CSHA

California Speech Language Hearing Association

November 5, 2024

Dear DDS:

Thank you for taking the time to meet with the California Speech-Language Hearing Association (CSHA) Ad-Hoc Early Intervention Committee on Thursday October 31, 2024. We are grateful for the ongoing conversations that CSHA and DDS can share regarding our mutual consumers.

Please find attached a position statement on rate implementation in California's Early Start programs. We have outlined the issues we discussed during our meeting on October 31, 2024, with additional discussion on the issues our association is working to improve.

We welcome any questions or comments regarding this position statement and look forward to continuing a mutually beneficial relationship through future communication.

Sincerely,

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CSHA

California Speech Language Hearing Association

CSHA EI Committee Position Statement on Rate Implementation in California Early Start Programs

Date of report: November 2024

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INTRODUCTION

The California Speech Language Hearing Association (CSHA) is a non-profit association dedicated to supporting speech-language pathologists (SLPs) and speech-language pathology assistants (SLPAs) in California, with the vision of "a world where all people are empowered with the fundamental human right to engage and connect"[1]. CSHA's Ad-Hoc Early Intervention Committee ("EI Committee") relaunched in March 2023 to study and find solutions to statewide challenges that currently exist in California's implementation of Individuals with Disabilities Education Act Infants and Toddlers with Disabilities Program (IDEA Part C), known in California as Early Start. Iterations of the EI Committee have existed in past years. The current Committee's mission is to increase access to Early Start speech-language services by addressing the current shortage of SLPs and SLPAs and partnering with the Department of Developmental Services (DDS) to provide solutions to mitigate this challenge.

BACKGROUND

Early intervention for infants and toddlers with or at-risk of developmental disabilities is important to enhance development and ultimately reduce educational costs by addressing developmental disabilities and delays before a child reaches school age[2].

Early childhood is a vital period for learning new skills, with cognitive function building upon foundations laid by language development[3].

Increase in Incidence: A Growing Concern

Previous reports on the incidence of speech-language disorders in children receiving early intervention services was 40-50%[4], and the incidence is rising. Recent research shows that being born and raised during the pandemic is associated with increased risk of communication delay[5]. Since the onset of the pandemic, speech disorders have increased by 136%, with infants and toddlers being the most impacted[6]. Without early intervention, 30-50% of infants and toddlers with communication delays will not catch up[7].

Meanwhile, changes in eligibility announced with the 2022/2023 state budget, which separated expressive and receptive communication into two different developmental categories, increased access to services for children who need support only for expressive communication[8].

Decrease in Providers

The increased incidence of speech-language delays and disorders in the Early Start population comes at a time where demand for SLPs and SLPAs is high and the pool of candidates is sparse.

Over the next five years, 11% of the workforce will leave due to retirement with a further 20% changing careers, citing poor pay and benefits[9]. Employment of speech-language pathologists is projected to grow 28 percent from 2023 to 2033, much faster than the average for all occupations[10,11]. About 13,700 openings for speech-language pathologists are projected each year, on average, over the decade[12]. The increase in SLPs and SLPAs is not projected to keep pace with the attrition rate.

Employers face a limited pool of professionals from which to recruit; only 500 students receive master's degrees from California universities per year[13] to fill thousands of openings. Inconsistent and restrictive policies from regional centers prevent graduate students and new graduates from working in early intervention.

FACT FINDING, ADVOCACY, AND PRIMARY ISSUES

In September 2023, Senate trailer bill SB-138 passed and resulted in amendments to multiple sections of the California Welfare & Institutions Code, including adding language that requires DDS to standardize processes and services that are provided to

their consumers. DDS leaders also began meeting with stakeholders to gather information to guide the standardization of processes and services. The CSHA EI Committee identified that they wanted to be stakeholders in the SB-138 process, with a focus on providing useful information to DDS regarding issues relevant to SLPs and SLPAs working in Early Start.

In order to better understand the issues impacting California's Early Start SLPs and SLPAs, who provide services to DDS consumers, the CSHA EI Committee conducted a survey of CSHA members working in Early Start and met with these members via a series of virtual town halls (March 2023 - October 2024). The EI Committee's strategic data and advocacy work revealed that the shortage of Early Start SLPs and SLPAs in California results in long waitlists and delayed access to Early Start speech-language therapy services for regional center consumers. Results of a survey conducted in 2023 by CSHA revealed the following key data points:

- 89% of SLP respondents indicated that they have had difficulty recruiting and retaining staff to support Early Start cases due to the financial impact of late cancellations and no shows on their practices.
- 73% of SLP respondents had to turn Early Start speech-language therapy referrals away due to not having the staff to support the cases.
- 83% of respondents reported that there currently is a shortage of SLP/SLPA providers in their regional center catchment area(s) that makes it difficult for children to access Early Start speech-language services.
- 91.5% of respondents indicated that If SLPs and SLPAs were paid for cancellations and no-shows in EI settings, this reimbursement change would make a positive difference toward addressing current shortages in speech-language service delivery.

After gathering this data, members of the CSHA EI committee met with representatives from the California Senate Budget Committee (CSBC) in November 2023, and with DDS officials in March and October 2024 to discuss these issues they identified via the Early Intervention survey and to propose solutions. Throughout the process, CSHA's lobbyists guided the EI Committee and further assisted with formally asking DDS leaders how to become stakeholders in the SB-138 process. The EI Committee is eager to continue a close working relationship with DDS to increase access to services.

The EI Committee is committed to supporting Early Start consumers and their families. On an ongoing basis, EI Committee members have attended public DDS meetings, including the recent *DDS Master Plan for Developmental Services Stakeholder Committee* meetings in the spring and summer of 2024, and the *DDS Rate*

Implementation Webinar in September 2024. Members of the EI Committee applied to DDS Master Plan Workgroups, but ultimately were not selected to participate in the workgroups. Attending the open work groups is extremely challenging for EI committee members and providers, as the meetings are held exclusively during the workday when they are providing speech-language therapy services to Early Start consumers, thereby creating a barrier to a seat at the table to discuss matters that will directly impact them and the communities they serve.

CSHA's EI Committee is eager to continue a close working relationship with DDS to address four key issues that negatively impact consumers' ability to receive high-quality services across California's 21 regional centers:

- Issue 1: Inconsistent rate implementation
- Issue 2: Inconsistent interpretation of DDS directives, including the authorization/approval for provisionally-licensed SLPs (known as the Required Professional Experience [RPE] and Clinical Fellowship [CF]) and licensed speech-language pathology assistants (SLPAs) to provide services to clients
- Issue 3: Inconsistent use of service codes for Early Start speech-language services, and
- Issue 4: Pervasive cancellations and no-shows for appointments, for which SLPs are unpaid, negatively impacting employers' ability to adequately staff to meet Early Start needs.

DISCUSSION

Issue 1: Inconsistent rate implementation

DDS's Rate Implementation FAQs states that "the Rate Models were constructed in consideration of costs providers faced in delivering a particular service consistent with the state's requirements. This allows providers to receive the same rate for the same service in the same area consistently across regional centers"[15]. However, providers within the same regional center continue to receive inconsistent rates. According to personal communication with the Early Start Service Coordinator at the San Diego Regional Center, "newer vendors have a… higher base rate based on the median rate when they were vendored" whereas those who were "vendored a few years ago have a different" lower rate. Additionally, the Early Start Service Coordinator reported, "median rates are given to regional centers and are set by DDS"[16].

Vendors in other regional centers face similar issues. In North LA County Regional Center (NLACRC), Early Start vendors providing speech and language services in

portions of the catchment area are allowed to use service code 116 for both in-home and in-clinic services, but this is not consistent across the entire catchment area of NLACRC. In 2024, via personal communication, the Executive Director and Director of Community Services reported to vendors that 116 could only be billed for in-home services in the San Fernando and Santa Clarita Valleys, while service codes 707 and 805 would be billed for Early Start speech therapy services provided in a clinic or in-home, depending on the case. However, 116 is still billed in the Antelope Valley for both in-home and in clinic services. Three different service codes with varying rates are being utilized for the same service within the same Regional Center. Some vendors are authorized to use all three codes, and therefore are getting variable rates for the same service.

These differences in rate implementation across the same regional center result in decreased ability for vendors who are employers of SLPs and SLPAs to continue to offer a competitive wage to employees. Inconsistent roll out of rate implementation and use of services codes results in decreased access to services for regional center consumers, since it has become difficult to retain staff given the fiscal impacts of inconsistent rates.

Similarly, vendors whose regional centers require them to utilize the 805 code are currently experiencing a “rate freeze.” Previously, vendors applied for the 805 code and negotiated a rate with DDS based on a cost statement that helped identify how much they should be paid based on their expenses. In 2023, the 805 code was “frozen” at a rate of $98.32 for all providers, regardless of professional background. This has created inequities within regional centers, who are paying some vendors upwards of $150/hour and others $98.32 for an identical service. In an industry where more than 96% of providers are female[17], this practice also penalizes primarily women- and minority-owned small businesses who may not have the business or financial background to navigate the complicated rate system, creating further inequities. The Association of Regional Center Administrators (ARCA) has acknowledged that this is an even larger systemic issue, stating, “DDS currently sets the rate at the temporary rate, and they remain frozen at this rate indefinitely. Cost statements are not being required and rates are not being considered based upon actual provider costs, which is resulting in underfunding of these programs”[18].

As identified in the above examples, rates are being inconsistently implemented for both veteran and newer vendors across all regional centers, which ultimately decreases access to high-quality speech-language services to consumers across the state.

Issue 2: Inconsistent Use of SLPAs and RPEs/CFs as Early Start Service Providers

The relationship between SLPs and SLPAs is clinical, collaborative, and supervisory. SLPs evaluate, develop goals, provide treatment, and oversee treatment plans. SLPAs, who are supervised by SLPs, do not evaluate clients; they only provide therapy based on SLP-developed goals and treatment plans. As of July 1, 2024, SLPs can supervise up-to 3 full-time SLPAs, or 6 part-time SLPAs[19]. SLPs are legally required to provide direct supervision of SLPAs, review and cosign treatment notes, and ensure that the SLPA provides effective therapy. SLPAs are licensed assistants and undergo extensive oversight by the state licensing board. The use of SLPAs as treatment providers helps increase access to speech-language services given the shortages of SLPs and high need in Early Start programs. The CSHA EI Committee supports the use of SLPAs statewide.

In 2019, the Office of Administrative Law (OAL) approved DDS's action to authorize the use of SLPAs as Early Start providers. DDS also issued a directive to all regional centers informing them of this update[20]. Despite these changes, many regional centers still do not allow SLPAs to provide Early Start service, which perpetuates the challenges consumers have with accessing speech-language therapy given the shortages of SLPs across the state. All regional centers should adhere to the DDS directive and allow for use of SLPAs in Early Start across the board to help consumers access crucial speech therapy services.

In addition, regional centers and DDS at large appear to be confused about the scope of practice for newly practicing SLPs who are completing their Required Professional Experience (RPE). In California, speech language pathologists receive a temporary provisional license, known as the "RPE", which aligns with the optional Clinical Fellowship (CF) certification offered by American Speech Language Hearing Association (ASHA). RPEs are required to receive mentorship from an SLP with at least two years of clinical experience for the first nine months of their licensure. Once this time period ends, they receive their non-provisional California license and no longer require additional supervision. For all intents and purposes, RPEs (also known as CFs) are legally licensed SLPs in California, and have all the necessary credentials and training to practice as SLPs, including independently conducting evaluations, creating treatment plans, and providing treatment for a wide range of communication disorders. Unfortunately, many regional centers are unclear on these facts, and do not allow vendors to utilize RPEs/CFs as Early Start speech-language service providers. At the same time, the same regional centers who do not authorize use of RPEs/CFs do allow SLPAs to be service providers, despite the fact that SLPAs require a lower level of

education and more supervision than an RPE/CF. See Figure 1 for additional information on the differences between RPE/CF and SLPA.

In December 2023, CSHA Early Intervention Committee spoke with members of DDS about this issue, but as of November 2024, no definitive action has been taken.

Figure 1.

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CSHA Ad Hoc Committee on Early Intervention: CF/RPE vs. SLPAs

What is the difference between a SLP-CF/RPE* and a SLPA?

	SLP RPE	SLPA
Title	• Speech Language Pathologist	• Speech Language Pathology Assistant
Level of Education	• **Master's Degree** from an ASHA accredited university, with a minimum of 325 hours of clinical practicum coursework, broken down into specific areas of practice. More advanced level of education than a SLPA.	• **Associate's degree** from a SLPA program. OR • **Bachelor's degree** with additional 100 hours of supervision.
Licensure	• Licensed by *California Speech Language Pathology and Audiology and Hearing Aid Dispensers Board*, as Speech Language Pathologists with a temporary provisional license as a "Required Professional Experience" (RPE) which includes 8 hours a month of required supervision from a seasoned speech language pathologist licensed in California. • Once a minimum of 9 months of full time work has been completed by each SLP-CF/RPE, they apply for the non-provisional SLP license in California. (It's like a doctor's fellowship or residency.)	• Licensed by *California Speech Language Pathology and Audiology and Hearing Aid Dispensers Board*, as Speech Language Pathology Assistant, and must always be listed under the supervision of a licensed SLP in California.
Supervision Requirements & Professional Scope	• After they finish their RPE, they do not require supervision and carry their own caseload, assess, and treat individuals independently in California. They can bill insurances, MediCal, Medicaid, supervise SLPAs, etc.	• Are ALWAYS under the supervision of an SLP licensed in California. • Do not assess, only treat under supervision of their SLP.
Are Regional Centers "allowing" them to provide services?	• Despite being licensed SLPs in the state of California, with higher credentials than SLPAs, some RCs do NOT "allow" CF/RPEs to provide Early Start services.	• Since the DDS letter was issued in 2019, yes, RCs "allow" SLPAs to provide Early Start services. .

**Note: Many individuals use the terms "CF" and "RPE" interchangeably.*

It is the position of the CSHA EI Committee that all regional centers should allow for SLPAs and RPEs/CFs to provide speech-language services to Early Start consumers. Both professionals have the required credentials and qualifications to provide services, and can help RC consumers increase access to speech-language services.

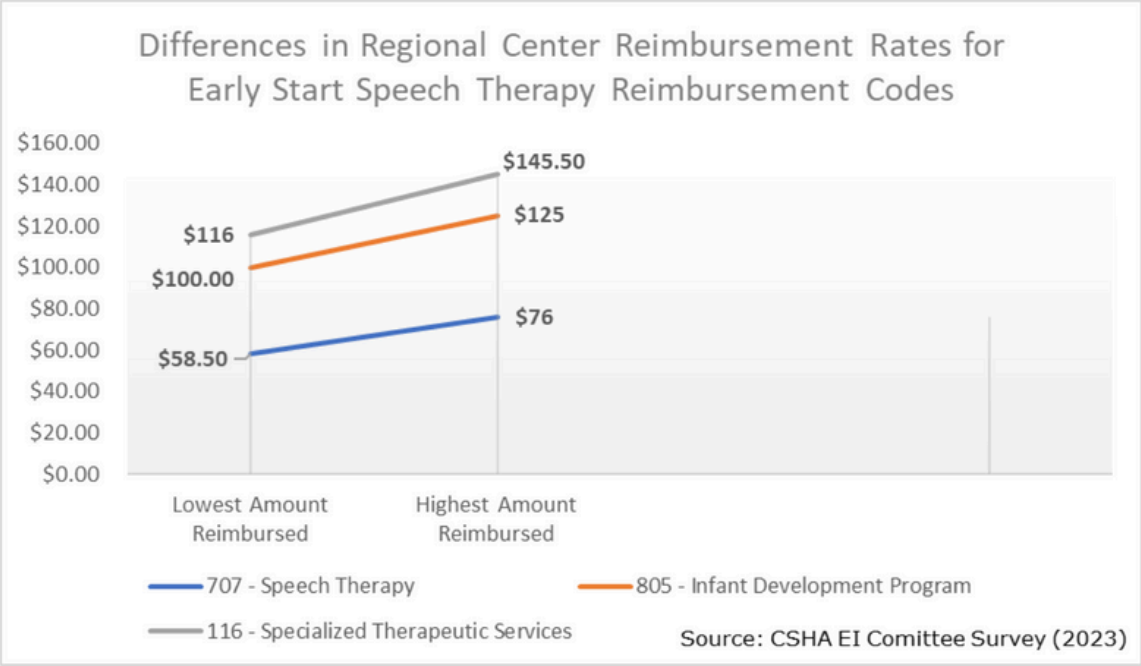
Issue 3: Inconsistent use of service codes for Early Start speech-language services

Low reimbursement rates are a direct cause of the limited number of SLPs and SLPAs working in Early Start. This is exacerbated by the use of different service codes and reimbursement rates across regional centers. There are currently three service codes that regional centers implement when paying SLPs and SLPAs who provide Early Start services. Reimbursement rates vary based on which service code the regional center vendors SLPs and SLPAs under:

- Service Code **707** – Speech Pathology
- Service Code **805** – Infant Development Program
- Service Code **116** – Early Start Specialized Therapeutic Services

Across the State, rates for these services vary drastically — as low as $58.50/hour for 707, to as high as $145.50/hour for 116. This carries a difference of up-to $87 per session for the same service rendered by SLPs and SLPAs across the state (see Figure 2.)

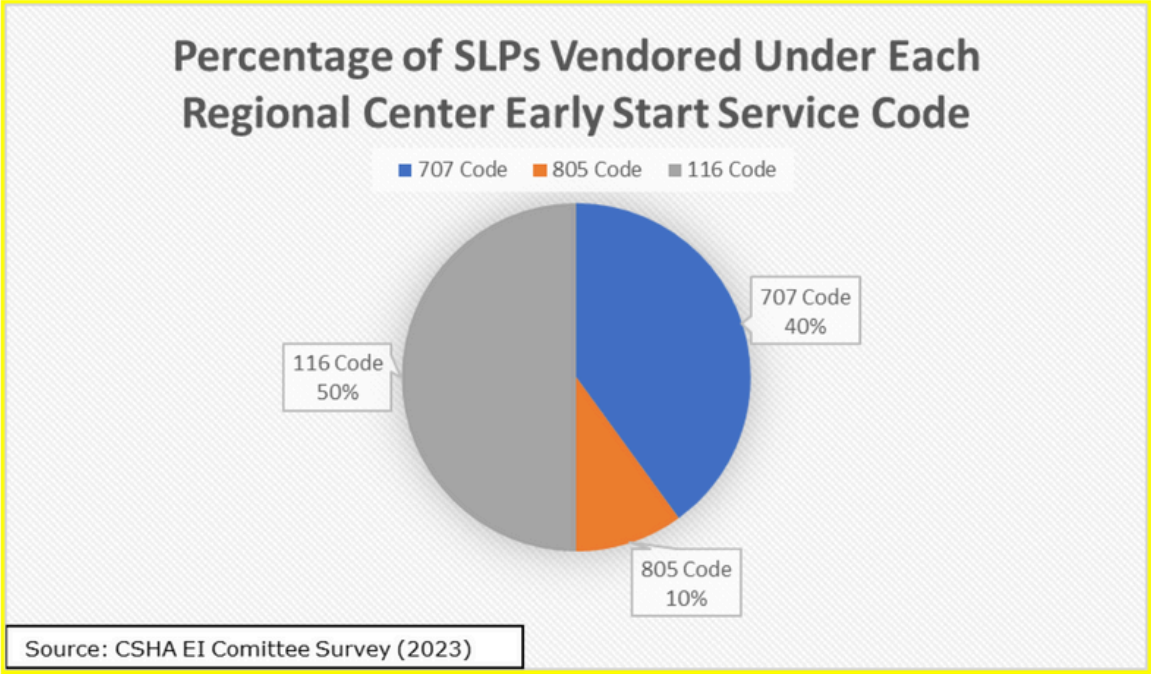
Figure 2.



Early Start speech-language services are provided in the same way regardless of service code billed, the only difference in codes is the amount speech pathologists are reimbursed. This inequity prevents SLPs and SLPAs who are paid for the 707 code from earning a living wage for Early Start services.

Results from the CSHA survey further revealed that 40% of SLP respondents are vendored under 707, 50% are vendored under 116, and 10% are vendored under 805 (see Figure 3). All survey respondents agreed that SLPs should be paid higher rates, consistent with the industry standard, in order to increase access to high-quality services for regional center consumers.

Figure 3.



The 707 code was excluded from the *Burns Rate Study*[21], and any provider vendored under this code did not receive a rate increase. In contrast, both the 116 and 805 codes were included in the *Burns Rate Study*, and providers vendored under these codes have begun to receive rate increases. Almost half of all SLPs who participated in the CSHA EI Committee Survey reported that they are vendored under the 707 code, resulting in a stall in rate increases and per-session payments substantially below industry standard.

Many SLPs and SLPAs do not provide Early Start services because of the low rates. These low rates most impact high-needs, culturally- and linguistically-diverse, and rural consumers. The 707 code is based on Medi-Cal rates and does not allow for negotiation, despite being well below market average for in-home speech-language services. It is difficult to hire and retain staff, as these rates are too low to provide clinicians an appropriate or competitive wage.

The 805 code, which was developed for child development specialists who hold a minimum of a bachelor's degree, is paid at an average of $98/session. In contrast, licensed SLPs hold a minimum of a master's degree.

The 116 code carries a bilingual differential rate, allowing a higher reimbursement rate for vendors authorized under 116 who provide speech-language therapy in a language other than English. The bilingual differential accounts for the shortage of bilingual clinicians in order to increase access to services for consumers who require services in languages other than English, which accounts for 45% of Californians[22]. In contrast, just 10.8% of SLPs/SLPAs in California speak a language other than English[23]. This data reveals a substantial discrepancy between the number of individuals who require bilingual services and the number of bilingual SLPs. This is especially important for consumers with communication delays or disorders, as the SLP and/or SLPA must be able to communicate at the highest level with consumers and their families. A bilingual differential rate supports the retention of bilingual clinicians and increases access to high-quality services for non-English speaking consumers.

In order to employ high-quality SLPs and SLPAs to meet Early Start needs across the state, the EI Committee recommends a rate of at least $150 per session with sub-codes for bilingual differential rates.

Issue 4: Pervasive cancellations and no-shows

The current reimbursement structure for Early Start providers does not support the Early Start employee model that exists today. Due to the passage of AB-5 in California, which was implemented on January 1, 2020, vendors can no longer contract with SLPs or SLPAs as independent contractors[14]. Instead, they must be hired as W-2 employees. Employers have fiscal obligations to employees that they do not have to independent contractors, including the requirement that all employees be offered a minimum of 40 hours/year of paid sick time in California — and upwards of 48 hours per year in places such as Los Angeles County — benefits such as health insurance for any employee who works more than 30 hours/week, and reimbursement for monetary expenses, such as mileage between consumer's homes, that are incurred while on the job. Employees are also required to work at least a minimum of 2 hours per day when scheduled for a shift, and must be paid for their time regardless of late cancellations or no-shows. This structure creates a challenge for vendors, as they must pay their employees for cancellations and no-shows despite not being reimbursed for these sessions by their regional center or DDS.

Results on the CSHA EI survey revealed that 89% of SLP respondents have had difficulty recruiting and retaining Early Start SLPs and SLPAs due to the financial impact of late cancellations and no-shows on their practices. The CSHA EI survey found that the financial impact for some firms was a loss of up to $1.7 million a year, which has forced some vendors to stop taking Early Start clients or close their doors altogether.

The CSHA survey also found that the cancellation rate is high and providers are unable to reschedule their sessions, causing consumers to lose access to necessary services. The cancellation rate in Early Start is upwards of 30%; meanwhile, 60% of SLPs reported that they were only able to reschedule just 10% of their last-minute cancellations, which represented half of all cancellations[24].

The money to reimburse vendors for cancellations and no-shows is already included in the California Early Start budget. This year, nearly $1 billion of unspent funds were returned to the state[25]. CSHA recommends that DDS follow the model that was implemented by the Department of Social Services and the California Department of Education which changed the reimbursement for childcare providers to be based on enrollment rather than attendance[26,27].

Additionally, CSHA recommends changing from monthly POS (e.g., 5x/month) to yearly (e.g., 52x/year) or until the child's third birthday. Currently, DDS policy prohibits service providers from making up sessions outside of the monthly billing cycle. Restricting services to be provided within a monthly billing cycle negatively impacts consumers whose families have irregular work or travel schedules, as well as consumers who are medically fragile and manage frequent illness. The change to yearly POS would align the regional center authorization cycle with progress reporting periods and the industry standard.

CSHA also suggests that DDS issue a directive allowing interprofessional collaborative practice (IPCP), colloquially known as "co-treats", where more than one service provider works with a consumer simultaneously. Allowing co-treats is considered best practice[28] and it would allow families to have better coordination between Early Start team members and flexibility in rescheduling missed visits. Families who are receiving multiple hours of therapy each week from multiple providers are limited in rescheduling appointments when a visit is missed. This has the greatest negative impact on consumers whose caregiver(s) work(s) full-time. It is imperative that DDS change the reimbursement for cancellations and no-shows in order to sustain the SLP workforce as well as improve service delivery to California families who are currently not being served due to staffing shortages.

POSITION STATEMENT

CSHA's EI Committee supports:

1. Solution to Issue 1: Consistent implementation of rate increases for all vendors and all regional centers

2. Solution to Issue 2: Consistent implementation of DDS directives across all regional centers, including the authorization for use of SLPAs, which was approved in a DDS Directive from 2019, and use of SLP-CF/RPEs
3. Solution to Issue 3: Consistent use of appropriate service codes across all regional centers, supporting a competitive rate in order to reduce lack of consumer access to qualified providers
4. Solutions to Issue 4:
    a. Payment for enrollment rather than attendance
    b. Purchase of service (POS) for 12 months of services or until the child's third birthday rather than monthly
    c. Allow simultaneous provision of services by multiple providers, known as interprofessional collaborative practice or "co-treat" services

CONCLUSION

Early Start rate implementation has been inconsistent, which has resulted in numerous issues that have reduced equitable access to crucial speech language pathology services for our youngest populations across the state. The passage of Trailer Bill SB-138 in September 2023 resulted in DDS identifying the need to standardize processes for regional center vendors and make all services "more uniform, consistent, and equitable"[29]. The CSHA EI Committee has studied the issues impacting Early Start speech language pathology providers, and provided solutions to the issues based on research, data, and best-practices in this statement. We hope that our recommendations are implemented; as stakeholders in the process, our joint initiative with DDS is to support as many individuals as possible, and our proposed solutions would help increase access to Early Start speech-language pathology services.

RESOURCES

1. CSHA: About Us. CSHA. Accessed November 3, 2024. https://www.csha.org/about-us/
2. Goode S, Diefendorf M, Colgan S. The Importance of Early Intervention for Infants and Toddlers with Disabilities and Their Families. Published online July 2011. Accessed October 12, 2024. https://ectacenter.org/~pdfs/pubs/importanceofearlyintervention.pdf
3. Center on the Developing Child. InBrief: The Science of Early Childhood Development. Center on the Developing Child at Harvard University. 2007. Accessed October 12, 2024. https://developingchild.harvard.edu/resources/inbrief-science-of-ecd/

4. Hebbeler K, Spiker D, Bailey D, et al. *Early Intervention for Infants and Toddlers With Disabilities and Their Families: Participants, Services, and Outcomes*.; 2007. https://www.sri.com/wp-content/uploads/2021/12/neils_finalreport_200702.pdf
5. Hessami K, Norooznezhad AH, Monteiro S, et al. COVID-19 Pandemic and Infant Neurodevelopmental Impairment: A Systematic Review and Meta-analysis. *JAMA Network Open*. 2022;5(10):e2238941. doi:10.1001/jamanetworkopen.2022.38941
6. Khan T, Freeman R, Druet A. *Louder Than Words: Pediatric Speech Disorders Skyrocket Throughout Pandemic*. Komodo Health; 2023.
7. Late Language Emergence. American Speech-Language-Hearing Association. Accessed November 5, 2024. https://www.asha.org/practice-portal/clinical-topics/late-language-emergence/
8. Department of Developmental Services (DDS). *For Legislative Review: Department of Developmental Services, 2022 May Revision*.; 2022.
9. ASHA 2023 SLP Health Care Survey: Workforce. Published online 2023.
10. Occupation Profile: Speech-Language Pathologists. Employment Development Department, State of California. 2024. Accessed November 3, 2024. https://labormarketinfo.edd.ca.gov/cgi/databrowsing/occExplorerQSDetails.asp?soccode=291127
11. Occupational Outlook Handbook: Speech-Language Pathologists. Bureau of Labor Statistics. 2024. Accessed November 3, 2024. https://www.bls.gov/ooh/healthcare/speech-language-pathologists.htm
12. Occupational Outlook Handbook. Bureau of Labor Statistics. August 29, 2024. Accessed October 28, 2024. https://www.bls.gov/ooh/
13. Council of Academic Programs in Communication Sciences and Disorders (CAPCSD). *Communication Sciences and Disorders (CSD) Education Survey State Aggregate Data Report for California, 2021-2022 Academic Year*.; 2021.
14. *AB-5 Worker Status: Employees and Independent Contractors*.; 2019. Accessed October 12, 2024. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB5
15. Department of Developmental Services (DDS). Rate Model Implementation FAQS. Published online June 2024. Accessed October 23, 2024. https://www.dds.ca.gov/wp-content/uploads/2024/07/DDS_FAQ_Rate_Model_Implementation_FAQ_June2024.pdf
16. Goulding R. Reimbursement Increase. Published online March 6, 2023.
17. Data USA. Speech-Language Pathologists. Accessed November 5, 2024. https://datausa.io/profile/soc/speechlanguage-pathologists
18. Inadequate Rates for Service Provision in California. Published online January 2014. https://www.dds.ca.gov/wp-content/uploads/2019/02/DSTF_Jan2014ARCA_20190212.pdf
19. California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board. Notice of Regulatory Change Regarding Speech-Language Pathology Assistant Supervision Requirements. 2024. Accessed November 3, 2024. https://www.speechandhearing.ca.gov/board_activity/lawsregs/slpa_supervision_requirements.shtml
20. Office of Administrative Law. Notice of Approval of Regulatory Action. Published

online April 22, 2019. Accessed November 3, 2024. https://www.csha.org/wp-content/uploads/2024/02/SLPA-Letter.pdf
21. Burns & Associates, Inc. *DDS Vendor Rate Study and Rate Models*. California Department of Developmental Services; 2019:103.
22. California - Census Bureau Profile. Accessed November 3, 2024. https://data.census.gov/profile/California?g=040XX00US06
23. American Speech-Language-Hearing Association. *Profile of ASHA Multilingual Service Providers, Year-End 2023*. ASHA; 2024. Accessed November 3, 2024. https://www.asha.org/siteassets/surveys/2023-profile-of-multilingual-service-providers.pdf
24. CSHA. CSHA EI Survey. Published online 2023.
25. Alpert Reyes E. Nearly $1 Billion Left Unspent by Centers for Disabled Californians. *Los Angeles Times*. https://www.latimes.com/california/story/2024-08-20/unused-money-at-regional-centers. August 20, 2024. Accessed October 28, 2024.
26. *SB-140: Early Childcare and Education*.; 2023. Accessed October 29, 2024. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB140
27. Reyes E. *AB-596: An Act to Amend Sections 8245.5 and 8252 of, and to Amend, Repeal, and Add Section 8242 of, the Education Code, and to Amend Sections 10227.5 and 10290 of, and to Amend, Repeal, and Add Section 10280 of, the Welfare and Institutions Code, Relating to Early Learning and Care.*; 2023. Accessed October 28, 2024. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB596
28. Sylvester L, Ogletree BT, Lunnen K. Cotreatment as a Vehicle for Interprofessional Collaborative Practice: Physical Therapists and Speech-Language Pathologists Collaborating in the Care of Children With Severe Disabilities. *Am J Speech Lang Pathol*. 2017;26(2):206-216. doi:10.1044/2017_AJSLP-15-0179
29. SB-138. September 13, 2023. Accessed November 3, 2024. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB138