **Cost-Effectiveness:**
 - **Reduced Need for Future Services:** Early identification and intervention by qualified and licensed providers can mitigate the severity of speech and language disorders, reducing the need for extensive services later.
 - **Efficient Resource Use:** Qualified assessments ensure that resources are directed to appropriate and effective interventions. Tools such as assessments are outside the scope and expertise of personnel such as family trainers.

ASHA strongly believes that ensuring only qualified, licensed personnel deliver services is vital to improve the outcome of infants and toddlers and to maximize compliance with state and federal law. Ensuring qualified personnel are available and well-prepared is crucial to the successful implementation of Part C of IDEA. IDEA indicates that states must develop and maintain robust systems to recruit, train, and retain personnel to meet the developmental needs of infants and toddlers with disabilities.

Utilizing qualified SLPs for initial evaluations in speech-language pathology services is essential for accurate diagnosis, effective intervention, and compliance with legal and ethical standards. EI programs should ensure that initial assessments for speech services are conducted by licensed SLPs to maximize developmental outcomes for infants and toddlers. Using qualified SLPs to provide intervention services outlined in the IFSP under Part C of IDEA is essential for effective and appropriate intervention, legal compliance, and long-term positive outcomes.

Medicaid Billing

In addition to ASHA's concerns related to the family training model and IDEA compliance, we also have concerns related to Medicaid billing. Because family trainers are unlicensed and not regulated by a state administrative body, they would also likely not be considered qualified personnel when it comes to Medicaid program enrollment and billing. If a family trainer causes harm to an EI recipient, the recipient has no redress from a regulatory body. SLPs, on the other hand, are held accountable because they are licensed and regulated by a state regulatory body.

ASHA is unaware of any other state that allows individuals like family trainers to directly bill for services related to an EI program. Typically, individuals in positions similar to family trainers in other states (e.g., case manager) refer all services to licensed health care providers, including SLPs, for appropriate developmental interventions. Not only is it atypical for these providers to bill, but it is also even more unusual that they are permitted to perform interventions similar to those in the scope of practice of some of the providers to whom they would normally be referred—like speech, occupational, or physical therapists.

For example, we have learned from ASHA members in South Carolina that family trainers often perform and bill assessments using Healthcare Common Procedure Coding System (HCPCS) code T1018 (School-based individualized education program [IEP] services, bundled) to South Carolina Medicaid. However, family trainers lack formal communication sciences and disorders education and subject matter expertise to appropriately perform and bill for communication-related assessments. Such assessments must be conducted in a more thorough manner by a

licensed provider, typically an SLP, who would bill Current Procedural Terminology (CPT®) code 92523 for a full speech and language evaluation. As a result, South Carolina Medicaid is paying for an intermediate assessment when it is most appropriate, and cost-effective, for a licensed provider to bill for these services to properly evaluate a child in need of speech-language intervention.

Children with communication disorders and their families must be afforded the full complement of services designed to meet their individual needs. Allowing individuals without the appropriate education and training to make decisions about a child's communication needs may result in an inaccurate assessment and inappropriate recommendations for services to the family. Using a team of qualified professionals to partner with families ensures that a child will receive the comprehensive care they need.

While we strongly share the desire to reach more families in need of EI services, ASHA maintains that **state-licensed SLPs should be the first stop in any comprehensive assessment and treatment of communication and feeding disorders for families in the EI program** since SLPs are able to prioritize intervention objectives and coordinate planning for communicative success.

We appreciate this opportunity to offer feedback on the family training model and the way it can best serve South Carolina's EI beneficiaries. If you or your staff have any questions, please contact Bill Knudsen, ASHA's director of education policy, at bknudsen@asha.org, and Doanne Ward-Williams, ASHA's senior director of state affairs, at dwardwilliams@asha.org.

Sincerely,



A. B. Mayfield-Clarke, PhD, CCC-SLP
2025 ASHA President

¹ American Speech-Language-Hearing Association. (2023). *South Carolina* [Quick Facts]. <https://www.asha.org/siteassets/advocacy/state-fliers/south-carolina-state-flyer.pdf>

² U.S. Department of Education. (n.d.). *Sec. 303.13 Qualified personnel*. Individuals with Disabilities Education Act. <https://sites.ed.gov/idea/regs/c/a/303.31>

³ U.S. Department of Education. (n.d.). *Sec. 303.31 Early intervention services*. Individuals with Disabilities Education Act. <https://sites.ed.gov/idea/regs/c/a/303.13>

⁴ U.S. Department of Education. (n.d.). *Sec. 303.119 Personnel standards*. Individuals with Disabilities Education Act. <https://sites.ed.gov/idea/regs/c/b/303.119>

⁵ U.S. Department of Education. (n.d.). *Sec. 303.119(c)*. Individuals with Disabilities Education Act. <https://sites.ed.gov/idea/regs/c/b/303.119/c>

⁶ U.S. Department of Education. (n.d.). *Sec. 303.118 Comprehensive system of personnel development (CSPD)*. Individuals with Disabilities Education Act. <https://sites.ed.gov/idea/regs/c/b/303.118>

⁷ South Carolina Department of Health and Human Services. (2019). *BabyNet Brochure*. https://www.scdhhs.gov/sites/default/files/documents/BabyNet%20Brochure%20trifold%20inhouse%20July%202019_0.pdf

⁸ South Carolina Department of Health and Human Services. (2025). *Early Intervention Services Provider Manual*. [https://www.scdhhs.gov/sites/default/files/manuals/Early%20Intervention%20Services%20Manual%20\(EI\)%2001-01-2025.pdf](https://www.scdhhs.gov/sites/default/files/manuals/Early%20Intervention%20Services%20Manual%20(EI)%2001-01-2025.pdf)

⁹ South Carolina Code of Laws. (2022). Title 40, Chapter 67: *Speech-Language Pathologists and Audiologists*. <https://www.scstatehouse.gov/code/t40c067.php>

¹⁰ Ibid

¹¹ U.S. Department of Education. (n.d.). *Sec. 303.321 Evaluation of the child and assessment of the child and family*. Individuals with Disabilities Education Act. <https://sites.ed.gov/idea/regs/c/d/303.321>