

SPEECH THERAPY EARLY INTERVENTION

Service Description

H052-KB

This service provides evaluations, program recommendations, and/or treatment/training in receptive and expressive language, voice, articulation and fluency to consumers from birth to age three (3).

This service provides consultation/participation-based resource to teams through evaluation, ongoing assessment, training and/or treatment to maintain or improve participation and independence in activities that support functional outcomes identified in the Individual Family Service Plan (IFSP).

Service Requirements and Limitations

1. This service must be provided in the child's natural environments. A natural environment includes settings that are natural or normal for the child and their family/caregivers as well as for same age peers who have no disabilities. This may include a park, a restaurant, a child care provider, etc. in which children without disabilities also interact. The IFSP team may choose a setting other than a natural environment only when the outcomes cannot be met providing this service in natural environments. In these few situations, the team must provide justification for its decision and a plan with a timeline to provide this service in a natural environment.
2. This service shall not be provided when the consumer is hospitalized.
 - 2.1 *In limited circumstances, a therapist may go to the hospital to observe or consult with medical professionals/therapists.*
3. The therapist delivers therapies according to the consultation/participation-based model.
4. The therapist does not provide services without a caregiver present who participates in the session.

Service Goals and Objectives

Service Goals

1. To support and enhance the ability of the family/caregiver 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 participation-based outcomes for consumers and their families that support their independence and participation in their community through the activities that interest and fulfill them.

Service Objectives

The Qualified Vendor shall:

1. Participate in, conduct or obtain 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 consumers developmental capabilities across all domains (cognitive, physical, vision and hearing, communication, social-emotional and adaptive development) that impact their ability to (1) engage or participate, (2) develop social relationships, and (3) be independent.
 - 1.3 The evaluation/assessment 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/family or other 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 IFSP and include documentation of how therapeutic activities are incorporated into the consumer/family'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.

- 1.7 If the purpose of the evaluation is to assist the Division with the redetermination of eligibility for children birth to three (3) years, the report will only address current developmental delays.
2. The therapist collaborates with families, caregivers, support coordinators, and other professionals to develop and implement the IFSP. The therapist:
 - 2.1 Assists the family in identifying their priorities, resources and interests.
 - 2.2 Participates as a member of the IFSP 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 IFSP team will identify functional and participation-based outcomes to be incorporated into the family's daily activities as appropriate.
 - 2.2.2 The IFSP team will identify the supports and strategies that will assist the family to incorporate therapeutic activities into their daily routines. The team shall ensure that all strategies developed with the family and caregivers are (1) relevant to the family's priorities, resources, and concerns; (2) directly linked to the family's daily routines; and (3) based on a holistic understanding of the consumer's life.
 - 2.2.2.1 The therapist shall work with the family/caregivers to identify joint activities and strategies that the family and caregivers can do each day to address the IFSP outcomes.
3. The therapist, as a member of the team, collaborates and consults with IFSP team members 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 their professional skills to provide intervention, treatment and training to implement the outcomes of the IFSP.
5. The therapist attends and contributes to the IFSP meeting and ongoing reviews of the outcomes.
 - 5.1 The therapist, as a member of the team, documents and reports progress toward 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 shall cooperate with the support coordinator to ensure that the IFSP plan for this service includes:
 - 7.1 Identification of the appropriate service delivery setting;
 - 7.2 How progress on IFSP outcomes is to be measured;
 - 7.3 Methodologies and strategies for teaching family and caregivers how to utilize therapeutic activities to improve consumer/family outcomes; and
 - 7.4 The potential for the family to identify natural settings and supports to assist with meeting the IFSP outcomes.

Service Utilization Guidelines

This service is available for Division-eligible consumers from birth to age three (3) who qualify for Early Intervention services under the federal Individuals with Disabilities Education Act (IDEA), Part C.

1. The IFSP outcomes are based on the concerns, priorities, resources, and interests of the family and caregivers.

2. The IFSP team determines who will assist the family/caregiver and child in attaining the outcomes. The IFSP team discusses the natural support systems and existing natural learning opportunities, strategies and resources to meet the outcomes.
3. All IFSP team members determine the types and frequency of services based on the family/caregiver's IFSP outcomes; no one individual shall be a unilateral decision-maker for services. The IFSP team must reconvene and discuss any proposed changes to outcomes and/or services based on new priorities and interests. The parent must provide written consent on the IFSP prior to implementing any changes to services.
4. Service delivery methods, times, days, locations are flexible and are provided in the natural environments of the family/caregiver.
5. 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.
6. The IFSP team reviews the progress toward the IFSP outcomes and determines the appropriateness of services identified to meet the outcomes.
7. The therapist starts the services in accordance with the planned start date on the IFSP but no later than 45 (forty-five) days from the parent's signature on the IFSP.
8. The IFSP team revises services consistent with ongoing assessment and the attainment of anticipated benefits (IFSP outcomes). Services may be discontinued at the request of the family and/or when the IFSP team determines that the child has met the IFSP outcome.

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 2, 2010.
4. SLPAs shall prior to service delivery:
 - 4.1 Be licensed by ADHS and be AHCCCS registered providers.
 - 4.2 SLPAs are required to 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. The Qualified Vendor and or staff will attend administrative meetings, orientation and various trainings required by the Division.
6. Therapists and therapy assistants serving children from birth to age three (3) shall:
 - 6.1 Be registered with the Arizona Early Intervention Program (AZEIP) through its program registration.

- 6.2 Work cooperatively with the Department of Economic Security and the Division for the State and Federal monitoring of the statewide Early Intervention Program (AzEIP).
- 6.3 Comply with all applicable Department, Division and AzEIP policies and procedures, including the Individuals with Disabilities Education Act (IDEA), Part C.
- 6.4 Comply with the AzEIP Comprehensive System of Personnel Development, including the AzEIP Standards of Practice.
- 6.5 Comply with the confidentiality provisions for Early Intervention records according to IDEA, Part C and the Family Educational Rights and Privacy Act (FERPA).

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit an evaluation/assessment report to the support coordinator within two (2) weeks of the evaluation. The report will adhere to the Division's therapy reporting requirements.
2. The Qualified Vendor shall notify the support coordinator of the actual start date of the service within five (5) days of the start of the service.
3. The Qualified Vendor shall submit a quarterly progress report to the support coordinator within ten (10) 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 IFSP and adhere to the Division's therapy reporting requirements.
4. The Qualified Vendor shall maintain on file proof of hours worked by their direct service staff, (therapists) e.g., staff time sheets. The family must sign each timesheet or equivalent document to verify hours of service. 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.
5. In order to continue the service, progress toward outcome(s) including the strengths and challenges of the consumer, family, caregivers or others shall be reviewed and documented in each of the quarterly reports.
6. For Arizona Long Term Care System (ALTCS) eligible consumers, 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 shall 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 Division .