Documentation in Health Care for Speech Language Pathologists

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Disclaimer

- We have no disclaimers.
- We are independent contractors for an insurance company
- 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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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. Assess if a goal or treatment note or progress note is skilled or unskilled. 24 - 45
4. 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
- How do you view documentation?

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Documentation: A Means of 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.

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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).

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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 follow 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 are 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 essential information
- Reports should contain the required 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
- 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

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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

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 **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?

M0DIFY 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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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 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
Assessment – 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
Plan of Care -

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
Treatment Note

a. A record of the tx session
   a. Date
   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."

Components of Clinical Documentation
Treatment Note

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

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

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

Components of Clinical Documentation
Treatment Note Example: a
Goal: *Improve sp intel of func phrases to 50% with min verbal cues*

Unskilled Tx Note:
Pt cont to present with unintell sp. Tx included conversational practice. Rec cont POC.
Comment: Does not provide objective details re 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.

Components of Clinical Documentation

Treatment Note Example: b

Goal: *Pt will produce one-word responses to functional wh-ques at 60% with in cues*

Unskilled Tx Note:

- Pt prod word-level resp with 70% accur. 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. Perf improves when pt attempts gest resp to augment verbal output …

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Components of Clinical Documentation

Treatment Note Example: c

Goal: Increase MLU during picture description. (Skilled or Unskilled)

- Specific?
- Measurable?
- Attainable?
- Relevant?
- Trackable
- Increase MLU from 1 to 2-words 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

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.
- Progress reported should be
- 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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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.>

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

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

- Plan Of Care for 6 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

Documentation for treatment

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

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 <u>another</u> language or articulation test was used

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Medical Necessity

- 1.
- 2.
- 3
- 4

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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, and increase of 6 mos. [perhaps add an explanation or if no gains made explain the circumstances 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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References

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