

## SPEECH THERAPY

### **Service Description**

**H052-KB**

A service that provides evaluations, program recommendations and/or treatment/training in receptive and expressive language, voice, articulation and fluency.

This service provides consultation/coaching to teams through evaluation and ongoing assessment, training and/or treatment to maintain or improve participation and independence in activities that support function. This service shall train consumers and/or their caregivers in therapeutic activities and treatments designed to maintain or improve participation and independence in activities that support functional outcomes identified in the Individual Support Plan (ISP).

### **Service Requirements and Limitations**

1. For consumers over age three (3) this service may be provided in the following settings:
  - 1.1 The consumer's home,
  - 1.2 A community setting,
  - 1.3 A group home,
  - 1.4 A developmental home (child or adult),
  - 1.5 A skilled nursing facility,
  - 1.6 An ICF/MR, or
  - 1.7 The Qualified Vendor's office/center.
2. This service shall not be provided when the consumer is hospitalized.
3. The therapist cannot provide *direct* services during the student's school hours.
  - 3.1 *A therapist may go to the school to observe, provide technical assistance and collaboration.*
4. The therapist may provide direct services during day treatment and training as a component of training the day treatment staff how to do activities to meet the consumer's outcomes.
5. The therapist delivers therapies according to the consultation/coaching model.

6. The therapist does not provide services without a responsible party present who participates in the therapy session.
7. Services require a primary care provider (PCP) or attending physician's order and must be included in the member's individualized care plan. The care plan must be reviewed at least every 62 (sixty-two) days.

## **Service Goals and Objectives**

### Service Goals

1. To support and enhance the consumer, family/caregiver's ability to promote the consumer's development and participation in family and community life by providing suggestions and opportunities that facilitate successful engagement in relationships, activities, routines, and events of everyday life.
2. To focus on functional and meaningful outcomes for consumers that support their independence and participation in their community through the activities that interest and fulfill them.

### Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. The therapist participates in, conducts or obtains an evaluation/assessment of the consumer's development.
  - 1.1 The evaluation/assessment of the consumer's development shall include: (1) a review of pertinent records related to their current health status and medical history; (2) an evaluation of their level of functioning and assessment of the unique needs of the consumer; (3) an interview with consumer/family and other caregivers, using appropriate questionnaires, standardized test procedures (as appropriate), direct observations and consultation with others to gather input regarding daily routines, supports, strengths and concerns.
  - 1.2 Evaluation/assessment procedures must include consideration of the consumer's developmental capabilities across all domains (cognitive, physical, vision and hearing, communication, social-emotional and adaptive development) that impact the consumer's ability to (1) engage or participate, (2) develop social relationships, and (3) be independent.
  - 1.3 The evaluation shall be conducted by qualified personnel who are trained to use appropriate methods and procedures for the consumer being evaluated.

- 1.4 Evaluation/assessment procedures and materials selected must be administered in the native language of the consumer and/or caregivers or other effective mode of communication, unless it is clearly not feasible to do so, and the process and materials may not be racially or culturally discriminatory.
  - 1.5 Reports must address the concerns and questions that the team generates in initiating an evaluation/assessment, address the outcomes in the ISP and include documentation of how therapeutic activities are incorporated into the consumer's daily routine. The report may include other recommendations such as equipment needs.
  - 1.6 The therapist reviews and discusses evaluation/assessment results with the consumer/family and other team members.
2. The therapist collaborates with consumers/families, caregivers, support coordinators, and other professionals to develop and implement the ISP.
    - 2.1 Assists the consumer and/or the family in identifying their priorities, resources and interests.
    - 2.2 Participates as a member of the ISP team to review and synthesize information from all assessments, evaluations, pertinent records, consumer and family reports, observations and other sources of information.
      - 2.2.1 The ISP team will identify functional outcomes to be incorporated into the consumer's daily activities.
      - 2.2.2 The ISP team will identify the supports and strategies that will assist the consumer/family to incorporate therapeutic activities into the consumer's daily routines. The team shall ensure that all strategies developed with the family and caregivers are (1) relevant to the consumer's/family's priorities, resources, and concerns;(2) directly linked to the consumer's daily routines; and (3) based on a holistic understanding of the consumer's life.
        - 2.2.2.1 The therapist shall write a home program containing specific activities that the therapist has trained the family and caregivers to do each day to meet the consumer's outcomes.
  3. The therapist, as a member of the team, collaborates and consults with ISP team members (including the school programs and other therapists) to ensure that all services, supports and strategies are coordinated and focus on assisting the consumer/family and other caregivers to participate in desired activities. Techniques or modalities should support one another and not contraindicate each other.

4. The therapist uses professional skills to provide intervention, treatment and training to implement outcomes/objectives/goals of the ISP.
5. The therapist attends and contributes as necessary to the ISP meeting and ongoing reviews of the therapy related outcomes.
  - 5.1 The therapist, as a member of the team, documents and reports progress toward therapy outcomes systematically and uses this information to develop, review and evaluate the plan.
  - 5.2 The therapist maintains contact notes for each session and provides them to the Division as requested.
6. The therapist completes or obtains an evaluation/assessment of the consumer's skills and needs in the following areas:
  - 6.1 Oral peripheral mechanism,
  - 6.2 Feeding,
  - 6.3 Current language levels,
  - 6.4 Phonation/respiration,
  - 6.5 Imitation, inner (cognitive) language, receptive and expressive language, sign language,
  - 6.6 Learning style, articulation and equipment needs, and
  - 6.7 Equipment needs including adaptation and/or modifications for augmentative/assistive technology.
7. The therapist cooperates with the support coordinator to ensure that the ISP for this service includes:
  - 7.1 Identification of the appropriate service delivery setting;
  - 7.2 How progress on the ISP functional outcomes will be measured;
  - 7.3 Methodologies and strategies for teaching family and caregivers how to use therapeutic activities to improve consumer outcomes; and
  - 7.4 The potential for the consumer to develop natural supports and non-paid relationships to acquire or maintain skills that can assist the consumer to obtain maximum benefit from therapy intervention.

## **Service Utilization Information**

For consumers over age three (3):

1. The outcomes identified in the ISP shape the evaluation and assessment, standards of service delivery, and the concerns, priorities and resources of the family/caregiver.
2. The ISP team determines who will assist the family/caregiver and consumer in attaining the outcomes.
3. All ISP team members contribute to the discussion and documentation for types and frequency of services and are not unilateral decision-makers.
4. The therapist follows a physician's prescription for frequency and duration of services.
5. Services are time limited, and are revised consistent with ongoing assessment and attainment of anticipated outcomes. Service delivery methods, times, days, locations are flexible and meet the requirements of consumers and their caregivers as appropriate.
6. The therapist makes recommendations for needed equipment, possible adaptations, and repairs and supports the family/caregiver in its use. The therapist monitors equipment as appropriate.

## **Rate Basis**

Published. The published rate is based on one (1) hour of direct service.

Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, RateBook, and/or other provider resources made available by the Division.

## **Direct Service Staff Qualifications**

The Qualified Vendor shall ensure that all direct service providers (therapists and therapy assistants) meet all applicable licensure requirements in order to provide therapy services, including:

Speech Therapy services must be provided by:

1. A qualified Speech-Language Pathologist that holds a license issued by the Arizona Department of Health Services (ADHS), or
2. A Speech-Language Pathologist who has temporary license from ADHS and is completing a clinical fellowship year. He/she must be under the direct supervision of an American Speech-Language-Hearing Association (ASHA) certified Speech-Language

Pathologist. Arizona Health Care Cost Containment System (AHCCCS) registration will be terminated at the end of two (2) years if the fellowship is not completed at that time.

3. Laws 2006, Chapter 390, created Arizona Revised Statute (A.R.S.) § 36-1940.04 for licensing Speech-Language Pathologist Assistants (SLPA) to be supervised by licensed Speech-Language Pathologists (SLP). The final rule (R9-16-501 *et seq.*) was published December 25, 2009 in the Arizona Administrative Register and became effective on February 1, 2010.
4. SLPAs shall, prior to service delivery:
  - 4.1. Be licensed by ADHS.
  - 4.2. Obtain an AHCCCS provider identification number from AHCCCS Provider Registration.
  - 4.3. Prior to applying for an AHCCCS ID number, the licensed SLPA must obtain their National Provider Identification (NPI) number. NPI numbers may be obtained through <http://www.azahcccs.gov/commercial/NPI/obtain.aspx>. Information related to AHCCCS Provider Registration, including a registration packet, may be obtained at <http://www.azahcccs.gov/commercial/ProviderRegistration/registration.aspx>.
  - 4.4. Claims for services provided by an SLPA must include the individual provider's AHCCCS Provider Identification Number and NPI.
  - 4.5. A Speech Therapist may not be listed as the treating provider if the service was provided by the SLPA.
5. Claims for services provided by an SLPA must include the individual provider's AHCCCS Provider ID Number and NPI.
6. A Speech Therapist may not be listed as the treating provider if the service was provided by an SLPA.

### **Recordkeeping and Reporting Requirements**

1. The Qualified Vendor shall submit an evaluation report to the support coordinator within three (3) weeks of the evaluation. The report will adhere to the Division's therapy reporting requirements.
2. The Qualified Vendor shall submit a quarterly progress report to the support coordinator within 15 (fifteen) days of the end of the quarter. The report will document the relationship between the service and the outcome it is intended to achieve as identified on the ISP and adhere to the Division's therapy reporting requirements.

3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, (therapists) e.g., staff time sheets. Each time sheet or equivalent document must be signed by the consumer/family/consumer's representative as verification of hours served. If the therapist is asking for verification of "on behalf of time," the consumer must be provided with detail as to those activities. "On behalf of" does not include report writing as that activity has been calculated as a factor in the published rate.
4. In order to continue the service, the Qualified Vendor shall review and document in each quarterly report the progress that has been made toward outcome(s), including the strengths and challenges of the consumer, family, caregivers or others.
5. The Qualified Vendor shall maintain a copy of the current prescription for therapy services in the record.
6. Upon initiation of service and each month thereafter, the Qualified Vendor shall verify and update current information about the consumer's insurance coverage, Third Party Liability (TPL) from the consumer/family or caregivers. Updates shall be provided to the support coordinator in the form the Division requests.
7. The Qualified Vendor will update information about availability, capacity, and contact information in the Division's Therapy Directory as directed by the Division.
8. The Qualified Vendor shall submit a discharge summary within two (2) weeks after closure of services or a change of a Qualified Vendor.
9. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.