# Speech Language Pathology Services

**Office of Medicaid Services**

**2025–2026**

SOUTH CAROLINA
DEPARTMENT OF EDUCATION

# Purpose of Training

- To provide a better understanding of Medicaid policy requirements specific to Speech Language Pathology services.
- This training does not replace Medicaid policy and therefore, district staff are responsible for reviewing the LEA Provider Manual in its entirety for a comprehensive overview of policy requirements and expectations.

# Speech Language Pathology

- In accordance with 42 CFR 440.110(c)(1), speech-language pathology services include diagnostic, screening, preventive or corrective services provided by or under the direction of a speech-language pathologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law.
- Speech-language pathology services are defined as evaluative tests and measures utilized in the process of providing speech-language pathology services and must represent standard practice procedures.

# Speech Language Pathology (Cont.)

- Speech-language pathology services involve the evaluation and treatment of speech and language disorders for which medication or surgical treatments are not indicated.
- Only standard assessments (e.g., curriculum-based assessments, portfolio assessments, criterion referenced assessments, develop-mental scales and language sampling procedures) may be used. Tests or measures described as “teacher-made” or “informal” are not acceptable for the purpose of Medicaid reimbursement.

# Qualified Staff

- Speech Language Pathologists (SLP), speech-language pathology assistants (SLP-A), speech-language interns (SLP-I) are licensed through the South Carolina Department of Labor, Licensing and Regulation (SCLLR).
- These licensed individuals must adhere to any provisions as required by SCLLR.
- The speech-language pathologist must supervise the SLP-Is, SLP-As, and the speech language therapists (SLT).

# Speech Language Pathologist (SLP)

A speech language pathologist, in accordance with 42 CFR 440.110(c)(2)(i)(ii)(iii), is an individual who meets one of the following conditions:

- (i) Has a certificate of clinical competence from the American Speech and Hearing Association.
- (ii) Has completed the necessary equivalent educational requirements and work experience to qualify for the certificate.
- (iii) Has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

# Speech-Language Pathology Assistant (SLP-A)

- A speech-language pathology assistant is an individual who is currently licensed by the South Carolina Board of Examiners in speech-language pathology.
- The speech-language pathology assistant works under the direction of a qualified speech-language pathologist pursuant to 42 CFR 440.110(c)(2)(i) and (ii).

# Speech-Language Pathology Intern (SLP-I)

- A speech-language pathology intern is an individual who is currently licensed by the South Carolina Board of Examiners in speech-language pathology and is seeking the academic and work experience requirements established by the American Speech and Hearing Association for the Certification of Clinical Competence in speech-language pathology.
- The speech-language pathology intern works under the direction of a qualified speech-language pathologist pursuant to 42 CFR 440.110(c)(2)(i) and (ii).

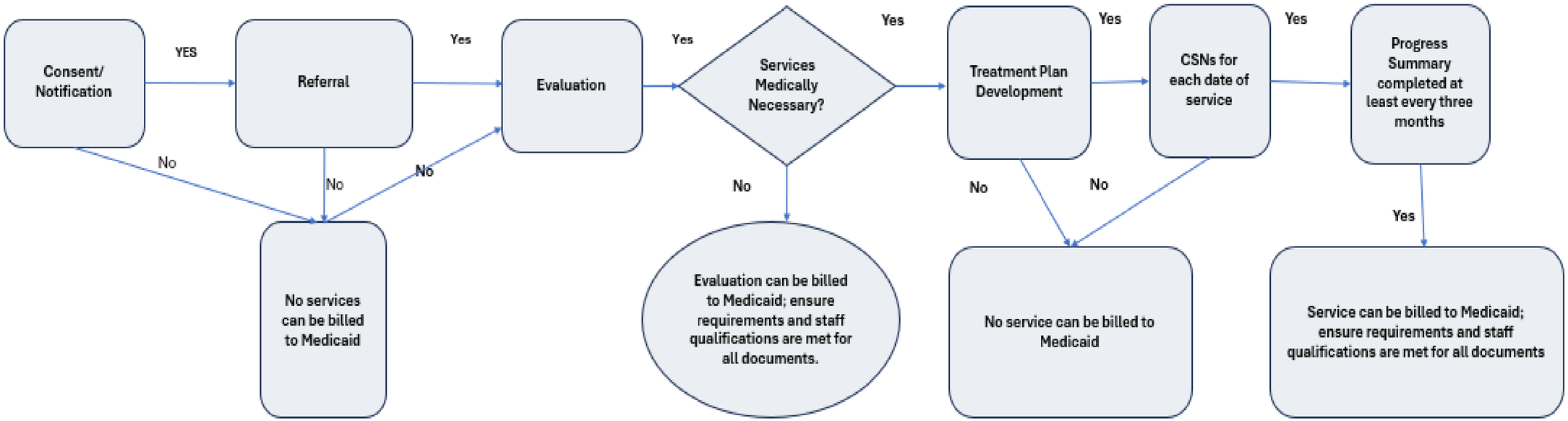
# Speech-Language Therapist (SLT)

- A speech-language pathology therapist is an individual who does not meet the credentials outlined in the 42 CFR 440.110(c)(2)(i)(ii) and (iii).
- A speech-language pathology therapist must work under the direction of a qualified licensed Speech-Language Pathologist.
- The South Carolina Department of Health and Human Services' Local Education Agencies (LEA) Services Provider Manual reflects policy that allows a LEA to be reimbursed for an annual reevaluation completed by a Speech-Language Therapist (SLT), SLP-I/SLP-CF, or SLP-A.
- Per the LEA Services Provider Manual, "Speech reevaluation includes a face-to-face interaction between the speech-language pathologist or therapist and the student for the purpose of evaluating the student's progress and determining whether there is a need to continue therapy."

# Individual or Group Speech Therapy

- Individual or group speech therapy is the delivery of remedial services for identified speech and/or language handicaps to a child whose speech and/or language patterns deviate from standard, based on evaluation and testing, to include training of teacher or parent with child present.
- Individual and group speech therapy may be provided in a regular education classroom.
- Speech therapy performed directly with one child should be documented and billed as individual speech therapy.
- Speech therapy performed for two or more individuals should be documented and billed as group speech therapy.
- A group may consist of no more than six individuals.

# Speech Language Pathology Sequence of Documentation



# Consent

Consent is the act of providing express permission, in writing, for some particular action to take place. To comply with legal requirements and the guidelines established by the Health Insurance Portability and Accountability Act (HIPAA), Individuals with Disabilities Education Act (IDEA), and the Family Educational Rights and Privacy Act (FERPA), the person providing written consent must be fully informed of all information, in his or her native language, relevant to the activity for which consent is sought and understand the activity for which consent is sought. For the purposes of Medicaid, consent refers to express permission to medically assess/evaluate, provide treatment, share information to a third-party, and bill Medicaid and/or third-party insurance providers for covered services within the guidelines established by the State Medicaid program, HIPAA, IDEA, and FERPA.

# Consent (Cont.)

- A consent form must be signed by the parent/guardian on behalf of the child.
- The General Consent form can be found at the Office of Medicaid Services (OMS) webpage.

# Release of Information

Release of information policy requirements:

- A Release of Information form must be signed and dated by the student (if 18 or older), the student's parent or guardian and be present in the clinical record.
- A Release of Information form authorizes the release of any medical information necessary to process Medicaid claims.
- The release has been incorporated into the OMS' Medicaid General Consent form.

# Speech Language Referral

Referrals must be made by a licensed provider working within the scope of his or her licensure. The following licensed practitioner of the healing arts (LPHA) may refer for services:

- Licensed Physician,
- Medical Doctor (M.D.),
- Doctor of Osteopathy (D.O.),
- Licensed Advanced Practice Registered Nurse (APRN),
- Licensed Physician Assistant (P.A.),
- Licensed Speech-Language Pathologist (SLP), and
- Licensed Independent Social Worker – Clinical Practice (LISW-CP).

The health professional must be currently licensed in South Carolina and located within the South Carolina Medicaid Service Area (SCMSA).

# Referral Requirements

The referral must be:

- present in the student's file and cover the year in review.
- signed, titled, and dated by a LPHA.
- completed by a LPHA other than the direct provider of service.
- dated prior to the evaluation or reevaluation.
- dated prior to the annual IEP/IFSP/ITP.
- dated prior to the first date of service rendered in the year in review.

# Speech Language Pathology Evaluation/Reevaluation

## Evaluation

A speech evaluation is a face-to-face interaction between the speech-language pathologist and the student for the purpose of evaluating the student's dysfunction and determining the existence of a speech disorder.

This service may be performed once per lifetime.

Any evaluation performed subsequently to the initial evaluation and related speech disorder is considered a reevaluation and should be billed utilizing the reevaluation code.

## Reevaluation

Speech reevaluation includes a face-to face interaction between the Speech Language Pathologist (SLP), Speech Language Pathologist-Intern (SLP-I), or Speech Language Pathologist – Clinical Fellow (SLP-CF), or Speech Language Pathology – Assistant (SLP-A), or Speech Language Therapist (SLT) and the student, for the purpose of evaluating the student's progress and determining whether there is a need to continue therapy.

A reevaluation completed by a Speech Language Therapist (SLT), Speech Language Pathologist — Intern (SLP-I), or Speech Language Pathologist — Clinical Fellow (SLP-CF) must be cosigned by the supervising Speech Language Pathologist (SLP). A supplemental statement cannot be utilized for the cosignature of the SLP when the reevaluation is completed by the SLT, SLP-I/ SLP-CF, and SLP-A.

# Evaluation and Reevaluation Requirements

The evaluation/reevaluation must:

- be present in the student's file and cover the year in review.
- include the name, title, date and signature of the Speech Language Pathologist (SLP).
- include the cosignature of the SLP, if applicable.
- a standard assessment must be used for the evaluation/reevaluation.
- include diagnostic testing and assessment.
- include a written report that identifies the need for rehabilitative therapy services with recommendations.
- be dated prior to the IEP/IFSP/ITP.
- be dated prior to the first date of service rendered in the year in review.

# Treatment Plan (IEP, IFSP, ITP)

- For Medicaid purposes, the Individualized Education Program (IEP), Individualized Family Service Plan (IFSP) and Individualized Treatment Plan (ITP) serve as a written document that mandate the provision of specific services to students with disabilities.
- The IEP, IFSP and ITP detail the medical plan to administer medically necessary assessments, treatment, procedures, medications, and/or other covered services.
- The IEP, IFSP, and ITP should be reviewed and updated according to the level of progress. If a determination is made during treatment that additional services are required, the services should be added to the treatment plan.

# Treatment Plan Requirements

The treatment plan must:

- be present in the student's file and cover the year in review.
- be signed, titled and dated by the Speech Language Pathologist.
- be dated prior to the first date of service in the year in review.
- list Speech Therapy services and specify problems to be addressed.
- have long term goals that address the physical and/or functional impairment, deficit, limitation or clinical condition.
- list short-term objective(s) (only applicable when the ITP is used as the treatment plan and for SC-ALT students).
- list the type of intervention(s) to be utilized.
- document the amount, type, frequency and duration of services to be provided.
- list the criteria for achievement.

# Clinical Service Note (CSN)

CSNs must be documented in a narrative of each treatment session, with the purpose of recording the nature of the student's treatment. CSNs must capture the Medicaid service provided as related to the treatment plan goals, summarizing the student's response and participation in treatment.

# CSN Requirements

Each CSN must:

- be present in the student's file and support all billed claims.
- be sufficient to support the number of units billed to Medicaid.
- be signed, titled, and dated by the provider of service.
- be cosigned (electronically or handwritten) by the SCLLR licensed supervisor (if applicable).
- reflect a Medicaid billable service that is identified in the student's treatment plan.
- include the date of service.
- be individualized and student specific.
- describe the activities that take place during the session.
- include the student's response to treatment/activities.
- document a Medicaid reimbursable activity related to the goals formulated on the treatment plan.

# Progress Summary

- The progress summary is a written note outlining the student's progress that must be completed by the service provider at least every three months from the start date of treatment, or when medically necessary.
- The purpose of the progress summary is to record the longitudinal nature of the student's treatment.
- The progress summary must be written by the provider and be filed in the student's clinical record.
- The progress summary may be developed as a separate document or may appear as a clinical service note (CSN).
- If a progress summary is written as a CSN, the entry must clearly be labeled "progress summary".

# Progress Summary Requirements

Progress Summaries must:

- be completed at least every three months from the start date of treatment.
- be signed, titled, and dated by the rendering provider.
- be cosigned (electronically or handwritten) by the SCLLR licensed supervisor (if applicable).
- describe the student's attendance at therapy sessions.
- document the student's progress toward treatment goals.
- establish the need for continued treatment.

# Supervision

- The  Speech Language Pathology-Assistant (SLP-A),  Speech Language Pathology-Intern (SLP-I) and Speech Language Pathology Therapist (SLT) shall perform their duties in accordance with the licensure requirements.
- These licensed individuals must adhere to any provisions as required by the South Carolina Department of Labor, Licensing and Regulation (SCLLR).
- CSNs must be cosigned by the supervisor (unless otherwise indicated for a specific Medicaid reimbursement service).
- The supervising SLP must review and cosign or initial each progress summary completed by the assistant.
- The supervisor must be physically present or accessible by phone/pager.

# Services via Telehealth

- Please refer to the SCLLR regarding written telehealth consent requirements. SCLLR requires that some licensed professionals obtain a written consent form for telehealth services.
- If the SCLLR requires written consent to render telehealth services, then the consent must be obtained prior to delivering services. Standard consent forms for Medicaid services must continue to be signed.
- Only individual services are eligible for telehealth and must be billed as individual one-to-one services.
- To indicate that services were rendered via telehealth the district must include the (GT) modifier when billing.

# Clinical Records and Maintenance

- LEAs are required to maintain a clinical record on each Medicaid-eligible student that includes documentation of all Medicaid-reimbursable services to justify Medicaid payment.
- Clinical records must be current, meet documentation requirements and provide a clear descriptive narrative of the services provided and progress toward treatment goals.
- Records are key documents for post payment review. In the absence of appropriately completed clinical records, previous payments may be recovered by SCDHHS.
- It is essential that an internal records review be conducted by each LEA to ensure that the services are medically necessary and appropriate both in quality and quantity, and that service delivery, documentation and billing comply with Medicaid policy and procedure.

# Clinical Records and Maintenance Requirements

Medicaid policy requirement for clinical records and maintenance are as follows:

- Each clinical entry must be written in ink or typed.
- Clinical records must be arranged logically.
- All clinical entries must be filed in the student's clinical record.
- A signature sheet must be available that identifies the staff's name, signature, and initials.
- An abbreviation and symbols key must be available.
- Each entry must stand on its own and not include arrows, ditto marks, same as above, etc.
- Errors must be corrected according to policy (i.e., draw one line through the error, enter the correction and add signature/initials and date next to the correction).

# Electronic Signatures

The South Carolina Department of Health and Human Services (SCDHHS) Electronic Signature policy guidelines:

- SCDHHS will accept electronic signatures on Medicaid documentation when an electronic health record/system is being utilized.
- Please review the SCDHHS Provider Administrative and Billing Manual to review/identify the requirements and standards specific to electronic signatures.

Note: The electronic signatures must be clearly seen on all documents and must include the provider's name, title, and date.

# Personnel Records

School districts are responsible for verifying the staff's credentials via the following authorities:

- South Carolina Department of Labor and Licensing Regulation (SCLLR) for copies of all licenses — license, exclusions, and terminations,
- South Carolina Department of Health and Human Services (SCDHHS) Office of Inspector General (OIG) website — exclusions and terminations,
- Federal Office of Inspector General (OIG) website — exclusions and terminations.

Note: Copies of the date stamped OIG credential checks completed during the review year and copies of all license checks must be kept in the credential file or student's record.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