

Section 109 Speech & Hearing Services Implementation and Audit Criteria

Speech services are those services requiring the application of theories, principles and procedures related to the development and disorders of speech, voice, language, and oral pharyngeal and related functions, for purposes of assessment and treatment. **Audiology Services** means those services requiring the application of theories and principles and procedures related to hearing and hearing disorders for the purpose of assessment and treatment.

MCBM Reference	Item		Documentation
109.04 Eligibility for Care	Are services medically necessary rather than academic?	Y ___ N ___	
	Are services ordered by properly licensed practitioner of the healing arts (LPHA)?	Y ___ N ___	(ORRF)
109.09-1 Records	Is there an individual record for each eligible student?	Y ___ N ___	
	A. Does the record include Name, DOB, and Medicaid ID #?	Y ___ N ___	IEP/ Lumea
	B. Is there pertinent medical information, as available?	Y ___ N ___	IEP
	C. Is there appropriate hearing and/or S/L evaluation and diagnosis?	Y ___ N ___	IEP
	D. Is there documentation for each visit showing:		
	a. The date of service?	Y ___ N ___	Lumea
	b. The nature of the service performed?	Y ___ N ___	Lumea
	c. The start time, stop time and total time?	Y ___ N ___	Lumea
	d. Signature of the individual performing the service?	Y ___ N ___	Lumea
	e. Whether service was individual or group (2-4 students)?	Y ___ N ___	Lumea
E. Are there progress notes (at least quarterly)?	Y ___ N ___	Annotated IEP	
F. Is there a discharge summary, if applicable?	Y ___ N ___	N/A	

Section 109 Speech & Hearing Services Implementation and Audit Criteria (cont'd)

MCBM Reference	Item		Documentation
109.09-2 Plan of Care	Is there a Plan of Care* that includes:		
	A. A diagnosis with severity rating (identified problems)?	Y ___ N ___	IEP
	B. Treatment in relation to the problems?	Y ___ N ___	IEP
	C. Obtainable short and long term goals and objectives?**	Y ___ N ___	IEP/MCDF
	D. Method of evaluating change?	Y ___ N ___	IEP
	E. Estimated time to achieve goals/objectives?	Y ___ N ___	IEP
	F. Frequency and duration of therapy?	Y ___ N ___	IEP
	G. Signature of the LPHA who developed the plan?	Y ___ N ___	MCDF
	H. Does the POC include periodic reviews?	Y ___ N ___	IEP
	<p>◆ <i>An evaluation, diagnosis, and Plan of Care are key elements to substantiate medical necessity.</i></p> <p><i>* Crosswalk information from DHHS indicates that the IEP contains all but two elements of the Plan of Care for S/L & Hearing Services</i></p> <p><i>**The MaineCare Documentation Form (MCDF) can be used for short term goals and sign off by LPHA developing the plan of care.</i></p> <p><i>***While a signature of the LPHA is not specifically required in 109.09-2, the MCDF is included in the Chapter III explanation of a TM modifier. MCDF guidance requires the signature of the LPHA that developed the plan of care on the form.</i></p>		
109.09-3 Qualified Staff	Is there written evidence from appropriate governing body that the professional staff is licensed?	Y ___ N ___	Licenses
	Are services delivered by one or more of the following:		
	A. S/L Pathologist holding a valid ME license?	Y ___ N ___	
	B. Audiologist holding a valid ME license?	Y ___ N ___	
	C. S/L Pathology Assistant registered by Maine Board of Examiners? OR:	Y ___ N ___	
D. S/L Pathology Assistant registered in accordance with licensure of ME?	Y ___ N ___		
	Are services delivered by S/L Pathology Assistant under the direction of S/L Pathologist?	Y ___ N ___	

