National Guideline for Speech-Language and Audiological Clinical Services in the Maldives

MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

MINISTRY OF HEALTH

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1. INTRODUCTION

National therapeutic protocols and guidelines are essential components of healthcare service provision. This ensures evidence-based practices and quality of care. Moreover, at the national health system level, it assists in the planning and costing of services. Standard therapeutic guidelines serve as an important tool for monitoring and authorizing procedures within public health insurance schemes. These guidelines fulfill critical quality control, regulatory, and planning functions, making them indispensable for both public and private service providers.

Recognizing their significance, the Ministry of Social and Family Development (MSFD) of Maldives commissioned a team of stakeholders to develop National Therapeutic Protocols (NTP) on 30th May - 1st June 2024. This taskforce included eminent health professionals as well as representatives from key organizations in the country.

The purpose of this health professional team including, Speech-Language Pathologists and Audiologists was to collate and review the existing field specific standard therapy guidelines as well as identify the procedures and conditions where new development of standard systematic protocols are required. The experts from specific fields were also mandated to suggest principles and protocols by which guidelines these protocols will be reviewed and updated. This protocol can be used as a guideline for providing speech Language and Audiological clinical services for pediatric population only (birth to 18 years)

The main aim of NTP for speech-language and Audiological clinical services was to develop and implement a national systematic protocol that could be used by all the professionals providing these services in the country Maldives, which would facilitate quality- assured speech, language, swallowing and Audiological clinical services for children facing communication and swallowing difficulties. Additionally, these standards sought to enhance patient satisfaction and facilitate access to state funding for these therapeutic services.

The present NTP for speech- language and Audiological clinical services were made by referring to such standards in other countries, based on clinical experience of professionals in the team working in Maldives and by keeping the current demand for these services in the country and the resources available in mind. The present NTP has been developed for pediatric population

who receives therapeutic services as outpatients only. With the development of this field in the country and increase in resources, it is advised to review this protocol once every 2 years to identify any necessary changes that needs to be made based on the context at that given period.

2. AIM AND OBJECTIVES

2.1 Aim: The aim of National therapeutic protocol for Speech-Language and Audiological clinical services is to improve the quality of speech-language and Audiological clinical services, reduce therapeutic variability, facilitate accessibility and to maintain a uniform procedure in the country in providing these services. This aligns with the broader goals of the Maldives state health insurance (Aasandha/NSPA), focusing on providing financial aid to those in need with obtaining speech-language and Audiological clinical services for children.

2.2 Specific objectives:

- To develop therapeutic standards at national level ensuring Speech-Language and Audiological clinical services are provided within the framework to maintain uniformity across the country.
- Promote and facilitate timely delivery of high-quality Speech-Language and Audiological clinical services by actively monitoring the treatment outcome and to ensure that the service is provided by licensed and certified Speech-Language Pathologists (SLPs) and Audiologist.
- Assist in alleviating the financial burden on individuals and families, making therapeutic services more accessible and affordable to public by covering the costs of consultations, assessments, therapy sessions, and any necessary assistive devices or technologies.
- Provide a model definition and description of clinical services provided by Speech language pathologists and audiologists to promote uniform standards and professional mobility across state regulations.

- Inform healthcare providers, the community, funding agencies, payers, referral sources, and policymakers regarding national standard therapeutic protocol for speech-Language pathology and audiology.
- Enhance patient satisfaction in receiving speech-language and Audiological clinical services.

2.3 Expected outcomes

This protocol facilitates improved communication abilities, enhances quality of life, and better overall well-being of individuals who receive speech-language and Audiological clinical services.

- This NTP provides guidelines for policymakers in choosing healthcare providers, treatment settings, and therapy modalities.
- Actively engage stakeholders and professionals from Speech Language Pathology and audiology to create broader awareness as well as a collaborative approach to the immerging issues.
- Early access to Speech-Language and Audiological clinical services can improve outcomes by addressing communication challenges during critical periods of development, leading to better long-term functional abilities in an individual in the society.
- Facilitate service delivery for more patients, regardless of their economic status, to receive the therapy services they need.
- Standardized and easier outcome monitoring mechanism.
- Quality assurance promotes public awareness and acceptance of Speech-Language and Audiological clinical services provided as a valid healthcare service.
- Expanded access and availability will improve communication and swallowing function leading to a better quality of life in an individual with such difficulties.
- Access to individual care-packages through universal health insurance coverage.

TERMINOLOGIES

- **Person with Disability (PWD):** "Persons with Disabilities" (PWD) refers to individuals who have physical, sensory, cognitive, intellectual, or developmental impairments that may impact their ability to fully engage in everyday activities or participate in society on an equal basis with others.
- **Developmental speech/language disorder**: It is a condition that affects the development of speech and language skills in children. These disorders typically arise during early childhood and may persist into adulthood if not intervened. Example: neurodevelopmental disorders, motor speech disorders, attention deficit hyperactivity disorder, etc.
- **Language disorder:** A language disorder is a type of communication disorder characterized by difficulties in understanding and/or using spoken or written language.
- **Speech Disorders**: A speech disorder is a communication disorder that affects a person's ability to produce sounds, articulate words, or speak fluently. Example: voice, articulation, resonance, apraxia, dysarthria, etc.
- **Feeding or swallowing disorder**: Feeding or swallowing disorder encompasses all the difficulties that occur at any stage in the intake of food from the presentation of food to swallowing. It includes all the factors related to the patient, caregivers and the environment.
- **Hearing disorder**: Hearing disorder is when a person has any degree of hearing loss from mild to severe. With or without the presence of a hearing loss, a person may have difficulties with balance and ringing of ears known as tinnitus, due to a problem of the auditory system.
- **Neurodegenerative conditions**: these are a group of disorders characterized by progressive degeneration or damage to the nerve cells (neurons) in the brain or peripheral nervous system. These conditions result in a decline in cognitive, motor, and/or sensory functions over time. example: genetic disorders, metabolic disorders, Rett syndrome, etc.

GENERAL GUIDELINES

Professional definitions

Speech-Language Pathologists (SLP) and Audiologists are one discipline but two independent professions which are strongly connected in terms of education and career pathways. Though an audiologist and a speech-language pathologist are part of an integrated health care system in the Maldives, they are independent in their work. In other words, the work of an audiologist and speech-language pathologist shall not be prescribed or supervised by any other professional.

A) Speech Language Pathologist Speech-language pathologist is a qualified professional who provides a comprehensive array of professional services related to the identification, diagnosis and management of persons with communication and swallowing disorders. Speech-language pathologists are involved in activities to promote effective communication and swallowing in individuals they serve and prevent disorders of these processes. The speech-language pathologist is a professional who engages in clinical services, prevention, advocacy, education, administration, and research in the broad areas of communication and swallowing.

B) Audiologist is a qualified professional who provides a comprehensive array of professional services related to the identification, diagnosis and management of persons with auditory (peripheral and central), balance and related disorders, and the prevention of these impairments. They facilitate prevention through the fitting of hearing protective devices, education programs for industry and the public, hearing screening/conservation programs, and research. Audiologists may also engage in research pertinent to all of these domains.

The overall goal of the provision of audiology and speech-language pathology services is to optimize and enhance the ability of an individual to hear, speak and communicate. Additionally, audiologists and speech-language pathologists may assist normal individuals who interact with persons with communication impairment.

The speech language pathologist and/or audiologists provides a number of different services related to effective communication and swallowing for the individual they serve. It may include:

- Assessment of speech, language, hearing and swallowing disorders, which may involve screening, identification, evaluation and diagnosis.
- Intervention for these disorders, which may involve prevention, counselling, treatment, consultation, management, (re)habilitation and education.
- Education and supervision of students and professionals including supportive personnel.
- Consultation with and referral to other professional.
- Research.
- University and/or college education and training.
- Administration, management and policy development.

Speech Language Pathologists and/or Audiologists may work directly with patients and/or with their caregivers and/or other person who regularly interact with patient (friends, family etc..) for the purpose of creating environments that promote optimal communication and swallowing.

Qualification

Minimum requirement: Bachelor's degree in Speech-Language Pathology and/or Audiology. The professional title will depend on the field of study of whether it was a single field such as only speech language pathology or only Audiology or whether it was dual training of both Speech Language Pathology and Audiology.

I. Course must be accredited by Maldives Qualification Authority (MQA) and Maldives Allied Health Council (MAHC)
II. Further specialization and training can be taken in the field (Masters, PhD, fellowships, trainings).

License

The speech language pathologist and/or audiologist must have a valid registration from Maldives Allied Health Council (MAHC).

Speech-Language Pathologists (SLPs)

The responsibilities of a speech Language Pathologist include the assessment, diagnosis, rehabilitation, and prevention of communication and swallowing disorders resulting from dysfunctions of the oral, laryngeal, resonatory, respiratory and neurological mechanism.

In addition to management of physical impairment, Speech Language Pathologists also manage the social and vocational impact of the communication and/or swallowing disorders on an individual's wellbeing.

Clinical Services:

a) Screening and early identification of communication and swallowing disorders.
b) Assessment and diagnosis of communication and swallowing disorders due to Developmental disabilities, neurological disorders, Oro-pharyngeal anomalies, mental health disorders and audiological problems.
c) Provide therapeutic Intervention for communication and swallowing disorders due to different etiologies.
d) Management of communication and swallowing disorders using instrumental techniques, including but not limited to video-fluoroscopy, electromyography, nasometry, nasal endoscopy, videostroboscopy, sonography and electrical stimulation.
e) Coordination of care with other professionals and healthcare providers.
f) Provide consultations for individuals and their caregivers.
g) Measurement of therapy outcomes and documentation of therapy progress.

Areas in which clinical services are provided:

- Prevention and Identification
    - Speech-Language pathologists engage in prevention and advocacy activities related to human communication and swallowing by presenting primary prevention information to individuals and groups known to be at risk for communication disorders.
    - Providing early identification and early intervention services for communication disorders by Screening for Speech, Orofacial and Myofunctional disorders, Language, Cognitive communication disorders, and preferred communication modalities that may have influence on education, health, development or communication.

- Evaluation and assessments

Speech-Language Pathologists do clinical and objective assessment of communication and swallowing disorders, which may involve evaluation, diagnosis and counselling such as;

- Assessment of speech and language development in children and adults.
- Assessment of cognitive-Linguistic function for both adults and children.
- Assessment of voice and resonance with acoustic, perceptual and direct visualization techniques.
- Assessment of Fluency and Articulation; delays and disorders
- Instrumental evaluation of Swallowing function using video-fluorography and fiber-optic endoscopic evaluation of swallowing.
- Assessment of candidacy for alternative and augmentative communication systems.
- Assessment of oral sensorimotor function for swallowing, feeding and speaking.
- Neurogenic communication disorders
- Swallowing and feeding disorders in children and adults.
- Cognitive-communicative disorders including disorders of social communication skills, attention, memory, reasoning, problem solving, and executive functions, etc.

- Pre-literacy and literacy skills including phonological awareness, decoding, reading, comprehension, writing, etc.
- Communication and swallowing disorders in secondary to other causes such as traumatic brain injury, dementia, developmental, intellectual or genetic disorders, and neurological impairments, neurodegenerative conditions, systemic diseases, etc.
- Speech disorders due to structural abnormalities like laryngectomy, glossectomy, cleft palate etc.

- Management and Rehabilitation
  - Therapeutic intervention and management of varieties of communication and swallowing disorders through instrumental and/or behavioral methods including expert advice for their medical/surgical management.
  - Development, assessment and selection of Augmentative and alternative communication systems including unaided and aided strategies.
  - Consultation and training for development of effective communication skills in social and other settings.
  - Selecting, fitting and establishing effective use of prosthetic/ adaptive devices for communication and swallowing
  - Improvement of speech-language proficiency, communication effectiveness, and care and improvement of professional voice.
  - Consultation and training for development of effective communication skills in social and other settings
  - Counseling individuals, their family members, educators, and others in the supporting team, regarding enhancing communication environment, acceptance, adaptation, and decision making about communication and swallowing.
  - Discussion and advising necessary adaptations and coping strategies that is suitable for the individual and family to encourage prognosis in a long run and ensure maximum participation.
  - Medico legal consultation and advice including applications in forensic science.

Audiologists

The role of an Audiologist includes providing diagnosis, treatment and management of hearing loss and balance disorders in individuals of all ages from infants to adulthood.

Audiologists will assess hearing and auditory system function, vestibular (balance) function, tinnitus, auditory processing function, and neural function by performing subjective and objective diagnostic tests, including advanced tests using electrophysiological methods.

Audiologists provide aural, vestibular (balance) and tinnitus (re)habilitation as well as communication and audiological intervention.

They can provide a range of (re)habilitation services including counselling and the prescription and fitting of devices/aids (e.g. bone conduction aids; earplugs (custom noise/swim/musician plugs); FM and other remote sensing systems; hearing aids; and hearing assistive technology).

Audiologists have knowledge of implantable devices and collaborate with other professionals in their applications in (re)habilitation.

Clinical Services:

I. Screen individuals to identify possible hearing disorders.
II. Audiologists will evaluate, diagnose and treat children and adults with hearing, balance, and tinnitus disorders.
III. Providing a diagnosis by interpretation of behavioral, electroacoustic, and electrophysiological tests of the peripheral and central auditory, balance, and other related systems.
IV. Comprehensive audiologic (re)habilitation services for individuals and their families across the lifespan who are experiencing hearing, balance, or other related disorders.
V. Promotion of hearing health - Prevention of hearing disorders in children and adults by conducting appropriate hearing conservation and noise management programs in schools and industries. This also includes selection, counseling and monitoring of the use of hearing protection devices such as ear muffs, ear plugs, etc.

VI. Supervision, implementation, and follow-up of newborn and school hearing screening programs

Areas in which clinical services are provided:

- Prevention and Early identification:

  - Audiologists provide screening, assessment, and treatment services for infants any young children with hearing-related disorders and their families. Perform newborn hearing screening and other diagnostic tests to confirm or to rule out the presence of a hearing loss.
  - Provide early identification and intervention programs.
  - Audiologists also engage in occupational hearing conservation by monitoring current noise regulations, regarding the impact of noise levels on hearing sensitivity. This extends to the distribution of, and instructions related to the use of, hearing protection devices.

- Assessments and Diagnosis:

  - Administration and interpretation of clinical case history.
  - Administration and interpretation of behavioral, electroacoustic, and electrophysiological measures of the peripheral and central auditory, balance, and other related systems, hearing-related disorders like tinnitus, hyperacusis and auditory processing disorders.
  - Diagnose the type and the degree of the hearing loss.
  - Administration of diagnostic screening that includes measures to detect the presence of hearing, balance, and other related disorders.
  - Performs electro-diagnostic tests for purpose of neurophysiologic intra-operative monitoring and cranial nerve assessment.
  - Assessment of candidacy of persons with hearing loss for cochlear implants and provision of fitting, mapping and audiologic / educative rehabilitation to optimize the device use.

- Electro diagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment.

➢ Rehabilitation and Management:

- Management of hearing and hearing system-related balance disorders through instrument and/ or behavioral methods including expert advice for their medical/surgical management.
- Treatments utilizing technology interventions include but are not limited to other emerging technologies:
  - Auditory brainstem implants (ABIs)
  - Assistive listening devices
  - Balance-related devices
  - Classroom audio distribution systems
  - Cochlear implants
  - Custom ear impressions and molds for hearing devices, hearing protection, in-ear monitors,
  - Swim plugs, communication devices, stenosis stents, and so forth
  - Hearing aids
  - Hearing assistive technology
  - Hearing protection
  - Large-area amplification systems
  - Middle ear implants
  - Over-the-counter (OTC) hearing aids
  - Osseo-integrated devices (OIDs), bone-anchored devices, and bone conduction devices
  - Personal sound amplification products (PSAPs)
  - Remote microphone systems
  - Tinnitus devices (both stand-alone and integrated with hearing aids)

- Audiologists fit and dispense hearing aids and other amplification systems and assistive devices.
- Assess and provide non-medical management for persons with tinnitus using techniques that include, but are not limited to, biofeedback, masking, hearing aids, retraining, education and counselling.
- Audiologists are also involved in the rehabilitation of persons with vestibular disorders. They participate as members of vestibular rehabilitation teams to recommend and carry out goals of vestibular rehabilitation therapy including, for example, habituation exercises, balance retraining exercises, and general conditioning exercises.
- Development and implementation of an audiologic rehabilitative plan
- hearing aid fitment, educating the consumer and caregivers in the use of and adjustment to hearing-related sensory aids, counseling relating to psychosocial aspects of auditory dysfunction, and environmental modifications to facilitate development of communication
- Participation in the development of an Individual Education Program for school-age children and provision of in-service programs for school personnel in planning educational programs for children with auditory dysfunction
- Selection, installation, and evaluation of large-area amplification systems.
- Consultation with, and referrals to, professionals in related and/or allied fields, services, agencies, and / or consumer organizations.
- Medico legal consultation and advice including applications in forensic science

c) Services common to Both Speech Language Pathologists and Audiologists (relating to their respective domains of specializations).

➢ Education and Training:

- Speech Language Pathologists and Audiologists take part in educational program development in the field of speech-language pathology and audiology.
- They provide clinical and academic training to students in speech language pathology and audiology

- Providing training and professional development programs for colleagues and other health professionals.
- Aid in developing policies, operational procedures, professional standards and quality improvement programs in the fields of audiology and speech-language pathology.
- Take part in public education, and in-service training to families, caregivers, and other client support team members

➢ Research:

- Participation in professional training programs, research activities, conventions and seminars for continuous professional development.
- Speech Language Pathologists and audiologist are involved in conducting basic and applied research related to normal process and disorders of hearing, balance, communication, swallowing and other related aspects.
- They develop new methods to determine the effectiveness of assessment and treatment paradigms; disseminate research finding to other professional and to the public in relevant field.

➢ Administration:

- Caseload management and coordination of Speech Language pathology and Audiology services.
- Planning, development, implementation and review of programs, policies and guidelines related to these services.
- Conducting service management activities such as quality improvement initiatives and clinical auditing.
- Management of staff related to the provision of these service.
- Development, administration and management of clinical programs.
- Administering and managing academic institutions in the field of audiology and/or speech-language pathology.

- Administration in Government (state and central) and non-governmental agencies and institutions related to disability in general and audiology and/or speech-language pathology in particular as per the directions of the agencies and institutions.
- Quantification and certification of disability relating to all kinds of hearing, speech-language, communication and related disorders

➢ Advocacy

- Counseling and education services to clients, families, caregivers, other professionals, and the public regarding all aspects of speech, language, communication, swallowing, hearing, balance and auditory function.
- Advocacy for the rights / funding of services for persons with hearing loss, auditory dysfunction, balance dysfunction, auditory-related disorders, communication and swallowing disorders, and populations at risk.
- Consulting educators as members of interdisciplinary teams about Individual Education Program, communication management, educational implications of communication disorders, hearing loss and auditory dysfunctions, educational programming, classroom acoustics, and large-area amplification systems for children with hearing loss and other auditory dysfunction
- Consultation on assessment and management of educational, workplace and other public acoustical environments.
- Consultation with government, industry and community agencies regarding improvements relating to legislations on disability, rights of the disabled, noise and environment etc. and implementation of environmental and occupational hearing conservation programs.
- Consultation with worker's compensation boards and relevant governmental bodies regarding criteria and determination of pension/benefits for individuals with hearing loss and related disorders.
- Consultation to industry on the development of products and instrumentation relating to identification and assessment of speech, language, communication, swallowing, hearing, balance and auditory functions.

- Consultation to individuals, public and private agencies, and governmental bodies, or as an expert witness regarding legal interpretations of findings and legislations relating to all dimensions of hearing and speech-language

➢ Practice Settings

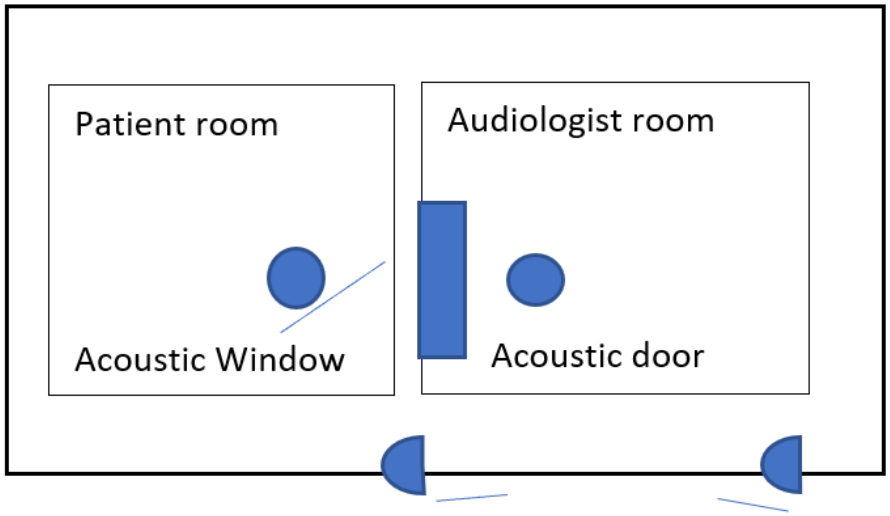
- Audiologists and speech-language pathologists work in a variety of settings, including but not limited to:
- health care settings (including hospitals, clinics, nursing homes, medical rehabilitation centers, mental health facilities),
- regular and special schools,
- early intervention programs/ multi-disciplinary rehabilitation centers,
- industrial settings,
- hearing aid and cochlear implant manufacturers,
- manufacturers of devices/prosthesis for individuals with communication and swallowing disorders,
- Universities/colleges and their clinics,
- professional associations,
- state and central government agencies and institutions,
- research centers, and
- private practice settings

3.INFRASTRUCTURE

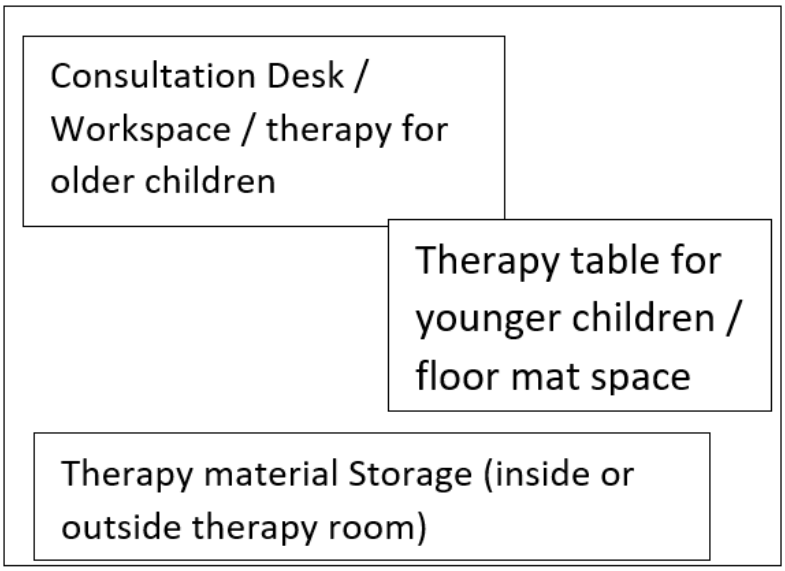
The infrastructure of a speech-language and Audiological clinical setup typically includes various components to support the delivery of these services.

Services	Services that could be provided in the setup includes: • Speech-language and audiological consultations • Speech-language and audiological assessments • Speech-language and audiological therapies (online and offline) • Patient and family counselling • Parent, caregivers or teacher awareness and empowerment sessions • Group therapy sessions • Professional developmental activities • Development of resources and research on the field of speech-language and hearing. • Administrative work related to speech-language and audiological clinical services
Location	Whether the therapy setup is a private clinic, located in a hospital, located in a school or any other service center, choosing a right location is critical. The location for the therapeutic services must be: • Easily accessible • Name of the setup clearly written and visible outside • Location must have easy entry and exit (preferable not to locate on a very narrow road, building with elevators if not in the ground floor, wide doors, ramp for wheelchair, user friendly door phone system) • Preferable to locate with close proximity to hospitals, schools and residential areas. • Located in an area which is not too noisy, air pollution or has many distractions (example: cargo, markets, playgrounds, sports grounds, etc.)

Therapy setup	• Written simple and clear instructions placed in the setup (example: reception, washroom, therapy rooms, waiting area, etc.) • Must have a separate area for reception and waiting area, service rooms, working station (can be in therapy rooms) and washroom. • Safety measures to be ensured in the setup such as fire alarm, no sharp surfaces, open electrical outlets, stairways access, etc. • Washroom to be placed in the waiting area outside the therapy rooms • Access to drinking water • Documentations, resources and therapy materials to be stored safely and organized • Internet accessibility for staffs • Appropriate lighting and ventilation in the setup • Setup to be cleaned daily regularly and maintained (disinfected if necessary)
Speech-language and swallowing assessment room	• This space should be equipped with comfortable seating arrangements for clients and therapists • Wheelchair accessible • Room arranged to store all the equipment and materials for assessments or physical space to bring and use the equipment and materials when necessary

Auditory/hearing assessment room	Basic audiometric workstation preferably needs to be highly controlled environment for a wide range of audiologic assessments, including hearing screening, speech recognition, tympanometry, pure tone audiometry, and hearing aid assessments. • Hearing screenings can be done in a normal quiet room with minimal background noise and distractions • Diagnostic hearing assessments needs to be done in a sound treated room to get accurate results. Single or two-sided, double wall prefabricated suite or an acoustic booth is typically used to perform these tests. These rooms shall meet ANSI S3.1-1999 [R2008] Maximum Permissible Ambient Noise Levels for audiometric test rooms and should be routinely calibrated. • Diagnostic assessment rooms should have enough space to accommodate the equipment and comfortable seating for the client. Additional components such as bed, visual aids etc., can be added depending on the tests administered. 

<table>
<tr><td rowspan="2">Equipment and materials</td><td>Assessment tools</td><td>Diagnostic equipment</td><td>Therapy materials</td></tr>
<tr><td>Based on different disorders, different tools are used, this may include standardized test materials, informal proformas and various screening tools.
Formal assessments or standardized tests which have been standardized on populations in other countries should be used with caution because the diversity of cultures and languages used in Maldives makes quantitative comparisons invalid, therefore qualitative interpretations are advised</td><td>Different high-tech devices and equipment are used based on the clinical population treated. Such devices include, video fluoroscopy, voice analyzers, audiometers, otoscope, hearing aid programming, etc.</td><td>Based on specific therapy targets, these may include therapeutic and sensory toys, games, books, flashcards, worksheets, computer software, augmented communication devices, Articulation placement kit, Visual boards, etc</td></tr>
<tr><td>Speech-language and Audiological clinical services room</td><td colspan="3">• Space for comfortable seating
• Wheelchair accessible
• Area to keep and use therapy materials
• Small chairs and tables for younger population and bigger chair and table for older children.</td></tr>
</table>

	
Documentation	Maintaining appropriate clinical case notes are important part of the practice. This may involve documenting client information, treatment plans, progress notes, and other relevant data This may be done by: • Maintaining and updating case files • Digital systems such as EMR (electronic health record). • Inventories, Audit reports, etc. • Books, resources, etc., for professional development and facilitate continuous education
Therapeutic services at home visit/ spaces other than the therapeutic setup	• The space should be comfortable, away from distractions with proper seating. • At least one responsible caregiver should be present throughout the session • Video and photos should not be taken and published without prior consent.
Teletherapy	• The network service should be available and stable • The Space and home should have proper lightings, free of distractions and comfortable seating, both parties should be visible in the video

Guideline for providing therapeutic services at home visit/ spaces other than the therapeutic setup

Providing therapeutic services in other environments such as home, classroom, vocational setting, etc. has several benefits such as it aids individualized care in a familiar environment for the client, therapist identifying the difficulties faced in the natural setup, promotes client confidence, increase involvement of others in client care, etc.

However, proper caution needs to be taken while providing such services to ensure client and service provider's safety and confidentiality. Speech-language and audiological therapists are ethically and legally bound to safeguard client information irrespective of the setting of therapy services. Client records, case notes, any recordings, etc. should be kept confidential. Prior consent must be taken for therapy, recording or sharing any data. Similarly, client/ caregiver must be informed prior not to record or share therapy session information without the consent of the therapist.

Below are some of the conditions which could be considered preferred to provide therapeutic services at home / other setups rather than the structured setting of clinical setup.

- Clients who are difficult to be transported to the clinical setup due to a severe physical disability, setup not having the necessary access for such patients (example: ramp, lift not present or unable to accommodate wheelchair and caregiver), setup in a location which is difficult to access by a transport vehicle, etc.
- Clients having a cognitive condition to the extent that it makes the client difficult to be transported to the clinical setup (self-injurious, violent, emotionally unstable, severe anxiety, severely distressed or impulsive, suicidal attempts, etc.)
- Clients who are difficult to be transported due to being on support of a medical equipment
- Clients who don't have a stable caregiver or support (example: having caregivers that are too aged, physically or cognitively unfit to provide the support, etc.)
- Clients who require therapeutic services related to performance in specific setups (example: classroom, vocational training, specific skills at home, etc.)

Note: The conditions mentioned have been made for the current scenario by keeping in mind the limited resources available in the country. These conditions include clients that may be unable to attend the clinical setting. Therefore, session frequency and duration may be less than that of the clients receiving these services at a clinic setting. This guideline needs to be revised every 2 years.

Teletherapy services

Online therapeutic services can also be given as an optional modality similar to services given at the clinical setting. This modality will be used in cases when deemed fit for the client and family and with patient/caregiver acceptance.

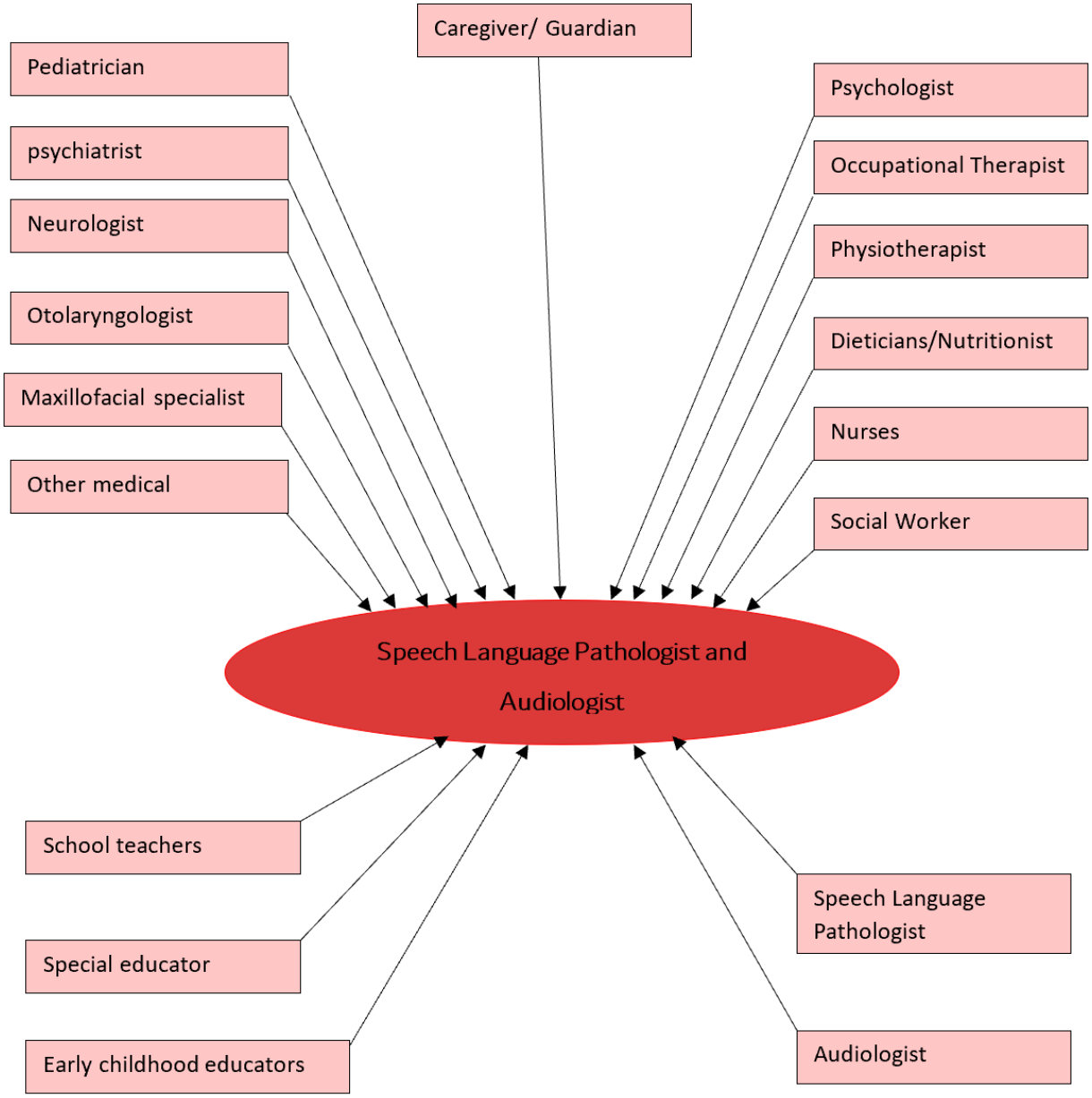
Rules and regulations

- The speech-language and audiological setup should only be used for field related delivery of services.
- The speech-language and audiological setup should not be used for other purposes such as living spaces, tuition centers, entertainment, etc.
- The setup should be child friendly, safe, well-lit and ventilated.
- The setup should have permit by the Qualifications authority and Ministry of health of Maldives for providing speech-language and audiological clinical services.
- The setup should be monitored regularly and audit reports to be maintained.
- The setup should be well maintained with regular renovation of space and repair of any damaged equipment or furniture.
- Should not conduct any activity which contradicts general rules and regulations of Ministry of Health for clinical settings.

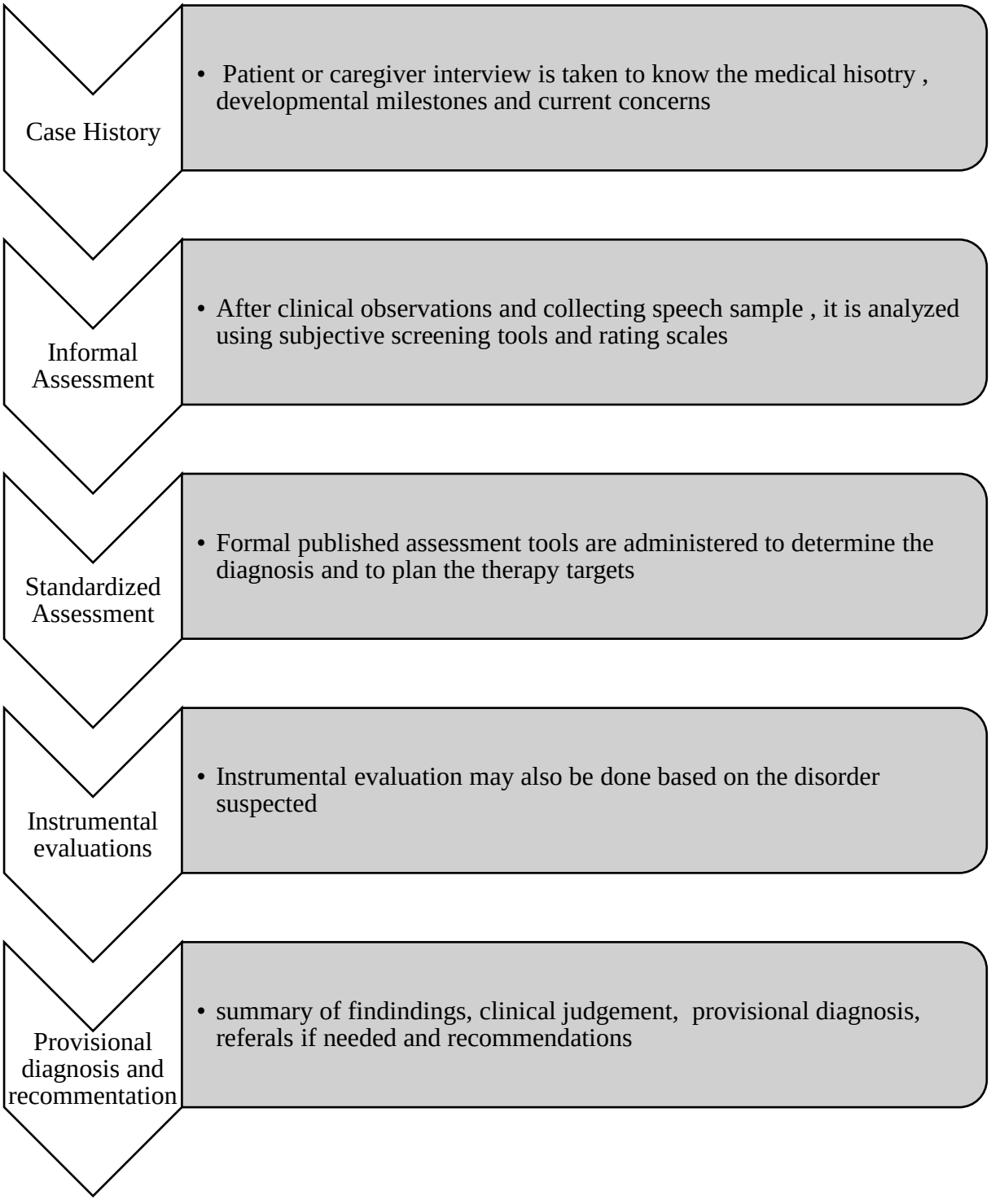
Overall, an effective infrastructure for speech therapy setup should prioritize the comfort, safety, and well-being of clients while providing the necessary resources and support for speech-language pathologists to deliver high-quality services.

4. ENTRY POINT/ REFERAL FOR SPEECH-LANGUAGE AND AUDIOLOGICAL CLINICAL SERVICES

Referrals to a speech-language and audiological clinical services can come from various professionals and sources, depending on the context and needs of the individual. Below are some common sources of referrals to speech-language and audiological therapists. In addition to these professionals, any professional who has undergone NTP training will be eligible to refer for the services:



5. CLINICAL ASSESSMENT/INVESTIGATIONS



Note: Please refer to the table of conditions for condition specific assessment details

6.REPORTING

These are 5 main areas to take into consideration when writing a diagnostic report in Speech-Language Pathology and Audiology.

I. Demographic data	This includes the patient identification information such as; Name Age Gender Address Date of birth Phone number
II. Referral information	The referral source and the reason for the referral needs to be stated
III. Pertinent information	This may include findings from medical records, psychological evaluation and educational tests related to the disorder.
IV. Diagnostic evaluation	Evaluation reports should contain; History information Findings from clinical observations Summary of the examination results Impressions or Provisional diagnosis Referrals to any if needed Recommendations
V. Details of the Clinician	Name of the Speech-language pathologist or Audiologist with their registration number needs to be mentioned with their signature.

Speech and language Diagnostic report

Date of Assessment:

Name:	Address:
Age/gender:	Date of birth:
ID number:	Phone number:
Informant:	Referred by:

Brief history:

This includes the statement of the problem and reason for the referral with other significant pertinent information available.

Evaluation:

This summarizes the findings of the speech and language assessment with informal and formal test results and the clinical observations. It also highlights the areas of the communication deficits and the strengths of the patient. Depending on the suspected disorder, the areas of communication and swallowing that was assessed may vary.

Impression:

This outlines and integrates the information from clinical history and assessment findings. This also reports the provisional diagnosis and the statement on the prognosis.

Recommendations:

Based on the assessment and the provisional diagnosis the recommendations given should be brief and specific. The recommendations may be given for speech and language therapy, for voice therapy, for fluency therapy, for feeding therapy, for swallowing therapy, for cognitive linguistic Therapy, for oral sensory motor therapy, for Audiological clinical services, for parental guidance and counselling, for intensive speech and language stimulation, for re-evaluation, and may also refer to other medical or allied health professionals.

Signature of the Clinician

(It should be printed on a letterhead of the institute followed by the information including, Name of the Speech-language pathologist or Audiologist, designation, professional qualification with MAHC registration number)

Diagnostic Report Format

Provisional diagnosis

It is a tentative or preliminary identification of a communication or swallowing disorder based on the assessment findings. It helps to guide the development of an individualized treatment plan

7.MANAGEMENT

Setting therapy goals

Speech-Language and Audiological clinical services goals should be individualized to address the specific communication or swallowing needs of the client. Goals should be specific, measurable, achievable, relevant, and time-bound (SMART), allowing for ongoing assessment of progress and adjustment of intervention strategies as needed.

These goals are developed collaboratively between the Speech-Language Pathologist (SLP), the client (if appropriate), and other relevant team members (e.g., parents, family, teachers, etc.). Here are some common categories of speech therapy goals, along with examples:

a. Articulation Goals:

- Goal example: The client will produce the /r/ sound in isolation with 80% accuracy in 3 out of 4 trials.

b. Language Goals:

Goal example: The client will be able to express his needs using single words at 80% of the time

c. Fluency Goals:

Goal example: The client will identify fluency enhancing strategies (example: slow, slide, prolonged) 80% of the opportunities

d. Voice Goals:

Goal example: The client will use abdominal breathing to support phonation 80% of the time

e. Swallowing Goals:

Goal example: The client will perform oral motor exercises to strengthen tongue and cheek muscles, resulting in improved bolus control and reduced risk of aspiration 80% of the time.

f. Audiological clinical services or training

Goal example: The client will be able to localize the sound horizontally using the hearing device 80% of the time

These examples illustrate the diversity of goals that may be targeted in speech-language and Audiological clinical services, depending on the client's unique needs, strengths, and areas for improvement.

Caregiver counselling and guidance

Counseling and guidance for caregivers involves offering support, education, and practical advice to parents, guardians, or other individuals responsible for the care of a person receiving speech therapy. This can include:

1. Educating caregivers about the individual's communication disorder, including its causes, characteristics, and potential impact on daily life.
2. Providing strategies and techniques for facilitating communication
3. Collaborating with caregivers to set realistic goals and expectations for therapy outcomes, and regularly reviewing progress together.
4. Providing resources and referrals to additional support services or professionals as needed

Therapy details

Frequency: 1-5 days per week – duration for each frequency to be decided and mentioned by clinician. It may vary depending on factors such as age, onset of difficulty, severity of the condition and duration of stay for the treatment

Sessions can vary from:

Speech, language or hearing disorder without comorbidities: 30-100 sessions per year

Speech, language or hearing disorder with comorbidities: 75-150 sessions per year

Severity: Mild to severe/profound – will be decided after administration of standardized tests

Individual vs group: Individual session duration: 30 minutes – 45 minutes

Group therapy session: 2-5 clients per group- 60-90 minutes per session

Note: Please refer to the table of "table of conditions" for condition specific therapy details.

Conditions in which the session frequencies can be increased for a specified period

- If the patient is not a resident of where the therapy setup is placed and is able to stay for a short duration. In such conditions, the patient is eligible to take intensive block therapy sessions of one session per day, 5 days a week for a duration of 2 weeks (total of 10 sessions). The gap between each intensive block must be at least 3 months. If the patient is able to stay for prolonged duration, frequency of therapy will be given as per the therapy specific guidelines mentioned in the summary of conditions.
- In acute conditions where the patient requires a specified period of intensive intervention (example: acquired neurological condition, injury, post operative, etc.). The intensive period will be decided based on the nature of the condition, severity and patient needs by the Speech language pathologist and/or audiologist which should be between 2-3 weeks (once a day, 5 days per week). Following this, the frequency of therapy will be given as per the therapy specific guidelines mentioned in the summary of conditions.

Discharge criteria:

- When the client attains age-appropriate proficiency in speech, language, auditory processing, feeding, swallowing, pragmatics, functional abilities, learning, and play skills.
- Upon the successful completion of all planned long-term and short-term goals, with a minimum achievement of 80%.
- When the client reaches peak functional capacity relative to their condition and/or remains at a plateau for a continuous six-month duration. In such cases, a conditional period can be stated for monitoring at home such as 1 to 2 years. The patient can contact after this

duration if needed for which reassessment and further intervention can be planned. (exclude neurodegenerative conditions)

- At the request of the parents or guardians

Note: On discharge, irrespective of the condition at discharge, all patients should be discharged after counselling and guidance regarding the path to be transitioned (example: vocational, segregated training/support)

8. APPLICATION FOR FINANCIAL BENEFITS

Writing an application for financial coverage for speech-language and Audiological clinical services involves providing detailed information about the individual's condition, treatment needs, and reasons for requesting coverage (Annex 2).

9. FINANCIAL DECISION MAKING

By the relevant authorities (Aasandha, NSPA, others)

Eligibility criteria for funds for therapy

a. Maldivian citizen
b. Not eligible if the client has been discharged by another clinician (3 consecutive). Showed no or limited improvement in 6 months duration despite intensive support.
c. If the condition/difficulties present affects the functioning of activities of daily living (not applicable to point b)
d. For outpatients only (intervention frequency and duration may differ for inpatients such as post operative conditions, NICU, post trauma, etc.)
e. For pediatric population (0-18years)

10. REPORTING OF PROGRESS

- Speech-Language and Audiological progress report offers an overview of the client's advancements and accomplishments throughout the therapy period, as per the specified intervals.
- A Speech-Language and Audiological progress report must include baseline, measurable goals, observations, progress and recommendations (percentage, ratio, goals achieved or not achieved, goals that need to be continued, any other remarks). The frequency of progress report is:
- First year: 3rd month-6th month- 9th month -12th month
- Second year onwards: once every 6 months
- The report should include demonstrated progress on rating scales, knowledge of results and performance, standardized assessments and outcome measures. It should mention recommendations as to which skills need to be worked further or new skills to be intervened.
- The progress report must be explained and discussed with the parent(s.

11. RENEWAL OF FUNDS

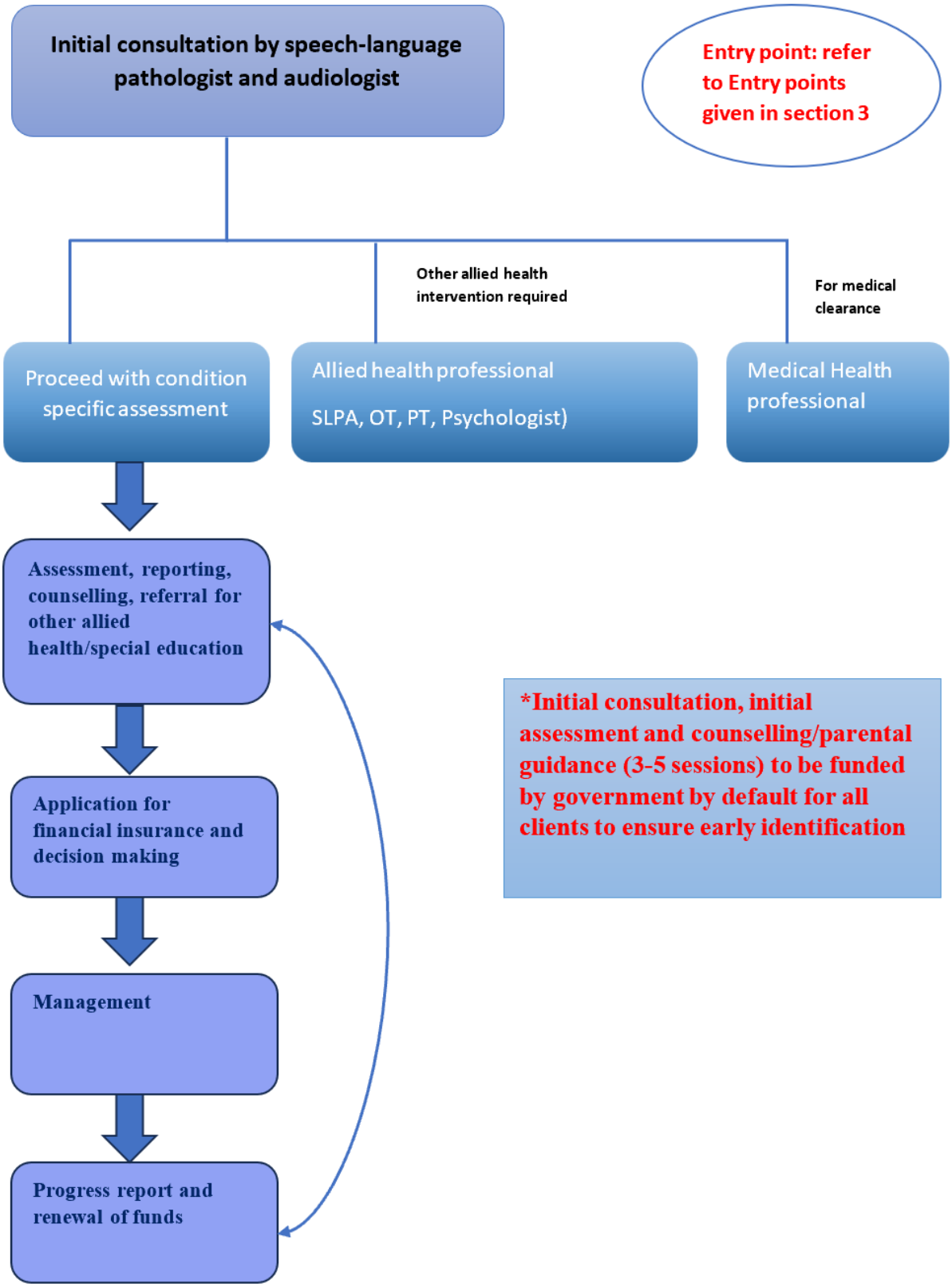
- Funds can be renewed only after the submission of the progress report after the specified duration.
- If the client requires further continuation of therapy services, steps from **5 to 8 should be followed**

12. QUALITY ASSURANCE MEASURES

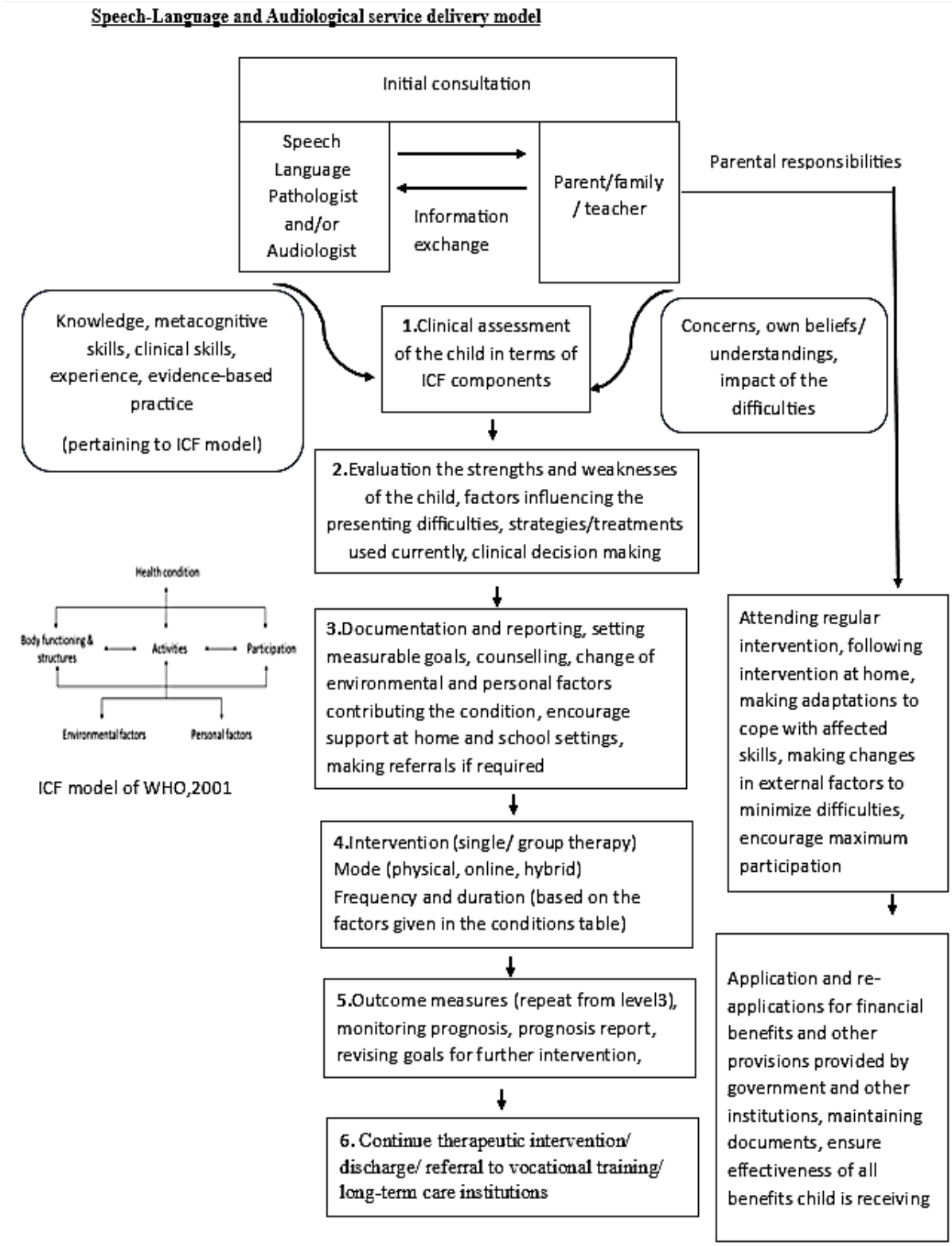
- Therapy services should be provided only by a licensed speech-language pathologist and/or audiologist
- Therapy services should be provided only in a setup that has permit for providing such services from the Ministry of Health
- All service providers should continue education on professional development and keep self-updated on latest evidence-based practices

- A minimum amount of 5 hours per year must be utilized for professional development by taking part in conferences, workshops, case discussions, research, etc. It is recommended that proof of the participation be submitted to Maldives Allied Health Council (MACH).
- Regular timely submission of assessment reports and prognosis reports to ensure continuity of therapeutic services
- Regular monitoring of the setups to ensure whether the guidelines are followed
- Prompt action if any breach of any guidelines.

13. CLINICAL PATHWAYS



14. MODEL OF SERVICE DELIVERY



15. REFERENCES

- Nomenclature of speech, language, swallowing, balance and hearing disorders (2024). Indian Speech-Language and Hearing Association (ISHA)
- Package of interventions for rehabilitation, module6 (2023). World Health Organization

ANNEX 1

Summary of conditions

Table 1: Childhood language disorders

Disorder	Case definition	Signs and symptoms	Clinical assessments / investigations	Equipment /consumables	Assistive products	Intervention/ management	Conditions	Duration and Frequency range of the sessions
Childhood language disorders	It is a communication disorder in which the individual has difficulty with language learning, understanding and using it to communicate.	• Limited vocabulary • Limited ability speak in sentences • Limited ability to maintain a conversation • Difficulty following commands • Difficulty in comprehending conversation • Difficulty using language for social interaction	Some of the assessments include: • Receptive abilities • Expressive abilities • Pre-linguistic skills • Linguistic skills • Cognitive skills • Play skills • Phonological skills • Morphosyntactic skills • Reading abilities • Writing abilities • Numeracy skills	Computer/tablets with (communication) software Communication boards/books/ flash cards Timer Reading materials and pictures Educational toys Everyday objects (toothbrush, comb, etc.) sound- making toys	Alternative augmentative devices	Language therapy Alternative augmentative training Vocational training	Expressive and Receptive Language disorder with comorbidities	• 30-60 mins • weekly 2 sessions to once every 2 weeks
							Delay in Receptive and Expressive Language Skills with no comorbidities	• 30-60 mins weekly 2 sessions to once every 2 weeks
							Social Communication Disorder	• 30-60 mins • weekly 2 sessions to once every 2 weeks

		• Difficulty in reading, writing or math skills	• Oral peripheral mechanism examination	Standardized test materials			Learning Disorder	• 30-60 mins weekly 2 sessions to once every 2 weeks
							Childhood Aphasia	• 30-60 mins weekly 2 sessions to once every 2 weeks

Table 2: Speech sound disorders

Disorder	Case definition	Signs and symptoms	Assessments/ investigations	Equipment /consumables	Assistive products	Intervention/ management	Conditions	Duration and Frequency range of the sessions
Speech sound disorders	It refers to any difficulty or combination of difficulties with perception, motor production, or phonological representation of speech sounds and speech segments including phonotactic rules governing permissible speech sound sequences in a language.	• Delay is acquiring speech sounds as per age • Difficulty producing sounds of the language while speaking • Poor intelligibility of speech • Difficulty in differentiating between different speech sounds	Some of the assessments include: • Articulation • Phonological processes • Speech intelligibility • Stimulability of sounds • Apraxia assessment • Dysarthria assessment • Oral peripheral mechanism examination • Language assessment	Computer/tablets with (communication) software Communication boards/books/ flash cards Timer Reading materials and pictures Educational toys Everyday objects (toothbrush, comb, etc.) sound- making toys Standardized test materials Stimulability cards	Alternative augmentative devices prosthesis	• Articulation therapy • Phonological therapy • Alternative augmentative training	Speech sound disorder with comorbidities	• 30-60 mins • weekly 2 sessions to once every 2 weeks
							Speech sound disorder without comorbidities	• 30-60 mins weekly 2 sessions to once every 2 weeks
							Childhood apraxia	• 30-60 mins • weekly 2 sessions to once every 2 weeks
							Childhood dysarthria	• 30-60 mins weekly 2 sessions to once every 2 weeks

Table 3: Fluency disorders

Disorder	Case definition	Signs and symptoms	Assessments/ Investigations	Equipment /consumables	Assistive products	Intervention/ management	Conditions	Duration and Frequency range of the sessions
Fluency disorders	It is a communication disorder in which there is a disruption of the flow of speaking due to atypical rate, rhythm, and disfluencies (example: repetitions of sounds, syllables, words, and phrases; sound prolongations; and blocks). The individual may also have excessive tension, speaking avoidance, struggle behaviors, and secondary mannerisms	• Repeating sounds, syllables or words while speaking • Prolonging some sounds while speaking • Abnormal pauses or blocks while speaking • Too fast rate of speech • Unclear or disorganized speech	Assessment includes: • Type of dysfluencies • Duration of dysfluencies • Language or sound specificity in dysfluencies • Performance in variety of tasks, language complexity • Physical concomitances • Breathing assessment • Oral peripheral mechanism examination • Language assessment	Computer/ tablets Reading materials and pictures Checklists/rating scales Toys Timer Recorders (video and audio) Metronome Software	Alternative augmentative devices	• Fluency therapy • Regulated breathing training • Awareness training • Alternative augmentative training	Normal non fluency	Intervention not required
							Developmental stuttering	30-60 mins weekly 2 sessions to once every 2 weeks
							Neurogenic acquired stuttering	30-60 mins weekly 2 sessions to once every 2 weeks
							Developmental cluttering	30-60 mins weekly 2 sessions to once every 2 weeks
							Neurogenic Acquired cluttering	30-60 mins weekly 2 sessions to once every 2 weeks
							Psychogenic Acquired stuttering or cluttering	30-60 mins weekly 2 sessions to once every 2 weeks

Table 4: Voice disorders

Disorder	Case definition	Signs and symptoms	Assessments/ Investigation	Equipment /consumables	Assistive products	Intervention/ management	Conditions	Duration and Frequency range of the sessions
Voice disorders	It is defined as a presence of abnormal voice parameters such as pitch, loudness and quality of voice.	• Abnormal quality of voice (harsh, hoarse, breathy) • Pain, feeling of dryness or lump in throat • Aphonia or breaks in voice • Changes in ability to change pitch or loudness of voice • Pitch of voice abnormal for gender or age	Assessments include: • frequency • intensity • quality • perceptual assessments • instrumental assessments • breathing assessment • Oral peripheral mechanism examination	Computer /tablet with software Rating scales Diagnostic tools Gloves Masks OPME KIT	• Alternative augmentative devices • Speaking devices • Voice prosthesis	• Vocal hygiene • voice therapy • regulated breathing training • Alternative augmentative training	Vocal abuse	• 30-60 mins • weekly 2 sessions to once every 2 weeks
							Dysphonia	• 30-60 mins • weekly 2 sessions to once every 2 weeks
							Aphonia (includes laryngectomy	• 30-60 mins weekly 2 sessions to once every 2 weeks
							Puberphonia	• 30-60 mins • weekly 2 sessions to once every 2 weeks
							Neurological dysphonia or aphonia	• 30-60 mins weekly 2 sessions to once every 2 weeks
							Functional / psychogenic dysphonia or aphonia	• 30-60 mins weekly 2 sessions to once every 2 weeks

Table 5: Eating / Feeding disorders / Swallowing disorders

Disorder	Case definition	Signs and symptoms	Assessments/ Investigations	Equipment /consumables	Assistive products	Intervention/ Management	Conditions	Duration and Frequency range of the sessions
Eating / Feeding disorders / Swallowing disorders	It is an impairment of oral intake that is not age-appropriate and is associated with medical, nutritional, sensory, motor, feeding skill, and/or psychosocial dysfunction	• Delayed or abnormal feeding skills • Difficulty tolerating food (coughing, gagging, vomiting, regurgitation, aspiration, difficulty with textures/tastes /temperature) • Behavioral difficulties related to feeding	Assessments include: • Phases of swallowing • Nutritional status • Swallow-breath coordination assessment • Factors affecting feeding (sensory, motor, behavior, etc.) • Oral peripheral mechanism examination	FEES, VFSS, MBS Rating scales Gloves, Masks OPME KIT Diagnostic scales; The Neonatal Oral- Motor Assessment Scale (NOMAS), Behavioral Pediatric Feeding Assessment Scale (BPFAS) Feeding Handicap Index Bristol Breastfeeding Assessment Tool Neonatal Dysphagia Screening Tool Pediatric Dysphagia Risk Screening Instrument	• Alternative feeding method; (nasogastric tube, PEG tube, etc.) • Modified or adaptive utensils, feeding assistive bottles, plates, bowls or utensils. • Adapted eating or drinking products (e.g.: food thickener)	• Feeding therapy • Desensitization • Alternative food intake training • Maneuvers	Pediatric feeding disorder (aversions, post-traumatic, sensory, behavioral, etc.)	• 30-60 mins • weekly 2 sessions to once every 2 weeks

Table 6: Hearing disorders or Audiological disorders

Disorder	Case definition	Signs and symptoms	Assessments/ Investigations	Equipment /consumables	Assistive products	Intervention/ Management	Conditions	Duration and Frequency range of the sessions
Hearing disorders or Audiological disorders	A person who has a loss in hearing sensitivity in one or both ears (unilateral/ bilateral). The degree of the loss can range from mild to profound. Some of the other	• Poor hearing sensitivity in one or both ears • Difficulty listening in background noise • Able to hear only loud sounds • Difficulty in balance • Overly sensitive to sounds	The type and number of the Assessments would depend on the condition. It can range from a screening to a battery of detailed diagnostic assessments. Below are some of the assessments administered:	Audiometer (incl. microphone, audio player, insert earphones, headphones, loud-speakers, bone vibrator) • Tympanometer • Otoscope • Diagnostic otoacoustic emission equipment • Diagnostic auditory evoked potential (incl.	Hearing aids digital (incl. hearing aids, ear inserts or customs earmolds, batteries and chargers) •Alarm signalers with light/ sound/vibration •Personal remote microphone systems (incl. transmitter with microphone, receiver with	Referral to ENT specialist assessment Hearing aid prescription and programming Referral to cochlear (and other hearing) implants Auditory verbal therapy	Normal hearing	Intervention not required
							Conductive hearing loss	• 30-60 mins • Mild loss: once every week moderate to profound loss: weekly 2 sessions to once every 2 weeks
							Sensorineural hearing loss	• 30-60 mins • Mild loss: once every week moderate to profound loss: weekly 2

	disorders of the auditory pathway are tinnitus (ringing sound in the ears), balance disorder (vestibular), auditory nerve disorders, auditory processing disorder, etc. These disorders might be present	• Ringing in ears	• Screening • Auditory perception (Pure tone, speech, bone conduction, OAE, evoked potentials, etc.) • Assessment of speech and language • Assessment of learning skills • Vocational assessment • Assessment of participation in community and social life Assessment of carer and family needs	frequency specific stimuli) •Computer/tablets with software • Visual reinforcement equipment • Toys VNG V-Hit Alcohol wipes • Disinfectants • Tips for tympanometry, otoacoustic emission, insert earphones • Specula • Electrodes • Gel • Batteries	direct audio input, receiver with induction loop) •Captioning system •Bluetooth personal microphones and streamers •Video communication devices • Consumables and accessories needed for cochlear and other hearing implant Communication boards/ books/cards •Simplified mobile phones	Training with the use of assistive products Language therapy Speech therapy Alternative communication training Educational counselling, training and support Vocational counselling, training, and support Participation focused interventions		sessions to once every 2 weeks
							Mixed hearing loss	• 30-60 mins • Mild loss: once every week moderate to profound loss: weekly 2 sessions to once every 2 weeks
							Tinnitus	• 30-60 mins once every 2 weeks
							Retro cochlear pathology	• 30-60 mins • Mild loss: once every week moderate to profound loss: weekly 2

	with or without a hearing loss but would still require interventio n depending on the difficulties and the skills affected.				•Communication software • Recorders	Education, advice and support for self-management of the health condition Carer and family training and support		sessions to once every 2 weeks
							Central Auditory processing Disorder	• 30-60 mins weekly 1 session to once every 2 weeks
							Auditory neuropathy	• 30-60 mins weekly 1 session to once every 2 weeks
							Functional Hearing loss	Audiological intervention not required.

Table 7: Comorbidities that could occur with speech, language or Audiological disorders

Disorder	Case definition	Signs and symptoms	Assessments/ Investigations	Intervention/ Management	Conditions (some examples)	Duration and Frequency range of the sessions
Comorbidities that could occur with speech, language or audiological disorders	There are many comorbid conditions that might be present in an individual secondary to a speech, language or audiological disorder. The assessment and intervention would depend on the skills affected.	Additional signs and symptoms, other than speech, language, swallowing or hearing difficulties, will depend on the type of comorbid condition	Assessment of speech, language and hearing abilities depending on the skills affected	• Speech language and Audiological clinical services. Areas to be worked upon will be selected depending on the skills affected and their severity	• Autism spectrum disorder • Attention deficit hyperactivity disorder • Cognitive deficit • Cleft palate • Congenital Syndromes • Seizure disorder • Learning disorder • Sensory impairments • Systemic diseases • Neurodegenerative conditions • Psychogenic disorders • Post traumatic injuries • Post surgical deficits • others	• 30-60 mins • weekly 2 sessions to once every 2 weeks (frequency to be decided by the therapist within this range, based on the skills affected and severity)

Note:

- If an individual presents a condition which has not been mentioned in this document of summary of conditions, the assessment, intervention, duration and frequency of sessions will be decided by matching the presented condition to any condition mentioned in the document that has similar skills affected and prognosis.
- The session duration and frequency of sessions mentioned have been decided by considering the current demands for the therapy services and the resources available. This may change with the development of the field. Therefore, it is advisable to revise the document at least once every two years to identify and make modifications required.
- The session duration and frequency of sessions mentioned have been made for pediatric population who receives therapeutic services as outpatients only. It may vary for inpatients which will be decided by the therapist depending on the condition and needs.

ANNEX 2: Template for the application of Financial Benefit

APPLICATION FOR FINANCIAL BENEFITS

[Applicant's Name]
[Applicant's Address]
[Island, City,]
[Applicant's Phone Number]
[Applicant's Email Address]

[Date]

[Insurance Company Name]
[Insurance Company Address]
[Island, atoll/City,]

Subject: Request for Financial Coverage for Speech-language Audiological clinical Services

Dear [Insurance Company Name],

I am writing to request financial coverage for speech-language and Audiological clinical services for [Name of Insured], ID. I believe that speech therapy is essential for addressing [his/her/their] communication needs and improving [his/her/their] overall quality of life.

Background Information:

Name of Insured: [Name]

Date of Birth: [Date of Birth]

ID Number:

Diagnosis or Condition Requiring Speech-language and/or Audiological clinical services: [Brief description of the individual's condition, diagnosis, or communication disorder]

Recommendation for Speech Therapy: [Include any recommendations or prescriptions for speech therapy from healthcare professionals, such as physicians or speech-language pathologists]

Financial Assistance Request:

Cost of Speech Therapy Services: [Provide an estimate of the total cost of speech therapy services, including session fees, evaluations, and any additional expenses]

Insurance Coverage Details: [Outline the current insurance coverage for speech-language and Audiological clinical services]

Requested Financial Assistance: [Specify the amount or percentage of financial assistance being requested from the insurance company to help offset the cost of speech therapy services]

Supporting Documentation:

Diagnostic report in a letterhead from a Licensed Speech-Language Pathologist and/or Audiologist report (include background information, significant histories, summary of the complaint, assessments administered with findings, provisional diagnosis (ICD, DSM or any recognized code for the diagnosis, and recommendations. Include the professional's name, designation and registration number, seal of the institute)

Any other medical or non-medical documentation: (if applicable)

Financial details: [Include cost of the sessions (quotation)

I appreciate your attention to this matter and kindly request prompt consideration of my request for financial coverage for speech-language and Audiological clinical services. If you require any additional information or documentation, please do not hesitate to contact me at [Applicant Phone Number] or [Applicant Email Address].

Thank you for your assistance in facilitating access to essential healthcare services for [Name of Insured]. I look forward to your favorable response.

Sincerely,

[Applicant Name]