

VHA AUDIOLOGY AND SPEECH PATHOLOGY SERVICES

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive defines Audiology and Speech Pathology Services (ASPS) and updates VHA policy for managing audiology and speech pathology services.

2. SUMMARY OF MAJOR CHANGES:

Amendment, dated July 19, 2022, updates language throughout the directive to ensure consistency within the directive and across VHA's initiatives. Specific changes include:

a. Paragraph 4.l.(9) replaces the word "standard" with "scope." **NOTE:** *VHA National Standards of Practice are being developed as part of a separate review and concurrence process.*

b. Paragraphs 4.m.(2) and 4.n.(2) remove the following language: "and VHA national standards of practice." See note above for explanation of change.

c. Paragraph 8.w. updates the title of a reference website from "Standard" to "Scope"

As published December 9, 2020, this directive updated requirements for managing audiology and speech pathology services. This directive also:

a. Removed definition of requirements for education, training and trainee supervision and documentation now included in VHA Handbook 1400.03, Veterans Health Administration Educational Relationship, dated February 16, 2016 and VHA Handbook 1400.04, Supervision of Associated Health Trainees, dated March 19, 2015.

b. Relocated guidance on performing Compensation and Pension exams to the VA intranet.

c. Established scope of practice for ASPS health technicians located on the VA intranet and removes scope of practice definitions for audiologists and speech-language pathologists. **NOTE:** VHA National Standards of Practice are being developed as part of a separate review and concurrence process.

2. RELATED ISSUES: VA Handbook 5005/38 and 5005/39, Staffing, Part II, Appendix G29 and G30, dated August 24, 2010; VHA Directive 1034, Prescribing and Providing Eyeglasses, Contact Lenses and Hearing Aids, dated October 24, 2019; VHA Directive 1171, Management of Patients with Swallowing (Oropharyngeal Dysphagia) and Feeding Disorders, dated April 14, 2017; VHA Directive 2012-030, Credentialing of Health Care Professionals, dated October 11, 2012; VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012; and VHA Handbook 1400.04, Supervision of Associated Trainees, dated March 19, 2015.

December 9, 2020

VHA DIRECTIVE 1170.02(1)

3. RESPONSIBLE OFFICE: The Office of Patient Care Services, Deputy Chief Patient Care Services Officer for Rehabilitation and Prosthetic Services (12RPS) is responsible for the contents of this directive. Questions are to be directed to the Executive Director, Audiology and Speech Pathology Service at VHA12RPSRehabandProstheticsAction@va.gov or VHAASPSProgramOffice@va.gov.

4. RESCISSIONS: VHA Handbook, 1170.02(1), VHA Audiology and Speech-Language Pathology Services, dated March 14, 2011, is rescinded.

5. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of December 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Beth Taylor
Assistant Under Secretary for Health
for Patient Care Services

NOTE: *All references herein to the Department of Veterans Affairs (VA) and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publications Distribution List on December 11, 2020.

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VHA AUDIOLOGY AND SPEECH PATHOLOGY SERVICES

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy for managing audiology and speech pathology services to optimize the delivery of consistent and high-quality care to Veterans seen with disorders of hearing, tinnitus, balance, speech, language, voice, fluency, cognitive and swallowing in Department of Veterans Affairs (VA) medical facilities. **AUTHORITY:** Title 38 United States Code (U.S.C.) §§ 1707(b), 7301(b); Title 38 Code of Federal Regulations (C.F.R.) § 17.149.

2. BACKGROUND

a. Audiology and speech pathology services are standard medical benefits available to all enrolled Veterans. These services are managed by the VHA Audiology and Speech Pathology Service (ASPS) National Program Office. ASPS is a program managed by the Office of Rehabilitation and Prosthetic Services, under the direction of the Assistant Under Secretary for Health for Patient Care Services.

b. Audiologists and speech-language pathologists in the U.S. are licensed and regulated by a State, territory, or Commonwealth of the U.S. or the District of Columbia. VHA audiologists are licensed independent practitioners who provide patient-centered care in the prevention, identification, diagnosis and evidence-based treatment of hearing, balance and other auditory disorders. Auditory system disabilities, including hearing loss and tinnitus, are among the most common service-related disabilities. VHA speech-language pathologists (SLPs) are licensed independent practitioners who provide patient-centered care in the prevention, assessment, diagnosis and treatment of speech, language, voice, social communication, cognitive-communication and swallowing disorders. SLPs in VHA play a critical role in the diagnosis and treatment of Veterans with service-related traumatic brain injury, post-concussive symptoms and increased rates of sensory and cognitive-communication complaints.

c. Emerging challenges for VHA audiology and speech-pathology programs include: increasing prevalence of age-related and trauma-related disorders of cognitive-communication, swallowing, voice, hearing and balance; greater demand for compensation and pension evaluation services; rapidly changing treatment technologies and paradigms; changing care-delivery models; and an aging workforce.

d. VHA strives to be the audiology and speech pathology care provider of choice for Veterans by: providing high quality, comprehensive, state-of-the-art clinical services to Veterans with hearing, tinnitus, balance, speech, language, cognitive-communication, voice and swallowing disorders; supporting the training of developing audiologists and speech-language pathologists and maintaining expertise for experienced audiologists and speech-language pathologists; and conducting research to improve technologies, methodologies, treatment efficacy and associated elements of patient care.

3. POLICY

It is VHA policy that VA medical facilities provide Veterans with access to integrated, specialized, evidence-based audiology and speech pathology services. The objective for providing these services is to optimize Veterans' ability to function by eliminating or reducing the impairment, activity limitations, participation restrictions and environmental barriers related to hearing, tinnitus, balance, speech, language, cognitive-communication, voice and swallowing disorders.

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Ensuring overall VHA compliance with this directive.

(2) Providing final approval for all new cochlear implant centers in accordance with VHA Directive 1043, Restructuring of VHA Clinical Programs, dated November 2, 2016.

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting the implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Audiology and Speech Pathology Service.** The Executive Director, ASPSP, is responsible for:

(1) Ensuring all VHA audiology and speech pathology field staff members are provided the information in this directive.

(2) Establishing the strategic direction to provide audiology and speech pathology services to eligible Veterans.

(3) Establishing and overseeing the Cochlear Implant Advisory Board (CIAB) in administering the Cochlear Implant Program and related services, including appointing members of the CIAB and designating the CIAB Chair. The Executive Director must consider CIAB recommendations and reports in areas of strategic planning, national objectives and professional trends relevant to cochlear implants.

(4) Determining the existence of an ASPS Field Advisory Council (FAC). If the ASPS Executive Director determines that the Field Advisory Council is appropriate, the ASPS Executive Director will appoint the Chair and members of the ASPS FAC and consider ASPS FAC guidance when requested in areas of strategic planning, national objectives and professional trends relevant to ASPS.

(5) Ensuring that audiologists and speech-language pathologists are provided evidence-based best practices.

(6) Ensuring continuous quality improvement tools are provided in VHA which support delivery of quality audiology and speech pathology care.

(7) Providing consultation and assistance to ASPS field staff members regarding audiology and speech pathology services.

e. **National Director of Surgery.** The National Director of Surgery serves as a member of the Cochlear Implant Advisory Board and supports the integrated VHA review and approval process. Pursuant to VHA Directive 1043, the Under Secretary for Health provides final approval of all new cochlear implant centers.

f. **Chair, Audiology and Speech Pathology Service Field Advisory Council.** The ASPS FAC consists of field-based, clinical leaders in audiology and speech pathology as identified by the Executive Director, ASPS. The ASPS FAC is not a mandatory council. If the council is invoked by the ASPS Executive Director, the Chair, ASPS FAC is responsible for:

(1) Ensuring that the FAC advises the Executive Director, ASPS, in areas of strategic planning, national objectives and professional trends relevant to ASPS.

(2) Ensuring that the FAC provides recommendations to the field on matters relevant to ASPS.

g. **Chair, Cochlear Implant Advisory Board.** The membership of the CIAB consists of: two audiologists with experience in cochlear implants; two otolaryngologists with experience in cochlear implants; Director, Surgical Service; Executive Director, ASPS; ad-hoc representation from the Department of Defense (DOD); ad-hoc representation from VHA Prosthetic and Sensory Aids Service; and ad hoc representation from each cochlear implant site. The Chair, CIAB is responsible for:

(1) Ensuring that the CIAB provides guidance to the Executive Director, ASPS, on current cochlear implant practices, selection criteria and device standards.

(2) Ensuring that the advisory board reviews and recommends approvals for applications for new cochlear implant centers and programming sites. The CIAB has final approval for applications for new programming sites. The CIAB provides input to the Executive Director, ASPS for the development of new surgical cochlear implant centers.

(3) Ensuring that the CIAB reviews and makes final determination regarding cochlear implant (CI) candidacy for cases that do not meet VA guidelines or have Institutional Research Board (IRB) approval.

(4) Ensuring that the CIAB reports at least one time per calendar year to the Executive Director, ASPS on the status of the cochlear implant program.

h. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Providing necessary support and resources to ensure high-quality, efficient and accessible audiology and speech pathology services to meet network and local needs, while achieving VA and VHA strategic priorities, objectives and goals. **NOTE:** *Productivity and utilization tools for ASPS can be found on the VHA Service Support Center (VSSC) website under the Clinical Patient Care section and specifically Rehabilitation Services.*

(2) Ensuring that the VISN Chief Medical Officer and VA medical facility leadership provide visible and supportive leadership in integrating audiology and speech pathology services as integral elements of a Veteran-centered, inter-disciplinary health care team.

(3) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

i. **Veterans Integrated Service Network Chief Medical Officer.** The VISN Chief Medical Officer (CMO) is responsible for providing visible and supportive leadership in integrating audiology and speech pathology services.

j. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring high-quality audiology and speech pathology care is accessible.

(2) Ensuring the VA medical facility provides adequate space for the provision of diagnostic and therapeutic services for the effective and efficient delivery of audiology and speech pathology services. Recommended criteria for minimum space requirements and noise attenuation standards are established and provided in VA PG-18-9, Space Planning Criteria, Chapter 204, Veterans Health Administration: Audiology & Speech Pathology Service, available at: <https://www.cfm.va.gov/til/space/spChapter204.pdf>. Chapter 265 outlines space requirements in a community-based outpatient clinic or Patient-Aligned Care Team (PACT) clinic, available at: <https://www.cfm.va.gov/til/space/SPchapter265.pdf>. Sound suite and hearing booth requirements are established in VA PG 18-9, Chapter 204 and by noise attenuation standards published by the American National Standards Institutes or other standards organizations.

(3) Ensuring that the VA medical facility has appropriate equipment and necessary supplies to provide diagnostic testing and rehabilitation for audiology and speech pathology services.

(4) Ensuring that audiology and speech pathology research is conducted consistent with VA Office of Research Oversight (ORO) standards (see paragraph 6).

(5) Seeking approval, where the VA medical facility has met application criteria, for operation as a Cochlear Implant Center or Cochlear Implant Programming Site. Criteria and application guidance are available on the Cochlear Implant SharePoint website at <https://dvagov.sharepoint.com/sites/vhaasps/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fvhaasps%2FShared%20Documents%2FAudiology%2FCochlear%20Implant%20Program%2FNew%20CI%20Site%20or%20Provider%20Resources&FolderCTID=0x012000EC4975499C235740A868B159099D909B>. **NOTE:** *This is an internal VA website that is not available to the public.*

(6) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

k. VA Medical Facility Chief of Staff/Associate Director for Patient Care Services. The following are responsibilities for either a VA medical facility Chief of Staff or an Associate Director of Patient Care Services depending on the VA medical facility:

(1) Ensuring that audiology and speech pathology services are provided within the health care providers' privilege sets or scopes of practice and in accordance with VA policies as applicable, The Joint Commission and regulatory agencies.

(2) Ensuring that audiologists and speech-language pathologists are appropriately credentialed prior to appointment and maintain accurate, complete and timely credentials in accordance with VHA Directive 2012-030, Credentialing of Health Care Professionals, dated October 11, 2012.

(3) Providing strategic direction to VA medical facility leadership in audiology and speech pathology consistent with VA, VHA and VISN strategic plans.

(4) Outlining core audiology and speech-language pathology telehealth program requirements and eligibility criteria in the VA medical facility Telehealth Service Agreement (TSA) created through the Telehealth Management Platform (TMP).

(5) Establishing policies and processes for coding in accordance with VHA Handbook 1907.01, Health Information Management and Health Records, dated March 19, 2015.

(6) Applying a systematic methodology to establish staffing levels and skill mix to ensure that a qualified and competent audiology and speech pathology workforce is available to provide high-quality, timely and efficient health care. **NOTE:** *Productivity and utilization tools for ASPs can be found on the VHA VSSC website under the Clinical Patient Care section and specifically Rehabilitation Services.*

(7) Using available local, network and VHA data resources to track and analyze audiology and speech pathology workload, productivity, cost, utilization and access.

(8) Ensuring that fee basis audiologists with appointment to VA medical center hired by the VA medical facility to perform Compensation and Pension (C&P) examinations for auditory disorders hold a full, current and unrestricted license to practice audiology.

(9) Ensuring that organization reporting assignments contribute to the efficient operation of audiology and speech pathology programs and reflect staff and Veteran care needs for audiology and speech pathology services. This includes the integration of audiology and speech pathology services into an organizational structure that promotes audiology and speech pathology providers as partners in the delivery of care.

NOTE: *Organizational structure of VA medical facilities is determined locally. Most commonly, the VA medical facility Chief of Audiology and Speech Pathology reports as a Service Chief to the VA medical facility Chief of Staff, or as a Section Chief to the VA medical facility Chief of Physical Medicine and Rehabilitation Service.*

I. **VA Medical Facility Chief, Audiology and Speech Pathology Service.** The VA medical facility Chief, ASPS, refers to the person at the VA medical facility level with primary responsibility for the operations and management of the ASPS and the management of related professional and administrative activities. The VA medical facility Chief, ASPS is responsible for:

(1) Ensuring compliance with this directive through appropriate monitoring activities.

(2) Developing, managing, supervising and implementing VA medical facility procedures pertaining to employees within ASPS and implementing national VHA policies.

(3) Managing daily ASPS workload and clinical processes to ensure that quality services are provided in a timely, effective and efficient manner and coordinated with other clinical services within the VA medical facility.

(4) Establishing opportunities for ASPS field staff to give input on the operations of ASPS.

(5) Establishing a lead or senior provider in instances when staff is not supervised by a person credentialed in that discipline. This lead or senior provider must be the subject matter expert for that discipline in areas such as recruitment, performance evaluation, mentoring and leadership development, competencies and other professional discipline issues.

(6) Recommending to VA medical facility leadership budget projections, staffing needs, equipment and supply management and other operational aspects of administering and managing a program. These recommendations are based on information and VHA Support Service Center data collected and analyzed by ASPS.

(7) Ensuring continual compliance with accreditation standards, including the Joint Commission, professional accreditations and licensure requirements.

(8) Providing professional development and continuing education resources to audiology and speech pathology staff.

(9) Ensuring that ASPS health technicians work within their respective scope of practice available at the ASPS intranet page at:
<https://dvagov.sharepoint.com/:w:/r/sites/vhaasps/ layouts/15/Doc.aspx?sourcedoc=%7BB24789D9-98C6-4DB7-95CB-86FAA300927F%7D&file=Directive%20Scope%20of%20Practice%20Health%20Technicians%20-%20Audiology%20120621.docx&action=default&mobileredirect=true&DefaultItemOpen=1&wdLOR=cE5721FC9-D508-463C-9EDB-BA8437E33216&cid=89127f4c-f620-492f-aeb5-dd994475cdb3>. **NOTE:** This is an internal VA website that is not available to the public.

(10) Ensuring that ASPS audiologists, speech-language pathologists and related health technicians provide evidence-based, Veteran-centered care that follows clinical practice recommendations available on the ASPS SharePoint website at:
<https://dvagov.sharepoint.com/sites/vhaasps/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fvhaasps%2FShared%20Documents%2FGeneral%2FASPS%20Clinical%20Practice%20Recommendations%2FAUDIOLOGY&FolderCTID=0x012000EC4975499C235740A868B159099D909B>. **NOTE:** This is an internal VA website that is not available to the public.

(11) Supporting outreach efforts designed to inform Veterans and professionals from various disciplines about the benefits of audiology and speech pathology services. Such activities include participating or presenting in VA medical facility and community events that promote and publicize the value of audiology and speech pathology services.

(12) Managing information and performance improvement. This includes establishing procedures on how the program obtains and uses Veteran outcome data and information to continually improve the quality of care to Veterans and their families.

(13) Overseeing the care rendered by audiologists and speech-language pathologists, as defined in VA medical facility-level guidelines and in accordance with VA compliance regulations. **NOTE:** Audiology and speech pathology are Hybrid Title 38 professions and these standards must be considered when hiring or promoting a professional in these occupations.

(14) Ensuring effective academic affiliations in collaboration with the Designated Education Officer. **NOTE:** See VHA Handbook 1400.04, *Supervision of Associated Health Trainees*, dated March 19, 2015, for VHA policy on associated health training programs.

(15) Disseminating information from the ASPS Program Office to ASPS personnel at VA medical facilities, where appropriate.

(16) Ensuring that all hearing aid orders, repairs, certifications and issuance are completed in the Remote Order Entry System (ROES) in a timely fashion.

(17) Ensuring that all audiometric testing is recorded into VA National Hearing Repository.

(18) Ensuring that all new hearing aid users receive a scientifically-validated measurement instrument [e.g., International Outcomes Inventory of Hearing Aids (IOI-HA), Abbreviated Profile of Hearing Aid Benefit (APHAB), or Hearing Handicap Inventory for the Elderly (HHIE), Client-Oriented Scale of Improvement (COSI)] to demonstrate the efficacy of treatment, with the results recorded in patient electronic medical record (and ROES if IOI-HA was administered) to assess the benefit the Veteran is receiving.

(19) Ensuring that audiologists comply with VHA and Veterans Benefits Administration (VBA) compensation and pension (C&P) examination and reporting requirements (see

<https://dvagov.sharepoint.com/sites/vhaasps/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fvhaasps%2FShared%20Documents%2FAudiology%2FCompensation%20%20Pension%20Exam&FolderCTID=0x012000EC4975499C235740A868B159099D909B>. **NOTE:** *This is an internal VA website that is not available to the public.*) and ensuring that the content of C&P exams and opinions conform to VBA-approved exam templates.

(20) Ensuring that all speech-language pathologists administer a scientifically-validated functional communication measure to Veterans receiving speech pathology services at admission and discharge from treatment. The acceptable functional communication measures are identified on the ASPS SharePoint website at: <https://dvagov.sharepoint.com/sites/vhaasps/SitePages/Speech-Pathology-Section.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(21) Approving delineated scope of practice statements. **NOTE:** *This may also be done by a person of equivalent organizational rank. Delineated scope of practice statements are required for each audiologist and speech-language pathologist who is not privileged in accordance with VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012. Delineated scopes of practice statements for audiologists and speech-language pathologists who perform services independently, i.e. at the Government Schedule (GS) level GS-12 or higher-grade levels, must specifically state that such services must be performed without supervision.*

(22) Ensuring that all audiological testing is performed on audiology equipment that has been calibrated according to current standards published by the American National Standards Institute (ANSI) or other relevant organization. This equipment must be calibrated annually, or more often, in accordance with VA medical facility procedures, C&P examination and reporting requirements if applicable, applicable standards from ANSI or other organization, or recommendations from the equipment manufacturer.

(23) Ensuring the clinical management of health records by ASPS staff, in accordance with VHA Handbook 1907.01.

m. **VA Audiologist**. The VA audiologist is responsible for:

(1) Providing services that are within their privilege set or scope of practice and compliant with VA policies, The Joint Commission and regulatory agencies. Audiologists must abide by the scope of practice specified by their State license. In instances where the audiologist is licensed in a State other than the State where the service is performed, the audiologist must be governed by the laws of the State that granted the license. **NOTE:** See 38 C.F.R. §17.417 for scope of practice related to telehealth services.

(2) Adhering to clinical practice recommendations available on the ASPS SharePoint website at:

<https://dvagov.sharepoint.com/sites/vhaasps/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fvhaasps%2FShared%20Documents%2FGeneral%2FASPS%20Clinical%20Practice%20Recommendations%2FAUDIOLOGY&FolderCTID=0x012000EC4975499C235740A868B159099D909B>. **NOTE:** This is an internal VA website that is not available to the public.

(3) Adhering to VHA requirements and guidance when providing C&P examinations for audiology disorders available

at:<https://dvagov.sharepoint.com/sites/vhaasps/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fvhaasps%2FShared%20Documents%2FAudiology%2FCompensation%20%20Pension%20Exam&FolderCTID=0x012000EC4975499C235740A868B159099D909B>. **NOTE:** This is an internal VA website that is not available to the public. This includes having the following credentials:

(a) A full, current and unrestricted license to practice audiology in a State, Territory, Commonwealth, or the District of Columbia, as required by Department of Veterans Affairs (VA) Handbook 5005/38, Staffing, Part II, Appendix G29, dated August 24, 2010.

(b) Examiner certification as required by VHA Directive 1603, Training and Certification of VHA Examiners Completing VA Compensation and Pension (C&P) Disability Examinations, dated March 1, 2019.

(4) Adhering to VHA policy and standards when providing eligible Veterans with prosthetic devices. In addition:

(a) Ensuring that Veterans are provided sensori-neural aids per VHA Directive 1034, Prescribing and Providing Eyeglasses, Contact Lenses and Hearing Aids, dated October 24, 2019 and the requisite fitting, orientation, instruction and training in the use of hearing aids.

(b) Verifying hearing aid fittings using validated techniques.

(c) Administering a scientifically-validated measurement instrument [e.g., International Outcomes Inventory of Hearing Aids (IOI-HA), Abbreviated Profile of Hearing Aid Benefit (APHAB), or Hearing Handicap Inventory for the Elderly (HHIE), Client-Oriented Scale of Improvement (COSI)] to demonstrate the efficacy of treatment.

(d) Taking into consideration environmental factors when prescribing prosthetics, such as: home, workplace and educational settings; social, family and caregiver situations; communication needs; personal factors such as lifestyle, habits, education; and co-morbidities including, but not limited to, blindness or visual impairment, cognitive deficits and dexterity or limb impairment.

(e) Requesting and providing justification for prosthetic devices that are not covered under a contract through the Denver Logistics Center (DLC) to the Prosthetics and Sensory Aids Service (PSAS). Justification should identify the type of device, specifications, medical necessity and other relevant information.

(f) Requesting review by the CIAB for cochlear implant candidacy when Veterans do not meet established criteria and the audiologist believes there is clinical justification for a cochlear implant. Criteria and CIAB candidacy request forms are available on the Cochlear Implant Program SharePoint website at:

<https://dvagov.sharepoint.com/sites/vhaasps/SitePages/Cochlear-Implants.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

n. **VA Speech-Language Pathologists**. The VA speech-language pathologist is responsible for:

(1) Providing services that are within their privilege set or scope of practice and compliant with VA policies, The Joint Commission and regulatory agencies. Speech language pathologists must abide by the scope of practice specified by their State license. In instances where the speech language pathologist is licensed in a State other than the State where the service is performed, the speech language pathologist must be governed by the laws of the State that granted the license. **NOTE:** See 38 C.F.R. §17.417 for scope of practice related to telehealth services.

(2) Adhering to clinical practice recommendations available on the ASPS SharePoint website at: <https://dvagov.sharepoint.com/sites/vhaasps/SitePages/Speech-Pathology-Section.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(3) Adhering to VHA policy and standards when providing Veterans with prosthetic devices for communication disorders. In addition:

(a) Taking into consideration environmental factors when prescribing prosthetics, such as: home, workplace and educational settings; social, family and caregiver situations; communication needs; personal factors such as lifestyle, habits, education; and co-morbidities including, but not limited to, blindness or visual impairment, cognitive deficits and dexterity or limb impairment.

(b) Requesting and providing justification for prosthetic devices that are not covered under a contract through the Denver Logistics Center (DLC) to the Prosthetics and Sensory Aids Service (PSAS). Justification should identify the type of device, specifications, medical necessity and other relevant information.

(c) Administering to all Veterans receiving speech pathology services a scientifically-validated functional communication measure at admission and discharge from treatment. The acceptable functional communication measures are identified on the ASPS SharePoint website at: <https://dvagov.sharepoint.com/sites/vhaasps/SitePages/Speech-Pathology-Section.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

5. RESEARCH

a. ASPS promotes rehabilitation research activities and appropriately applies research findings to the clinical setting.

b. ASPS staff is encouraged to initiate research activities directed towards producing relevant, reliable data and information in all Veteran rehabilitation facilities.

c. ASPS research must be conducted under the auspices of the VA medical facility Research Service, consistent with pertinent regulations and guidelines. See VHA Directive 1058.02, Research Misconduct, dated July 10, 2020; VHA Directive 1200, Research and Development Program, May 13, 2016; VHA Directive 1200.01, Research and Development Committee, dated January 24, 2019, VHA Directive 1200.05(1), Requirements for the Protection of Human Subjects in Research, dated January 7, 2019; VHA Handbook 1058.01, Research Compliance Reporting Requirements, dated June 17, 2015; and VHA Handbook 1200.07, Use of Animals in Research, dated November 23, 2011.

d. ASPS research activities, including preparing and publishing research findings, must follow policies and procedures prescribed by VHA Office of Research and Development: see <https://www.research.va.gov/resources/policies/default.cfm>.

6. TRAINING

Training is *required* for audiologists and speech-language pathologists who elect to conduct Compensation and Pension Examinations and must be completed in accordance with VBA requirements and VHA Directive 1603, Training and Certification of VHA Examiners Completing VA Compensation and Pension (C&P) Disability Examinations, dated March 1, 2019.

7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

8. REFERENCES

- a. 38 U.S.C. § 1707(b).

- b. 38 U.S.C. § 7301(b).
- c. 38 C.F.R. § 17.149.
- d. VA Handbook 5005/38, Staffing, Part II, Appendix G29, dated August 24, 2010.
- e. VA PG 18-9: Space Planning Criteria, Chapter 204, Audiology and Speech Pathology Service, dated October 3, 2016.
<https://www.cfm.va.gov/til/space/spChapter204.pdf>.
- f. VA PG 18-9: Space Planning Criteria, Chapter 265, Outpatient/PACT Clinic, dated October 3, 2016. <https://www.cfm.va.gov/til/space/SPchapter265.pdf>.
- g. VHA Directive 1034, Prescribing and Providing Eyeglasses, Contact Lenses and Hearing Aids, dated October 24, 2019.
- h. VHA Directive 1043, Restructuring of VHA Clinical Programs, dated November 2, 2016.
- i. VHA Directive 1058.02, Research Misconduct, dated July 10, 2020.
- j. VHA Directive 1200, Research and Development Program, May 13, 2016.
- k. VHA Directive 1200.01, Research and Development Committee, dated January 24, 2019.
- l. VHA Directive 1200.05(1), Requirements for the Protection of Human Subjects in Research, dated January 7, 2019.
- m. VHA Directive 2012-030, Credentialing of Health Care Professionals, dated October 11, 2012.
- n. VHA Directive 1603, Training and Certification of VHA Examiners Completing VA Compensation and Pension (C&P) Disability Examinations, dated March 1, 2019.
- o. VHA Handbook 1058.01, Research Compliance Reporting Requirements, dated June 17, 2015.
- p. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.
- q. VHA Handbook 1200.07, Use of Animals in Research, dated November 23, 2011.
- r. VHA Handbook 1400.04, Supervision of Associated Health Trainees, dated March 19, 2015.
- s. VHA Handbook 1907.01, Health Information Management and Health Records, dated March 19, 2015.

t. ASPS Clinical Practice Recommendations.

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