

Speech, Hearing and Language Services

Definition

Speech, Hearing and Language Services funded by the HASCI Waiver are an extended Medicaid State Plan service. In the current Medicaid State Plan, specified services are available to individuals under age 21 years who have speech, hearing, or language problems. The HASCI Waiver removes the age restriction, making the same benefits available to those age 21 years and older.

Subject to limits designated in the Medicaid State Plan, Speech, Hearing and Language Services may include the full range of treatment provided by a licensed speech therapist, speech language pathologist, audiologist, and/or other professional trained in augmentative communication. Services may include screening, assessment, development of treatment plans, therapeutic interventions, evaluation/training with augmentative communication systems, consultation with other service providers and family members, and participating on an interdisciplinary team.

Providers

Speech, Hearing and Language Services must be provided by an individual, agency, or company enrolled with SCDHHS as Speech, Hearing and Language Services provider.

Arranging and Authorizing the Service

If a participant has communication problems, professional assessments may be necessary to determine if additional or ongoing Speech, Hearing and Language Services are needed. If the Service Coordinator determines such assessments are needed, this must be clearly documented in the participant's Support Plan, including specific communication difficulties the participant is experiencing.

When it is documented that a professional evaluation/assessment is needed, the individual and/or family must be offered choice of a provider. Offering of choice and the provider selected must be documented in a Service Note.

Once a provider is chosen, the Waiver Tracking System must be updated. The individual's Support Plan must be updated to reflect the name of the service, the amount, frequency and duration of the service, and the provider type. Budget information for the service must then be entered into the Waiver Tracking System (WTS)

To initiate the service following WTS processing, the provider must be authorized using *Authorization for Speech, Hearing and Language Services* (HASCI Form 12G).

After the assessment is completed, the Service Coordinator must receive and review the findings and recommendations. The recommendations should be included in the individual's Support Plan.

If the assessment recommends additional or ongoing communication services that can be funded through HASCI Waiver, the individual and/or family must be offered choice of a provider. Offering of choice and the provider selected must be documented in a Service Note.

Once a provider is chosen, the Waiver Tracking System must be updated. The individual's Support Plan must be updated to reflect the name of the service, the amount, frequency and duration of the service, and the provider type. Budget information for the service must then be entered into the Waiver Tracking System (WTS)

To initiate the service following WTS processing, the provider must be authorized using *Authorization for Speech, Hearing and Language Services* (HASCI Form 12G).

If a Medicaid recipient needs an Augmentative Communication device, it may be funded by the State Plan as durable medical equipment (DME). Individuals needing Augmentative Communication devices must pursue them through State Plan Medicaid before a request can be made through the HASCI Waiver.

Billing

For individuals receiving HASCI Waiver funded Residential Habilitation, Day Habilitation, Prevocational Services, or Supported Employment Services, Speech Hearing and Language Services must always be billed to the DSN Board. This should be checked on the *Authorization for Speech, Hearing and Language Services* (HASCI Form 12G) and no prior authorization number should be assigned. For these individuals, the DSN Board should not follow procedures to request reimbursement for costs of services. The cost of Speech, Hearing and Language Services is included in the rate paid to the DSN Board for all types of Habilitation Services.

For individuals who do not receive HASCI Waiver funded Residential Habilitation, Day Habilitation, Prevocational Services, or Supported Employment Services, Speech Hearing and Language Services must always be billed to SCDHHS. This should be checked on the *Authorization for Speech, Hearing and Language Services* (HASCI Form 12-G) and a prior authorization number must be assigned.

Monitorship

The Service Coordinator must monitor provision of each HASCI Waiver service received by a participant to:

- verify the service is being provided as authorized,

- assure the usefulness and effectiveness of the service,
- determine the participant's and/or representative's satisfaction with the service and service provider(s), and
- confirm health status and safety of the participant.

Monitorship includes:

- Contact with the participant and/or representative within two (2) weeks after beginning the service or beginning with a new provider of the service
- Contact with the participant and/or representative at least every three (3) months
- Contact with service providers as necessary to confirm health status and safety of the participant and appropriate provision of authorized services

Monitoring of HASCI Waiver services may be accomplished by the Service Coordinator during required bi-monthly contacts with the participant and/or representative and face-to face visit each 6 months (every 180 days) to monitor the participant's Support Plan and health status. These contacts and face-to-face visits must be documented in Service Notes.

Information obtained during monitoring may lead to changes in authorized HASCI Waiver services, such as increased/decreased units, change of provider, or change to a more appropriate service.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal>Business Tools>Forms>HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated and budget information in the Waiver Tracking System (WTS) must be adjusted accordingly. For service reduction or termination, excess or unused units must be deleted from the budget.