



## Speech Therapy Prior Authorization Clinical Checklist: Adult

**\*For initial requests- please fill out the ST corePath worksheet or complete the pathway questions for the ability to get a real time decision.**

**Continuation of care/On-going requests:**

Required Document/Items	Required Information #1	Required Information #2	Required Information #3
<p><b>Progress Report that includes:</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Baseline measures = level of performance at the beginning of the reporting period, with regard to the targeted short-term goals</li> <li><input type="checkbox"/> Current objective measures = level of achievement/change, since start of care, toward targeted short-term goals</li> <li><input type="checkbox"/> Updated short-term goals as applicable, with baseline measures</li> </ul>	<p>The review of the plan of care (POC) must include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Progress report evaluating recipient's accomplishments toward a stated goal</li> <li><input type="checkbox"/> Description of recipient's attitudes and behaviors toward therapy</li> <li><input type="checkbox"/> Assessment of effectiveness of service provided</li> <li><input type="checkbox"/> Assessment of recipient's rehabilitation potential</li> <li><input type="checkbox"/> Modifications to the POC</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dated within the health plan requirements for this current request for treatment and current objective measures for each short-term goal to include:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Caregiver program/maintenance program plan, as applicable for long-term needs</li> <li><input type="checkbox"/> Rationale for continued care requiring the skills of a therapist; note that:                   <ol style="list-style-type: none"> <li>1. The patient's diagnosis may not be the only factor in determining reasonable or necessary care.</li> <li>2. The patient's need for skilled services must be evident in the documentation.</li> <li>3. The amount, frequency, and duration of therapy must comply with accepted standards of care as documented by professional guidelines and literature.</li> </ol> </li> </ul> </li> </ul>
<p><b>Reports from Recommended Additional Assessments that include:</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Diagnostic test results</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> If recommended in the Initial POC: professional reports or instrumental evaluations performed (e.g., MBSS, FEES, VFS, etc.)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Information that supports the medical necessity for treatment and follow-up of recommended procedures</li> </ul>