**Speech and Hearing Services**  
*Revised June 2018*

**Definition**

Speech and Hearing Services is treatment to alleviate or compensate for speech and hearing impairments resulting from physical injury or illness. It includes the full range of activities provided by a licensed speech-language pathologist or a licensed audiologist. The service includes evaluation, development of therapeutic treatment plans, therapy sessions, training to use augmentative communication devices, and consultation with caregivers or service providers.

Speech and Hearing Services funded by the HASCI Waiver is an Extended State Plan Service. Medicaid State Plan provides medically necessary Private Rehabilitative Therapy and Audiological Services to children under age 21 years. This includes Speech-Language Pathology Services and Audiology Services. The HASCI Waiver makes the same benefits available to adults age 21 years and older. See SCDHHS Provider Manual for Private Rehabilitative Therapy and Audiological Services for additional information. *Can be accessed via SCDHHS website: www.scdhhs.gov.*

**Service Unit**

Speech-Language Evaluation  
one unit equals one (1) evaluation

Audiology Evaluation  
one unit equals one (1) evaluation

Speech-Language Therapy/Consultation  
one unit equals fifteen (15) minutes

Audiology Training/Consultation  
one unit equals fifteen (15) minutes

Augmentative Communication Training/Consultation  
one unit equals fifteen (15) minutes

Refer to the current HASCI Waiver rate table for reimbursement amounts. *Can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASC Waiver.*

**Service Limit / Restrictions**

Speech and Hearing Services funded by the HASCI Waiver may be provided only if an adult participant age 21 years or older is unable to access or has exhausted Medicaid State Plan benefits for Speech-Language Pathology Services/Audiology Services under Hospital Services, Physician’s Services, and Home Health Services. The participant must demonstrate progress/improvement to continue services.
The limit for combined total units of medically necessary, Physical Therapy, Occupational Therapy, and Speech and Hearing Services funded by Medicaid State Plan is 420 units (105 hours) per State fiscal year. If additional units are medically necessary, the provider can request them through KePRO, the QIO contracted by SCDHHS. This must be pursued before a request can be made through the HASCI Waiver.

**Providers**

Speech and Hearing Services funded by HASCI Waiver must be provided by an individual, agency, or company enrolled with SCDHHS as a provider of Speech, Hearing and Language Services or as a provider of Audiological Services.

**Arranging and Authorizing the Service**

If a HASCI Waiver participant requests treatment for speech and/or hearing impairment, the Case Manager must first assist him or her to access it from other available resources, including private insurance, Veterans Administration, Workers Compensation, SC Vocational Rehabilitation Department, and Medicaid State Plan (Hospital Services, Physician’s Services, or Home Health Services).

The Case Manager must document in Case Notes efforts to obtain the needed services through other resources available to the participant. If not available from other sources, Speech and Hearing Services funded by HASCI Waiver can be pursued. Need must be clearly documented in the participant’s Support Plan, including specific speech and hearing problems that the participant is experiencing.

Initially, a Speech-Language Evaluation and/or Audiology Evaluation must be arranged and authorized (unless not needed because there is already a current evaluation).

The participant’s Support Plan must be updated to clearly reflect the name of the service and payer, the amount, frequency and duration of the service, and provider type(s). In order to update the Support Plan, the Case Manager will complete a Plan Change Form on Therap. This form will be electronically submitted to the Waiver Administration Division for review. The Waiver Administration Division Staff will review the request and the Case Manager will receive electronic notification if the request has been approved or if additional information is needed.

Upon approval, service information must be entered into the Service Tracking System (STS) by the Case Manager.
Following Support Plan approval, the participant or representative must be offered choice of provider. Offering of provider choice and the provider selected must be clearly documented in a Case Note.

To initiate the service following approval by the Waiver Administration Division, the chosen provider must be authorized using *Authorization of Speech and Hearing Services* (HASCI Form 12-SHS). *Can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver*. A copy must be maintained in the participant’s file.

When the Speech-Language Evaluation or Audiology Evaluation is completed, therapy sessions and/or augmentative communication training may be recommended. If the participant wishes to pursue these, they must be separately authorized. The participant’s Support Plan must be updated to clearly reflect the name of the service and payer, the amount, frequency and duration of the service, and provider type(s). In order to update the Support Plan, the Case Manager will complete a Plan Change Form on Therap. This form will be electronically submitted to the Waiver Administration Division for review. The Waiver Administration Division Staff will review the request and the Case Manager will receive electronic notification if the request has been approved or if additional information is needed.

Upon approval, service information must be entered into the Service Tracking System (STS) by the Case Manager.

To initiate the service following approval by the Waiver Administration Division, the chosen provider must be authorized using the *Authorization of Speech and Hearing Services* (HASCI Form 12-SHS). *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver*. A copy must be in the file.

If the Speech-Language Evaluation or Audiology Evaluation recommends an augmentative communication device or hearing aids for the participant, these may be requested under Supplies, Equipment and Assistive Technology funded by HASCI Waiver if no other funding source is available.

**Billing**

Speech and Hearing Services must be Direct-billed to SCDHHS. This is indicated on the *Authorization of Speech and Hearing Services* (HASCI Form 12-SHS); a prior authorization number must be assigned.

**Monitorship**

The Case Manager 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 60 days,
• Contact with service providers as necessary to confirm health status and safety of the participant and appropriate provision of authorized services,
• Face-to-face visit with the participant at least every 180 days, and
• Review of the participant’s Support Plan as often as needed, but at least every 180 days.

Monitoring contacts, face-to-face visits, and review of the participant’s Support Plan must be documented in Case 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 Case Manager 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 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)

*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. In order to update the Support Plan, the Case Manager will complete a Plan Change Form on Therap. This form will be electronically submitted to the Waiver Administration Division for review. The Waiver Administration Division Staff will update the Support Plan to reflect the change in the service and will reconcile the waiver budget accordingly.

Service information in the Service Tracking System (STS) must be updated by the Case Manager as necessary.