

DIVISION OF DEVELOPMENTAL DISABILITIES DBHDD FACT SHEET

SERVICE: Adult Speech and Language Therapy Services

CHECK ALL THAT APPLY:	X	SERVICE DESCRIPTION: <p>Speech and Language Therapy Services cover evaluation and therapeutic services that are not otherwise covered by Medicaid State Plan services. These services address the speech and language therapy needs of a person that result from his or her developmental disability.</p> <p>Speech and Language Therapy Services include the evaluation of speech language, voice, and language communication, auditory processing, and/or aural rehabilitation status.</p> <p>Speech and Language Therapy Services can also consist of education of the person or his /her family, speech language therapy, and therapeutic services for the use of speech-generating devices, including programming and modification.</p> <p>Speech and Language Therapy Services are provided by a Georgia licensed Speech and Language Pathologist and by order of a physician.</p> <p>These services may be provided in a person's own or family home, the Speech and Language Pathologist's office, outpatient clinics, facilities in which Community Access or Prevocational Services are provided, Supported Employment work sites, or other community settings specific to community-based therapy goals specified in the Individual Service Plan.</p>
NOW	X	
COMP	X	
Self Direct	X	

SPECIAL ELIGIBILITY CONDITIONS

- A. Individual must be 21 or older
- B. The need for services must be documented in the Individual Service Plan and ordered by a physician
- C. There is a reasonable expectation by the speech and language pathologist that the goals in the Individual Service Plan can be achieved in the necessary time frame

ITEMS COVERED:

1. Evaluation of speech language, voice, language communication, auditory processing and/or aural rehabilitation related to DD diagnosis
2. Individual treatment for speech, language, voice, communication and/or auditory processing related to DD diagnosis
3. Services for the use of a speech generating device, including programming and modification
4. Education for the Individual and his/her family

ITEMS NOT COVERED:

1. Services for children under the age of 21
2. Group therapy activities
3. Transportation to and from these activities is not included in the rate
4. Services that have not been ordered by a physician
5. Services provided in a hospital
6. Services that are provided for the treatment of an illness or injury that are covered in Home Health Services under regular Medicaid State Plan
7. Under the NOW a) services cannot duplicate any family education or training provided through Natural Support Training, b) cannot occur at the same time or on the same day as NST services
8. A person cannot receive Community Residential Alternative Services