

# **GUIDELINES**

***Pennsylvania Department of Health***

## ***HEARING AND SPEECH PROGRAM***

**NOTE: THIS DOCUMENT IS MEANT AS A GUIDELINE ONLY WITH BOTH THE HEARING AND SPEECH PROGRAMS. THE POTENTIAL PROVIDER AND CLIENT SHOULD CONTACT THE APPROPRIATE PROGRAM (i.e. MA, CHIP, or HEALTH) PRIOR TO SERVICES BEING PROVIDED OR OBTAINED TO ENSURE THE LATEST REQUIREMENTS ARE MET.**

## **STATEMENT OF PHILOSOPHY AND INTENT**

The Hearing and Speech Program within the Pennsylvania Department of Health was mandated by the Legislature in 1929. The purpose of the program is to provide professional diagnostic and treatment services to all eligible residents with communication disorders from birth to twenty-one years of age. The program provides comprehensive quality care and adheres to the rights of handicapped individuals as mandated by state and federal regulations.

Because human communication is a primary skill, early diagnosis and intervention of hearing and speech disorders is stressed: (1) to provide an optimal opportunity for access to quality health care in the appropriate settings; (2) to reduce the severity of these disorders; (3) to orient, counsel and refer families or patients for support services; (4) to promote healthier attitudes about communication disorders and how they impact on the ability of the individual to perform in a highly verbal society. Awareness and advocacy on behalf of clients with these disorders often involves a multi-disciplinary approach to treatment and case management. Professional services are provided by certified professionals at locations throughout the state. When all requirements are met, the program authorizes prosthetics or hearing aids. The provider/dispenser functions as an advocate for the state program.

Additional information can be obtained by calling the program toll free at 1-800-852-4453 (Pennsylvania only) or (717) 783-1414. TTY (717)705-5494

### **PROVIDER CRITERIA**

#### **A. DEPARTMENT OF HEALTH PROGRAM**

The provider must be currently registered or certified to provide the appropriate services in the Commonwealth of Pennsylvania. The provider of the service MUST have signed a Participating Provider Agreement (PPA) with the Department of Health (DOH). These PPA contracts are for a 5-year period. Participating providers agree to accept the terms of a fee schedule. The fee schedule is available at [www.health.state.pa.us/core/schedule](http://www.health.state.pa.us/core/schedule).

## **B. MEDICAL ASSISTANCE PROGRAM**

In order for a provider to participate in the Pennsylvania Medical Assistance Program they must enroll with the Office of Medical Assistance Programs. To be eligible to enroll in the Medical Assistance Program, providers must be currently registered by the appropriate State agency. In addition, providers must obtain a separate certification of registration from the Department of health as a medical supplier by telephoning (717) 787-4779 or registering online at [www.health.state.pa.us/ddc](http://www.health.state.pa.us/ddc) . Providers must then complete a Provider Enrollment Form and the Medical Assistance Provider Agreement. Providers who practice as members of a group of like practitioners can also request enrollment of the group as a payee. The group will be separately enrolled as the payee and will have its own Medical Assistance (MA) identification number. Upon enrollment, the provider will receive a provider notice containing enrollment information, a supply of billing forms, and a provider handbook.

## **C. CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)**

Providers would have to be participating with the particular CHIP insurance carrier/contractor (i.e. Keystone, Americhoice, Aetna, Three Rivers, First Priority, etc.) A current list of approved insurance carriers can be found at [www.insurance.state.pa.us](http://www.insurance.state.pa.us). Information regarding the CHIP program can be obtained by calling (717) 787-7000.

### **ELIGIBILITY CRITERIA-HEARING AIDS**

#### **A. Department of Health (DOH)**

A client MUST be enrolled with the DOH. Enrollment information must be submitted on an Application for Services Form. Enrollment eligibility includes: diagnosis, PA residency, US citizenship, denials from MA and CHIP and levels of up to 300% of poverty. Families are expected to share in the cost of services when financially able. The extent of family financial participation is determined from information contained on the Application for Services Form. Each family is required to submit a completed form to the Program after initial services and before treatment

services are authorized. Enrollment in the program is to be renewed annually. **In addition to income limits, eligibility is limited to children up to the age of 21.**

**B. Medical Assistance (MA)**

A client **MUST** be enrolled in MA. Enrollment information may be obtained at the local County Medical Assistance Office. Enrollment eligibility is based on PA residency and financial situation. **In addition to income limits, eligibility is limited to children up to 21 years of age.**

**C. Children's Health Insurance Program (CHIP)**

Parents of children wanting to enroll in CHIP must apply via an application that can be obtained from the DOH's Help line 1-800-986-KIDS (also used for MA applications), local MA county office, or from the CHIP insurance carrier/contractor in their respective counties. The telephone numbers are listed on the Pennsylvania Insurance Department (ID) website at [www.insurance.state.pa.us](http://www.insurance.state.pa.us). Children cannot be enrolled if they have other insurance or if they are receiving MA. There are income guidelines and citizenship requirements, as well as age limitations. Additional information is also available on the ID website. **CHIP is for children 1 to 18 years of age.**

**D. NOTE:** The DOH Hearing and Speech Program is payer of last resort. Non-coverage by private insurance, CHIP, and MA must be verified prior to billing the Program.

**E.** Services through the Office of Vocational Rehabilitation (OVR) (over 16 years of age) must be pursued first when appropriate.

## SERVICES PROVIDED

### A. Examples of Approved Services

Approved services (services not requiring prior authorization) for eligible children with hearing disorders are available through otolaryngologists and a number of approved hearing and speech centers and/or combined private practices of otology and audiology. Approved services are denoted on the fee schedule. These services include but are not limited to:

- Audiometric testing
- Ear mold
- Otologic examination
- Audiologic assessment
- Electroacoustic evaluation and testing
- Hearing aid exam & selection
- Speech/language evaluation (preschool children)
- Interpreter Services

The fee schedule on MA and DOH's website can provide insight into approved services ([www.dpw.state.pa.us](http://www.dpw.state.pa.us) and [www.health.state.pa.us](http://www.health.state.pa.us)) respectively.

### B. Services Requiring Prior Authorization or Special Limitations

Services requiring prior authorization are characteristically treatment services. These services may include but are not limited to the following:

1. Medical treatment, inpatient and outpatient surgery, and hospital care – such services must be recommended in writing by an appropriate physician.
2. **Purchase of hearing aids must be recommended by a certified audiologist or licensed physician.**
3. Repair services can be recommended by an audiologist or registered hearing aid dispenser according to the Guidelines for Hearing Aids.

4. **A certified speech/language pathologist or audiologist must recommend speech, language, and hearing therapy services.**

## **REFERRAL PROCEDURES**

### **A. Referral Sources**

All children can be referred to MA, CHIP, or DOH's Hearing and Speech Program and its providers. The school nurse should refer children enrolled in school.

### **B. Providers**

1. An approved providers list can be obtained from MA or the DOH Program upon request.
2. Nonapproved providers require pre-authorization for all services.

### **C. Parent Notification**

Before any child is referred to the Hearing and Speech Program, the referring individual or agency shall have obtained the permission of the child's caregiver. When possible, the child's physician should also be notified.

### **D. Extenuating Circumstances**

Verbal authorization for certain services requiring emergency treatment or special consideration may be granted by the professional staff of the Hearing and Speech Program. Services include but are not limited to second opinions, service extensions and changes in authorization. Verbal authorization or approval in such cases, is to be followed by written request for an authorization.

## **BILLING AND INVOICING PROCEDURES**

For all other providers of diagnostic services, treatment services (except inpatient department of hospitals) and hearing aid dispensers who have obtained written authorization by the DOH's Program, CHIP, or MA, the following procedures shall be employed to obtain reimbursement.

1. An original CMS form and copies of sales document (i.e. disclosure agreement, medical referral, purchase agreement, etc.) must be sent to the appropriate program.
  - A. MA address as indicated in the provider packet.
  - B. To the Insurance Carrier for CHIP.
  - C. If Health then Bureau of Family Health, Hearing and Speech Program, Division of Special Needs Programs, Department of Health, Post Office Box 90, Harrisburg, PA 17108. Bill monthly or within 90 days.
2. Check with each program for any additional requirements.

## **CLINICAL REPORTING**

For children requiring follow-up and case management, providers will submit a clinical report with recommendations to: (1) the Hearing and Speech Program; (2) the school nurse as appropriate; (3) the referral source; and (4) the hearing aid dispenser when an aid is recommended. Necessary information is contained on the Program's Audiologic Evaluation Summary Form; however, provider's individual reporting forms will be accepted if all information is included relevant to the requested services. Graphic representation of audiologic information should conform to the current guideline recommended by the American Speech-Language-Hearing Association.

**Pennsylvania Department of Health**

**DIVISION OF CHILD AND ADULT HEALTH SERVICES**

**HEARING AND SPEECH PROGRAM**

**GUIDELINES FOR HEARING AIDS**

The Hearing and Speech Program is a provider of multi-treatment services for hearing impaired children within the Commonwealth of Pennsylvania. A hearing aid is considered a treatment service. As such, the Hearing and Speech Program provides financial assistance for the procurement of a hearing aid dependent on eligibility criteria. The goal of the Hearing and Speech Program is that each hearing impaired child should have a hearing aid or aids that provide(s) optimal amplification. At the same time, the Program must be cost effective; therefore, the following Guidelines for Hearing Aids have been developed as a vehicle for the attainment of these objectives:

**I. PROVIDERS AND THEIR SERVICES**

The Hearing and Speech Program recognizes that appropriate case management for a hearing impaired child is essential and is a team approach consisting of, at least, but not limited to, the parent or guardian, an audiologist, and teacher of the hearing impaired. The Hearing and Speech Program recognizes that an audiologist and hearing aid fitter/dealer may be the same individual.

A. Audiologists

Pennsylvania audiologists participating in the Hearing and Speech Program must have a valid license issued by the Pennsylvania State Board of Examiners in Speech-Language and Hearing as defined in Act 238, 1984. Out-of-state audiologists must have a valid license to practice audiology issued from the state in which they practice, if licensure is required in that state.

B. Hearing Aid Dispensers

Pennsylvania hearing aid dispensers participating in the Hearing and Speech Program must have a valid hearing aid fitter/dealer

registration issued by the Pennsylvania Department of Health (DOH) as defined by Act 262, 1976. Out-of-state providers must have corresponding licensure registration from the state in which services are provided.

C. Interpreters

In compliance with Section 504 of the Rehabilitation Act, the Program will pay for sign, oral, cued speech and foreign language interpreters. Providers are responsible for locating these services locally and requesting authorization. The use of family members as interpreters is discouraged on the basis of patient confidentiality.

II. **HEARING AIDS**

- A. The program recognizes that changes in type of appropriate amplification may occur over time. If type of amplification is a question, the use of aids on a trial/loaner basis is encouraged. A loaner bank of aids is available through the program. Appropriate members of the case management team should be consulted when changes in the type of amplification are considered.
- B. Whenever appropriate, binaural amplifications should be recommended to provide the child with as symmetrical hearing ability as possible. When amplification needs or circumstances contraindicate the use of binaural hearing, this should be indicated in the hearing aid exam results. Again, the use of the trial/loaner aid system is encouraged to assist in binaural recommendation as needed.
- C. The Hearing and Speech Program recognizes that there are several types of hearing aids which may provide optimal amplification for hearing impaired children. The Hearing and Speech Program acknowledges that audiologists and fitters are recognized as being qualified to make appropriate recommendations for the type of hearing aid. As such, the Program expects aids recommended will be those which demonstrate optimal hearing benefit. The audiologist or fitter is

expected to provide appropriate counseling when the patient's choice is for aids not demonstrating optimal amplification. Therefore, the following are intended as guidelines for recommending the type of hearing aid. Rejection of audiologist's or fitter's recommendation based on demonstrated benefit may risk participation of the Program in the purchase of hearing aids although the patient may opt to make a private purchase.

1. **Behind-the-ear (BTE) Aids**

- a. BTE aids are commonly recommended for children of all ages. If a BTE is recommended, the audiologist should be sure that the aid fits on the child's ear and an appropriate earmold is used for testing. Ideally, the earmold used for testing should be the same earmold that the child will eventually be using. As such, the Hearing and Speech Program encourages a recommendation for an earmold prior to the hearing aid evaluation. The earmold may be requested at the same time as a loaner aid. Verbal requests followed by an appropriate written request are acceptable for earmolds for HAEs.
- b. The audiologist or fitter should check with the appropriate professionals involved in the child's case management (educational audiologist, speech/language pathologists and teachers) to determine if the recommended BTE should be equipped with direct audio input, a telephone switch, or mic/telecombination switch.
- c. When a BTE aid is recommended for a child needing moderate or high gain (>40dB), consideration should be given for recommending a BTE aid that has a telephone switch.

- d. When recommending a BTE, the audiologist or fitter should specify any features that are not standard, such as the type of earhook, batter lock, telephone switch, case color, etc.

## 2. In-the-Ear (ITE) Aids

- a. The Hearing and Speech Program recognizes that ITE aids are appropriate for many hearing impaired children. However, the Hearing and Speech Program also recognizes that not all children should be fitted with an ITE aid.

The following are intended guidelines that should be used when recommending an ITE aid for a child.

1. The child be at least 13 years old.
  2. The child has an adequate concha and ear canal to support an ITE.
  3. Air conduction thresholds no greater than 55 dB HL at 500 and 1000 Hz and no greater than 60 dB at 2000, 3000, 4000 Hz.
  4. A BTE earmold must be requested at the time of the ITE request for use with loaner aids.
- b. Recommendations for an ITE aid for children falling outside the guidelines listed above will be handled on a case-by-case basis; however, justification for an ITE must be provided.
  - c. The Hearing and Speech Program will not purchase an ITE aid for children who have documented progressive hearing loss, need direct audio input, have frequently

“outgrown” earmolds, or a “borderline” care for an ITE.

- d. The Hearing and Speech Program will not purchase an ITE aid to simply replace a hearing aid that is still in good working condition, functionally adequate, and does not have an extensive repair history.

3. **Body Aids**

- a. A body worn hearing aid can be appropriate for some infants or children.
- b. A child’s ability to physically manage his/her aid(s) independently is regarded as important. Thus some motorically involved children may require a body aid when trial with BET’s or ITE’s demonstrate an inability to gain such independence.
- c. A body aid having a Y- or V-cord should be recommended for purchase by the Hearing and Speech Program only in special cases. In cases where bilateral air conduction hearing sensitivity is unknown, a body aid having a Y- or V-cord should not be recommended.

4. **Other Devices and Assistive Listening Devices**

- a. Recommendations for the following devices will be handled on a case-by-case basis when appropriate justification is provided.
  - 1. Programmable and Digital Hearing Aids
  - 2. FM Systems

3. Assistive Listening Devices
4. Cros, Bicos, Multicos Aids
5. Eyeglass Hearing Aids
6. Bone Conduction Aids
7. Tactile Aids

### **III. HEARING AND EVALUATION**

- A. The Hearing and Speech Program recognizes that there are many procedures that can be utilized to evaluate the effectiveness of a hearing aid and that audiologists or fitters have differing options as to how the effectiveness of a hearing aid can be demonstrated. The Hearing and Speech Program also recognizes that participating audiologists or fitters can make a judgement, based on test results, for recommending a hearing aid that will be the most appropriate and optimal for the child. Diagnostic tests beyond aid/bone/masking and speech may be billed if approved under the fee schedule. Tests that demonstrate functional improvement with a comparative hearing aid test procedure using speech, functional improvement with a comparative hearing aid test procedure using speech, functional gain, and/or real-ear measurements are encouraged, especially for long-time hearing aid users and children with moderate to severe, severe, and profound hearing losses.

When a child has a broken Program aid, under five years old, the aid should be repaired and used in the HAE. All state hearing aid repairs should have a one year warranty. If the aid is over five years old or broken beyond repair, as verified by the manufacturer, it need not be used in the HAE.

- B. When infants/hard-to-test patients cannot be evaluated by standard procedures, behavioral results should be obtained before ABR/BSER is performed.

#### **IV. HEARING AID PROCUREMENT PROCEDURES**

A. The following information must be submitted as a complete package simultaneously to receive effective delivery of services. While individual letters and report forms are accepted, the following information should be submitted by using the Department's forms. That form should be referred to for guidance in information required.

1. Biographical background of the child/family
2. Audiologic test results
3. Hearing aid evaluation results

ITE fittings also require the following information: Most comfortable level (MCL) and Loudness Discomfort Level (LDL) for speech and LDLs for air conducted pure tones as 250, 1000, 2000, 4000 and 6000 Hz. In addition, an earmold for use with a loaner BTE should be requested.

4. Specific recommended fitting information
5. An application for services
6. A medical clearance statement signed by a physician, preferably an ear, nose and throat specialist.

B. Following the authorization of services via the DOH, the hearing aid fitter/dealer will:

1. Fit and provide the appropriate devices and accessories unless alternative arrangements are made. The fitter/dealer will be provided the recommended internal aid fittings specified and may be provided with a copy of the child's audiogram and hearing aid specifications.

2. Bill, with purview of fee schedule, the appropriate program using CMS form.
- C. Following the fitting of the appropriate devices the recommending audiologist or fitter will:
1. Provide a hearing aid checkout within 30 days of the fitting.
  2. Provide appropriate hearing aid orientation and counseling to the child and family.
  3. Provide the department or program with the results of the hearing aid checkout including a comparison of HAE to checkout test results, the hearing aid identification information and a statement regarding the appropriateness of the fitting.
  4. Program patients using program hearing aids may be rescheduled for annual checkups.
- D. If an inappropriate hearing aid system is identified, it should be reported to the department and the device or component returned to the fitter/dealer.
- E. If a patient rejects a state aid, it should be returned to the Program with pertinent information for the child's file.

**V. HEARING AID MAINTENANCE**

- A. As a means of cost effectiveness, the Hearing and Speech Program strongly encourages audiologists or fitters to recommend hearing aids that have an extended warranty of more than one year and loss coverage. Further, ITE aids should be recommended from manufacturers that have a minimal or no re-casing fee. All state hearing aids under warranty must only repair an aid that is out of warranty at a "cost plus" rate, then an all make repair laboratory may be used.

- B. If a state hearing aid malfunctions, the family should be advised to return it to the hearing aid fitter/dealer who dispensed the aid. The hearing aid fitter/dealer should request authorization for the repair. Aids purchased out-of-state by state programs for eligible children currently residing in Pennsylvania will be repaired by the Program.
- C. The Hearing and Speech Program reserves the right to accept or deny requests for authorizations for hearing aid repairs.
- D. The Hearing and Speech Program recognizes that children periodically will need new earmolds and encourages a recommendation for a new earmold when appropriate.
- E. Occasionally, a “lemon” of an aid causes problems. If a Department purchased aid is returned to the manufacturer more than two times while under warranty, the Department should be notified. Written documentation of the problems and repairs must be provided. The Program will contact the manufacturer for a replacement or refund.

**VI. LOST HEARING AIDS**

- A. When every effort to find a lost state hearing aid fails to locate the aid, the following information must be provided:
  - 1. The nature of the loss.
  - 2. An explanation of the efforts made to find the aid.
  - 3. The family’s homeowners/renters insurance policy information. If they have insurance, they must file a claim under the liability section because the aid lost is the property of the Commonwealth. Insurance rejection letters are to be included with any requests for aid replacement.

**VII. COUNSELING**

- A. The Audiologist is expected to counsel the patient/family on available services and role of the state program and/or case

management procedures/referrals (i.e. SSI, MA, WIC, IU, rights, etc.). These are a billable service under fee schedule.

- B. Counseling on the care, use of a state hearing aid (HA) at home/school is expected as part of the HA services. Patients, when capable, are expected to assume this.
- C. Two counseling sessions can be billed without an authorization.

**VIII. LEGAL AND CONFIDENTIAL REQUIREMENTS**

Parents/guardians/caregivers are responsible for application to and services received under the Hearing and Speech Program for their children. These responsibilities include scheduling appointments, care/use of state property, follow-up of documentation when requested. Neglect/abuse cases should be reported to Children and Youth Services by calling 1-800-932-0313. Your name does not have to be reported.

**IX. PENNSYLVANIA RESIDENTS OUTSIDE THE COMMONWEALTH**

Pennsylvania residents with children in a program outside the state are eligible to apply for services.

**X. IMMIGRATION STATUS**

Citizens of other countries are not eligible to receive these services.

**XI. REMOVAL FROM THE PROGRAM**

Patients/providers/dispensers are removed from the program when they choose not to comply with Department/Program procedures.

**XII. HOME SCHOOLING**

Pennsylvania now permits children to be educated in the home; however, the family must also have health screenings as provided under School health Law. Children of school age must be referred to their school district for these services and referral. Children not of school age can be referred to the provider from other sources.

**XIII. SCHOOLS FOR THE DEAF**

Most schools for the deaf in Pennsylvania have an audiologist and audiological services. State patients, while at school, must receive state services at that location. If school is not in session, then they may receive services at a state provider location. While at school the family should be aware of HAD dispenser in their area for other state services not provided by the school.

**XIV. MANUFACTURING NEEDS**

If a manufacturer does not have sufficient information to complete the order because the audiologist did not report it, that manufacturer will be referred to the recommending audiologist.

**XV. OUTSIDE FINANCIAL ASSISTANCE FOR STATE PATIENTS**

Periodically, a state patient's family will seek outside financial assistance for state services. The Program does not support nor encourage outside participation since it does not meet the documentation criteria and can be detrimental to state property. If the family chooses to select that service over program support, they may do so; however, the state hearing aid is to be returned to the program with an appropriate notation. The family will not be eligible for program support.

**RETURNING PHONE CALLS**

Due to high volume of patient services and telephone calls from the program, it is very important to have these calls returned that day or the day after. This will help reduce the backlog and provide a quicker response to the request for service.

**XVI. STAFF CHANGE**

It is the responsibility of the provider director to inform the program of any changes in the professional staff providing services to state patients. New staff must have copies of their CCCA's or confirmation letter, state licensure and their current vita.

**XVII. AURAL REHABILITATION**

Services may be authorized for a preschool child with communication difficulties resulting from auditory impairment. Auditory impairment is defined as history of chronic middle ear disease and/or hearing aid use. The audiologist should consult the Speech/Language Pathologist about audiological findings and the ramifications for the treatment. In a situation where both a speech and language impairment and a hearing loss co-exist and the delay in speech and language meets the criteria for eligibility, under these guidelines, the service request should be for aural rehabilitation.

**XVIII. OTHER STATE SERVICES**

There are many state services that are available to state patients and their families. If a child is multi-involved or has a syndrome, please include this information for an appropriate cross-referral to other programs. Included in these services, but not limited to these programs, are Genetics (5 state centers) including a specific Genetic Center on Deafness and Substance Abuse. If more information is needed, please contact the Director of the Hearing and Speech Program.

**PENNSYLVANIA DEPARTMENT OF HEALTH**

**BUREAU OF FAMILY HEALTH**

**HEARING AND SPEECH PROGRAM**

**GUIDELINES AND CRITERIA FOR AUTHORIZATION FOR SPEECH  
AND LANGUAGE PATHOLOGY SERVICES FOR PRESCHOOL  
CHILDREN**

## **PURPOSE**

The Hearing and Speech Program with the Pennsylvania Department of Health was mandated by the Legislature in 1929.

The purpose of the program is to provide professional diagnostic and treatment services to all eligible residents with communication disorders from birth to 21 years of age.

Because human communication is a primary skill, early diagnosis and intervention of hearing and speech disorders is stressed: (1) to provide an optimal opportunity for access to quality health care in the appropriate settings; (2) to reduce the severity of these disorders; (3) to orient, counsel and refer families or patients for support services; (4) to promote healthier attitudes about communication disorders and how they impact on the ability of the individual to perform in a highly verbal society. Awareness and advocacy on behalf of clients with these disorders often involves a multi-disciplinary approach to treatment and case management.

### **I. STANDARDS FOR PROVISION OF SERVICES**

All services-preventive, screening, diagnostic, remedial - must be performed by or under the direct, on-site supervision of a speech-language pathologist who is licensed by the Commonwealth of Pennsylvania to engage in the practice of speech/language pathology.

### **II. GENERAL CONDITIONS**

- A. Services may be authorized for any children who are not currently eligible for appropriate speech-language pathology services in a public, private, or parochial school program.

All eligible children presenting for evaluation shall be initially screened by a qualified speech/language pathologist to determine if the severity and type of problem would seem to qualify the child for remediation under program sponsorship in accordance with these Guidelines. If the screening (to be accomplished by whatever methods and instruments deemed appropriate by the speech/language pathologist) reveals the child to be ineligible for remediation or therapy, a complete

speech and/or language evaluation shall not be accomplished at the expense of the Hearing and Speech Program. The provider, however, may charge the Hearing and Speech program for the “screen.” If the results of the screening assessment suggest a problem of sufficient severity to meet the criteria for authorization of speech and language services, a complete speech and/or language evaluation may be accomplished immediately and the Hearing and Speech Program billed for the evaluation. Billing may not be submitted for both a screening and a full evaluation if performed on the same day.

- B. Children referred through the Hearing and Speech Program should not be scheduled for either screening or evaluation unless there is a reasonable expectation that remedial services can be commenced on a regular basis with a “waiting period” no longer than one month from receipt of the authorization.
  
- C. Any child who meets criteria for therapy must be scheduled a minimum on one session per month for a maximum of six months and subject to review by the Program Director. If a child is seen less than once a week, parent training must be included and documented as part of ongoing management.
  
- D. Any family who misses more than two consecutive appointments without reasonable excuse and pre-notification to the clinician/facility, or is inconsistent in attendance to therapy for whatever reason can be terminated from program sponsorship. Parent(s) shall be clearly informed of this condition and requirement before therapy is initiated, and service providers are expected to monitor and enforce this condition. Providers are permitted to bill the Program for a maximum of two treatment sessions missed without prior notification.
  
- E. All children for whom a complete speech/language evaluation is conducted shall have a billable hearing screening (under fee schedule) as part of the speech/language evaluation. The

hearing screening shall consist of a 25dB air conduction sweep at 250 Hz through 6000 Hz. A child shall be referred for further audiological testing if there is a failure to respond at two or more frequencies. If the child is referred to a state authorized provider, prior authorization is not necessary.

- F. Problems not considered by the Guidelines will be reviewed on a case-by-case basis.
- G. The Hearing and Speech Program may terminate sponsorship of the patient at any time when any of the above General Conditions are comprised, or improvement in client's skills and abilities relative to stated goals and objectives is not apparent after reasonable time and therapy, or for other just reasons. A program staff member will contact the service provider and circumstances of the case discussed before action to terminate is taken.

**III. CRITERIA FOR AUTHORIZATION OF SERVICES**

**A. Language Disorders**

Services may be authorized for any child who demonstrates receptive and/or expressive language delays of:

6 months or more	for ages	0-3
8 months or more	for ages	3-4
12 months or more	for ages	4-8

Two standardized or norm-referenced score-yielding tests and a descriptive analysis of the child's receptive/expressive spontaneous language function should be reported. Judgements and comparisons of receptive/expressive language performance shall be made and reported with consideration of other developmental factors such as general growth and physical development, articulatory/phonologic skills, gross and fine motor development, mental ability, emotional maturity and personality.

**B. Phonologic/Articulatory Disorders**

Services may be authorized for a preschool child who exhibits less than 50% intelligibility if the primary disorder is a phonologic/articulatory impairment. Delay may be assessed by a single word articulation test, a formal phonological analysis, and/or an analysis of ongoing discourse with respect to age referenced norms (e.g., Stoel-Gammon compilation of norms in Seminars in Speech and Language Vol. 9, No. 1, February 1988, pp. 15-24, Thieme Medical Publishing, Inc.)

**C. Voice Disorders**

Services may be authorized for a pre-school child who presents problems in the production of voice, in the parameters of pitch, loudness, quality, rate and resonance lasting for a minimum of two weeks. An ENT consultation which includes the assessment to the laryngeal status must be performed prior to the initiation of voice therapy.

**D. Fluency Disorders**

Services may be authorized for a pre-school child who presents with awareness-concern, struggle-avoidance behavior, and/or whose dysfluencies significantly affect communication. Parent counseling and extended diagnostic sessions may be utilized when appropriate.

**E. Dysphagia**

1. Services may be authorized for children who exhibit dysfunction of any of the four stages of ingestion, including oral preparation, oral, pharyngeal, and esophageal.
2. A written medical clearance must be obtained prior to evaluation and therapy. Diagnostic impressions will be based upon a clinical oral-pharyngeal and respiratory examination, a detailed history, and/or the use of

radiologic techniques (video, fluoroscopy, ultrasound, etc.)

3. A summary statement should include the following:
  - a. Dependence, if any, on supplemental or alternate nutrition devices.
  - b. Positioning and handling needs.
  - c. Caregiver feeding or self-feeding
  - d. Presentation and ability to tolerate:
    - (1) liquids (i.e., bottle, breast-feeding, spout cup, cup)
    - (2) pureed textures
    - (3) soft solids
    - (4) hard solids
  - e. Facilitory therapy strategies (direct, indirect, compensations).
  - f. Environmental considerations (i.e., distractibility, level of noise, etc.)
  - g. Education and counseling of caregiver:
    - (1) content
    - (2) response
4. Emergency procedures requiring immediate attention can be requested by phone. Contact the Director with the nature of the emergency and program eligibility information (i.e., MA, no insurance coverage, etc.) This must be followed by a written request.
5. Therapy strategies can include, but we are not limited to the following techniques:
  - a. Indirect (does not employ the use of food or liquids)
  - b. Direct (employs food and/or liquids)

- c. Compensatory/facilitation (i.e., posture rate, airway protection maneuvers, manipulation of bolus characteristics).
6. Therapy goals and objectives should be stated in behavioral terms (i.e., “child will keep tongue in his mouth during chewing and swallowing with mild-moderate facilitation of jaw control from the front on 8/10 trials”).
7. For definitions of terms and references, please refer to ASHA Supplement 2, Vol. 32, No. 4, April 1990.

F. **Aural Rehabilitation**

Services may be authorized for a preschool child with communication difficulties resulting from auditory impairment. Auditory impairment is defined as a history of chronic middle ear disease and/or hearing aid use. The speech/language pathologist should consult the audiologist about audiological findings and the ramifications for the treatment. In a situation where both a speech and language impairment and a hearing loss co-exist and the delay in speech and language meets the criteria for eligibility, under these guidelines, the service request should be for aural rehabilitation.

G. **Home Bound Therapy Services**

Services may be authorized for pre-school children who are homebound and meet the criteria for speech language services under the Department of Health Program on a case by case basis.

H. **Augmentation Devices**

Requests for electronic devices not covered under the regular procedures can be made and considered on a case by case basis.

Information should be provided relative to the following: cognitive status, oral reflex persistence, language and motor speech production, intelligibility, emotional factors, chronological age, previous therapy, speech imitative ability, and the environment (see Shange and Bashir, JSHD, Vol. 45, 1980, p. 408-414).

#### **IV. EXTENDED DIAGNOSTIC EVALUATIONS AND TRIAL THERAPY**

In the event that a complete and satisfactory diagnostic evaluation cannot be accomplished in one visit, the child may be returned for a maximum of ten (10) visits. These visits do not require written pre-authorization from the Hearing and Speech Program, nor does an Application for Services Form have to be submitted until the evaluation is completed. The Hearing and Speech Program may be billed appropriately (see Fee Schedule) for each of these subsequent visits to a maximum of ten (10) visits, in addition to the allowable fee for the initial diagnostic visit.

In cases of dysphagia or fluency disorders, 10 trial therapy sessions do not require program authorization; however, an evaluation report must be sent to the Director before the first trial session begins. Authorization for additional therapy sessions may be requested prior to the conclusion of the trial therapy sessions by completing and submitting the Report of Service with Recommendation Form.

#### **V. THIRD PARTY RESOURCES**

- A. Providers of speech/language pathology services are expected to make every effort – individually and through their billing department – to utilize third party resources for payment for diagnostic and remedial services before billing the Hearing and Speech Program. Such resources may include private insurance and health plans, CHAMPUS, Union Health and Welfare Plans, other state agency programs, and state/federally funded special projects. It is incumbent upon the provider to be knowledgeable about the application of “deductibles,” “co-pays” and major medical coverages.

- B. Some families may be rated by the Eligibility Office to share in the cost of the therapy services as determined by socio-financial information which is required to be on file with the Hearing and Speech Program before authorization for services can be issued. Providers who have submitted reports and requests for authorization of services will be informed by letter that services will be authorized once family financial participation (FFP) has been met. Providers must inform the Hearing and Speech Program when the FFP has been met. Until that time, the provider's customary fee-for-service can be charged to meet the FFP.
- C. Families receiving Medical Assistance are considered eligible for services.
- D. Some children may be enrolled for speech/language services offered by the IUS. In such cases, the Hearing and Speech Program will not approve requests for authorization of remedial services, nor will the Program sponsor "summer therapy" for pre-school children served by IUS whose services are "recessed" over the summer.

**VI. PROCEDURE FOR AUTHORIZATION OF SERVICES**

When initially requesting authorization of services, the provider shall submit an Application for Services Form.

Requests for re-authorization of services and/or dismissal from therapy must be submitted on the Repport of Services with Recommendations Form. These standardized forms and the accompanying instructions for their completion are necessary to assure reasonable commonality of procedures and standards which would constitute a sound basis for authorization and continuation of services without begin overly restrictive for participating professionals.

## **INSTRUCTIONS FOR REQUEST FOR SERVICES**

The statement of Diagnosis (Section 1) shall assess speech and language performance relative to normal baselines and, where possible, identify etiology and contributing conditions.

Pertinent Family, Medical and Developmental History (Sections II, III, and IV) shall be obtained through appropriate case history in-take and interview procedures. Existing syndromes specifically should be noted.

Test results (Section V) must be recorded in accordance with the criteria for authorization of services as outlined on pages 3 and 4. Standardized norm-referenced tests and results shall be noted and, when appropriate, spontaneous speech and language samples described. General ratings of speech and language performance and capacity, such as allowing for dialectal differences and phoneme error increase in conversation shall be included. Where it becomes necessary to utilize only informal procedures to evaluate performance, rationales and descriptions of procedures must be reported. Results of fluency, voice and dysphagia shall include a description of speech and other relevant behaviors.

Results of hearing screening (Section VI) must be reported.

The Prognostic Statement (Section VIII) is ESSENTIAL in determining whether authorization shall be granted. Factors which would influence progress and/or treatment, such as intellectual, motoric and environmental factors and carry over involvement shall be noted.

The Summary and Therapeutic Objectives and Procedures (Section X) shall include a description of the initial therapeutic goals, stated in behavioral terms, as well as home therapy procedures. The frequency of sessions should also be noted.

## **INSTRUCTION FOR REPORT OF SERVICES WITH RECOMMENDATIONS**

Whenever additional therapy is warranted or additional evaluation procedures are necessary, or when dismissal from therapy is being considered, a Report of Services with Recommendation Form must be completed.

The Initial Diagnosis (Section I) shall include a brief statement of the initial assessment, severity ratings, contributing conditions, complications to treatment and the initial service which has been requested.

Therapy Procedures (Section II) shall briefly describe the goals and treatment plan used during the previously authorized therapy time. Monitoring procedures such as responses per time unit or time unit per objective may be noted. The home therapy program also shall be briefly described.

Current Diagnosis and Description of Child Change (Section III) shall describe the child's behavior, response to therapy and revised description of performance in relevant areas.

Test-Retest Results (Section IV) should compare current test scores/measurements with previous reported evaluation results.

Recommendations (Section V) shall justify re-authorization or termination of services. Noted here should be progress, attendance, reassessment relative to normal performance, revised therapeutic goals and procedures, and authorization time and sessions requested. When additional diagnostic procedures are felt necessary (such as neurological or psychological evaluations which must be pre-authorized by the Program) an explanation should be included with the request.

The Program shall be notified when services are terminated and there are unused sessions remaining under a current valid authorization. A termination report is required to be submitted to the program.