

**SPEECH PATHOLOGY
 REFERRAL CRITERIA FOR TDCJ**

PRESENTING PROBLEM	PRIMARY (UNIT) RX	SECONDARY (UTMB) RX
Acute CVA (stroke) or TBI (head injury) S/P less than four months	DO: Disorder/medical history Medical diagnosis or acute CVA or TBI	Refer for speech pathology
Stuttering, language and/or cognition (i.e., memory; orientation, etc) secondary to head injury, CVA (stroke) or other neurological problems	DO: Disorder/medical history Vocation assessment	Refer if aspiration is a concern
Swallowing problems	DO: Disorder/medical history and ENT exam per otolaryngology guidelines Vocational assessment if medical referral not made	Refer if condition disallows assignment to a job or significantly affects functional living skills. Refer to otolaryngology for medical clearance before referral to speech pathology
Laryngectomy	DO: History of current form of communication Vocational assessment ENT exam per otolaryngology guidelines	Refer if condition disallows assignment to a job or significantly affects functional living skills. Refer to otolaryngology for medical clearance before referral to speech pathology.

SPEECH PATHOLOGY REFERRAL PROCESS

STEP 1	The referring physician refers the patient to the Manager of ADS via e-mail to EHMED35. NOTE: The referral will include minimal diagnostic information (e.g., stuttering, swallowing problems, language and/or cognition, secondary to CVA etc.)
STEP 2	The Manager of ADS will cause the appropriate assessment(s) (vocation and psychological) to occur.
STEP 3	Manager of ADS will advise the referring physician via e-mail when assessment(s) have been completed. NOTE: Vocational assessments will be documented and filed under the “ADS” tab and psychological assessments will be documented and filed under the “Psychological” tab in the patient’s health record.
STEP 4	The referring physician will use the results of the vocational and psychological assessments to determine the appropriateness of further referral actions.
STEP 5	If continued referral is appropriate, the referring physician will cause the referral to be entered into the TDCJ/UTMB Referral System (Facility: HG/Specialty: Speech Pathology (SPATH) and referred to the Cluster Medical Director) NOTE: The following statement must be entered under the referring physician’s comments on the Health Services Referral Entry Screen, “Vocational and Psychological Assessments were favorable for referral.”
STEP 6	The Cluster Medical Director reviews the referral, and approves or denies the referral. If approved, the referral will be forwarded to TDCJ Scheduling through the referral system.
STEP 7	TDCJ Scheduling will refer the referral to the Speech Pathology Clinic for an appointment date.
STEP 8	The Speech Pathology Clinic will evaluate the inmate (Note Step 3 above: the Psychological Assessment and Vocational Assessment will be contained in the patient’s health record) and develop a Treatment Plan. A copy of the Plan will be forwarded to the Manager of ADS, Estelle Unit – PECC Building, Huntsville, Texas 77320.
STEP 9	The Manager of ADS will contact the office of the Health Services Liaison to coordinate the inmate’s transfer from his unit of assignment to Jester III for provision of Speech Therapy. Female inmates will be transferred to the Carol Young Facility. Upon completion of the therapy, the inmate will be discharged from therapy by ADS and referred to the Health Services Liaison Office. Note: The inmate’s custody status will be the final determining factor in making the decision as to where the inmate will transfer. The Manager of ADS and the Health Services Liaison in coordination with the State Classification Committee will select an alternate unit of assignment if custody issues arise.