



AMERICAN  
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HEARING  
ASSOCIATION

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## *Medicaid Audiologist Qualifications*

Dear Colleague:

The Centers for Medicare and Medicaid Services (CMS) is soon to publish a proposed rule on Medicaid provider qualifications for audiologists. We wanted to let you know of ASHA's involvement and briefly lay out our positions in this process. In revising the regulations, CMS stated that its goal was to develop standards that conform with Medicare's qualifications, while reflecting industry standards and holding individuals to specific standards in settings such as schools. Over the past year, ASHA has worked with CMS to ensure that any changes in the qualifications will not diminish the quality of hearing services provided to Medicaid recipients and that audiology services be provided or appropriately supervised by audiologists.

In working with CMS, ASHA has urged the agency to craft regulations that:

- recognize audiology as an autonomous and distinct profession;
- support standards in all state licensing laws and regulations involving the Medicaid population that are equal to or greater than the Certificate of Clinical Competence in Audiology (CCC-A);
- tighten and conform the equivalency clause in the current regulations that has allowed states to have bachelor-degreed and lesser-qualified individuals provide and be reimbursed for Medicaid services in schools; and
- strengthen the regulations to ensure that only qualified audiologists provide or appropriately supervise audiology services for Medicaid beneficiaries.

Arguments have been made to CMS that state licensure alone is a sufficient tool to establish competence. ASHA maintains that the sole use of licensure, in lieu of the CCC-A to define audiologists, reduces quality assurance controls that have been present in Medicaid for many years. Moreover, relying solely on licensure places autonomy for audiologists at high risk. It creates a strong financial incentive for others with ulterior motives to pursue changes in state licensure laws. Removing the CCC-A requirement would allow lesser or unqualified individuals greater opportunity to seek licensure to provide audiology services that would be eligible for Medicaid reimbursement. In fact, ASHA has helped to defeat recent attempts in state legislatures that would have permitted hearing aid dealers and otolaryngologists promoting an audiologic technician to provide these services to Medicaid beneficiaries.

The sole use of a state licensure definition of “qualified audiologist” presents special problems for Medicaid services furnished in school settings, especially where a teacher’s certificate is used in lieu of a state license. In 44 states, school employees are exempt from state health care licensure laws because they already hold an appropriate teaching credential. Without the CCC-A in the Medicaid regulations, Medicaid audiology provider qualifications would vary greatly in schools and again allow much lesser qualified individuals to provide the hearing benefit services under Medicaid.

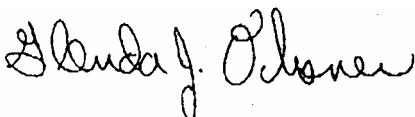
In addition, through the broadly interpreted “or equivalent” clause in the current Medicaid regulations, the CCC-A has not been the sole standard for determining audiology provider qualifications. This fact has been borne out in recent audits by CMS of state Medicaid programs. States have allowed bachelor-degreed and lesser-qualified individuals to provide such services to Medicaid beneficiaries.

This problem is further compounded by the lack of supervision guidance from CMS for other providers in schools to work and be reimbursed for services “under the direction of” a federally qualified audiologist. ASHA regularly receives calls from members who are being requested or coerced to sign for Medicaid services in schools for children that they have never seen or whose care they have not supervised. We are aware of several fraud suits that are working their way through the courts resulting from these situations. ASHA has asked CMS to strengthen the “under the direction of” requirements so that audiology services are provided or appropriately supervised by audiologists under Medicaid. And ASHA will continue to work with CMS, the Inspector General’s office and the U.S. Department of Justice to help clarify the audiologist’s critical role in these services and discourage such fraudulent practices.

As you know, for over 50 years, the Certificate of Clinical Competence in Audiology has been widely recognized as the industry standard developed by audiologists for audiologists. The demanding journey toward certification ensures the highest quality preparation for those who deliver clinical services. The public can be confident that no other professionals are better qualified to provide hearing services. Maintaining the requirements of the CCC-A in Medicaid will ensure that Medicaid recipients continue to receive safe and effective services furnished by qualified audiologists operating within the bounds of prescribed laws and ethics.

When published, the proposed rule has a 60-day comment period. Based on the content of the proposed rule, ASHA will be providing extensive comments on this rulemaking. Additional information will be posted on the ASHA Web site at <http://professional.asha.org>. Should you have any questions or need additional information, please contact James Potter at [jpotter@asha.org](mailto:jpotter@asha.org) or Ingrida Lusic at [ilusic@asha.org](mailto:ilusic@asha.org), or by phone at 800-498-2071.

Sincerely,



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