

“Under the Direction of” Documentation for Medicaid Billable Speech Services

Medicaid policy requires a Speech Pathologist with a LIMITED license to work “under the direction of” a FULLY LICENSED Speech Pathologist. Per Medicaid policy, a face-to-face contact with the student is required at the beginning of treatment. The fully-licensed SLP will review the IEP / evaluations and approve all services provided by the limited licensed provider. On a quarterly basis, the directing SLP will conduct a direct observation, review notes, and conference with the limited licensed provider.

This form should be completed by the FULLY licensed SLP to document the supervisory relationship.

Student Name:	Date of Birth:	Diagnosis:
Limited Licensed Practitioner Name:		District and School Year

Date of initial contact between fully licensed SLP and student _____

Review of IEP / Evaluations (at minimum at the beginning of the school year or the beginning of treatment for new students):	
Date:	Date:
Direct Observation:	
Date:	Date:
Date:	Date:
Review of Service Documentation: Medicaid service notes, goals, progress reports.	
Date:	Date:
Date:	Date:
Conference with Limited Licensee:	
Date:	Notes:
Other Relevant Data:	
Date:	Notes:

Fully Licensed SLP Name (print): _____

Signature: _____

Date: _____

_____ **Approved Records Electronically in TIENET**