

Services

Speech Therapy

Speech therapy (a.k.a. speech-language pathology) is defined as the evaluation and application of principles, methods and procedures of measurement, prediction, non-medical diagnosis, testing, counseling, consultation, rehabilitation and instruction, related to the development of disorders of speech, voice, and/or language for the purpose of preventing, ameliorating or modifying such disorder conditions in children and/or groups of children. Speech services shall be limited to speech-language pathology services. Speech services involving non-diagnostic, non-therapeutic, routine, repetitive and reinforced procedures or services for the student's general good and welfare (practicing word drills) shall not constitute speech-language pathology services within the School or Preschool Supportive Health Services Program.

- **The following must be in place to claim Medicaid reimbursement for speech services:**
- Services must be provided by or under the direction of a NYS licensed and registered ~~and/or ASHA certified~~ (updated 2/6/07) speech-language pathologist (SLP).
- Medical referrals for formal evaluations must be from an appropriate health care practitioner (see Page 3).
- Services must be recommended by an appropriate health care practitioner (see page 3).
- Services must be on the IEP.
- Services provided and billed must be documented, signed and dated by the service provider.
- Progress notes must be maintained. Refer to page 12 for requirements.

“Under the Direction of”

Speech services must be provided by a New York State Certified Teacher of the Speech and Hearing Handicapped (TSHH). In order to claim Medicaid the speech services must be provided by or under the direction of a New York State licensed and registered ~~or ASHA certified~~ (updated 2/6/07) SLP.

"Under the direction of" means that speech-language pathology services may be provided by a TSHH under the direction of a New York State licensed and registered ~~or ASHA Certified~~ (updated 2/6/07) SLP, as defined in the New York State Social Services regulations, Chapter II, Part 505.11. The SLP must assume professional responsibility for the services provided under his or her direction and monitor the need for continued services (updated 2/6/07). The SLP providing the direction may be in the employ of the local school district/§4201 school/county, or providing direction on a contractual basis.

When providing direction to a TSHH, the licensed SLP is responsible for documenting the following four major criteria:

1. Assure the delivery of speech-language pathology services as per the student's (IEP);
2. Assure that the services are medically appropriate. The New York State Social Services Law, Part 365(a) 2 governs medical necessity and allows payment through Medicaid for care, services or supplies which will either treat a disability or overcome a condition which interferes with the capacity for normal activity [Part 365 (a) 2 of NYSSL] (see Appendix A page A-3);
3. a. The SLP should be available, as needed, to the TSHH for assistance and consultation but need not be on the premises; and
b. The SLP must have regular scheduled meetings with the TSHH [Effective July 1, 2005].
4. Review periodic progress notes prepared by the TSHH, consult with the teacher and make recommendations, as appropriate.
5. Provide face-to-face contact with beneficiary at the beginning of treatment and periodically thereafter (updated 2/6/07).

Documentation Requirements for "Under the Direction Of"

1. Credentials of the individuals that provide direction to a TSHH. Credentials of the professionals should be kept on file. Photocopy of the License ~~and/or ASHA Certification~~ (updated 2/6/07) of the SLP.
2. Signed statement by the SLP with license # ~~or ASHA certification~~ (updated 2/6/07) listing the TSHH for whom direction is being provided as well as a statement of how accessibility will be provided. Examples of this are: team meetings, access by telephone on a scheduled basis, regularly scheduled meetings with teachers, sign-off on progress notes, or any other method where accessibility is demonstrated. This documentation should be on file in the school district or county office.

Form included in Appendix C Page C 11 [CERTIFICATION OF UNDER THE DIRECTION AND ACCESSIBILITY] of Guidebook #6 should be completed signed and dated. It must be updated as things change.

The documentation must be updated by the SLP every time there is a change in personnel which involves either the licensed SLP providing direction or the TSHH to which "under the direction of" is provided. A copy of the documentation must be given to each teacher being provided direction as well as the SLP. The school district/§4201 school/county should retain the original copy.

3. Documentation needed for face-to-face contact: Documentation must show that the SLP has seen the beneficiary at the beginning of and periodically during treatment, be familiar with the treatment plan as recommended by the referring physician or other licensed practitioner, have continued involvement in the care provided, and review the need for continued services throughout the treatment (updated 2/6/07).

The five criteria of direction listed in the preceding section must be documented. It is important that a school district or county be able to prove that direction is being provided to their TSHH for the purposes of Medicaid billing. What follows are methods for documenting each of the four criteria:

1. **Assure the delivery of speech-language pathology services as per the student's IEP.**
 - SLP signs or initials and dates a copy of the IEP, **or** documents through a signature and date that the student's IEP was reviewed, **and**
 - SLP initials or signs and dates the monthly service report **or**
 - SLP signs and dates a copy of the schedule showing the students in each class and when the day and time the class is scheduled.

2. **Assure that the services are medically appropriate.**

Part 365(a) 2 of New York State Social Services Law defines medical appropriateness (Appendix A). The definition is broad and covers all classified students with disabilities with an IEP. Therefore, no further documentation is needed by the SLP other than the IEP, which specifies speech with frequency and duration. However, a copy of 365(a) 2 of New York State Social Service Law should be attached to the certifications of "Under the Direction of" and accessibility.

3. **Must meet with the TSHH on a regular basis and be readily available, as needed, to the TSHH for assistance and consultation but need not be on the premises.**

When contact is:

- by phone, record the date and time of the call. Indicate to whom the SLP spoke and a brief description of the call.
- an individual or group meeting, provide the date, time and who attended the meeting. Also provide the minutes of the meeting, signed and dated by the SLP.

When contact during regularly scheduled meetings with the TSHH is documented:

Record the date and time of the regularly scheduled meeting. Indicate who attended and the minutes of the meeting. Any recommendations discussed, that the SLP considers substantive, should be referred to the Supervisor or Committee on Special Education (CSE) or Committee on Preschool Special Education (CPSE).

4. **Review progress notes prepared, signed and dated by the TSHH, consult with the TSHH and make recommendations, as appropriate (now mandated in Part 200.4 of the Regulations of the Commissioner).**
To document, the SLP must:
 - Sign or initial and date the progress notes **or**
 - Prepare, sign and date statements of which students' progress notes were reviewed and for what period.
5. Provide face-to-face contact at the beginning of treatment and periodically thereafter.
 - To document, the SLP must provide evidence of face-to-face contact (updated 2/6/07).

NOTE: The suggestions for documentation indicated above under each of the four criteria do not preclude other forms of documentation.

Medical Referral for Speech Evaluation

Effective July 1, 1998 a **written medical referral** signed by a physician, physician's assistant or nurse practitioner **or** NYS licensed ~~and/or ASHA certified~~ (**updated 2/6/07**) SLP is required for a **formal speech evaluation only**, dated on or before the initiation of the evaluation. **A formal evaluation requires parental permission each time it is conducted.** An assessment does not require a medical referral. A speech referral is any document that indicates that the child should be reviewed for need of speech services signed and dated by an appropriate health practitioner. A speech referral may include multiple students (a manageable list is acceptable).

Formal Evaluation

If the school district CSE/CPSE or parent determines that a formal evaluation is required, IDEA requires parental consent for the evaluation. A formal evaluation is the administration of a standardized test to the student to determine the need for services. **A medical referral from a SLP, Physician, Physician's Assistant or a Nurse Practitioner is required whenever a formal speech evaluation is conducted.**

Progress assessment reviews of the Speech Services provided take place during the scheduled Speech Therapy sessions. These progress assessments measure progress in meeting current IEP goals and are provided to the Committee on Special Education (CSE) during a review process. They may be done at any time and are done usually at Annual Review. **These assessments do not require a medical referral.** In these instances, a formal evaluation may not be required.

Medical Recommendation for Services

A written medical recommendation for speech services must be completed. The recommendation must be completed using one of the following three alternatives:

1. A written medical recommendation is signed and completed by a physician, physician's assistant, nurse practitioner, or a New York State registered and licensed ~~or ASHA certified~~ (**updated 2/6/07**) SLP for speech services only, dated on or before the initiation of the speech services
2. A written medical recommendation is signed and completed for all health related support services indicated on the student's IEP by a physician, physician's assistant, or nurse practitioner in accordance with the frequency and duration indicated on the student's IEP. However, School Districts may no longer claim a medical evaluation for a physician's, nurse practitioner or a registered physician's assistant's sign-off on all related services indicated on the student's IEP.

3. The SLP can sign and date the formal speech evaluation or assessment (both of which identify the recommendation with frequency and duration).

Note: The recommendation must include the frequency and duration of the service or state that the service must be provided as per frequency and duration as indicated on the IEP.

The New York State Health Department (DOH) defines a medical recommendation as an order.

Codes and Fees:

SSHSP Monthly Fee	5326	\$ 432
PSHSP Individual Monthly Fee	5331	\$ 410
PSHSP Center based Monthly Fee	5323	\$ 545

**OFFICE OF THE PROFESSIONS
PRACTICE GUIDELINES
FOR PROVIDING DIRECTION TO TSHH**

The New York State Education Department's (SED) Office of the Professions has issued practice guidelines regarding the provision of direction by a licensed and registered SLP, **effective July 1, 2005.**

Practice Guidelines

Providing Direction for Medicaid Reimbursement in the School Setting

In order for school districts to receive Medicaid reimbursement for the speech and language services they provide, those services must be provided by a NYS licensed and registered speech-language pathologist or a teacher certified to provide speech and language services who works under the "direction" of a licensed and NYS registered SLP. The following guidelines provide a framework for providing such direction.

- The licensed speech-language pathologist is under no obligation to provide this direction to the teacher of speech and hearing handicapped.
- When a speech-language pathologist indicates that s/he has provided direction to a teacher certified to provide speech and language services, s/he is signing off on having reviewed the IEP and treatment notes and on having been accessible to the teachers under his/her direction.
- The degree of direction and frequency of contacts should reflect the education and experience of the teacher certified to provide speech and language services.
- If the licensed speech-language pathologist disagrees with the implementation of a student's IEP, s/he should request a Committee on Special Education (CSE) review.
- Time should be allotted to the licensed speech-language pathologist to review documentation and to allow for conference, meeting and communication time with the teacher of speech and hearing handicapped. SLPs should document how they are providing access to the teachers under their direction.
- School districts cannot utilize license numbers for third party reimbursement or ask the licensed speech-language pathologist to sign reports for cases for which they neither provided services nor direction.
- Speech-language pathologists should only sign Medicaid Authorizations if:
 - the student who received services was in that SLP's caseload; or
 - the teacher certified to provide speech and language services who provided those services was under the direction of the SLP, and the SLP provided direction in accordance with the definition of direction (below).

Definition of direction:

- Consultation activities should include review of IEPs and progress notes. Student progress notes should be reviewed at least quarterly.
- Feedback should be given through regularly scheduled meetings and communications between the teacher certified to provide speech and language services and the licensed speech-language pathologist. You should maintain written documentation of these contacts.
- Recommendations regarding modification of therapeutic services made by the licensed speech-language pathologist should be documented as well as discussed during regular meetings.

The SLP providing direction is encouraged to maintain regular contact with the teachers under his/her direction.

<http://www.op.nysed.gov/speechguidemedicaid.htm>

Please refer to the 2/6/07 Terry Savo letter for information regarding the face-to-face contact requirement.