

Speech (Section 109) "Snapshot" Summary

Services	Documentation of "Medical Necessity"	Qualifications of Staff	Activities*	Documentation
Speech and Hearing Services	<p>"Plan of Care*" must be developed. Ordered or Requested in writing from Practitioner of the Healing Arts).</p> <p>*IEP plus MaineCare Documentation Form as appropriate.</p>	<p>Licensed Speech Language Pathologist; Licensed Audiologist; Registered Speech-Language Pathology Assistant, who is supervised by a Licensed Speech-Language Pathologist.</p>	<p>Evaluation, Diagnosis and Plan of Care; Speech Therapy; Re-evaluation; Diagnostic Services; Hearing Screening; Augmentative and Alternative Communication Evaluation; Therapeutic Adaptations and Set-Up for Assistive/Adaptive Equipment; Reprogramming; Hearing Aide Evaluation and Re-Check, Hearing Screening; Ear Molds</p> <p>*Individual, Group, and Co-Therapy</p> <p>"Group" is defined as 2 to 4 members</p>	<p>Name; DOB; MaineCare ID Number; Referral; Pertinent medical information; Appropriate Evaluation and Diagnosis; Plan of Care; Documentation of each visit, (showing date of service, nature of service performed, the start time, stop time, total time and signature of person delivering the service); Quarterly Progress Notes; Discharge Summary with copy sent to referring practitioner of the healing arts</p>

*Please be advised that EDMS informs school districts according to written policy and regulations published in the MaineCare Benefits Manual. As EDMS becomes aware of changes, amendments, interpretations, etc. we will, in a timely manner, further inform you accordingly. School districts are responsible for the above internal recordkeeping. In the event of an audit, EDMS cannot be held responsible for incomplete or missing school records. However, EDMS does assume full responsibility for its own internal recordkeeping and billing procedures. **For questions regarding policy interpretation, you can call a Provider Relations Specialist at the Bureau of MaineCare Services: 1-800-321-5557.***