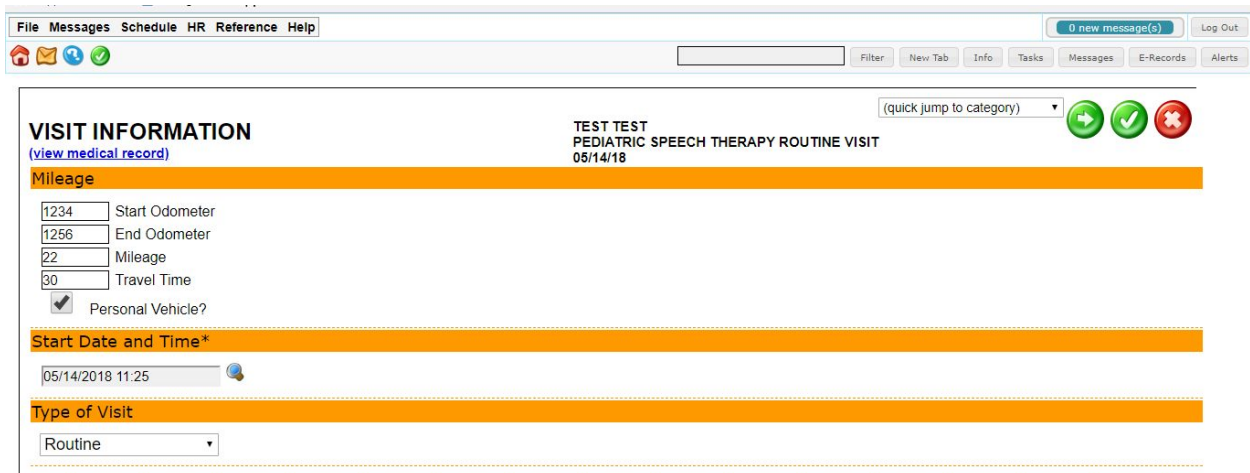


TREATMENT SESSION WALKTHROUGH

Keep computer/electronic device password protected to avoid unplanned disclosure of patient information. Remember this is a legal medical document. Premier Pediatric Therapy staff are expected to always maintain professional and ethical work ethic. When documenting only report facts and not personal opinions.



The screenshot shows a web-based interface for entering visit information. At the top, there is a navigation bar with links: File, Messages, Schedule, HR, Reference, Help. On the right, it says '0 new message(s)' and 'Log Out'. Below the navigation bar, there are icons for home, email, and a green checkmark. The main content area is titled 'VISIT INFORMATION' and includes a link '(view medical record)'. To the right of the title, it says 'TEST TEST PEDIATRIC SPEECH THERAPY ROUTINE VISIT 05/14/18'. There are three buttons: a green arrow, a green checkmark, and a red X. Below the title, there are several sections with orange headers: 'Mileage' (with fields for Start Odometer: 1234, End Odometer: 1256, Mileage: 22, Travel Time: 30, and a checked box for 'Personal Vehicle?'), 'Start Date and Time*' (with a date/time field showing 05/14/2018 11:25), and 'Type of Visit' (with a dropdown menu showing 'Routine').

Start Odometer:

- Document odometer reading before you leave for destination.

End Odometer:

- Document what odometer reading at the end of visit.

Mileage:

- Program will calculate the total miles.

Drive time:

- Document the total amount of time driving for visit.

Personal vehicle:

- Check box if you drove your personal vehicle.

Start time and Date:

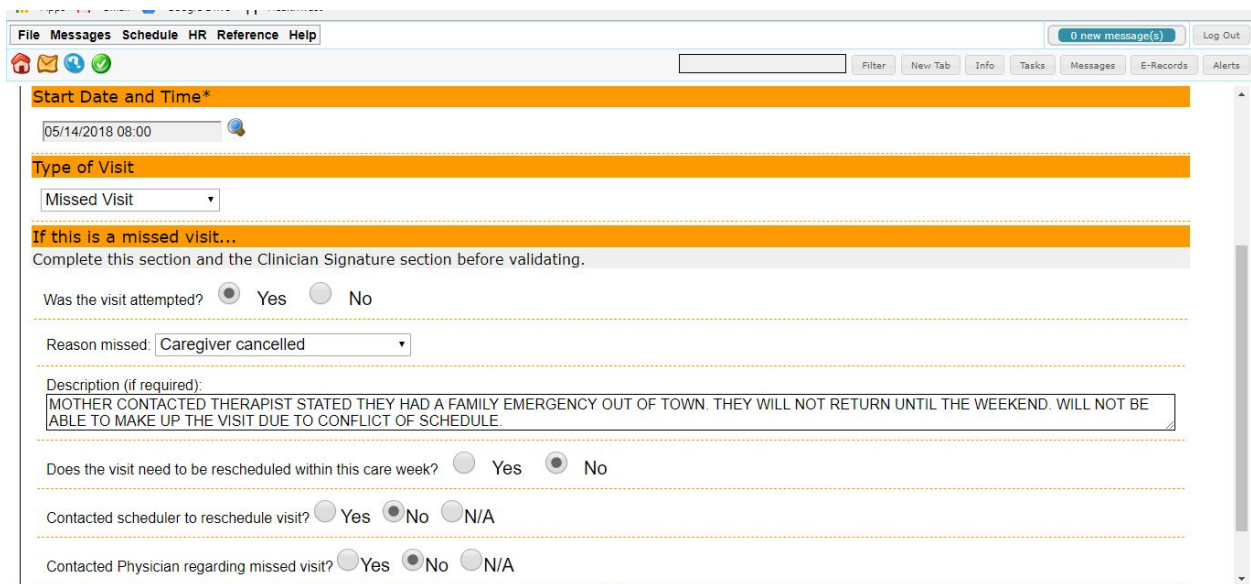
- Check the top right of the session to see the scheduled date of service.
 - Do not select notes that are outside of the current week without contacting office staff.
 - Visits from past/future weeks may not be reimbursed due to authorization or other factors.
- Document the date/time the visit started.
- The visit must be kept within the week assigned to that visit. If it needs to be moved contact scheduling.
- Each week will be assigned two visits that requires completion.
- Both visits must be documented as missed, regular or supervisory.

- Time you are visiting with the parent about what the weather, ect. does not count toward therapy time.
- The visit does not start until you sit down with the child.
- Keep scheduled time for appointments. If you are going to be late contact caregiver.

Type of Visit: Select type of visit: Routine, Missed or Supervisory

Missed Visit

- Start time for missed visit 08:00.
- End time for missed visit 08:05.
- Select if visit was/was not attempted.
- **Reason missed:** select the drop down box that is appropriate: agent cancelled, caregiver cancelled, inclement weather, no one home, ect.
- Make sure to complete the Description section.
 - This section needs to have details why the visit was not completed.
 - Patient ill? Therapist ill? Bad weather? Mother shopping?
 - Please state detailed reason that visit was or was not rescheduled. If visit was rescheduled document the date for rescheduled visit.
- Making up the missed visit is very important for the child to not regress.
- If a therapist knows they are not complete a visit, make contact with another therapist that can cover the visit.



The screenshot shows the 'Missed Visit' form in the Premier Pediatric Therapy software. The form is titled 'Start Date and Time*' and shows the date '05/14/2018 08:00'. Below this, the 'Type of Visit' is set to 'Missed Visit'. A section titled 'If this is a missed visit...' contains the instruction 'Complete this section and the Clinician Signature section before validating.' and a radio button selection for 'Was the visit attempted?' with 'Yes' selected. The 'Reason missed' dropdown menu is set to 'Caregiver cancelled'. The 'Description (if required):' text area contains the text: 'MOTHER CONTACTED THERAPIST STATED THEY HAD A FAMILY EMERGENCY OUT OF TOWN. THEY WILL NOT RETURN UNTIL THE WEEKEND. WILL NOT BE ABLE TO MAKE UP THE VISIT DUE TO CONFLICT OF SCHEDULE.' Below this, there are three radio button questions: 'Does the visit need to be rescheduled within this care week?' (No selected), 'Contacted scheduler to reschedule visit?' (No selected), and 'Contacted Physician regarding missed visit?' (No selected).

[File](#) [Messages](#) [Schedule](#) [HR](#) [Reference](#) [Help](#)

0 new message(s)
[Log Out](#)

[Filter](#) [New Tab](#) [Info](#) [Tasks](#) [Messages](#) [E-Records](#) [Alerts](#)

SPEECH ASSESSMENT
[\(view medical record\)](#)

(quick jump to category)

↶
↷
✓
✗

TEST TEST
PEDIATRIC SPEECH THERAPY ROUTINE VISIT
06/14/18

NO CARE PLAN FOUND FOR THIS PATIENT

Subjective ⓘ

JESSICA AMAZING SLP/CCC SUPERVISOR WAS NOT PRESENT FOR SESSION. SESSION WAS HELD IN THE LIVING ROOM OF THE LUEKIN HOME. MOTHER AND SIBLINGS WERE PRESENT AND OBSERVING. PT REQUIRED REDIRECTION DUE TO LACK OF FOCUS. HE HAD TROUBLE REMAINING SEATED AND FOLLOWING DIRECTIONS. MOTHER ASSISTED WITH BEHAVIOR. MOTHER STATED PT DID NOT SLEEP WELL.

 PT DISPLAYED 0/10 LEVEL OF PAIN.

Subjective:

- Name of supervisor and if supervisor was present or not?
- Document place visit took was held.
- Who was present for the visit and how related to patient?
- Report disposition of patient.
- Report level of pain.

Objective ⓘ

Modalities*

<input checked="" type="checkbox"/> Receptive Language Therapy	<input checked="" type="checkbox"/> Expressive Language Therapy	
<input checked="" type="checkbox"/> Articulation Therapy	<input type="checkbox"/> Fluency Therapy	<input type="checkbox"/> Voice Therapy
<input type="checkbox"/> Oral Motor Therapy	<input type="checkbox"/> Feeding / Dysphagia Therapy	<input checked="" type="checkbox"/> Patient / Caregiver Education
<input type="checkbox"/> Cognitive Therapy	<input checked="" type="checkbox"/> Establish Home Management Program	<input type="checkbox"/> Dysphagia Instruction Program
<input type="checkbox"/> Teach / Develop Communication System	<input type="checkbox"/> Augmentative Communication System	<input type="checkbox"/> Oral Stimulation / Desensitization
<input type="checkbox"/> Social Skills / Pragmatics	<input type="checkbox"/> Apraxia	<input type="checkbox"/> Thermal Tactile Stimulation
<input type="checkbox"/> Phonology	<input type="checkbox"/> Pragmatics Language	<input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>

Assessment: Education & Teaching* ⓘ

HEP WAS DISCUSSED WITH FAMILY. FAMILY WAS ASKED TO HAVE PT STATE THE SIZE/COLOR/SHAPE OF OBJECTS DURING DAILY ROUTINE. FAMILY REPORTED 100% COMPLIANCE. PT WILL CONTINUE HEP UNTIL GOAL HAS BEEN MET.

Objective:

- Modalities (at least 3) need to be selected each visit.
- Patient/Caregiver education and Establish Home Management Program need to be selected every visit for all disciplines.

Assessment: Education and Teaching

- Always address Home Education Program.
- Caregiver reports compliance at ____%
- State what the current HEP.
- Document anything that was discussed with caregiver about HEP.

Assessment: Measurable Progress Towards Goals
1. PATIENT WILL RESPOND APPROPRIATELY TO BASIC WH QUESTIONS WITH 70% ACCURACY. BASELINE 0% CURRENT 50% ACC COMPLETED WITH 10% ACC AND MAX CUES BY POINTING AT THE APPROPRIATE ANSWER.
2. PATIENT WILL RESPOND APPROPRIATELY TO HE/SHE QUESTIONS WITH 70% ACCURACY. BASELINE 0% CURRENT 60% ACC PT RESPONDED WITH 5% ACC AND MAX CUES.
3. PATIENT WILL RESPOND TO WHERE QUESTIONS NOT IN SIGHT WITH 70% ACC. BASELINE 0% CURRENT 30% ACC COMPLETED WITH 25% ACC AND MAX CUES.
4. PATIENT WILL DESCRIBE ACTION PICTURES WITH COMPLETE SENTENCE STRUCTURE WITH 70% ACC. CURRENT 40% NOT ADDRESSED
5. PATIENT WILL NAME ANIMALS, COLORS, AGE APPROPRIATE VOCABULARY, WITH 70% ACC. BASELINE 0%, CURRENT 40% COMPLETED WITH 0% ACC AND MAX CUES USING IDENTIFICATION AND IMITATION.
6. PATIENT WILL INCREASE ATTENTION SPAN TO ATTEND ACTIVITY FOR 10 MIN WITH MIN VERBAL CUES WITH 90% ACC. BASELINE 0%, CURRENT 50% ACC COMPLETED WITH 90% ACC AND MIN CUES.
7. PATIENT WILL IDENTIFY VERBS IN PICTURES WITH 70% ACC. BASELINE 0%, CURRENT 40% ACC WITH MIN VERBAL CUES
Assessment: Comments
MATERIALS UTILIZED DURING THE SESSION: WEBBER PRONOUN CARDS COLOR/SHAPE BLOCKS CONSTRUCTION SCENE STICKER ACTIVITY "WHERE IS PAT" BOOK

Assessment: Measurable Progress Towards Goals:

- List all goals to help keep track of all progress.
- Document % of accuracy and level of cues/prompts. (min, max, mod, hand over hand, gestures, verbal, pointing, direct/indirect, or modeling.
- If goal was not addressed during visit document "goal not addressed"

Assessment: Comments:

- Document what specific therapy materials were utilized to address goals.
- Document any special techniques used during the session.

Plan
CONTINUE PLAN OF CARE AND HEP PER SUPERVISOR. PATIENT WAS APPROVED FOR 52 VISITS IN 6 MONTHS FROM 5/01/18-11/01/18
Are any updates to the care plan needed?
No

Plan:

- Continue Plan of Care and HEP (per supervisor)
- May state how many sessions during time frame of authorization & when re-eval is scheduled to be conducted.

OTHER
[\(view medical record\)](#)

Medication Changes

☐ Yes ☒ No [\(clear\)](#)

If yes, please explain:

TEST TEST
PEDIATRIC SPEECH THERAPY ROUTINE VISIT
05/14/18

(quick jump to category) ← → ✓ ✕

Care of Supplies

☒ Supplies cleaned at beginning of visit

☒ Supplies cleaned at end of visit

Pain
[\(Pain Evaluation\)](#)

Medication Changes:

- Document if appropriate

Care of Supplies:

- Both boxes should be checked.
 - Supplies need to be cleaned in front of the family to reassure them we are doing our part to prevent germs being spread.

DISCHARGE PLANNING
[\(view medical record\)](#)

Patient's Tolerance Level

☒ Good ☐ Fair ☐ Poor

Patient's Progress toward Goals

☐ Patient is progressing on schedule ☒ Patient is progressing, but is behind schedule ☐ Patient is not showing signs of progress

Has discharge planning been initiated?

☐ Yes ☒ No

Has the patient been given notice of discharge?

☐ Yes: (expected D/C date) ☒ No

☐ Notice given per agency policy:

Discharge Plans

☒ When all goals or maximum potential has been met

☐ Unable to determine

TEST TEST
PEDIATRIC SPEECH THERAPY ROUTINE VISIT
05/14/18

(quick jump to category) ← → ✓ ✕

Discharge Planning:

Patient's Tolerance Level:

- Document how well the Pt tolerated the session.

Patient's Progress toward Goals:

- Document level of progress they are making.

Has discharge planning been initiated?

- If yes, we must give the caregiver a 5 day notice. Weekends do not count.

Has the patient been given notice of discharge?

- If yes, document the date expected to discharge and date given notice of discharge.

CARE COORDINATION

[\(view medical record\)](#)

TEST TEST
PEDIATRIC SPEECH THERAPY ROUTINE VISIT
05/14/18

(quick jump to category)

←
→
✓
✗

Care Coordination

If you would like to document any communication regarding coordination of care, please click the "Create Communication Note" button and complete the Communication Note form.

CREATE COMMUNICATION NOTE REFRESH

Care Coordination with

<input type="checkbox"/> N/A - No Coordination	<input type="checkbox"/> PT / PTA	<input type="checkbox"/> MSW
<input type="checkbox"/> SN	<input type="checkbox"/> SLP / SLP-Assistant	<input type="checkbox"/> Physician
<input type="checkbox"/> HHA	<input type="checkbox"/> OT / COTA	<input checked="" type="checkbox"/> Family / Caregiver
<input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>		

Care Coordination Comments

Care Coordination:

Communication Note:

- Click box to Create Communication Note
- If you have an address change, change in treatment address, missed visit that needs documented please document here.
- Any documentation that needs to be kept for our records need to done in this section.

Care Coordination with:

- Check appropriate box that coordinates documentation information. .

ADD COMMUNICATION - Google Chrome

Secure | https://secure.goodlookingcompany.com/healthtrustsoftware/application/validate_pointofcare/patient_communication.php?ptid=2045&chargeid=251588&type=PROGRESS%20NOTE

ST

MSW

AIDE

CAREGIVER

☒ OTHER:

PATIENT

PHYSICIAN

NURSE

PT

OT

PHYSICIAN

COMMUNICATED VIA

☐ PHONE

☐ FAX

☐ E-MAIL

MAIL

FACE-TO-FACE

☐ OTHER:

REASON

☐ CHANGE IN STATUS

☐ NEW SYMPTOM / PROBLEM

☐ ADVERSE EVENT

SCHEDULE CHANGE

LAB RESULTS

☒ OTHER:

☐ Send this PROGRESS NOTE Report to the Physician

COMMUNICATION TEXT

SUBJECT

TEMPLATE

File Messages Schedule HR Reference Help 0 new message(s) Lo

Home Mail Chat

Filter New Tab Info Tasks Messages E-Records

SUPERVISION (view medical record) TEST TEST (quick jump to category) [Back] [Forward] [Check] [Cancel]

Who was supervised ⓘ

BANKS, DEBRA - SLPA

☐ N/A ☐ LPN/LVN ☐ Aide ☐ PTA ☐ COTA ☒ STA ☐ Other:

Present this visit ⓘ

☐ Yes ☐ No (clear)

Following Care Plan ⓘ

☐ Yes ☐ No (clear)

Courteous, Professional and Polite ⓘ

☐ Yes ☐ No (clear)

Patient Satisfied with Performance and Care ⓘ

☐ Yes ☐ No (clear)

Supervision: OPTIONAL

Who was supervised:

- Supervisory visits has drop-down box to select the person that was supervised.
- Select discipline.

Present this visit:

- Yes/No select one

Following Care Plan:

- Was Plan of Care followed? Yes/No select one

Courteous, Professional and Polite:

- Was staff Courteous, Professional and Polite? Yes/No select one

Patient Satisfied with Performance and Care:

- Was patient/family satisfied with performance of staff and care? Yes/No select one



File Messages Schedule HR Reference Help 0 new message(s) Log Out

Filter New Tab Info Tasks Messages E-Records Alerts

(quick jump to category)

PATIENT SIGNATURE TEST TEST
(view medical record) PEDIATRIC SPEECH THERAPY ROUTINE VISIT
05/14/18

Patient / Caregiver / Other Signature*

Other Signature Options

[Alternate Signature Option for Tablets](#)

Patient / Caregiver / Other Signatory

Maria Test Mother

Patient Signature:

- This must be signed for the visit to be paid.
- For some tablets/phones you will need to use the “Alternate Signature Option”
 - Open this tab
 - Have caregiver sign on the line
 - Hit submit
- The person must be 18 years of age.
- Signature obtained for that session only. Do not have caregiver sign for future visits that is Medicaid fraud.

Patient/Caregiver/Other Signatory:

- The person’s name and relation must be on the line provided.

(quick jump to category)

CLINICIAN SIGNATURE TEST TEST
(view medical record) PEDIATRIC SPEECH THERAPY ROUTINE VISIT
05/14/18

End Date and Time*

05/14/2018 12:00 Total Time: 35 minutes

Clinician Signature*

Other Signature Options

[Alternate Signature Option for Tablets](#)

(quick jump to category)

End Date and Time:

- Enter the time/date that the visit ended.

Clinician Signature:

- Visit must be signed to be paid for the visit.
- Visits must be completed within 24 hours of the visit.
- Supervisors need to take time to cosign all notes nightly.