

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD 2005 Evergreen Street, Suite 2100, Sacramento, CA 95815

P (916) 263-2666 | www.speechandhearing.ca.gov



TELECONFERENCE AUDIOLOGY PRACTICE COMMITTEE MEETING NOTICE AND AGENDA

The Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (Board) will hold an Audiology Practice Committee Meeting via WebEx Events on

Wednesday, September 23, 2020, beginning at 1:00 p.m.

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-29-20, dated March 17, 2020, neither Board member locations nor a public meeting location are provided. Public participation may be through teleconferencing as provided above. If you have trouble getting on the WebEx event to listen or participate, please call 916-263-2666.

Important Notice to the Public:

The Committee will hold this public meeting via WebEx Events.

Instructions to connect to this meeting can be found at the end of this agenda. To participate in the WebEx Events meeting, please log on to this website the day of the meeting:

https://dca-ca.webex.com/dca-ca/onstage/g.php?MTID=ef5e2e9ac0e5918d271ac7c59cdbef0aa.

Due to potential technical difficulties, please consider submitting written comments by 5:00 p.m. on September 22, 2020, to speechandhearing@dca.ca.gov for consideration.

Audiology Practice Committee Members

Marcia Raggio, Dispensing Audiologist, Committee Chair Rodney Diaz, Otolaryngologist, Public Member Karen Chang, Public Member Christy Cooper, Dispensing Audiologist

Audiology Practice Committee Meeting

- 1. Call to Order / Roll Call / Establishment of Quorum
- 2. Public Comment for Items not on the Agenda

 The Committee may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))
- 3. Discussion and Possible Action Regarding Audiology Licensing Requirements (As Stated in Business and Professions Code Sections 2532.2 and 2532.25 and Title 16, California Code of Regulations (CCR) section 1399.152.2)

- Discussion and Possible Action Regarding Audiology Examination Requirement: Consideration of The New Praxis Audiology Examination and Its Passing Score Recommendation (As Stated in Title 16, CCR section 1399.152.3)
- Discussion and Possible Action Regarding Board Statement Related to the Centers for Medicare and Medicaid Services' (CMS) Merit-based Incentive Payment System (MIPS) Requirements of Audiologists
- 6. Discussion and Possible Action Regarding Additional Waivers Needed by Audiologists During the COVID-19 State of Emergency
- 7. Discussion and Possible Action Regarding COVID-19 DCA Waivers Related to Audiology and Whether To Seek Permanent Changes to These Statutes or Regulations
- 8. Future Agenda Items (The Committee may discuss other items in sufficient detail to decide whether to place the matter on the agenda of a future meeting)
- 9. Adjournment

Agendas and materials can be found on the Board's website at https://www.speechandhearing.ca.gov/board activity/meetings/index.shtml.

Action may be taken on any item on the Agenda. The time and order of agenda items are subject to change at the discretion of the Committee Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Committee are open to the public. In the event a quorum of the Committee is unable to attend the meeting, or the board is unable to maintain a quorum once the meeting is called to order, the members present may, at the Chair's discretion, continue to discuss items from the agenda and make recommendations to the full Board at a future meeting.

The meeting facility is accessible to persons with a disability. Any person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Board office at (916) 263-2666 or making a written request to Cherise Burns, Assistant Executive Officer, 2005 Evergreen Street, Suite 2100, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.



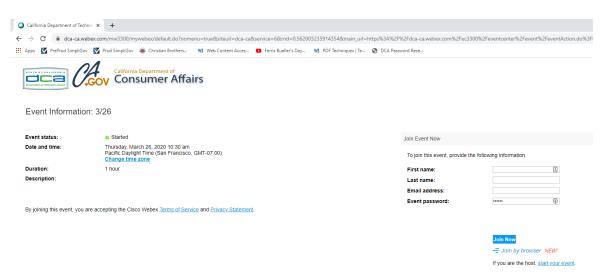
The following contains instructions to join a WebEx event hosted by the Department of Consumer Affairs (DCA).

NOTE: The preferred audio connection to our event is via telephone conference and not the microphone and speakers on your computer. Further guidance relevant to the audio connection will be outlined below.

 Navigate to the WebEx event link provided by the DCA entity (an example link is provided below for reference) via an internet browser.

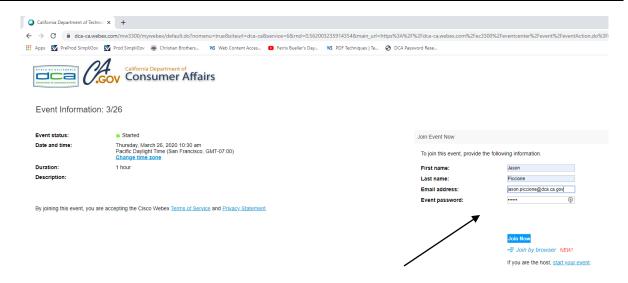
Example link:

https://dca-ca.webex.com/dca-ca/onstage/g.php?MTID=eb0a73a251f0201d9d5ef3aaa9e978bb5



2. The details of the event are presented on the left of the screen and the required information for you to complete is on the right.
NOTE: If there is a potential that you will participate in this event during a Public Comment period, you must identify yourself in a manner that the event Host can then identify your line and unmute it so the event participants can hear your public comment. The 'First name', 'Last name' and 'Email address' fields do not need to reflect your identity. The department will use the name or moniker you provide here to identify your communication line should you participate during public comment.

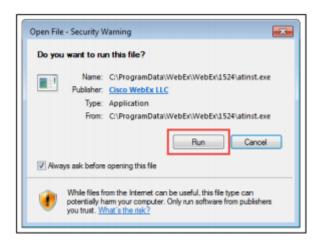




3. Click the 'Join Now' button.

NOTE: The event password will be entered automatically. If you alter the password by accident, close the browser and click the event link provided again.

4. If you do not have the WebEx applet installed for your browser, a new window may open, so make sure your pop-up blocker is disabled. You may see a window asking you to open or run new software. Click 'Run'.



Depending on your computer's settings, you may be blocked from running the necessary software. If this is the case, click 'Cancel' and return to the browser tab that looks like the window below. You can bypass the above process.



Starting Webex...



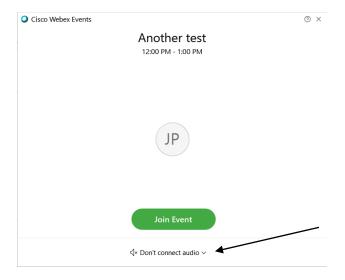
Still having trouble? Run a temporary application to join this meeting immediately.

- 5. To bypass step 4, click 'Run a temporary application'.
- 6. A dialog box will appear at the bottom of the page, click 'Run'.



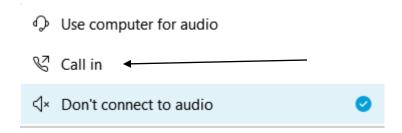
The temporary software will run, and the meeting window will open.

7. Click the audio menu below the green 'Join Event' button.

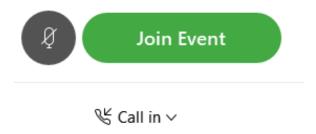




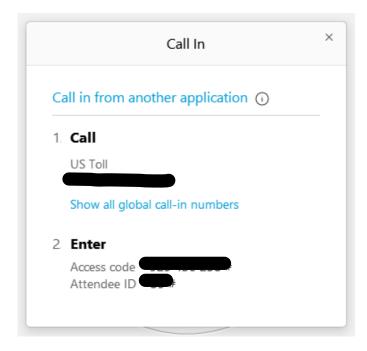
8. When the audio menu appears click 'Call in'.



9. Click 'Join Event'. The audio conference call in information will be available after you join the Event.



10. Call into the audio conference with the details provided.





NOTE: The audio conference is the preferred method. Using your computer's microphone and speakers is not recommended.

Once you successfully call into the audio conference with the information provided, your screen will look like the screen below and you have joined the event.

Congratulations!

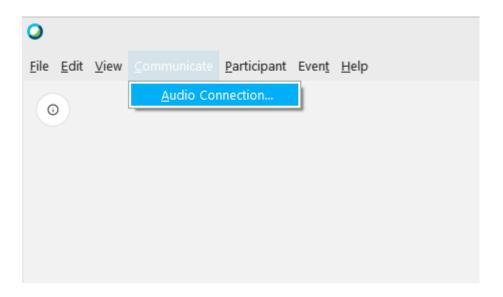


NOTE: Your audio line is muted and can only be unmuted by the event host.

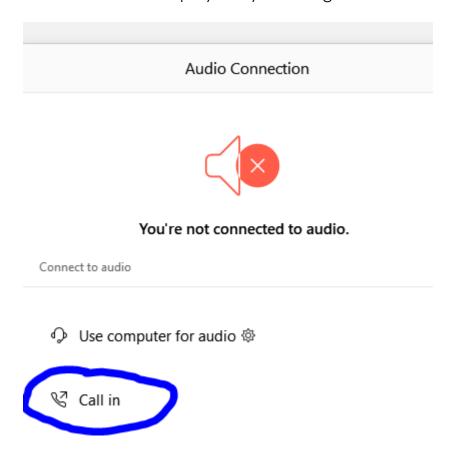
If you join the meeting using your computer's microphone and audio, or you didn't connect audio at all, you can still set that up while you are in the meeting.

Select 'Communicate' and 'Audio Connection' from top left of your screen.





The 'Call In' information can be displayed by selecting 'Call in' then 'View'



You will then be presented the dial in information for you to call in from any phone.



Participating During a Public Comment Period

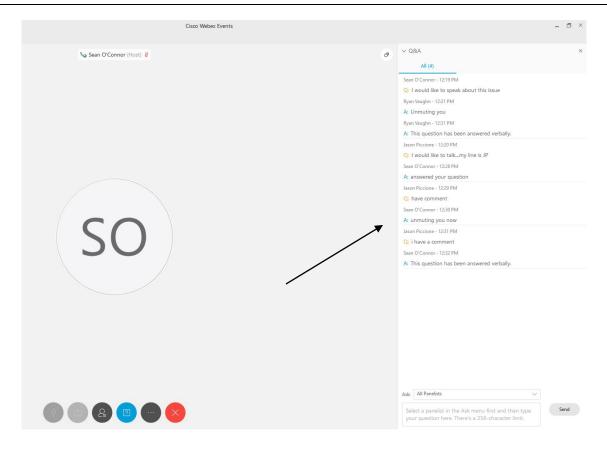
At certain times during the event, the facilitator may call for public comment. If you would like to make a public comment, click on the 'Q and A' button near the bottom, center of your WebEx session.



This will bring up the 'Q and A' chat box.

NOTE: The 'Q and A' button will only be available when the event host opens it during a public comment period.





To request time to speak during a public comment period, make sure the 'Ask' menu is set to 'All panelists' and type 'I would like to make a public comment'.

Attendee lines will be unmuted in the order the requests were received, and you will be allowed to present public comment.

NOTE: Your line will be muted at the end of the allotted public comment duration. You will be notified when you have 10 seconds remaining.



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MEMORANDUM

DATE	September 16, 2020
ТО	Audiology Practice Committee
FROM	Marcia Raggio, Vice Chair
SUBJECT	Agenda Item 3: Discussion and Possible Action Regarding Audiology Licensing Requirements (As Stated in Business and Professions Code Sections 2532.2 and 2532.25 and Title 16, California Code of Regulations (CCR) section 1399.152.2)

Background

Currently, Business and Professions Code (BPC) Section 2532.25(b) requires the submission of evidence of no less than 12 months of satisfactorily completed supervised professional full-time experience or its part-time equivalent obtained under the supervision of a licensed audiologist....." This experience shall be completed under the direction of a board-approved audiology doctoral program. The required professional experience shall follow completion of the didactic and clinical rotation requirements of the audiology doctoral program. Applicants should submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and audiological disorders.

The California State University and private AuD programs typically require that their enrollees earn approximately 1850 clinical clock hours due to the typical nationwide adoption of this hourly requirement, clearly exceeding the requirement of 1399.152.2(c) of 300 clock hours. Currently, due to the BPC Section 2532.2(b) requirement, all programs require a 12-month 3rd or 4th year Required Professional Experience (RPE), even if the 1850 clinical clock hour requirement has already been met prior to 12 months. This situation, along with the programs' requiring that all clock hours be achieved following the completion of the AuD program, can cause a significant financial and temporal hardship for students who complete their clock hour requirement prior to 12 months. Additionally, there are students who have difficulty achieving 1850 hours in a 12 month period only within their RPE (due to either Federal Visa restrictions of 11 months for gaining experience or the CSU Executive Order requiring the completion of the program in 11 semesters).

For current hearing and balance healthcare training these statutory and regulatory requirements can create insufficient clinical training, as well as restrictive aspects for program completion, causing hardships for audiology doctoral students and programs, while not supporting adequate consumer protection for audiology and balance services.

The Council on Academic Accreditation (CAA via ASHA) states: "The doctoral program in audiology must meet the following requirements...Include a minimum of 12 months' full time

equivalent of supervised clinical experience. These include short-term rotations and longer-term externships and should be distributed throughout the program of study." Thus, CAA does not require a specific 12-month externship. Further, CAA does not require all clock hours be direct patient contact, i.e. "Any effort that would be part of a full-time audiologist's typical work assignment counts toward the requirement. The program is expected to use reasonable judgment when counting non-patient contact hours." Both CAA and ACAE (via AAA) state that they do not recommend a required number of months or clock hours of training, but rather recommend that all programs provide their students with a program that meets all accreditation requirements.

At the Board's February 20-21, 2020 Meeting, the Audiology Practice Committee (Committee) discussed revising and revamping the number of clinical clock hours and the 12-month full-time professional experience requirements for licensure as an audiologist. At that time the Board discussed how the current requirements are no longer appropriate and need to be updated to consider the shift in educational requirements from a master's degree in Audiology to a Doctoral degree in Audiology (AuD). Since that meeting, the Board has done additional outreach to stakeholders regarding potential revisions to audiology licensure requirements. Additionally, the COVID-19 pandemic has had significant negative impacts on many audiology students' ability to successfully complete the 12-month professional experience requirement for licensure during their graduate program.

At the Board's June 30, 2020 Teleconference Meeting, the Board discussed some of the following issues:

- Audiology students, in all California programs, are provided with clinical experiences/rotations throughout their programs. Students participate in a number of types of clinics with a variety of patient populations and varying pathologies regarding both hearing and balance. Students in these pre-graduation clinics receive 100 percent supervision by licensed audiologists. Should the requirement that all RPE experiences, and thus all clock hours achieved in these supervised, pre-graduation clinics and during the 3rd or 4th year RPE, be counted toward an 1850 clinical clock hour requirement to allow for program and student flexibility?
- Should the 12-month RPE requirement be eliminated or modified to include the hours allotted to pre-graduation supervised, clinical experiences? Should the length of the RPE have a range, i.e. 9-12 months?
- What types of clinical clock hours can be counted, i.e. direct patient contact hours, shift hours, audiology simulation hours?
- Should the need for an RPE provisional license be eliminated?
- What considerations need to be taken into account for out-of-state AuD programs that only require 1600 hours?
- What considerations need to be taken into account for students on Federal Visa's that limit them to only accruing 11 months of experience without violating the terms of their Visa?

There was robust public participation during this discussion, including input from a variety of Audiology graduate programs throughout California. Some of the major themes of this input was that the RPE temporary license should continue, but that some of the pre-RPE experience should count towards the total professional experience requirement. Another theme was about the immense value of professional experiences that are not direct patient contact hours, but that there should be some limitiations on the use of non-direct patient contact hours.

The issue was then delegated to the Committee the task of having a stand alone meeting to sharpen the language and get additional public input and to bring back a final recommendation to the next Board Meeting.

Proposed Statutory and Regulatory Revisions

In light of the public comments received at the June 30 meeting, the following statutory and regulatory revisions are proposed for the Committee's consideration:

Business and Professions Code Section 2532.25

- (a) An applicant seeking licensure as an audiologist shall possess a doctorate in audiology earned from an educational institution approved by the board. The board may, in its discretion, accept qualifications it deems to be equivalent to a doctoral degree in audiology. The board shall not, however, accept as equivalent qualifications graduation from a master's program that the applicant was enrolled in on or after January 1, 2008.
 (b) In addition to meeting the qualifications specified in subdivision (a), an applicant seeking licensure as an audiologist shall do all of the following:
- (1) Submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and audiological disorders. The board shall establish by regulation the required number of clock hours of supervised clinical practice necessary for the applicant. The clinical practice shall be under the direction of an educational institution approved by the board.
- (2) Submit evidence of no less than 1800 hours12 months of satisfactorily completed supervised professional full-time experience or its part-time equivalent obtained under the supervision of a licensed audiologist or an audiologist having qualifications deemed equivalent by the board. This experience shall be completed under the direction of a board-approved audiology doctoral program. The required professional experience shall follow completion of the didactic and clinical rotation requirements of the audiology doctoral program.
- (3) Pass an examination or examinations approved by the board. The board shall determine the subject matter and scope of the examination or examinations and may waive an examination upon evidence that the applicant has successfully completed an examination approved by the board. Written examinations may be supplemented by oral examinations as the board shall determine. An applicant who fails an examination may be reexamined at a subsequent examination upon payment of the reexamination fee required by this chapter.
- (c) This section shall apply to applicants who graduate from an approved educational institution on and after January 1, 2008.

Title 16, California Code of Regulations section 1399.152.2

(a) Supervised clinical professional experience within the meaning of Section 2532.2, subdivision (c), and Section 2532.25, subdivision (b)(2), of the Code shall be in the area for which licensure is sought. Speech-language pathology clinical professional experience shall be under the supervision of a licensed speech-language pathologist or a speech-language pathologist having qualifications deemed equivalent by the Board. Audiology clinical professional experience shall be under the supervision of a licensed audiologist or an audiologist having qualifications deemed equivalent by the Board. "Qualifications deemed equivalent by the Board" includes a supervisor who holds the

legal authorization to practice in the field for which licensure is sought in the state where the experience is being obtained, if the supervised clinical professional experience is obtained in a setting which is exempt from the licensure requirements of the Act or out of state

- (b) Two hundred seventy-five (275) clock hours of clinical professional experience shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program on or before December 31, 1992.
- (c)(1) Three hundred (300) clock hours of clinical professional experience in three (3) different clinical settings shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program after December 31, 1992, or an audiologist for applicants who completed their graduate program prior to December 31, 2007.
- (2) A minimum of eighteen hundred (1800) clock hours of professional experience accrued over no fewer than 36 weeks shall be required for licensure as an audiologist for applicants who completed their doctoral program after December 31, 2007. These professional experience hours can include up to 630 hours of patient related activities that are not direct client/patient contact and a maximum of 200 hours of supervised clinical practice hours if those hours are in direct client/patient contact. Documentation of the types of hours and the minimum number of weeks of experience accrued will be provided by the graduate audiology program.
- (d) Twenty-five (25) hours of the required clinical experience may be in the field other than that for which the applicant is seeking licensure (speech-language pathology for an audiologist or audiology for a speech-language pathologist) if such clinical experience is under a supervisor who is qualified in the minor field as provided in subsection (a).

Action Requested

Discuss the Proposed Statutory and Regulatory Revisions, as presented on pages 3-4. After discussing these proposed changes and considering public comment, recommend finalized statutory and regulatory language for the full Board's consideration and action at its next meeting.



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MEMORANDUM

DATE	September 15, 2020
ТО	Audiology Practice Committee
FROM	Cherise Burns, Assistant Executive Officer
SUBJECT	Agenda Item 4: Discussion and Possible Action Regarding Audiology Examination Requirement: Consideration of The New Praxis Audiology Examination and Its Passing Score Recommendation (As Stated in Title 16, CCR section 1399.152.3)

Background

In response to the COVID-19 pandemic the Educational Testing Service (ETS), who owns and administers the Praxis Subject Tests in Audiology and Speech-Language Pathology, developed at home testing capabilities for a variety of tests, including the Praxis Subject Test in Audiology (5343) which was launched in September of 2020.

ETS also conducts Multistate Standard-Setting Studies, which includes practitioner panels that simulate a test-taking experience prior to recommending a passing score, confirms that the content is important and relevant to entry-level practice, and then recommends a passing score for states to consider. ETS conducted the Audiology Standard-Setting Study in February of 2020 using practitioners from California, District of Columbia, Georgia, Indiana, Louisiana, Minnesota, Missouri, Nebraska, New Jersey, New York, and Pennsylvania. The ETS Audiology Standard-Setting Study recommended a passing score of 162.

Under the Board's regulations in Title 16, California Code of Regulations (CCR) section 1399.152.3, the Board can determine the acceptability of a passing score for any Praxis examination that it will accept for the purposes of licensure.

16 CCR § 1399.152.3. Examination Requirement.

(a) Applicants shall be deemed to have satisfied the examination requirements of section 2532.2(e) of the Code if they have taken the National Examination in Speech-Language Pathology or the National Examination in Audiology administered by the Educational Testing Service of Princeton, New Jersey, within five years preceding the date on which their application is filed with the Board and have achieved a score on such examination which is acceptable to the Board.

The American Speech-Language-Hearing Association (ASHA) has also decided to accept a passing score of 162.

To ensure that California applicants can take advantage of the new Praxis examination in Audiology for the purposes of licensure and not have to meet the inperson passing score of 170 to obtain licensure, staff recommends that the Audiology Practice Committee review the ETS materials and recommend to the full Board to establish the passing score for the Praxis Subject Test in Audiology (5343) as 162 for the purposes of licensure.

Action Requested

Recommend to the full Board that the Board establish the passing score for the Praxis Subject Test in Audiology (5343) as 162 for the purposes of licensure.

Attachment A: Multistate Standard-Setting Studies

Attachment B: Setting Standards on The Praxis Series™ Tests: A Multistate Approach

Multistate Standard-Setting Studies

The ETS Multistate Standard-Setting Study process assists states when new and regenerated tests require new passing scores. This approach, designed by ETS researchers, convenes practitioner panels to recommend a passing score for states to consider. The panels simulate a test-taking experience prior to recommending a passing score. The panels also confirm that the content is important and relevant to entry-level practice. Multistate Standard-Setting Studies are important because they:

- reduce the state burden of recruiting educators
- gain greater educator input into the passing score recommendation up to 50 educators
- provide a more efficient process for moving states from old to new tests
- allow for multiple rounds of panel judgments, feedback and discussion
- add support for states seeking greater interstate portability

Each state maintains valuable control by setting its own passing score, while the Multistate Standard-Setting Study provides practitioner judgments and documentation to inform that decision. Select a licensure area below to see the results of the Multistate Standard-Setting Studies.

For more information about the Multistate Standard-Setting Studies, email us at **teachingandlearning@ets.org** or call **1-866-243-4088**.

Core Academic Skills for Educators

Study Date	Report Date	Recommended Study Value	States Involved in Study	
Core Academic	c Skills for Educ	ators Reading (5712)		
February 2013	February 2013	156	Alaska, Arkansas, Connecticut, Delaware, Guam, Hawaii, Iowa, Kentucky, Louisiana, Maine, Maryland, Mississippi, North Carolina, North Dakota, Nebraska, Nevada, New Hampshire, New Jersey, Rhode Island, South Carolina, Tennessee, Vermont, Washington, D.C., West Virginia, Wisconsin	
Core Academic	c Skills for Educ	ators Writing (5722)		
February 2013	February 2013	162	Alaska, Arkansas, Connecticut, Delaware, Guam, Hawaii, Iowa, Kentucky, Louisiana, Maine, Maryland, Mississippi, North Carolina, North Dakota, Nebraska, Nevada, New Hampshire, New Jersey, Rhode Island, South Carolina, Tennessee, Vermont, Washington, D.C., West Virginia, Wisconsin	
Core Academic	Core Academic Skills for Educators Mathematics (5732)			
February 2013	February 2013	150	Alaska, Arkansas, Connecticut, Delaware, Guam, Hawaii, Iowa, Kentucky, Louisiana,	

Study Date	Report Date	Recommended Study Value	States Involved in Study
			Maine, Maryland, Mississippi, North Carolina, North Dakota, Nebraska, Nevada, New Hampshire, New Jersey, Rhode Island, South Carolina, Tennessee, Vermont, Washington, D.C., West Virginia, Wisconsin
Core Academi	c Skills for Educ	cators Mathematics (5733)	
February 2019	March 2019	150	Alaska, Alabama, Arkansas, Connecticut, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Maryland, Mississippi, Nebraska, Nevada, New Jersey, North Carolina, Pennsylvania, South Carolina, Tennessee, Washington, D.C., West Virginia

Early Childhood Education

Study Date	Report Date	Recommended Study Value	States Involved in Study
Education of Y	oung Children		
February 2014	February 2014	160	Arkansas, Connecticut, Delaware, Hawaii, Kansas, Louisiana, Maine, Mississippi, Nebraska, Nevada, New Hampshire, Rhode Island, South Carolina, Tennessee, West Virginia, Wyoming
Early Childhoo	d Education (50	025)	
February 2015	February 2015	156	Alabama, Arkansas, Hawaii, Idaho, Iowa, Kentucky, Maryland, Montana, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Rhode Island, Utah, Washington D.C., Wyoming

Elementary Education

Study Date	Report Date	Recommended Study Value	States Involved in Study		
Elementary Ed	Elementary Education: Content Knowledge (5018)				
January 2014	February 2014	163	Delaware, Guam, Iowa, Louisiana, Mississippi, Montana, Nevada, South Dakota		
Elementary Education: Curriculum, Instruction, and Assessment (5017)					
January 2014	February 2014	153	Maryland, Mississippi, Nebraska, Nevada, North Dakota, Tennessee, Wyoming		

Elementar	Elementary Education: Instructional Practice and Applications (5019)				
January 2014	February 2014	155	Maryland, Mississippi, Nebraska, Nevada, North Dakota, Tennessee, Wyoming		
Elementar	y Education	n: Content Knowledg	ge for Teaching (7801)		
May 2016	July 2016	Reading & Language Arts CKT (7802)–161 Mathematics — CKT (7803)–150 Social Studies (7805)–155	Alaska, Arkansas, Connecticut, Delaware, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Michigan, New Jersey, Nevada, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Virginia, West Virginia		
May 2017	July 2017	Science — CKT (7804)–154	Alabama, Arkansas, Connecticut, Delaware, Idaho, Kentucky, Maryland, New Hampshire, New Jersey, Nevada, Pennsylvania, Rhode Island, Virginia, West Virginia		
Elementar	y Education	n: Content Knowledg	ge for Teaching (7811)		
March 2019	April 2019	Social Studies (7815)–161	Arkansas, Delaware, Hawaii, Idaho, Kentucky, Louisiana, Maryland, New Jersey, South Dakota, Tennessee, West Virginia		
Elementar	y Education	n: Multiple Subjects	(5001)		
February 2014	February 2014	Reading & Language Arts (5002)–157 Mathematics (5003)–157 Social Studies (5004)–155 Science (5005)–159	Arkansas, Delaware, Hawaii, Idaho, Kentucky, Louisiana, Maine, Maryland, Nevada, New Hampshire, New Jersey, North Dakota, Rhode Island, South Carolina, South Dakota, Utah, Vermont, Virginia, West Virginia, Wyoming		

Middle School Education

Study Date	Report Date	Recommended Study Value	States Involved in Study		
Middle School	English Langua	age Arts (5047)			
March 2013	March 2013	164	Alaska, Arkansas, Delaware, Hawaii, Kansas, Kentucky, Louisiana, Maryland, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Dakota, Utah, Vermont, Washington, D.C., West Virginia, Wyoming		
Middle School	Middle School Mathematics (5169)				
February 2013	February 2013	165	Alaska, Arkansas, Idaho, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, North Dakota, North Dakota, New Hampshire, New Jersey, Nevada,		

Study Date	Report Date	Recommended Study Value	States Involved in Study	
			South Carolina, South Dakota, Utah, Vermont, Washington, D.C., West Virginia, Wyoming	
Middle School	Science (5440)			
February 2014	February 2014	150	Arkansas, Delaware, Guam, Hawaii, Idaho, Kansas, Kentucky, Louisiana, Maine, Maryland, Mississippi, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Virginia, West Virginia	
Middle School Science (5442)				
December 2019	January 2020	152	Arkansas, District of Columbia, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Maryland, Nebraska, New Jersey, New Mexico, North Carolina, Rhode Island, South Carolina, South Dakota, Utah, Virginia, West Virginia	

Secondary Education

Study Date	Report Date	Recommended Study Value	States Involved in Study		
Agriculture (5	701)				
October 2013	November 2013	147	Arkansas, Delaware, Iowa, Kansas, Kentucky, Louisiana, Maryland, Nebraska, Nevada, North Dakota, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, West Virginia, Wisconsin, Wyoming		
Algebra I (516	2)				
September 2016	October 2016	157	Alaska, Colorado, Hawaii, Kansas, Louisiana, Maryland, New Jersey, South Carolina, South Dakota, Tennessee, Virginia, West Virginia, Wyoming		
Business Educ	ation: Content l	Knowledge (5101)			
September 2009	October 2009	154	Connecticut, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Maryland, Missouri, Nevada, New Jersey, North Carolina, North Dakota, Ohio, Pennsylvania, South Carolina, Tennessee, Utah, Wisconsin, Wyoming		
Computer Scie	Computer Science (5652)				

Study Date	Report Date	Recommended Study Value	States Involved in Study
January 2018	February 2018	149	Alabama, Arkansas, Georgia, Idaho, Kentucky, Maryland, Nevada, New Jersey, North Dakota, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, D.C., West Virginia, Wisconsin
Economics (59	911)		
September 2011	October 2011	150	Maryland, Mississippi, North Dakota, Wisconsin and Wyoming
English Langu	age Arts: Conte	nt Knowledge (5038)	
March 2013	March 2013	167	Alaska, Arkansas, Delaware, Guam, Hawaii, Idaho, Kansas, Louisiana, Maine, Mississippi, Montana, Nevada, New Jersey, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Washington, D.C., West Virginia, Wisconsin
English Langu	age Arts: Conte	nt and Analysis (5039)	
March 2013	March 2013	168	Alaska, Arkansas, Delaware, Guam, Hawaii, Idaho, Kansas, Louisiana, Maine, Mississippi, Montana, Nevada, New Jersey, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Washington, D.C., West Virginia, Wisconsin
English to Spe	akers of Other	Languages (5362)	
December 2015	December 2015	155	Alabama, Arkansas, Connecticut, Guam, Hawaii, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maryland, Maine, New Hampshire, Nevada, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Dakota, U.S. Virgin Islands, Utah, Virginia, Vermont, Wisconsin, West Virginia, Wyoming
Family and Co	nsumer Science	es (5122)	
October 2013	October 2013	153	Arkansas, Connecticut, Delaware, Idaho, Kansas, Kentucky, Louisiana, Maine, Maryland, Nebraska, Nevada, North Carolina, North Dakota, Pennsylvania,

Study Date	Report Date	Recommended Study Value	States Involved in Study		
			Rhode Island, South Dakota, Utah, Virginia, Wisconsin, Wyoming		
Geometry (51	63)				
April 2019	May 2019	148	Arkansas, Hawaii, Kentucky, Louisiana, Pennsylvania, West Virginia		
Government/I	Political Science	(5931)			
October 2011	October 2011	149	Maryland, North Dakota, South Dakota, Utah, Wisconsin, Wyoming		
Psychology (5	391)				
June 2012	June 2012	154	North Dakota, Nevada, South Carolina, South Dakota, Utah, Wisconsin, Wyoming		
Social Studies	: Content and Ir	nterpretation (5086)			
July 2010	August 2010	153	Arkansas, Kentucky, Louisiana, Montana, New Hampshire, Pennsylvania, South Carolina, Vermont, Washington, D.C.		
Technology Ed	Technology Education (5051)				
September 2010	October 2010	159	Arkansas, Connecticut, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Nevada, New Jersey, North Carolina, Ohio, Pennsylvania, South Carolina, Utah, Wisconsin, Wyoming		

Principles of Learning and Teaching

Study Date	Report Date	Recommended Study Value	States Involved in Study		
Principles of L	Principles of Learning and Teaching: Early Childhood (5621)				
February 2011	March 2011	157	Arkansas, Hawaii, Indiana, Kansas, Louisiana, Maryland, North Dakota, Ohio, South Carolina, South Dakota, Utah, Washington, D.C.		
Principles of L	earning and Te	aching: Grades K–6 (5622)			
February 2011	March 2011	160	Arkansas, Hawaii, Indiana, Kansas, Kentucky, Louisiana, North Dakota, Rhode Island, South Carolina, South Dakota, Utah, Washington, D.C., West Virginia		

Principles	Principles of Learning and Teaching: Grades 5–9 (5623)				
January 2011	March 2011	160	Arkansas, Indiana, Kansas, Kentucky, Louisiana, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Utah, Washington, D.C.		
Principles of Learning and Teaching: Grades 7–12 (5624)					
January 2011	March 2011	157	Arkansas, Indiana, Kansas, Kentucky, Louisiana, Maryland, North Dakota, Ohio, Rhode Island, South Carolina, South Dakota, Utah, Washington, D.C., West Virginia		

All Grades

Study Date	Report Date	Recommended Study Value	States Involved in Study			
Art: Content l	Art: Content Knowledge (5134)					
November 2010	November 2010	158	Alabama, Arkansas, Connecticut, Kentucky, Louisiana, Maine, Maryland, Mississippi, Missouri, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Pennsylvania, South Carolina, Tennessee, Utah, Vermont, Washington, D.C., West Virginia, Wisconsin			
Art: Content a	and Analysis (51	35)				
November 2010	November 2010	161	Alabama, Arkansas, Connecticut, Kentucky, Louisiana, Maine, Maryland, Mississippi, Missouri, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Pennsylvania, South Carolina, Tennessee, Utah, Vermont, Washington, D.C., West Virginia, Wisconsin			
Braille Profici	ency (0633)					
January 2016	January 2016	169	Colorado, Mississippi, Rhode Island, South Dakota, Utah, Virginia, West Virginia			
English to Spe	eakers of Other	Languages (5362)				
December 2015	January 2016	155	Alabama, Arkansas, Connecticut, Guam, Hawaii, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maryland, Maine, New Hampshire, Nevada, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Dakota, U.S. Virgin Islands, Utah, Virginia, Vermont, West Virginia, Wisconsin, Wyoming			

Health and	Physical Educ	ation	: Content Knowledge (5857)		
November 2013	December 2013	160	Arkansas, Delaware, Guam, Kentucky, Louisiana, Nebraska, Nevada, North Carolina, Pennsylvania, Tennessee, Vermont, Virginia, Washington, D.C.		
Mathematic	s: Content Kr	nowle	edge (5161)		
February 2013	March 2013	160	Alaska, Arkansas, Delaware, Idaho, Kentucky, Louisiana, Maine, Maryland, Mississippi, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Washington, D.C., Wisconsin, West Virginia, Wyoming		
Music: Cont	ent and Instr	uctio	n (5114)		
November 2011	November 2011	162	Arkansas, Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Maine, Maryland, Missouri, North Carolina, New Hampshire, Nevada, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont		
Music: Cont	ent Knowled	ge (5	113)		
November 2011	November 2011	161	Arkansas, Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Maine, Maryland, Missouri, North Carolina, New Hampshire, Nevada, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont		
Physical Edu	ucation: Cont	ent a	nd Design (5095)		
June 2010	July 2010	169	Arkansas, Connecticut, Indiana, Kentucky, Maryland, New Hampshire, South Carolina, Tennessee, Vermont, Washington, D.C., Wyoming		
Reading Sp	ecialist (5301))			
August 2011	September 2011	164	Alabama, Arkansas, Idaho, Kansas, Kentucky, Maine, North Carolina, North Dakota, Nevada, Pennsylvania, Rhode Island, Vermont, West Virginia		
Reading Sp	ecialist (5302))			
January 2020	February 2020	165	Arkansas, Hawaii, Idaho, Kansas, Kentucky, Maryland, Nebraska, Nevada, North Carolina, North Dakota, South Dakota, Utah, Washington, D.C., West Virginia		
Sociology (5952)				
December 2013	December 2013	154	Nevada, South Dakota, Tennessee, Utah, Wisconsin, Wyoming		
Teaching Re	Teaching Reading: Elementary Education (5203)				
November 2012	December 2012	162	Arkansas Connecticut, Hawaii, Idaho, Maryland, North Carolina, Nevada, Tennessee, Washington, D.C.		
Teaching Re	eading (5204)				
October 2009	December 2009	159	Connecticut, Hawaii, Indiana, Kentucky, Montana, New Jersey, North Carolina, Ohio, South Carolina, Wyoming		

Teaching R	Teaching Reading: Elementary (5205)				
February 2019	March 2019	159	Alabama, Arkansas, Colorado, District of Columbia, Hawaii, Idaho, Maryland, Mississippi, Oregon, Pennsylvania, South Carolina, Tennessee, Utah, West Virginia		
Teaching R	Teaching Reading: K–12 (5206)				
February 2019	March 2019	156	Arkansas, Iowa, Kentucky, Louisiana, Maryland, Montana, North Carolina, Pennsylvania, South Dakota, West Virginia		

World Languages

Study Date	Report Date	Recommended Study Value	States Involved in Study		
Chinese (Man	darin): World La	anguage (5665)			
April 2012	May 2012	164	Arkansas, Hawaii, Kansas, Kentucky, Louisiana, Maryland, Maine, Mississippi, Montana, North Carolina, North Dakota, New Hampshire, New Jersey, Rhode Island, Tennessee, Utah, Vermont, Virginia		
English to Spe	akers of Other	Languages (5362)			
December 2015	December 2015	155	Alabama, Arkansas, Connecticut, Guam, Hawaii, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maryland, Maine, New Hampshire, Nevada, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Dakota, U.S. Virgin Islands, Utah, Virginia, Vermont, Wisconsin, West Virginia, Wyoming		
French: World	Language (517	74)			
July 2009 August 2009	October 2009	162	Connecticut, Hawaii, Kentucky, Louisiana, Maine, Maryland, Mississippi, Missouri, Nevada, New Hampshire, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Washington, D.C., West Virginia, Wisconsin		
German: World Language (5183)					
July 2009 August 2009	October 2009	163	Alabama, Delaware, Kentucky, Maryland, Mississippi, Nevada, North Carolina, North Dakota, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, West Virginia, Wisconsin, Wyoming		
Spanish: Worl	d Language (51	95)			

Study Date	Report Date	Recommended Study Value	States Involved in Study
July 2009 August 2009	October 2009	168	Alabama, Delaware, Hawaii, Kentucky, Louisiana, Maine, Maryland, Mississippi, Missouri, Nevada, New Hampshire, North Carolina, North Dakota, Ohio, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Vermont, Washington, D.C., West Virginia, Wisconsin
World Langua	ges Pedagogy ((5841)	
September 2009	October 2009	158	Connecticut, Idaho, Louisiana, Maryland, South Carolina, South Dakota, Washington, D.C.

Special Education

Study Date	Report Date	Recommended Study Value	States Involved in Study		
Braille Proficie	Braille Proficiency (0633)				
January 2016	January 2016	169	Colorado, Mississippi, Rhode Island, South Dakota, Utah, Virginia, West Virginia		
Gifted Educati	on (5358)				
November 2013	November 2013	157	Arkansas, Delaware, Idaho, Kentucky, Maine, North Dakota, Tennessee		
Special Educat	tion: Core Know	ledge and Applications (5354)			
January 2010	February 2010	151	Connecticut, Delaware, Indiana, Kentucky, Louisiana, Maryland, North Carolina, North Dakota, Ohio, South Carolina, South Dakota, Utah, Washington, D.C., West Virginia, Wyoming		
Special Educat	tion: Core Know	rledge and Mild to Moderate A	Applications (5543)		
February 2010	March 2010	158	Connecticut, Hawaii, Idaho, Indiana, Kentucky, Louisiana, North Carolina, South Carolina, Tennessee, Utah, Washington, D.C., West Virginia		
Special Educat	Special Education: Core Knowledge and Severe to Profound Applications (5545)				
February 2010	March 2010	158	Hawaii, Indiana, Kansas, Kentucky, Louisiana, Missouri, North Carolina, Tennessee, Utah, Washington, D.C., West Virginia		

Special Educa	Special Education: Education of Deaf and Hard of Hearing Students (5272)				
October 2011	November 2011	160	Arkansas, Guam, Hawaii, Idaho, Kentucky, Louisiana, Maine, North Dakota, Rhode Island, South Carolina, Tennessee, Washington, D.C., West Virginia		
Special Educa	ation: Prescho	ol/Ea	rly Childhood (5691)		
September 2011	October 2011	159	Delaware, Guam, Idaho, Louisiana, Maine, Maryland, Nevada, North Dakota, Ohio, Rhode Island, South Carolina, South Dakota, Tennessee		
Special Educa	ation: Teaching	g Stu	dents with Behavioral Disorders and Emotional Disturbances (5372)		
July 2012	July 2012	154	North Carolina, North Dakota, Pennsylvania, South Carolina, West Virginia		
Special Educa	ation: Teachin	g Stu	dents with Intellectual Disabilities (5322)		
October 2013	October 2013	156	District of Columbia, Hawaii, Maine, Nevada, North Carolina, North Dakota, South Carolina, Tennessee		
Special Educa	ation: Teachin	g Stu	dents with Learning Disabilities (5383)		
February 2012	March 2012	151	District of Columbia, Guam, Hawaii, North Carolina, North Dakota, Nevada, South Carolina, Vermont, West Virginia		
Special Educa	Special Education: Teaching Students with Visual Impairments (5282)				
December 2011	December 2011	163	Arkansas, Hawaii, Kentucky, Louisiana, Maine, North Carolina, Pennsylvania, Rhode Island, Tennessee, West Virginia		

Administrator/School Leader

Study Date	Report Date	Recommended Study Value	States Involved in Study
Educational Le	eadership: Adm	inistration and Supervision (54	l12)
January 2018	February 2018	146	Alabama, Arkansas, Connecticut, Delaware, Hawaii, Idaho, Kansas, Kentucky, Maryland, Mississippi, Nebraska, New Jersey, North Dakota, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Virginia, Washington, D.C., West Virginia
Performance A	Assessment for	School Leaders (5491)	
December 2016	January 2017	42	Arkansas, Delaware, Georgia, New Jersey, Texas, Virginia
School Leader	s Licensure Asso	essment (6011)	
April 2009 May 2009	June 2009	163	Arkansas, California, Connecticut, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Mississippi, Missouri, New Jersey, North Carolina, Tennessee, Utah, Washington, D.C., Wyoming
School Leader	s Licensure Asso	essment (6990)	

Study Date	Report Date	Recommended Study Value	States Involved in Study		
January 2018	February 2018	151	Alabama, Arkansas, Connecticut, Delaware, Hawaii, Idaho, Kansas, Kentucky, Maryland, Mississippi, Nebraska, New Jersey, North Dakota, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Virginia, Washington, D.C., West Virginia		
School Superio	ntendent Assess	sment (6021)			
May 2012	June 2012	160	Arkansas, Idaho, Kansas, Louisiana, Missouri, New Jersey, Nevada, Pennsylvania, Rhode Island		
School Superio	School Superintendent Assessment (6991)				
December 2018	January 2019	162	Idaho, Kansas, Louisiana, Maryland, Mississippi, New Jersey, Pennsylvania, Rhode Island, South Carolina, West Virginia, Wyoming		

Instructional Support Personnel

Study Date	Report Date	Recommended Study Value	States Involved in Study		
Audiology (53	Audiology (5343)				
February 2020	March 2020	162	California, District of Columbia, Georgia, Indiana, Louisiana, Minnesota, Missouri, Nebraska, New Jersey, New York, Pennsylvania		
Professional S	chool Counselo	r (5421)			
March 2012	April 2012	156	Alabama, Arkansas, District of Columbia, Delaware, Hawaii, Kansas, Louisiana, Maine, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nevada, Ohio, Rhode Island, South Carolina, Tennessee, Utah, Vermont, Washington, Wisconsin, West Virginia		
School Psycho	logist (5402)				
November 2013	November 2013	147	Alabama, Kentucky, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, New Jersey, New Mexico, North Carolina, North Dakota, Pennsylvania, Tennessee, Texas, Utah, Vermont		
Speech-Language Pathology (5331)					
January 2014	February 2014	162	Arkansas, Georgia, Hawaii, Indiana, Iowa, Maryland, Massachusetts, Michigan, New		

Study Date	Report Date	Recommended Study Value	States Involved in Study
			York, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Wisconsin

See also:

Setting Standards on The Praxis Series® Tests: A Multistate Approach (PDF)

Website content from: https://www.ets.org/praxis/states agencies/adoption process/standard setting studies/multistate on September 15, 2020.

Agenda Item 4 – Attachment B

Attachment B is an ETS Report Titled "Setting Standards on The Praxis Series™ Tests: A Multistate Approach", which is available online at https://www.ets.org/Media/Research/pdf/RD_Connections17.pdf



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MEMORANDUM

DATE	September 16, 2020		
ТО	Audiology Practice Committee		
FROM	Marci Raggio, Vice Chair		
SUBJECT	Agenda Item 5: Discussion and Possible Action Regarding Board Statement Related to the Centers for Medicare and Medicaid Services (CMS) Merit-based Incentive Payment System (MIPS) Requirements of Audiologists		

Background

The Board received questions regarding the Centers for Medicare and Medicaid Services' (CMS) Merit-based Incentive Payment System's (MIPS's) requirements regarding an audiologist's participation in the program. This agenda item provides information on the program, an update on their requirements, and a proposed Board statement on participation in the program for the Board's website.

MIPS is one of two tracks under the Quality Payment Program (QPP), which moves Medicare Part B providers to a performance-based payment system. MIPS streamlines three historical Medicare programs — the Physician Quality Reporting System (PQRS), the Value-based Payment Modifier (VM) Program and the Medicare Electronic Health Record (EHR) Incentive Program into a single payment program. All Medicare Part B providers who meet the definition of a MIPS ELIGIBLE CLINICIAN should plan to participate in MIPS in 2017 or they will be subject to a negative 4% payment adjustment on Medicare Part B reimbursements in 2019. One unique aspect of MIPS is that eligible clinicians have the option to participate as either an individual or as part of a group.

MIPS is a performance-based payment system composed of four categories that provide clinicians the flexibility to choose the activities and measures that are most meaningful to their practice. An eligible clinician's performance in each of the four weighted performance categories is combined to create the MIPS Composite Performance Score, also known as the MIPS Final Score, which is used to determine Medicare Part B payment adjustments in future years.

The four performance categories included in MIPS are:

 QUALITY - The Quality category of MIPS replaces the Physician Quality Reporting System (PQRS) and requires eligible clinicians to report data to CMS for quality measures related to patient outcomes, appropriate use of medical resources, patient

- safety, efficiency, patient experience and care coordination. In 2017, the Quality category will make up 60% of an eligible clinician or group's MIPS Final Score.
- ADVANCING CARE INFORMATION The Advancing Care Information (ACI) category of MIPS replaces the Medicare EHR Incentive Program (Meaningful Use). This category will reflect how well clinicians use EHR technology, with a special focus on objectives related to interoperability and information exchange. In 2017, the ACI category will make up 25% of an eligible clinician or group's MIPS Final Score.
- IMPROVEMENT ACTIVITIES The Improvement Activities category of MIPS is intended to encourage eligible clinicians to participate in activities that improve clinical practice in areas such as shared decision-making, patient safety, coordinating care, and increasing access. In 2017, the Improvement Activities category will make up 15% of an eligible clinician or group's MIPS Final Score.
- COST The Cost category of MIPS (also known as Resource Use) replaces the CMS Value-based Payment Modifier program and evaluates eligible clinicians on measures related to resource utilization, calculated using Medicare claims. In 2017, the Cost category will be weighted at 0%, which means it will not be incorporated into the MIPS Final Score this year. CMS has said that this category's weight will increase in future MIPS performance periods.

Requirements For Participation In MIPS:

You must participate in MIPS (unless otherwise exempt) if, in both 12-month segments, you: Bill more than \$90,000 for Part B covered professional services, and see more than 200 Part B patients, and; Provide more than 200 covered professional services to Part B patients. Eligible participants need only report on a total of six measures.

Low-Volume Threshold:

The low volume threshold includes 3 aspects of covered professional services:

- 1. Allowed charges
- 2. Number of Medicare patients who receive services
- 3. Number of services provided

MIPS Eligible Clinician Types:

You are eligible to report for MIPS if you are a MIPS eligible clinician type (and also meet all the other requirements in the next section). If you're not one of these clinician types, you're exempt from reporting.

- Physicians (including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry)
- Osteopathic practitioners
- Chiropractors
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists

- Certified registered nurse anesthetists
- Physical therapists
- Occupational therapists
- Clinical psychologists
- Qualified speech-language pathologists
- Qualified audiologists
- Registered dietitians or nutrition professionals

Specifications For Each MIPS Measure For Audiology

- Measure # 134 Screening for Clinical Depression and Follow-up Plan https://qpp.cms.gov/docs/QPP quality mea MedicarePartBClaims.pdf (note 2020 not posted yet)
- Measure # 154 Falls: Risk Assessment <u>https://qpp.cms.gov/docs/QPP_quality_mea_sure_specifications/CQM-Measures/2020_Measure_154_MIPSCQM.pdf</u>
- Measure # 155 Falls: Plan of Care
 https://qpp.cms.gov/docs/QPP quality measure specifications/CQM-Measures/2020 Measure 155 MIPSCQM.pdf
- Measure # 181 Elder Maltreatment Screen and Follow-Up Plan https://qpp.cms.gov/docs/QPP quality mea sure specifications/Claims-Registry-Measure 181 MedicarePa rtBClaims.pdf

- Measure # 182 Functional Outcome
 Assessment
 https://qpp.cms.gov/docs/QPP_quality_measure_specifications/Claims-Registry-Measures/2020_Measure_182_MedicarePartBClaims.pdf

- Measure # 318 Falls: Screening for Future Fall Risk
 https://qpp.cms.gov/docs/QPP quality mea sure specifications/Web-InterfaceMeasures/2020_Measure_CARE-2_CMSWebInterface_v4.1.pdf

Information on the Screening Activities Required by MIPS

According to the American Academy of Audiology Coding and Reimbursement Committee (2020), audiologists are encouraged to participate in only those activities that fall within the audiologist's scope of practice. However, for those activities for which audiologists are not trained, alternative activities can be undertaken that would allow for appropriate participation in the MIPS program, e.g. interviews, questionnaires. The goal of the MIPS measures, as noted above, is to ensure that patient's undergo screening measures that would lead to appropriate referrals for diagnosis and treatment. If a measure is outside an audiologist's scope of practice, all pertinent information learned from an individual patient is documented, in a given health care area, followed by the appropriate referral.

The above background information was presented to the Board at the June 30, 2020 Teleconference Meeting, where a discussion regarding concerns with activities outside the

scope of practice of audiologists, such as screening for depression and blood-pressure screening, and concerns for whether there were adequate tools with standardized metrics and questionnaires that could be used by Audiologists along with the appropriate referral to an appropriate healing arts provider. The Board then referred the issue to the Audiology Practice Committee (Committee) to further discuss the issue and develop a statement for the Board's website.

<u>Proposed Board Statement Regarding CMS MIPS Quality Measures and Activities</u> Required of Participating Audiologists

While the Centers for Medicare and Medicaid Services' (CMS) Merit-based Incentive Payment System (MIPS) program includes some quality measures and activities from Audiologists that may be outside the scope of practice of an Audiologist, for those outside of scope activities, an Audiologist can make use of alternative activities such as use of standardardized questionnaires and screening tools along with appropriate referral to a qualified health care provider for diagnosis and treatment services.

For more information on voluntary and required participation in the CMS MIPS program, go to the CMS MIPS Overview page at https://qpp.cms.gov/mips/overview and for current year required Quality Measures and Activities for participants, go to https://qpp.cms.gov/mips/explore-measures, and for Improvement Activities Requirements, go to https://qpp.cms.gov/mips/improvement-activities.

Action Requested

Review and discuss the proposed statement on CMS MIPS Performance Improvement Activities Required of Participating Audiologists and finalize the language for Board consideration at the next Board Meeting.



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MEMORANDUM

DATE	September 15, 2020	
ТО	Audiology Practice Committee	
FROM	Cherise Burns, Assistant Executive Officer	
SUBJECT	Agenda Item 6: Discussion and Possible Action Regarding Additional Waivers Needed by Audiologists During the COVID-19 State of Emergency	

Background

Pursuant to the Governor's Executive Order N-39-20, during the State of Emergency, the director of the Department of Consumer Affairs (DCA) may waive any statutory or regulatory requirements with respect to a professional license issued pursuant to Division 2 of the Business and Professions Code. In addition, pursuant to Executive Order N-40-20, the director of DCA may waive any statutory or regulatory requirements with respect to continuing education for licenses issued pursuant to Division 3 of the Business and Professions Code.

After the issuance of the Governor's Executive Orders, Board staff worked quickly to identify waivers necessary for applicants and licensees and developed and submitted waiver request proposals for review and consideration by the DCA Director.

The following were Audiology related waiver requests that were submitted or approved by DCA:

a. Waivers Approved by DCA

- i. Modification of Continuing Education Requirements for All Licensees (DCA-20-01 and DCA-20-53) – waived CE or examination requirements for renewal through February 26, 2021 and applied only to Active licensees that expire between March 31 and October 31, 2020. This was a DCA initiated waiver and does not waive the self-study limitations in regulations.
- ii. Modification of the Direct Monitoring Requirements for Required Professional Experience (RPE) Licenses and the Direct Supervision Requirements for Speech-Language Pathology Assistant (SLPA) Licenses (DCA-20-11 and DCA-20-48) waived the in-person

supervision requirements for Required Professional Experience (RPEs) and Speech-Language Pathology Assistants (SLPAs) through November 2, 2020.

iii. Modification of Limitations and Requirements for Extension of RPE Licenses – waived the prohibition against reissuing a Required Professional Experience Temporary License (RPE) for more than one year and provided those RPE temporary license holders who already had been reissued an RPE temporary license once before an additional six months to accrue experience towards licensure.

b. Waivers Denied by DCA

i. Modification of the 12-Month Fulltime Professional Experience Requirement for Licensure as an Audiologist – would have waived the requirement that Audiology applicants submit evidence of no less than 12 months of supervised professional full-time experience for licensure (as stated in Business and Professions Code Section 2532.25). This waiver was denied on May 12, 2020 for the following reason, "The Department does not believe that waiving pre-licensure requirements, such as experience or competency exams, at this time is in the best interests of consumer protection."

The Board can submit additional DCA waiver requests if the Board feels there are other professional licensing requirements (examination, education, experience, and training) and requirements governing the practice and permissible activities of licensees in statute or regulation that are necessary to obtain and maintain licensure for the purposes of facilitating the continued care of individuals affected by the COVID-19 pandemic.

Two potential waiver considerations might be as follows:

- i. Modification of Reactivation Requirements for Audiologists Under a current DCA Waiver, Cancelled, Retired, and Inactive Speech-Language Pathologists can reactivate their licenses without paying any associated fees or meeting any CE requirements. Does the Audiology Practice Committee believe that there is a current shortage of Audiologists to serve consumers that merits addition of Audiologists to the current DCA waiver of continuing education (CE) and fees associated with reactivation for licensees who have been in a Retired, Inactive, or Cancelled status for no longer than five (5) years?
- ii. Modification of Examination Requirements for Dispensing
 Audiologists Under current regulations, to obtain a license as a
 Dispensing Audiologist the candidate must pass both the Hearing Aid
 Dispensers (HAD) Written Examination and the HAD Practical
 Examination. The HAD Written Examination has been re-opened but

restarting the HAD Practical Examination with appropriate safety and sanitation protocols has taken much longer and will begin proctoring small-scale examinations in October 2020, working to get the postponed April 2020 candidates examined first. Due to the delays in re-opening the HAD Practical Examination and the fact that the Board has already approved revisions to the regulation that requires passage of the HAD Practical Examination for licensure as a Dispensing Audiologist, should the Board request a DCA Waiver to waive the requirement that Dispensing Audiologists pass the HAD Practical Examination?

Board staff asks the Audiology Practice Committee to review and discuss the above two potential waivers and determine if there is enough consumer need to merit additional waiver requests. Additionally, if there are other requirements that should be considered, discuss the need for these and determine whether staff should pursue these waivers

Action Requested

Discuss potential additional waivers related to Audiologists and determine whether any additional DCA waivers are needed regarding professional licensing requirements and requirements governing the practice and permissible activities of Audiologists. If a need for additional waivers is identified, direct staff to develop and submit the identified waiver requests on the Board's behalf.



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MEMORANDUM

DATE	September 15, 2020	
ТО	Audiology Practice Committee	
FROM	Cherise Burns, Assistant Executive Officer	
SUBJECT	Agenda Item 7: Discussion and Possible Action Regarding COVID-19 DCA Waivers Related to Audiology and Whether To Seek Permanent Changes to These Statutes or Regulations	

Background

The COVID-19 pandemic continues to have a significant impact on licensees and applicants and has brought about questions as to whether certain licensure and/or renewal requirements continue to have merit or should be permanently revised to be more effective and less burdensome on applicants and licenses while still upholding the Board's mandate of consumer protection and mission to promote standards and qualifications for licensure that ensure competent providers of speech-language pathology, audiology and hearing aid dispensing services. Although the Board has been able to pursue DCA waivers for some issues, it has not been able to obtain DCA waivers for all its requests or sometimes in the manner requested by the Board, and does not have the authority to waive its own statutes and regulations outside of the DCA waiver process.

As discussed in Agenda Item 3, one of these requirements that was already being reviewed by the Board but was exacerbated by the COVID-19 pandemic was the 12-month Required Professional Experience (RPE) requirement for licensure as an Audiologist. If approved by the Audiology Practice Committee (Committee) and then the Board, these changes will be pursued through legislation in 2021 and could become operative as soon as January 1, 2022.

Reviewing these issues now, and potentially crafting legislative language that could be pursued in 2021, or creating new regulatory packages or revising current regulatory packages for the future are all potential options. Board staff would like to engage the Committee in a discussion of potential requirements that might merit this kind of permanent revision or statutory waiver authority for the Board.

Another example is continuing professional development requirements, where there are currently self-study limits that are not waived by DCA and there are no provisions

for an exception process to waive these self-study limits when a licensee is impacted by a State of Emergency that prohibits their ability to attend live continuing professional development events and/or limits their options for live-interactive continuing professional development, such as the COVID-19 pandemic or wildfire evacuations. Should there be a statutory provision allowing the Board the authority to waive its continuing professional development requirements in regulations when a declared State of Emergency prohibits attendance of live continuing professional development events or creates significant limitations on a licensees ability to attend live-interactive continuing professional development? Or does the Committee instead feel that it would be more appropriate to simply review and revise the continuing professional development regulatory package the Board already approved but could take much longer to promulgate?

The other example would be regarding the reissuance of the RPE temporary licenses where current regulations limit the extension of this license type to a single one-year extension, without exceptions due to a State of Emergency, and requires the request to be submitted to the Board a specified number of days prior to the expiration of their original RPE temporary license. The current regulations became problematic for RPE temporary license holders during the pandemic and without a waiver or exception of the extension application and fee due to the State of Emergency, the Board was unable to provide short-term extensions to RPEs that were impacted by COVID-19 related worksite closures unless they submitted extension applications and fees which created additional application workload and backlogs for staff to process these additional extension requests. Should there be a statutory provision that allows the Board to waive extension applications and fees for RPEs impacted by workplace closures or relocation due to a declared State of Emergency? Or does the Committee instead feel that it would be more appropriate to review and revise the Reissuance of RPE Temporary License regulations that could take much longer to promulgate?

The Committee or members of the public may also have additional statutory or regulatory provisions that merit consideration of a statutory authority to waive the requirement during a declared State of Emergency, if so the Committee should disuss these provisions as well and determine whether to recommend the Board pursue a permanent change or statutory authority to waive the requirement during a declared State of Emergency.

Action Requested

Board staff asks the Committee to discuss the above issues and determine whether they merit consideration as future legislative proposals to grant the Board authority to waive certain requirements during a State of Emergency or whether permanent modification or Board regulations are necessary. If the Committee determines there is merit to these future legislative proposals or regulatory packages, direct staff to develop or revise these for the Board's consideration.