Speech, Language, and Hearing Services Protocol Checklist

Service Recipient's Name _____ **Date of Birth** _____
(Last, First)

Reviewer's Name _____ **Date Request Submitted** _____
(Last, First)

Technical Review

☐ **YES** ☐ **NO**	Is the correct funding source, site code, and service code used in Section C of the Individual Support Plan? If **YES**, continue to Question #1 in Section A, B, or C as applicable. If **NO** and the wrong funding source, site code and service code is due to a simple error, correct the error and continue to Question #1 in Section A, B, or C as applicable. If **NO** based on lack of a site code because the provider is not licensed or does not have an approved provider agreement, deny as non-covered due to failure to meet provider qualifications as specified in the waivers and in the TennCare rules applicable to the waivers.

A. Speech, Language, and Hearing Services Assessment

1. ☐ **YES** ☐ **NO**	Is the service recipient age 21 years or older? (A.1) If **YES**, proceed to Question #2. If **NO**, stop and deny based on the waiver being **the payor of last resort**
2. ☐ **YES** ☐ **NO**	Is the assessment needed in order to determine the need for treatment of a medical condition or functional deficit involving speech, language, or chewing/swallowing that is related to an injury, illness, or hospitalization occurring within the past 90 days? (A.2) If **YES**, proceed to Question #3. If **NO**, skip to Question #4.
3. ☐ **YES** ☐ **NO**	Was a request for a speech-language pathology assessment denied through the TennCare MCO fair hearing process and, if applicable, denied or not covered by Medicare? (A.3) If **YES**, proceed to Question #4. If **NO**, stop and deny based on the waiver being the **payor of last resort**. Unless the service recipient is currently receiving waiver-funded Speech, Language, and Hearing Services and is requesting all of the Speech, Language, and Hearing Services to be provided through the waiver by the same provider. If the latter, proceed to Question #5. Otherwise, deny.

4. ☐ **YES** ☐ **NO**	Is the request for an initial assessment after enrollment in the waiver or after an interval of at least 12 months since the last Speech, Language, and Hearing Services assessment? (A.4) If **YES**, skip to Question #6. If **NO**, proceed to Question #5.
5. ☐ **YES** ☐**NO**	Is a new Speech, Language, and Hearing Services assessment needed because: (A.5) a. The service recipient was discharged from services by a speech-language pathologist who withdrew from participation as a waiver services provider; **OR** (A.5) b. The service recipient is currently receiving wavier-funded Speech, Language, and Hearing Services and has now developed an acute need for additional services to restore lost function. Such additional services would normally be provided by the MCO, but to ensure coordination, all of the Speech, Language, and Hearing Services will be provided through the waiver by the same provider. If **YES**, proceed to Question #6. If **NO**, skip to Question #7.
6. ☐ **YES** ☐ **NO**	Medical necessity review questions: (A.6) a. Is there an order by a physician, physician assistant, or nurse practitioner for the Speech, Language, and Hearing Services assessment; **AND** b. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient has a medical diagnosis or functional deficit involving speech, language, hearing, or chewing/swallowing; **AND** c. Is there sufficient information in the Individual Support Plan (ISP) to conclude that, based on the service recipient's medical diagnosis or functional deficit involving speech, language, hearing, or chewing/swallowing, the service recipient's functional and/or treatment needs cannot be adequately determined without a new Speech, Language, and Hearing Services assessment? If **YES to all three** of the criteria specified in "6.a" through "6.c" above, skip to Question #8. If **NO to any** criterion specified in "6.a" through "6.c" above, stop and deny as <u>not medically necessary</u>.
7. ☐ **YES** ☐ **NO**	Medical necessity review questions: (A.7) a. Is there an order by a physician, physician assistant, or nurse practitioner for the Speech, Language, and Hearing Services assessment; **AND** b. Is there sufficient information in the Individual Support Plan (ISP) to document that: (1) The service recipient has a new medical diagnosis or functional deficit

	involving speech, language, hearing, or chewing/swallowing; **OR**; (2) The service recipient has experienced a significant exacerbation of a pre-existing medical condition or functional deficit after having been discharged from Speech, Language, and Hearing Services by the speech-language pathologist; **AND** c. Is there sufficient information in the Individual Support Plan (ISP) to conclude that, based on the service recipient's medical diagnosis or functional deficit involving speech, language, hearing, or chewing/swallowing, the service recipient's functional and/or treatment needs cannot be adequately determined without a new Speech, Language, and Hearing Services assessment? If **YES to all three** of the criteria specified in "7.a" through "7.c" above, skip to Question #8. If **NO,** to any criterion specified in "7.a" through "7.c" above, stop and deny as **not medically necessary**.
8. ☐ **YES** ☐ **NO**	Has the waiver limit of three (3) Speech, Language, and Hearing Services assessments per year per provider been exceeded for the current program year? (A.8) If **YES**, stop and deny as a **non-covered service** based on the waiver service limit of three (3) assessments per service recipient per provider per waiver program year. If **NO**, stop and approve the assessment.
☐ **Approved**	
☐ **Denied**	

B. Initial Speech, Language, and Hearing Services (excluding assessment)

NOTE: This section applies to service recipients who are **NOT** currently approved for Speech, Language, and Hearing services through the waiver.

1. ☐ **YES** ☐ **NO**	Is the service recipient age 21 years or older? (B.1) If **YES**, proceed to Question #2. If **NO**, stop and deny based on the waiver being the **payor of last resort.**
2. ☐ **YES** ☐ **NO**	Are Speech, Language, and Hearing Services being requested solely to treat a functional deficit involving hearing? (B.2) If **YES**, skip to Question #5. If **NO**, proceed to Question #3.
3.☐**YES** ☐ **NO**	Are the Speech Therapy services needed in order to restore lost function due to a medical condition or functional deficit involving speech, language or chewing/swallowing that is related to an injury, illness, or hospitalization occurring within the past 90 days? (B.3)

	If **YES**, proceed to Question #4. If **NO**, skip to Question #5.
4. ☐ **YES** ☐ **NO**	Was a request for Speech Therapy services denied through the TennCare MCO fair hearing process and, if applicable, denied or not covered by Medicare? (B.4) If **YES**, proceed to Question #5. If **NO**, stop and deny based on the waiver being the **payor of last resort**.
5. ☐ **YES** ☐ **NO**	Medical necessity review questions: (B.5) a. Is there an order by a physician, physician assistant, or nurse practitioner for the Speech, Language, and Hearing Services; **AND** b. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient has a medical diagnosis or functional deficit involving speech, language, hearing, or chewing/swallowing; **AND** c. Is there sufficient information in the ISP and/or supporting documentation (e.g., the therapy plan of care) to conclude that the service recipient's functional and/or treatment needs involving speech, language, hearing, or chewing/swallowing cannot be adequately met unless Speech, Language, and Hearing Services is provided by a licensed speech-language pathologist or audiologist (i.e., paid and unpaid caregivers would Not otherwise be able to adequately meet the specified functional or treatment needs); **AND** d. Is there sufficient documentation in the ISP and/or supporting documentation to conclude that the provision of Speech, Language, and Hearing Services can be reasonably expected to (1) achieve measurable and sustained functional gains for the service recipient; (2) maintain current functional abilities that would be lost without the provision of Speech, Language, and Hearing Services; or (3) prevent or minimize the deterioration of a chronic condition that would result in the further loss of function or the imminent development of serious medical problems); **AND** e. Are there clearly defined measurable Speech, Language, and Hearing Services goals in the ISP and/or supporting documentation which are reasonable and appropriate given the person's current age and health status? If **YES** to all five of the criteria specified in "5.a" through "5.e" above, proceed to question #6. If **NO** to any criterion specified in "5.a" through "5.e" above, stop and deny as **not medically necessary**.
6. ☐ **YES** ☐ **NO**	Is the frequency (per week, per month, etc.), amount (# of units) and duration (# of weeks or months) of Speech, Language, and Hearing Services requested consistent with and Not in excess of the amount of services needed to (1) achieve measurable and sustained functional gains; (2) maintain current functional abilities; or (3) prevent or minimize the deterioration of a chronic condition as specified in "5.d" above? (B.6) NOTE: To the maximum extent possible and appropriate, Speech, Language, and Hearing Services by a licensed speech language pathologist or licensed audiologist should be utilized to develop a treatment plan that can be implemented by caregivers (including, but Not limited to family members, paid personal assistants, and residential

	services staff), across activities and settings in order to achieve the maximum therapeutic benefit. Periodic services by the licensed speech language pathologist or licensed audiologist should be authorized only as necessary to support the ongoing implementation of the treatment plan, or to modify the treatment plan in response to the changing needs of the service recipient. If **YES**, stop and approve the amount of Speech, Language, and Hearing requested. Such approval may specify that concurrent review will be conducted after a specified period of time (see attached guidelines) to ensure that Speech, Language, and Hearing Services continue to be medically necessary. Such determination shall be based on current medical records provided by the licensed professional and/or physician, physician assistant, or nurse practitioner in response to the request for concurrent review. If **NO**, approve that portion of the total amount of Speech, Language, and Hearing Services requested that is consistent with the amount of Speech, Language, and Hearing Services needed to (1) achieve measurable and sustained functional gains; (2) maintain current functional abilities; or (3) prevent or minimize the deterioration of a chronic condition as specified in "5.d" above. Deny as **not medically necessary** that portion of the total amount of Speech, Language, and Hearing Services requested that is in excess of the amount of services needed to (1) achieve measurable and sustained functional gains; (2) maintain current functional abilities; or (3) prevent or minimize the deterioration of a chronic condition as specified in "5.d" above.
☐ **Approved**	
☐ **Denied**	

C. Continuation of Speech, Language, and Hearing Services (excluding assessment)

NOTE: This section applies to service recipients who are currently approved for SLH services through the waiver and who request continuation of SLH services or an increase in SLH services.

To ensure coordination of ongoing services, if a service recipient age 21 and older is already receiving waiver funded SLH services and also develops an acute need for additional SLH services in order to restore lost function that would otherwise be provided by the MCO, the additional SLH services may be approved through the waiver if medically justified, so that all of the SLH services would be provided through the waiver by the same provider.

1.☐YES ☐ NO	Is the service recipient age 20 years or older? (C.1) NOTE: If a service recipient is age 20 years (but Not yet age 21), transition of Speech, Language, and Hearing Services to the TennCare MCO will **not** be initiated since transition back to waiver services would likely be required upon attaining 21 years of age. If **YES**, skip to Question #3. If **NO**, proceed to Question #2.
2.☐YES ☐ NO	Is the request for an increase in the frequency (per week, per month, etc.) or amount (# of units) of Speech, Language, and Hearing Services? (C.2) If **YES**, deny the requested **increase** in the frequency or amount of Speech,

	Language, and Hearing Services based on the waiver being the **payor of last resort**. Approve the continuation of Speech, Language, and Hearing Services at the current level pending transition of medically necessary Speech, Language, and Hearing Services to the TennCare MCO. If **NO, or upon denial of a requested increase** in the frequency or amount of Speech, Language, and Hearing Services as Noted above, initiate the process for transition of all medically necessary Speech, Language, and Hearing Services to the TennCare Managed Care Organization (MCO).
3.☐YES ☐ NO	Medical necessity review questions for continuation of the currently approved level of Speech, Language, and Hearing Services for an adult service recipient age 20 or older plus any requested increase in such services, as applicable: (C.3) a. Is there an order by a physician, physician assistant, or nurse practitioner for the Speech, Language, and Hearing Services; **AND** b. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient continues to have a medical diagnosis or functional deficit involving speech, language, hearing, or chewing/swallowing; **AND** c. Is there sufficient information in the ISP and/or supporting documentation (e.g., the therapy plan of care) to conclude that the service recipient's functional and/or treatment needs involving speech, language, hearing, or chewing/swallowing still cannot be adequately met unless Speech, Language, and Hearing Services are provided by a licensed speech-language pathologist or audiologist (i.e., paid and unpaid caregivers would still Not otherwise be able to adequately meet the specified functional or treatment needs); **AND** d. Is there sufficient documentation in the ISP and/or supporting documentation to demonstrate: (1) Progress toward defined treatment goals in terms of measurable and sustained functional gains for the service recipient that can be generalized to settings outside the immediate treatment environment; **OR** (2) The continuing medical need for Speech, Language, and Hearing Services in order to maintain current functional abilities that would be lost without the continued provision of Speech, Language, and Hearing Services; **OR** (3) The continuing medical need for Speech, Language, and Hearing Services in order to prevent or minimize the deterioration of a chronic condition that would result in the further loss of function or the imminent development of serious medical problems? e. Are clearly defined measurable Speech, Language, and Hearing Services goals as specified in the ISP and/or supporting documentation still reasonable and appropriate given the person's current age and health status? If **YES** to all five (5) criteria specified in "3.a" through "3.e" above proceed to question #4. If **NO** to any criterion specified in "3.a" through "3.e" above, stop and deny as **not medically necessary**.

4.☐YES ☐ NO	Is the frequency (per week, per month, etc.), amount (# of units) and duration (# of weeks or months) of *continued* Speech, Language, and Hearing Services requested plus any requested increase in such services, as applicable, *consistent with* and not *in excess of* the amount of services *still* needed to (1) achieve measurable and sustained functional gains; (2) maintain current functional abilities; or (3) prevent or minimize the deterioration of a chronic condition as specified in "3.d" above? To the extent that the request includes any increase in the frequency, amount, or duration of Speech, Language, and Hearing Services, is there sufficient information in the ISP and/or supporting documentation to demonstrate that the service recipient's needs have changed and/or the previously approved frequency, amount, or duration of Speech, Language, and Hearing Services is no longer sufficient to (a) achieve measurable and sustained functional gains for the service recipient that can be generalized to settings outside the immediate treatment environment; (b) maintain current functional abilities that would be lost without the continued provision of Speech, Language, and Hearing Services; or (c) prevent or minimize the deterioration of a chronic condition that would result in the further loss of function or the imminent development of serious medical problems? NOTE: To the maximum extent possible and appropriate, Speech, Language, and Hearing Services by a licensed speech language pathologist or licensed audiologist should be utilized to develop a treatment plan that can be implemented by caregivers (including, but not limited to family members, paid personal assistants, and residential services staff), across activities and settings in order to achieve the maximum therapeutic benefit. Periodic services by the licensed speech language pathologist or licensed audiologist should be authorized *only* as necessary to support the ongoing implementation of the treatment plan, or to modify the treatment plan in response to the changing needs of the service recipient. If **YES**, stop and approve the *continuation* of Speech, Language, and Hearing Services and any *increase* as requested. Such approval may specify that concurrent review will be conducted after a specified period of time (see attached guidelines) to ensure that Speech, Language, and Hearing Services continue to be medically necessary. Such determination shall be based on medical records provided by the licensed professional and/or physician, physician assistant, or nurse practitioner in response to the request for concurrent review. If **NO**, approve that portion of the total amount of Speech, Language, and Hearing Services requested that is *consistent with* the amount of Speech, Language, and Hearing Services needed to (1) achieve measurable and sustained functional gains; (2) maintain current functional abilities; or (3) prevent or minimize the deterioration of a chronic condition as specified in "3.d" above. • If the request for Speech, Language, and Hearing Services was submitted as an ISP amendment or as an annual update of the ISP, **deny** as **not medically necessary** that portion of the total amount of Speech, Language, and Hearing Services requested that is *in excess of* the amount of Speech, Language, and Hearing Services needed to (1) achieve measurable and sustained functional gains; (2) maintain current functional abilities; or (3) prevent or minimize the deterioration of a chronic condition as specified in "3.d" above; **OR** • If the protocol was used for a DMRS-initiated review of an ISP and cost plan (i.e., rather than review of an ISP amendment or annual ISP update), issue 20 days advance notice (inclusive of mail time) of reduction or termination of services, as applicable, indicating that the services will be reduced or terminated on the 21st day from the date of the notice. The previously approved Speech, Language, and Hearing Services shall continue to be authorized and reimbursed pending such

	advance notice period.
☐ **Approved**	
☐ **Denied**	