Slide 1

DOCUMENTATION IN HEALTH CARE FOR SPEECH-LANGUAGE PATHOLOGISTS

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• A practicing clinician is like a bridge or guide for both patients and families to help them understand and improve communication.

• The clinician is also a bridge between the patient and the payor communicating the need, the benefits, the results, and the value of therapy.

• That communication needs to be clear, concise, efficient, and effective so that all involved understand the therapeutic process.

• The purpose of this session is to discuss suggestions for documenting speech-language evaluations, treatment goals, and treatment progress to reflect skilled services that will be of benefit to all.

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Slide 2

Documentation in Health Care for Speech Language Pathologists

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Slide 3

Disclosures

• We have no financial disclosures.

• We are reviewers for an insurance company (part-time; independent contractor)

• We are here as colleagues, professional speech-language pathologists to present guidelines for documentation.

• We are not representing anyone but ourselves.
  • We are not representing a company.
  • We are not representing ASHA, but we are presenting ASHA guidelines for documentation.
• American Speech-Language-Hearing Association. (2021). Documentation in Health Care. Retrieved September 13, 2021, from www.asha.org/Practice-Portal/Professional-Issues/Documentation-in-Health-Care/

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Slide 4

Learning Objectives

As a result of this activity, the participant will be able to:

1. Describe the purposes of documentation. Slides 6 & 7

2. List the components of medical necessity. Slides 16 – 24

3. List the components of skilled speech therapy. Slides 25-31

4. Assess if a goal or treatment note or progress note is skilled or unskilled. Slides 32 - 45

5. Write a skilled goal, treatment note, and progress note.

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Our Goals for this presentation

- Documentation Guidelines

- Observations as speech pathologists and reviewers

- Recommendations for effective and efficient documentation

- As the saying goes, *"If you didn't document it, you didn't do it." ASHA*

- *American Speech-Language-Hearing Association. (2021). Documentation in Health Care. Retrieved September 13, 2021, from www.asha.org/Practice-Portal/Professional-Issues/Documentation-in-Health-Care/*

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Documentation:
A Means of Communication

- Clinician is a "bridge" from 'what is' to 'what could be'.

- Documentation is a "vehicle" or extension of the clinician to others (referral source, colleagues, payor, caregiver, client) Turkstra, 2022.

- Simple, Critical, Essential, Different

- How do you view documentation? "Documentation is _____."

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Documentation is Communication

- Information beneficial to all who share in the responsibility to improve the communication process
- The common denominator or hub connecting all parties
- Including:
  - referral source
  - clinic and other therapists
  - the insurer
  - the caregiver and
  - patient or client
- Dependent on Clarity, Accuracy, and Completeness

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Purpose of Documentation (Paul & Hasselkus, 2004)

- *Justify initiation and continuation of treatment,
- *Support diagnosis and treatment (including medical necessity and need for skilled services),
- *Describe client progress,
- *Describe client response to interventions,
- Justify discharge from care,
- *Support reimbursement,
- *Communicate with other practitioners.
- G-1

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Purpose of Documentation cont'd (Paul & Hasselkus, 2004)

- Facilitate quality improvement, Justify clinical decisions,
- *Document communication among involved parties (practitioners, client, caregivers, or legally responsible parties),
- Protect legal interests of client, service provider, and facility,
- Serve as evidence in a court of law,
- Provide data for continuing education, and
- Provide data for research (i.e., efficacy).

- G-1

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Principles of Documentation

a. Means of Communication

b. Establishes Medical Necessity $

c. Explains Skilled Services $

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Principles of Documentation

- Conveys information
- Is essential
- *Explains the need for evaluation, treatment (medical necessity), need for skilled services
- Doc requirements vary by setting and payor
- Medicare doc guidelines serve as the standard, but payors decide what information is required
- Should be clear (legible), efficiently and effectively convey information for clinical management and reimbursement

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Principles of Documentation

- Although Medicare documentation requirements often serve as a model, professional associations, health care provider organizations, and commercial payers have established their own policies and templates to guide practitioners.
- Medicare documentation guidelines serve as the standard, but payors decide what information is required.
- * Electronic templates used in clinics may not have the information that a payor requires. The provider should learn and follow the payor guidelines for documentation. Ex. Progress summary.
- *If the insurance company has forms for documentation, using and completing those forms will expedite the review process.

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Principles of Documentation - Important

- Skilled speech therapy is found/explained in the ASHA Practice Portal - Guidelines

- Learn and <u>follow</u> the payor guidelines for documentation
  - *The provider should know the limits or requirements of the insurance policy or plan for example, if the goals of therapy are literacy or reading the provider should know if the policy covers academic items. If a contract/policy limits coverage to only the skilled services of a healthcare provider and does not include academic subjects, the request for ST visits will be denied.*

  Nanof, T. (2018). One Insurance Payer's Rule Does Not Apply to All. The ASHA Leader, Nov 2018.
  https://doi.org/10.1044/leader.BML.23112018.26

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Principles of Documentation (ASHA Practice Portal)

- Doc follows the Plan of Care (POC) after initial evaluation
- POC changes as patient progresses
- Doc is read by reviewers of different backgrounds including SLPs, don't assume your reviewer is not an SLP
- Reports should be clear and legible
- Reports should convey <u>essential</u> information
- Reports should contain the <u>required</u> information

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Documentation

- Legible - if handwritten,
- Should be summarized if tic counts llll are part of the doc
- Clear – dates, scripts, should be clear not so faint as not to be read
- Organized – the reviewer should not have to constantly go back and forth in the doc to find information
- Concise - repeating the same material should not occur
- Skilled - if skilled services are req then skilled goals & progress must be reported
- Should be signed and credentials provided
- Is the key to reimbursement

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Documentation is important for

- Medical Necessity
- Assessment
- Plan Of Care
- Treatment
- Progress

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The importance of documentation for Medical Necessity

- Medical diagnosis

- Presence of a Significant communication disorder

- After treatment has begun progress must be documented

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Documentation: Establishes Medical Necessity

- Necessary to justify treatment
- Necessary to justify reimbursement

- Medicare defines medical necessity by exclusion, stating that
  "...services that are not reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member are not covered..." (Centers for Medicare & Medicaid Services [CMS], 2014r-a).

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Documentation: Establishes Medical Necessity

- Medicare further itemizes circumstances for reasonable and necessary services in local coverage determinations as
- "safe and effective, not experimental or investigational..., appropriate in accordance with accepted standards of medical practice...,
- furnished in a setting appropriate to the patient's medical needs and condition;
- ...ordered and furnished by qualified personnel..." (CMS, 2014r-b).
- Medicare stipulates that "...the services shall be of such a level of complexity and sophistication, or the condition of the patient shall be such that the services required can be safely and effectively performed only by a therapist..." (CMS, 2014r-c).
- Please see ASHA's resource on introduction to Medicare for further information.

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Documentation – Medical Necessity Components

Reasonable   Necessary   Specific   Effective   Skilled

Providing justification for medical necessity as well as reasonable and necessary care requires addressing the following elements.
• Services should be
- Reasonable
- Necessary
- Specific
- Effective
- Skilled

• **G-2**

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Medical Necessity – Reasonable

Reasonable   Necessary   Specific   Effective   Skilled

- **Reasonable**—doc provided with appropriate
  - **Amount**—number of times in a day the type of treatment will be provided,
  - **Frequency**—number of times in a week the type of treatment is provided,
  - **Duration**—number of weeks or total treatment sessions, and
  - **Accepted standards of practice** (please see ASHA Scope of Practice in Speech-Language Pathology);

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Medical Necessity – Necessary

Reasonable   **Necessary**   Specific   Effective   Skilled

- **Necessary** - Are services necessary?
- **A**ppropriate treatment for the patient's
  - Medical diagnosis and
  - Treatment diagnosis and
  - Level of function or prior level of function.
  - If modalities are added or removed there should be an explanation.

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Medical Necessity – Specific

Reasonable   Necessary   **Specific**   Effective   Skilled

- **Specific**
- Targeted to a particular treatment goal or goals.
- Do the treatment goals target the Long - Term and Short-Term goals
- Document the specific task or goal provided: HEP explained to CG
  Specific: Mother was taught, shown, and observed providing im. Model for naming

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Medical Necessity – Effective

Reasonable   Necessary   Specific   **Effective**   Skilled

- **Effective**—
- Expectation for functional improvement within a reasonable time
- or Maintenance of function (in the case of degenerative conditions, where the patient's prior level of function serves as the baseline)

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Medical Necessity – Skilled Services

Reasonable   Necessary   Specific   Effective   **Skilled**

- Skilled—**requires the knowledge, skills, and judgment of an SLP rather than a less skilled caregiver.**
- Level and Complexity to meet the communication disorder and treatment goals
  - Analyze
  - Design
  - Develop/Deliver
  - Modify
  - Engage/Educate

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Clinical Documentation - Are services skilled?
What is the Level and Complexity - Overview

- **Analyze** the medical/behavioral/clinical data collected to select appropriate evaluation tools to determine diagnosis, prognosis, and need for therapy.
- **Design** a POC that includes short- and long-term measurable and functional goals, the anticipated length of treatment, discharge criteria, frequency and duration, and a *home exercise program if applicable. Train patients and/or family in the use of compensatory skills and strategies, as appropriate.
- **Develop/deliver** treatment techniques, activities, and strategies that follow *a hierarchy of complexity to achieve the target skills for a functional goal.
- ***Modify** the complexity of tasks, level of cueing or assistance provided, or goal criteria based on performance. Conduct an ongoing assessment of performance, motivation, participation, and goal progress and modify the treatment plan as needed. Adjust augmentative and alternative communication (AAC) systems as needed. Determine when discharge from treatment is appropriate. Evaluate the current functional performance of patients with chronic or progressive conditions and provide treatment to optimize current functional ability, prevent deterioration, and establish and/or modify maintenance programs.
- **Engage and educate** patients and caregivers. Confirm patient/caregiver participation and understanding of the diagnosis, treatment plan, strategies, precautions, and activities through "teach back" and/or return demonstration. Provide positive reinforcement, expectation of results, and/or return demonstration. Provide positive reinforcement, expectation of results, and/or practice of skills for generalization outside the therapy setting.

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Clinical Documentation - Are services skilled?

ANALYZE

- **Analyze**
  - the medical/behavioral/clinical data collected
  - to select **appropriate** evaluation tools to
  - determine (communication disorder) **diagnosis**,
  - **prognosis**, and
  - **need** for therapy.

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Clinical Documentation - Are services skilled?

DESIGN

- **Design** a POC that includes
  - Short- and Long-term measurable and functional goals,
  - the Anticipated length of treatment,
  - Discharge criteria,
  - Frequency and duration, and
  - A *home exercise program if applicable.
  - Train patients and/or family in the use of compensatory skills and strategies, as appropriate

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Clinical Documentation - Are services skilled?

DEVELOP/DELIVER

- **Develop/Deliver**
  - Treatment techniques, activities, and strategies that follow
  - *A Hierarchy of Complexity to achieve the target skills for a functional goal.

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Clinical Documentation - Are services skilled?

MODIFY THE COMPLEXITY

- ***Modify** the **Complexity** of
  - Tasks, Level of cueing or assistance provided, or Goal criteria based on performance.
  - Conduct an ongoing assessment of performance, motivation, participation, and goal progress and **modify** the treatment plan as needed.
  - *+Adjust augmentative and alternative communication (AAC) systems as needed.
  - *Determine when discharge from treatment is appropriate.
  - Evaluate the current functional performance of patients with chronic or progressive conditions and provide treatment to optimize current functional ability, prevent deterioration, and establish and/or modify maintenance programs.

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Clinical Documentation - Are services skilled?
ENGAGE and EDUCATE patients and caregivers.

- *Engage and educate patients and caregivers.*
  - Confirm patient/caregiver participation and understanding of the diagnosis, treatment plan, strategies, precautions, and activities through "teach back" and/or return demonstration.
  - Provide positive reinforcement, expectation of results, and/or return demonstration, and/or practice of skills for generalization outside the therapy setting.

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Documenting Skilled Services ASHA 2021/2004b p 2

- Use terminology that reflects SLPs technical knowledge
- **Indicate the Rationale (how the treatment task relates to the functional goal) and the Complexity of the activity.**
- Examples
- "*To address word retrieval skills, patient name 5 items in a category. A limit of 12 sec made the activity more complex than the last session.*" i
- "*Skilled observation and assessment indicates the pt. has residue in the oral cavity with solids, increasing the risk of aspiration of that material; therefore, the cln instructed the pt in the perf of tong sweeps of the buccal cavity with min cues, which were successfully performed on 80% of solid boluses.*"

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Documenting Skilled Services ASHA 2021/2004b p 2

- Use terminology that reflects SLPs technical knowledge
- **Report objective data showing progress toward goals**
- Examples
- **Accuracy** of task performance " 50% accuracy in *word retrieval skills in sentence completion tasks.*"
- ***Speed of response/response latency,*** *pt demonstrated 7-10 seconds delay for _____; delay to 3 sec with supplemental _____ cues.*"
- ***Freq/number of responses*** or occurrences, "pt swallowed 6/10 PO trials of ½ tsp boluses of puree textures with no delay in swallow initiation."

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Documenting Skilled Services ASHA 2021/2004b p 2

- Use terminology that reflects SLPs technical knowledge
- ***Decreased # and type of cues,*** "*initial phoneme cues provided on half the trials);*
- ***Level of independence in task completion,*** '*Pt described compensatory strategies to max safe swallow indep, but req min verb cues from SLP to implement at mealtime.*'
- ***Physiological variations in the activity*** "*Pt demonstrated increased fatigue characterized by increasingly longer pauses between utterances*
- **Specify feedback provided to patient/caregiver about performance**
- Examples
- "*SLP provided feedback on the accuracy of phoneme production.*"
- "*SLP provided feedback to caregiver on how to use gestures to facilitate a response.*"
- *SLP provided feedback _____-.*

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Documenting Skilled Services ASHA 2021/2004b p 3

- Use terminology that reflects SLPs technical knowledge
- **Explain decision making that results in modification of tx activities or POC and how mod resulted in functional change.**
- Examples
- *Pt's attention is enhanced by environmental cues, allowing her to consume at least 50% of meal without redirection.*
- **Explain advances based on functional change…**
- Examples
- *Pt. able to express basic needs in 2-3-word phrases consistently, introduced more complex topics to be used in therapy.*

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Documenting Skilled Services ASHA 2021/2004b p 3

- Use terminology that reflects SLPs technical knowledge
- **Indicate additional goals or activities**
- Examples, 'Speech intel remains impaired due to reduced volume, goals for diaphragmatic breathing will be added to POC to increase vol of phonation and verbal comm.'

- **Indicate dropped or reduced activities**
- Examples, 'Cuing hierarchy was modified to limit tactile cues to enable greater indep in pt's use of compensatory strategies during _____.'

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Documenting Skilled Services ASHA 2021/2004b p 3

- Use terminology that reflects SLPs technical knowledge
- **Evaluate patient/caregiver's response to training**
- Examples, after demo of cuing techniques, caregiver was able to use similar cuing tech on the next 5 stimuli.'

- **Elaborate on patient/caregiver's education or training**
- Example, 'Trained mother to present 2-step instructions in the home and to provide feedback to the clinician on client's performance.'

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Documenting Skilled Services - ASHA 2021/2004b p 3
Examples of unskilled services.

- **Examples of unskilled services.**
- *Unskilled services do not require the special knowledge and skills of a SLP. Skilled services that are not documented may appear to be unskilled.*

- Reporting on performance during activities without describing modification, feedback, or caregiver training that was provided during the session
- Example of unskilled,
  - Patient was 80% accurate on divergent task.'

  - Patient tolerated diet (or treatment) well.'
- Repeating the same activities as in previous sessions without noting modifications or observations that would alter future sessions, length of treatment, or POC
- Example of unskilled,
  - "Continue per POC, as above."

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Documenting Skilled Services ASHA 2021/2004b p 3
Examples of unskilled services.

- **Examples of unskilled services.**
- *Unskilled services do not require the special knowledge and skills of a SLP. Skilled services that are not documented may appear to be unskilled.*
- Reporting on an activity without connecting the task to the long-term and short-term functional goals.
- Example of unskilled,
  - Patient has treatment plan to address speech intelligibility related to dysarthria, but the note simply states,' Patient able to read a sentence and fill in the blank on 90% of trials."
- Observing caregivers without providing education or feedback and/or without modifying the plan.
  - Example, Caregiver observed therapy. Or Clinician discussed session with mother.

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Medical Necessity – Components **Summary**

Providing justification for medical necessity as well as reasonable and necessary care requires addressing the following elements.
- Services should be
  - Reasonable
  - Necessary
  - Specific
  - Effective
  - Skilled

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Relevant Documentation for **Medical Nec** (ASHA 2004)

- _+ a medical/behavioral history_—pertinent medical history including relevant prior treatment that influences the speech-language treatment. This history includes a concise description of the functional status of the patient prior to the onset of the condition that requires the services of an SLP;
- _+ speech, language, swallowing, and sensory (e.g., hearing and vision) impairments_ as well as related disorders—the diagnosis established by the SLP (e.g., aphasia or dysarthria);
- _+ the date of onset of the deficit(s);_
- _+ an initial evaluation and date;_
- _+ the evaluation procedures used by the SLP to diagnose_ speech, language, swallowing, and related disorders;

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Relevant Documentation for Medical Nec (ASHA 2004)

. *+ physician referral/order, as indicated by the payer;*

. *+ an individualized POC and the date it is established;*

. *+ daily notes/progress notes (# and frequency depending on payer and facility policies);*

. *- documentation of progress made towards goals, including description of updated patient status reports concerning the patient's current functional communication and/or swallowing abilities/limitations.*

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Clinical Documentation

• Communicates information regarding the patient and justifies services

Critical components include:

• Medical necessity
• Skilled services
• Functional –Relevant goals
• Value – Do services improve care, save costs through prevention, increase safety, or increase independence?

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Clinical Documentation

Are services functional?

• How are goals related to functional communication?
• How are tasks related to functional communication?
• Is functional communication in treatment documented?
• Does the home education program address functional communication in ADLs
• Are caregivers taught functional communication skills?
• Documentation of functional communication skills is necessary.

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Components of Documentation (ASHA, 2023, Paul & Hasselkus, 2004)

• Identifying information
• Client history
• Assessment of current client status
• Treatment plan
• Documentation of treatment
• Discharge summary
• Record of consultation (with other professionals); with client/caregivers

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Components of Clinical Documentation – Overview Musts - ASHA

- Must be signed and dated
- Include credentials of clinician delivering serves
- Include if others developing and/or delivering services (POC, Treatment, Education, etc.) such as SLP-A, graduate clinician.
- Type of service, co-treatment
- If interpreter was present
- Location of services
- Meet Doc requirements of facility, payer
- AL has provisional lic for CFYs so co-sign is not nec

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Components of Clinical Documentation

a. Assessment – Evaluation Report

b. Plan of Care -

c. Treatment Note

d. Progress Note

e. Discharge Summary

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Components of Clinical Documentation - ASHA
<u>Assessment</u> – Evaluation Report

- Reason for referral
- History
- Auditory, Visual, and Cognitive status
- Method of eval – standard or non-standard
- Primary dx and Sp-Lang dx
- Analysis and Integration of info to dev prognosis (outcome measures and/or projected outcomes, NOMS).

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Components of Clinical Documentation ASHA 2021/2004b p 5
<u>Plan of Care -</u>

a. Treatment amt, freq, and duration (req for visits should match POC)
b. Goals – Long-Term and Short-Term FUNCTIONAL Goals
c. Req for POC duration may vary (6 months or 12 months).
d. If a continuing, a POC should include:
    a. progress made toward present goals
    b. modification of present goals (if applicable) and,
    c. new goals.

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Components of Clinical Documentation ASHA 2021/2004b p 5
Treatment Note

a. A record of the tx session
   a. Date and
   b. Location
   c. Pt response
   d. *Objective data on px toward func goals with comparison to previous session
   e. Skilled services provided; materials & strategies, Pt-Fam Ed, analysis & assessment of pt perf., modification for progression of tx."

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Components of Clinical Documentation ASHA 2021/2004b p 5
Treatment Note

SOAP notes are commonly used to doc skilled services provided and the need for further services.

"There should be a clear connection between the Tx Note and the Short-Term Goal." otherwise it is an unskilled treatment note.

a. Subjective statements – "The mother reports child is using signing more to make req."
b. *Analysis of session-
   a. *Did client improve in functional terms
   b. What worked
c. *Objective data –
   a. measurable statements
   b. Level of assistance/cueing or other methods of intervention – (skilled intervention)
d. *Plan – When is Next visit, What will be addressed, Practice assigned

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Goals
S.M.A.R.T. Goals meet requirements

• S Specific
• M Measurable
• A Attainable
• R Relevant
• T Trackable

• "All documentation should reflect skilled services. Unskilled services are not reimbursable."

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Components of Clinical Documentation ASHA 2021/2004b p 5
Treatment Note Example: a
Goal: *"Improve speech intelligibility of functional phrases (from 25%) to 50% with min verbal cues from the listener."*
Unskilled Tx Note:
Patient continues to present with unintelligible speech. Tx included conversational practice. Rec cont POC.
Comment: Does not provide objective details regarding pt performance.
Skilled Tx Note: S.M.A.R.T
Pt cont to have unintell sp prod; unable to consistently make needs known. Intell at single word lev 60%; phrase lev 30%. Pt ben for SLP verbal cues to reduce rate of sp & lim MLU to 1-2 wrds. Pt had greater self awareness of sp intel compared to last week.

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Components of Clinical Documentation ASHA 2021/2004b p 6
Treatment Note Example: b
Goal: *Pt will produce one-word respns to funct wh-ques at 60% with min cues.*

Unskilled Tx Note:

• Pt prod word-level resp with 70% occur. in tx session with verbal cues

• Comment: Does not include modification of the POC based on pt perf. and does not detail skilled tx activites.

• *Skilled Tx Note*:

• Wrd lev resp to wh-ques re: Self and ADLs - 70% accur. Abstract ques 50% accur. Benefits from phonological (init syll) cues but unable to self cue successfully. Naming nouns > verbs. Performance improves when pt attempts gest resp to augment verbal output …

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Components of Clinical Documentation ASHA 2021/2004b p 6
Treatment Note Example: c
Goal: Increase MLU during picture description. (Skilled or Unskilled?)

• Specific?
• Measurable?
• Attainable?
• Relevant?
• Trackable
• Goal: Increase MLU from 1 to 2-words on 5/10 attempts using Imit of N+V or V+N to describe pics
• Skilled Tx Note: MLU increased to 2-words on 5/10 attempts using imit of n+v and v+n to descr. pics. Will increase to 7/10 attempts or
• Will begin using delayed im to prod response.

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**Components of Clinical Documentation ASHA 2021/2004b p 6
Progress Note

a.   Written at intervals determined by payer - facility
b.   Doc progress from beg to end of the tx period
c.   Report progress toward LTG and STGs
d.   May follow SOAP note format may include
    a.   Number of sessions, attendance
    b.   *Skilled services provided
    c.   *Objective measures of progress toward func goals
    d.   *Justification of cont'd tx re med nec
    e.   Changes in goals of POC
e.   May provide O/M, results of sessions over time

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The importance of documentation for Progress

• Progress reported should reflect skilled treatment - Unskilled services are not reimbursable.
• Report pt. performance, provide description of modification or feedback, reflect change in status as a result of skilled intervention,,
• Objective
   • Produced CV syllables/words with 85% accuracy with min verbal-visual cues/assistance
• Measurable
   • Production of CV syllables/words has improved from 60% to 85% from Jan to May 2022.

• Unskilled progress examples
   • 'Partially met'
   • 'Excellent progress in imitation of CV syllables'

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General Comments & Recommendations

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Documentation Formats

- ASHA does not prescribe specific formats for documentation
- Doc should include information req by payers
- Should include relevant clinical information
- Should be concise and legible
- Should "allow those reading the doc to locate and read key information easily and quickly."
- SLPs should "participate in dev of templates" used
- <SLPs should check the faxed doc on occasion.>

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Documentation for Assessment

- Relevant data should be reported
- Language
  - Scores, Raw score, Standard scores,
  - Language age, especially if the goal is for age-appropriate language abilities

- Articulation
  - Number of speech sound errors
  - Type of errors
  - Speech intelligibility estimates

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Plan Of Care -> Goals -> Treatment
Plan Of Care <- Goals <- Treatment

- Plan Of Care for ___ months
- Goals
  - What you plan to achieve
  - SMART
- Treatment
  - How you will implement the plan
  - The tasks to achieve the goals
- Progress
  - *The results of the treatment/tasks to achieve the goals within a specific timeframe

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Documentation for treatment

- Evaluate treatment effectiveness

- Demonstrate treatment effectiveness – document objective, measurable progress

- Plan ongoing treatment
- PIE – Plan, Implement, Evaluate
- Functional goals are important.   Crooks (2022)

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Documentation for Re-Assessment

- Compare important data from the re-assessment with the last assessment
  - PLS language, Aud Comp Age Equiv 3;4 (2;3), Express Comm 2;10 (1;7), Total Lang Sc 3;1 (1;11) Ages in parenthesis is last eval on 4-22-21.

- Unskilled would-be partial reporting of data or
- Not summarizing or explaining or comparing important information
  - Why another language or articulation test was used

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Medical Necessity

- 1. Reasonable

- 2. Necessary

- 3 Specific

- 4 Effective

- 5 Skilled

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Conclusion

- ⭐ Guidelines

- Observations

- Recommendations

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Observations - Recommendations

- Required: Medical Necessity has 2 requirements for treatment to begin: Medical diagnosis and a Communication disorder. Once treatment has begun measurable/objective progress toward goals must be present.
- Observation: the first 2 components (med dx and a comm disorder) are usually met but progress toward goals during treatment is omitted at a rate @ 80%.
- Rec: Include progress summary in all treatment reports especially precert requests.

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Observations - Recommendations

- Treatment notes usually report response rate (%, # of responses/attempts, rating, etc.) but may not (usually do not) reflect progress from a previous session or period to the present.
- Rec: Provide progress made from previous session or period to the present.
- Rec: Provide measurable/objective progress from the beginning of the tx period to the end on tx reports and when requesting add'l ST visits.

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Observations - Recommendations

- Reports with Assessment data (test results) should but may not report previous test results for comparison.

- Recommendation: Report last test result and compare to current test results. Ex. PLS-5 AC AE 6-16-23 2;6, AC AE 12-15-23 3;0, an increase of 6 mos. [perhaps add an explanation or if no gains made explain the circumstances e.g. health issues, family issues, relocation, etc.].

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Observations - Recommendations

- Speech Intelligibility may be stated as a problem and a goal for Tx (Improve speech intelligibility) but measures (estimated % or a severity rating) are usually not reported.
- Speech intelligibility is a functional skill and meets the requirement for med nec.

- Rec:
  - Document speech intelligibility measures
  - Incorporate sp intel goals and tasks into treatment plans
  - Report measurable improvement of sp intel.

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Observations - Recommendations

- Do Tx Notes reflect changes or progress from session to session?
- Do Tx Notes reflect a continuity of treatment from session to session so that progress can be noted and documented.
- If the same task does occur from session-to-session report current results and compare to last session.
- If the same task does not occur from session-to-session (every 2-3 weeks) report current results and compare to last session it was presented.

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Summary - Application Document:

a. Required information
b. Medical necessity
c. Skilled documentation reports, goals, treatment
d. Functional Goals
e. Objective-Measurable data
f. Progress summary

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Write a Goal Assignment

- Write a S.M.A.R.T goal for someone you will see on Monday or next week.

- Write a SMART, Skilled ST Treatment Note for the person.

- Write a SMART, Skilled ST Progress Note for that person.

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Documentation is Communication

Thank you!

We appreciate you and your patience and participation.

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