

**NEW MEXICO DEPARTMENT OF HEALTH  
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION  
MEDICALLY FRAGILE WAIVER (MFW)**

**SPEECH/LANGUAGE THERAPY**

**Effective January 1, 2011**

Speech language therapy is a skilled therapy service provided by a licensed Speech Language Pathologist (SLP). A licensed SLP practitioner, as specified by applicable State Laws and Standards, provides the skilled services. Speech language therapy services must be necessary to improve and/or maintain independent functioning with swallowing and communication. This may include the use of adaptive technologies. Speech language therapy services for Medically Fragile Waiver (MFW) participants under the age of 21 are funded through the Medicaid Early Periodic Screening, Diagnostic & Treatment (EPSDT) program. This service standard is written for the MFW participant 21 years and older.

**I. SCOPE OF SERVICES**

**A. Initiation of Speech Language Therapy Services:**

When speech language therapy is identified as a recommended service, the case manager (CM) will provide the participant/participant representative with a Secondary Freedom of Choice (SFOC). The participant/participant representative will select a therapy agency from the SFOC. The identified therapist will request a SLP referral/prescription from the Primary Care Provider (PCP) for evaluation and ongoing treatment. A copy of the written referral will be maintained in the participant's file that is kept by the SLP. This must be obtained before initiation of treatment. The CM is responsible for including recommended units of therapy services on the MAD 046 form. It is the responsibility of the participant/participant representative, SLP, and CM to assure that units of therapy do not exceed the capped dollar amount determined for the participant Level of Care (LOC) and Individual Service Plan (ISP) cycle. The CM may approve two (2) hours for an initial evaluation on the annualized budget. Strategies, support plans, goals, and outcomes will be developed based on the identified strengths, concerns, priorities, and outcomes in the ISP.

**B. Speech Language Therapy Services Include:**

1. Providing assessments and evaluations, developing treatment plans and interventions, monitoring of the participant, and modifying treatment plans for therapeutic purposes within the professional scope of practice of the SLP.
2. Designing, fabricating, modifying, implementing and monitoring the use of specialized or adaptive equipment, augmentative/alternative communication (AAC) devices, and assistive technologies for the participant.
3. Designing, modifying or monitoring the use of related environmental modifications for the participant.

Page 1 of 5

Speech/Language Therapy Requirements

Revised Effective January 1, 2011

4. Designing, modifying, and monitoring the use of related activities for the participant that is supportive of ISP desired outcomes.
  5. Training families, participants, direct support professionals (DSP), and all appropriate individuals in all relevant settings as needed for successful implementation of therapeutic activities, treatments, strategies, use of equipment and technologies or other aspects of speech language therapy services.
  6. Providing assessments for assistive technology needs within the professional scope of practice of the SLP.
  7. Consulting with Interdisciplinary Team (IDT) member(s), guardians, family, or support staff.
  8. Consulting and collaborating with the participant's PCP and/or other therapists and/or medical personnel for the purposes of evaluating the participant, or developing, modifying, or monitoring speech language therapy services for the participant.
  9. Observing the participant in all relevant settings in order to monitor the participant's status as it relates to therapeutic goals or implementation of speech language therapy services and professional recommendations.
  10. Providing other skilled speech language therapy treatments, interventions, or assistive technologies deemed appropriate by the licensed SLP.
  11. Providing therapy in a clinic, home, or community setting.
- C. Comprehensive Assessment Includes:
- The SLP must perform an initial comprehensive assessment for each participant to determine appropriate speech language therapy recommendations for consideration by the IDT in the context of the overall array of services received by the participant. The comprehensive assessment must be done at least annually and when clinically indicated. The assessment will be used to develop and revise the strategies, support plans, goals, and outcomes for the participant and may include the following:
1. Review pertinent medical history
  2. Speech language disorders
  3. Assessing for swallowing disorders (dysphasia)
  4. Communicative functions including underlying processes (i.e., cognitive skills, memory, attention, perception, and auditory processing; includes ability to convey or receive a message effectively and independently, regardless of the mode)
  5. Oral motor function
  6. Use of prosthetic/adaptive/assistive devices.
  7. Resonance and nasal airflow
  8. Orofacial myofunctional patterns
  9. Instrumental activities of daily living (IADL) and activities of daily living (ADL) techniques to improve deficits or affects of deficits
- D. IDT Meeting:
1. The SLP is responsible for attending and participating in IDT meetings convened for service planning, either in person or by conference call.

2. The SLP is responsible for signing the IDT sign-in sheet.
  3. If unable to attend the IDT meeting, the SLP is expected to submit, in advance of the meeting, recommended updates to the strategies, support plans, goals, and objectives for the team's consideration. The SLP and CM will follow up after the IDT meeting to update the SLP on specific issues.
  4. The SLP must document in the participant's SLP clinical file the date, time, and any changes to strategies, support plans, goals, and objectives as a result of the IDT meeting.
- E. Discharge Planning Includes:
1. Reason for discontinuing services identified (such as failure to participate, request from participant/participant representative, goal completion, failure to progress).
  2. Written discharge plan is provided to the participant/participant representative and CM.
  3. Strategies developed with participant/participant representative that can support the maintenance of therapy activities.
  4. Family and direct support professional DSP training completed in accordance with written discharge plan.
  5. Discharge summary maintained in the SLP participant file and a copy placed in the CM file and distributed to participant/participant representative.

## II. AGENCY/INDIVIDUAL ADMINISTRATIVE REQUIREMENTS

- A. All SLPs who are working independently as subcontractors or employees of a therapy provider agency shall meet all the requirements of the MFW Service Standards.
- B. The agency must maintain a current MFW provider status through the Department of Health (DOH) Provider Enrollment Unit. See Provider Enrollment Unit contract for details.
- C. The SLP, licensed by the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board under the New Mexico Regulation and Licensing Department, may provide billable speech language therapy services in accordance with the American Speech-Language-Hearing Association (ASHA)'s scope of practice.
- D. Licensed SLPs will be culturally sensitive to the needs and preferences of participants and households. Communicating in a language other than English may be required.

## III. Agency/individual administrative requirements

- A. Training:
  1. Whenever possible, family members and/or DSPs are to be involved and trained in therapeutic activities and strategies designed by the SLP and directed toward assisting the participant in achieving his/her goals and outcomes.
  2. Training shall include the participant, family and DSPs from all relevant settings.

- B. Monitoring and Revising:
  - 1. The SLP is responsible for monitoring the progress of participant toward the achievement of therapeutic goals and objectives; as well as progress toward desired outcomes in the ISP.
  - 2. The SLP is responsible for monitoring the performance of activities and strategies outlined in strategies and support therapy plans.
  - 3. The SLP will monitor and make modifications to AAC devices to support proper function in settings of use and update the device as needed.
- C. Documentation:
  - 1. Documentation must to be completed in accordance with applicable MFW Standards and guidelines established by ASHA.
  - 2. All documents are identified by title of document, participant name, and date of documentation. Each entry will be signed with appropriate credential and name of person making entry.
  - 3. Verified Electronic Signatures may be used. Name and credential(s) typed on a document is not acceptable.
  - 4. All documentation will be signed and dated by the SLP providing services. Verified electronic signatures may be used. SLP name and credentials typed on a document is not sufficient.
  - 5. Each participant will have an individual clinical file.
  - 6. A copy of the annual evaluation and updated treatment plan will be provided to the CM within ten (10) working days following the IDT meeting. The treatment plan must include intervention strategies, as well as frequency and duration of care. The goals and objectives must be measurable.
  - 7. Therapy progress/summary notes will include date of service, beginning/end time of service, location of service, service(s) provided, participant/family/DSP response to service(s), and plan for future service. The summary will include the number and types of treatment provided. Describe the progress toward therapy goals using the parameters identified in the initial and annual treatment plan and/or evaluation, and any modifications that need to be included in the ISP must be coordinated with the CM.
  - 8. Complications that delay, interrupt, or extend the duration of the program will be documented in the participant's medical record and in communications to the Physician/Healthcare provider as indicated.
- D. Review Physician/Healthcare provider orders at least annually and as appropriate; and recommend revisions on the basis of evaluation findings.
- E. Copies of SLP contact notes and SLP documentation may be requested by the MFW Manager, the Division of Health Improvement (DHI), or the Human Services Department (HSD) for quality assurance purposes.

#### IV. REIMBURSEMENT

Each provider of a service is responsible for providing clinical documentation that identifies the DSP's role in all components of the provision of home care, including assessment information, care planning, intervention, communications, and care coordination and evaluation. There must be justification in each

- participant's clinical record supporting medical necessity for the care and for the approved LOC that will also include frequency and duration of the care. All services must be reflected in the ISP that is coordinated with the participant/participant representative and other caregivers as applicable. All services provided, claimed, and billed must have documented justification supporting medical necessity and be covered by the MFW and authorized by the approved budget.
- A. Payment for SLP services through this Medicaid waiver is considered payment in full.
  - B. The SLP services must abide by all Federal, State, HSD and DOH policies and procedures regarding billable and non-billable items.
  - C. All billed services must not exceed the capped dollar amount for LOC.
  - D. Reimbursement for SLP services will be based on the current rate allowed for the services.
  - E. The agency must follow all current billing requirements of the HSD and the DOH for SLP services.
  - F. Providers of service have the responsibility to review and assure that the information on the MAD 046 form for their services is current. If the provider identifies an error, they will contact the CM or a supervisor at the case management agency immediately to have the error corrected.
  - G. The MFW Program does not consider the following to be professional SLP duties and will not authorize payment for:
    - 1. Performing errands for the participant/participant representative or family that is not program specific;
    - 2. "Friendly visiting", meaning visiting with participant outside of SLP work scheduled;
    - 3. Financial brokerage services, handling of participant finances or preparation of legal documents;
    - 4. Time spent on paperwork or travel that is administrative for the provider.
    - 5. Transportation of participants;
    - 6. Pick up and/or delivery of commodities;
    - 7. Other non-Medicaid reimbursable activities.