



SoonerCare Speech Therapy Prior Authorization Clinical Checklist

CHECKLIST FOR SPEECH EVALUATION		
<input type="checkbox"/>	Completed authorization request form	Faxed submissions only
<input type="checkbox"/>	PA, APRN, DO or MD referral/script	Date within 90 days
<input type="checkbox"/>	PA, APRN, DO or MD's exam notes including	Date within a year
<input type="checkbox"/>	<ul style="list-style-type: none"> Documentation of speech/language concerns 	
CHECKLIST FOR INITIAL REQUEST FOR CARE		
<input type="checkbox"/>	Completed authorization request form	Faxed submissions only
<input type="checkbox"/>	Parental Consent form	Dated within a year
<input type="checkbox"/>	Initial evaluation with plan of care that includes:	
<input type="checkbox"/>	<ul style="list-style-type: none"> Subjective levels of functioning 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Objective measures of functioning 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Diagnostic test results 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Short/long term goals 	Short term goals written for 90 days
<input type="checkbox"/>	<ul style="list-style-type: none"> Length of time to reach goals 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Expectation for progress/expected rehabilitation potential 	
CHECKLIST FOR CONTINUATION OF CARE		
<input type="checkbox"/>	Completed authorization request form	Faxed submissions only
<input type="checkbox"/>	Progress report with the following documented:	
<input type="checkbox"/>	<ul style="list-style-type: none"> Attendance 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Baseline & current level of progress goals 	Baseline from the beginning of the previous authorization period
<input type="checkbox"/>	<ul style="list-style-type: none"> Updated goals as applicable 	
<input type="checkbox"/>	Parental participation	Documentation of % of participation and the method used: phone, email, direct participation, homework log