



Expanded Evaluations AASL Procedure for Speech Language Pathologists

Contents

Scheduling Information.....	2
Client Services Correspondence	3
Tracking Re-Evaluation and Progress Note Due Dates.....	6
Reviewing Patient Chart Information	10
Checking Authorization for Re-evaluations	16
Checking Out Therapy and Evaluation Measures & Preparing Protocols	20
Greeting for an Evaluation	21
Establishing Rapport	21
Conducting the Evaluation	22
Scoring Protocols and Expanded Procedures for Drafting Report in EMR System:.....	23
Subjective Tab:	27
Objective Tab:.....	33
Standardized Tests.....	35
Treatment Plan Tab and Pick Lists for Short-term Goals:.....	39
Updating, Meeting, Discontinuing Goals for Re-evaluations.....	46
Assessment Tab:	50
Recommendations Tab:	52
Charges:	60
Adding Diagnoses Codes	60
Cosigns:.....	63
Shared Clients:	64
Further information regarding Literacy Only Evaluations:	64
BOTTOM LINE/NEW CLIENT ACQUISITION FULL LOOP	65



Expanded Evaluation Procedure for Speech Language Pathologists

Scheduling Information

SCHEDULING INITIAL EVALUATIONS

1. Client Services handles all scheduling and rescheduling of initial evaluations. Once scheduled, you will receive an email from Client Services including the date, time, and a brief summary of concerns.
2. Client Services will contact the family if the medical history has not been received at the one-week mark prior to the evaluation. If the medical history has still not been received at the time of the evaluation, a hard copy will be provided to the family at the time of the evaluation.
3. For an initial evaluation day of, please inform Patient Scheduler if your evaluation is 5-8 minutes late so they can reach out accordingly.

SCHEDULING RE-EVALUATIONS

1. Please see section on tracking re-evaluations and progress notes below. Therapists should attempt to schedule re-evaluations during a client's regular treatment time by extending the session, if warranted, to 60 minutes or by scheduling the evaluation another day and time that the client is available. If a therapist is unable to successfully schedule a re-evaluation appointment, they may recruit the help of Front Desk.
 - a. For Tricare clients, the therapist will use Raintree to confirm an upcoming re-evaluation due date will coincide with the authorization's Date of Service (DOS) for the evaluation. If the date of the authorization and the due date of the re-evaluation do not coincide, the therapist will email the designated employee checking Tricare authorizations (see ORG Board) so she can extend the DOS on the authorization, and make a note in their calendar one month prior to the re-evaluation due date to start the re-evaluation process.
2. Once confirmed, change the appointment type on your schedule to "STREV"; adjust time if needed. Notify Front Desk of scheduled re-evaluation.
3. Front Desk Receptionist will send an email to the family to confirm the re-evaluation date, attaching the Re-evaluation Parent Questionnaire form asking to receive back at least two-weeks prior to scheduled re-evaluation.
4. Once the Parent Questionnaire is received, the Front Desk Receptionist will notify the treating therapist that pertinent documents are uploaded to RT and ready for review.
5. If we do not have the medical history update prior to the time of the re-evaluation, Front Desk Receptionist will either hand deliver to family, or request that the treating therapist do so. It will then be scanned into the chart (in the documents tab) and emailed to the evaluating therapist.
6. Front Desk will provide the family the AASL Quality Assurance Form at time of check-in for the re-evaluation, asking them to fill out and return before they leave. Front Desk will scan and email the form to the Clinic Manager, and upload the form to the client's chart upon receipt.

FOR INITIAL AND RE-EVALUATIONS:

Therapist will email Front Desk, cc'ing Patient Scheduler for initial evaluations, within one business day of completing the re-evaluation with the recommendations for therapy moving



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

forward, the frequency and duration. Front Desk needs this information to satisfy the regulations of the No Surprises Act, Good Faith Estimate, to inform the client of the 12-month projected cost of therapy services.

- a. NOTE: Frequency and duration should always be what would benefit the child the most and ensure the estimate is based on this amount of therapy recommended for the child. This is crucial as it provides the Front Desk with the needed information to fill out the form.
- b. The Front Desk will always fill out the form per the recommendations of the re-evaluation, not the actual scheduled appointments which could be less due to scheduling conflicts, client's tolerance level, etc.

Client Services Correspondence

TRICARE Authorizations

At the time of their upcoming expiration on their authorization/referral, the designated employee checking Tricare authorizations (see ORG Board) will email the parent to notify them of the upcoming expiration (approximately one month in advance), copying Front Desk Receptionist and the treating therapist(s). Following is an example of the email:

Dear parent/legal guardian of _____,

We hope you are having a great day!

AASL would like to remind you that you have an upcoming expiration to your annual authorization for us to provide therapy to your child. Following are the details:

Therapy Type: Speech
Authorization #: 1946-200914-00170
Expiration Date: September 6, 2021

We will require a new authorization with an effective date of: September 7, 2021, for us to continue providing therapy services without interruption. Some primary care physicians require an appointment with your child prior to issuing a new authorization; so, please plan accordingly.

Please note that a re-evaluation is required by TRICARE once per year in line typically with authorization renewals. A re-evaluation typically requires 60 minutes to fully execute. Your therapist will coordinate with you a day and time outside your current therapy session to conduct this re-evaluation. Your cooperation is appreciated in working with us to accommodate this re-evaluation as it will be required in order to ensure no disruption in therapy services.

Thank you so much for your prompt attention to this information. If you have already taken steps to get a new authorization, please disregard this notice.



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Self-Pay

Front Desk Reception will email the parent/caregiver of the scheduled re-evaluation, copying the therapist, including the cost of such, with terminology consistent with the requirement of this annual assessment in order to ensure the proper goals are established and for purposes of assessing progress made on current goals, i.e.:

“AASL Family,

Hello! I am reaching out to notify you of your child’s upcoming (speech/OT) re-evaluation. The requirement of this annual assessment is to ensure proper goals are established and for purposes of assessing progress made on current goals. The cost of this re-evaluation is \$190.00.

Ms. _____ has available <Day of Week>, <Date>, from <timeframe>. Please be reminded that this is an annual evaluation, done one time per year, to ensure the highest level of continued therapy provided to your child.

To provide the therapist with the most accurate information, we will need you to update your child’s current medical history. Please find attached the Parent Re-Evaluation Questionnaire. In order to provide the best quality services, we need this back two weeks prior to the re-evaluation date, on <provide the due date one week prior>, to provide ample time for the therapist’s review.

In addition, please find a copy of our Quality Assurance Check Form. As with re-evaluations for our clients, we encourage you to provide us feedback on how we are doing so we can make sure that we are providing the highest quality experience for all of our families. Your feedback is requested and appreciated! Please return this to me as well and I will make sure that our Executive Team reviews it as soon as possible.
Thank you for your assistance.



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Raintree Visuals for scheduling re-evaluation appointments:

The screenshot shows the Raintree software interface. At the top, it says 'All About Speech & Language - dat User: JGraepel Station: 17 allaboutspeech.raintreeinc.com:10056'. Below this is a menu bar with 'View', 'Add', 'Edit', 'Delete', 'Cancel', 'Find', and 'Help'. The main area is titled 'Appointments: AUTO' and shows a calendar for Friday, 12-23-22. A red arrow points to the 'Edit' option in the context menu for an appointment. The context menu includes options like 'Patient Files', 'Appointment History', 'Edit', 'Add', 'Move To Waiting List', 'Copy', 'Cut', 'Delete - no history', 'Cancel - w/ history', 'No Show', 'Check In', 'Check Out', 'Clear Status', 'Hide Cancels/No Shows', 'Visit / Encounter', 'Appointment Card', 'Fax', 'Google Map', 'Post Payment', 'Patient Chart', 'Relink Appointments', 'Print Receipt', 'RTConnect', 'Send Blast Alerts', 'Confirm Appointment Manually', 'Resend Appointment Reminder', 'Welcome Letter/Patient Forms', and 'Telehealth Waiting Room'.

Appointment

Date: 12-23-22 Time: 09:00a

Provider: JEGR Jenna Graepel

Location: STMPA All About Speech & Language - S. Tampa

Referral: STX30 ST Treatment

Type: ST001 Speech Therapy, Payor: + Patient Resp

Case: ST001

Length: 30 minutes

Patient: 0000722 Speech, Holly T

Pref Name: Pronoun

DOB: 01-18-2003

Primary Cell:

Home Phone:

Email:

Comment:

Status: <

Update Future Comments

Appointment

Date: 12-23-22 Time: 09:00a

Provider: JEGR Jenna Graepel

Location: STMPA All About Speech & Language - S. Tampa

Referral: STREV ST Re-Evaluation

Type: ST001 Speech Therapy, Payor: + Patient Resp

Case: ST001

Length: 60 minutes

Patient: 0000722 Speech, Holly T

Pref Name: Pronoun

DOB: 01-18-2003

Primary Cell:

Home Phone:

Email:

Comment:

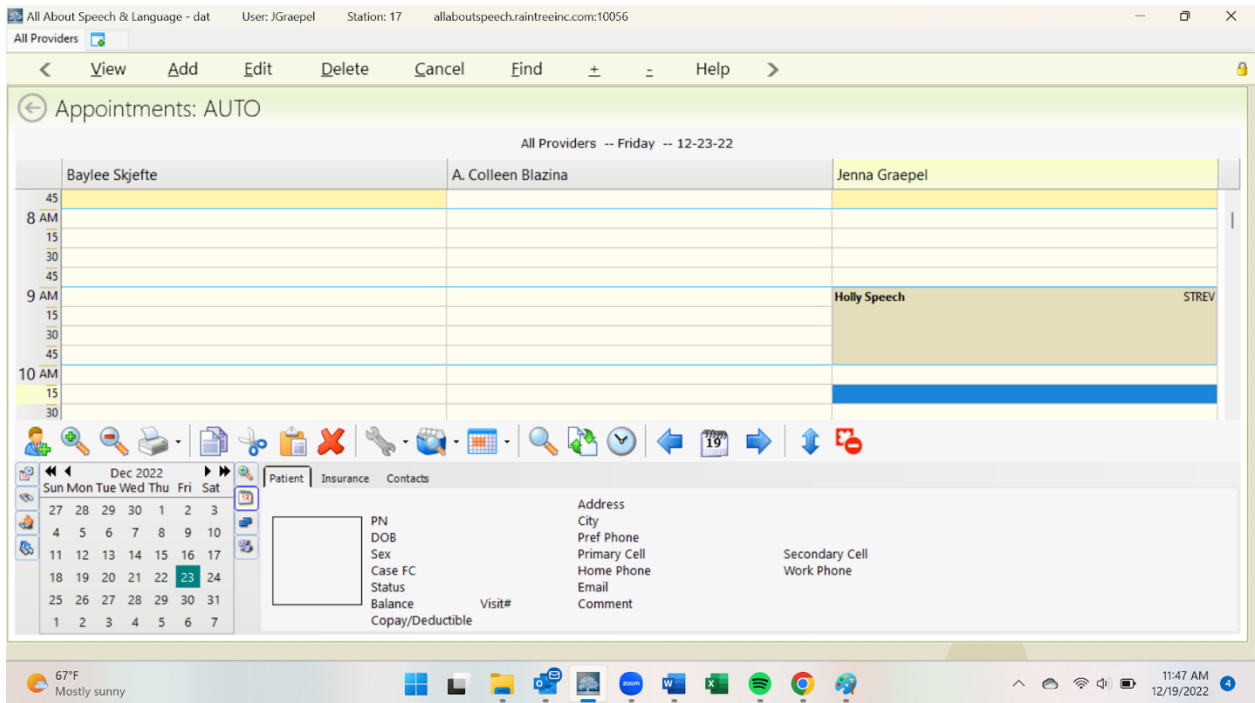
Status: <

Update Future Comments



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists



Tracking Re-Evaluation and Progress Note Due Dates

1. It is the responsibility of the treating therapist(s) to:
 1. track due dates for re-evaluations/progress notes
 2. keep their dashboard up-to-date (i.e., remove discharged or covered clients), NOTE: be sure to monitor Flex Schedule clients and communicate with your fellow therapists on sharing the responsibilities for progress notes and re-evaluations.
 3. ensure due dates are accurate (i.e., conversion note clients require manual updates)
2. To track upcoming Progress Notes and Re-evaluations, use the chart below:
 It is the responsibility of the treating therapist(s) to track due dates for re-evaluations and progress notes. Re-evaluations, in particular, require teamwork to make sure that we are prepared with paperwork and have appropriate communication with the family in preparation for the appointment. Raintree is a tool that should be utilized to efficiently track these due dates and this document contains the procedure for utilizing the Caseload Tab in a therapist's Dashboard to do so. Login to Raintree and go to your respective Dashboard, locating your Caseload Tab. See chart below for tracking to ensure no re-evaluations are missed.

<u>Date to start scheduling</u>	<u>Upcoming Re-eval Dates</u>
End of January	March and April



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

End of February	April and May
End of March	May and June
End of April	June and July
End of May	July and August
End of June	August and September
End of July	September and October
End of August	October and November
End of September	November and December
End of October	December and January
End of November	January and February
End of December	February and March

FOR RE-EVALUATIONS: Start looking ahead at your schedule using the chart above and communicating with your family by the date listed to schedule the re-evaluation. Recruit Front Desk to help you in communicating with the family around getting the re-evaluation scheduled as needed (please attempt first on your own). As re-evaluations are approaching, begin commenting on goal areas at least 3 sessions prior to completing testing to determine goal progress.

3. To update your Caseload tab, log into Raintree and go to your respective Dashboard, locating the tab titled "Case Load":



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

All About Speech & Language RPM - dat User: hmarino Station: 17 allaboutspeak.raintreinc.com:10056

Dashboard

Provider Vi... All Clinics Vi... Clinic Work... Visit Summ... Service Tick... Sign Off Case Load Open Tasks Closed Tasks Order Track... Posting Revi... End of Day Review Pt Pgr...

User / Provider MAJA Location Eval. Prov Alert Level On Hold Cases Hide More filters

Case Load

Case Name	Case	End	Auth End	rem	Rx End	rem	Next Visit	Last Visit	#	Next Due	#	Next MD
Speech Therapy Di...	ST001	02-25-22						09-09-21	13	02-25-22 RE		
Speech Therapy Di...	ST001	09-17-21			08-20-21	22		09-30-21	94	09-12-21 PN ...		
Speech Therapy Di...	ST001	08-25-22	11-25-21	12			10-07-21	09-22-21	4	02-21-22 PN ...		
Speech Therapy Di...	ST001	11-25-21					10-07-21	09-27-21	76	11-25-21 RE		
Speech Therapy Di...	ST001	06-01-22					10-07-21	09-27-21	22	06-01-22 RE		
Speech Therapy Di...	ST001	05-04-22	04-01-22	35			10-07-21	09-30-21	15	10-31-21 PN ...		
Speech Therapy Di...	ST001	06-29-22					10-07-21	09-30-21	14	06-29-22 RE		
Speech Therapy Di...	ST001	05-12-22					10-07-21	09-30-21	33	05-12-22 RE		
Speech Therapy Di...	ST001	12-14-21					10-07-21	09-30-21	69	12-14-21 RE		
Speech Therapy Di...	ST001	07-20-22	10-22-21	5			10-07-21	09-30-21	11	01-16-22 PN ...		
Speech Therapy Di...	ST001	05-24-22	03-18-22	26			10-07-21	10-04-21	1...	11-20-21 PN ...		
Speech Therapy Di...	ST001	06-29-22					10-07-21	10-05-21	15	06-29-22 RE		
Speech Therapy Di...	ST001	06-22-22			06-08-22	78	10-07-21	10-05-21	26	12-19-21 PN ...		
Speech Therapy Di...	ST001	06-10-22	01-07-22	12	09-10-22	100	10-07-21	10-05-21	4			
Speech Therapy Di...	ST001	03-23-22					10-07-21	10-05-21	34	03-23-22 RE		
Speech Therapy Di...	ST001	03-22-22			05-25-22	76	10-08-21	10-05-21	42	09-20-21 PN ...		
Speech Therapy Di...	ST001	02-09-22	02-05-22	22			10-11-21	09-27-21	53			

☐ All ☒ Recently Closed ☐ Needs Check ☐ Soon Needs Check ☐ Case On Hold

Type here to search

Links 79°F 9:53 AM 10/7/2021

4. Remove clients seen for coverage, or clients no longer on your caseload by doing the following:

1. Select the client by checking the box next to their name
2. Select the Remove from Active Caseload button, located at the bottom of the screen. This will remove this client from your caseload list.
3. If the client dropped out or was discharged, please be sure to complete a discharge note prior to removing them from your caseload.



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Dashboard | Edit | Print | Move Patient to Waiting List

Case Load

Patient Name	Case Name	Case	End	Auth End	rem	Rx End	rem	Next Visit	Last Visit	#	Next Due	#	Next MD
	Speech Therapy Di...	ST001	04-07-22	02-12-22	20			10-11-21	10-04-21	30	01-08-22 PN ...		
	Speech Therapy Di...	ST002	01-05-22	05-18-22	33			10-11-21	10-04-21	54	01-10-22 PN ...		
	Speech Therapy Di...	ST001	06-29-22					10-11-21	10-05-21	15	06-29-22 RE		
	Speech Therapy Di...	ST001	04-19-22	03-18-22	16			10-11-21	10-05-21	34	12-25-21 PN ...		
	Speech Therapy Di...	ST001	12-02-21	01-05-22	9			10-11-21	10-06-21	1...	12-02-21 RE ...		
	Speech Therapy Di...	ST001	05-05-22	04-03-22	16			10-11-21	10-06-21	35	11-01-21 PN ...		
	Speech Therapy Di...	ST001	07-07-22					10-11-21	10-06-21	17	07-07-22 RE		
	Speech Therapy Di...	ST001	05-04-22					10-11-21	10-06-21	41	05-04-22 RE		
	Speech Therapy Di...	ST001	07-21-22	01-05-22	12			10-11-21	10-06-21	1...	01-17-22 PN ...		
	Speech Therapy Di...	ST001	04-21-22	03-18-22	15			10-11-21	10-06-21	35	10-18-21 PN ...		
	Speech Therapy Di...	ST001	02-01-22					10-12-21	09-30-21	42	02-01-22 RE		
	Speech Therapy Di...	ST001	03-01-22			08-20-22	94	10-12-21	10-05-21	45	08-30-21 PN ...		
	Speech Therapy Di...	ST001	03-22-22			05-25-22	69	10-12-21	10-06-21	48	09-20-21 PN ...		
	Speech Therapy Di...	ST001		01-08-22	15			10-13-21		0			
	Speech Therapy Di...	ST002	01-26-22	09-09-22	14			10-13-21	09-22-21	20			
	Speech Therapy Di...	ST001						10-19-21	09-28-21	1	09-28-22 RE		
	Speech Therapy Di...	ST002						10-20-21	09-13-21	1	09-13-22 RE		

☐ All
 ☐ Recently Closed
 ☐ Needs Check
 ☐ Soon Needs Check
 ☐ Case On Hold

Visit Utilization Report
 Prescription Report
 Create Discharge Task
 Close Case
 Remove from Active Caseload

IFSP/IEP Report
 Chart Audit Report
 Create Discharge Note
 Refresh Totals
 Leave case status unchanged

To manually update re-evaluation and progress note due dates, do the following:

1. Select the name with your mouse:

Dashboard | Edit | Print | Move Patient to Waiting List

Case Load

Patient Name	Case Name	Case	End	Auth End	rem	Rx End	rem	Next Visit	Last Visit	#	Next Due	#	Next MD
	Speech Therapy Di...	ST001	02-25-22					09-09-21	09-09-21	13	02-25-22 RE		
	Speech Therapy Di...	ST001	09-17-21			08-20-21	22	09-30-21	09-30-21	94	09-12-21 PN ...		
	Speech Therapy Di...	ST001	08-25-22	11-25-21	12			09-22-21	09-22-21	4	02-21-22 PN ...		
	Speech Therapy Di...	ST001	11-25-21					10-07-21	09-27-21	76	11-25-21 RE		
	Speech Therapy Di...	ST001	06-01-22					10-07-21	09-27-21	22	06-01-22 RE		
	Speech Therapy Di...	ST001	05-04-22	04-01-22	35			10-07-21	09-30-21	15	10-31-21 PN ...		
	Speech Therapy Di...	ST001	06-29-22					10-07-21	09-30-21	14	06-29-22 RE		
	Speech Therapy Di...	ST001	05-12-22					10-07-21	09-30-21	33	05-12-22 RE		
	Speech Therapy Di...	ST001	12-14-21					10-07-21	09-30-21	69	12-14-21 RE		
	Speech Therapy Di...	ST001	07-20-22	10-22-21	5			10-07-21	09-30-21	11	01-16-22 PN ...		
	Speech Therapy Di...	ST001	05-24-22	03-18-22	26			10-07-21	10-04-21	1...	11-20-21 PN ...		
	Speech Therapy Di...	ST001	06-29-22					10-07-21	10-05-21	15	06-29-22 RE		
	Speech Therapy Di...	ST001	06-22-22			06-08-22	78	10-07-21	10-05-21	26	12-19-21 PN ...		
	Speech Therapy Di...	ST001	06-10-22	01-07-22	12	09-10-22	100	10-07-21	10-05-21	4			
	Speech Therapy Di...	ST001	03-23-22					10-07-21	10-05-21	34	03-23-22 RE		
	Speech Therapy Di...	ST001	03-22-22			05-25-22	76	10-08-21	10-05-21	42	09-20-21 PN ...		
	Speech Therapy Di...	ST001	02-09-22	02-05-22	22			10-11-21	09-27-21	53			

☐ All
 ☐ Recently Closed
 ☐ Needs Check
 ☐ Soon Needs Check
 ☐ Case On Hold



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

2. Select Edit.

3. Enter the Progress Report Next Due date: 12-10-21, based on the POC dates: 06-10-21 to 06-10-22. And enter the Re Evaluation Next Due date: 06/10/22.

Reviewing Patient Chart Information

1. Please plan to review chart information prior to the day of the evaluation. Keep in mind the locations of various testing materials and ensure you arrange to have them at the desired location in advance. You will select suitable assessment measures after reviewing notes provided in the patient chart under the communication tab or any other pertinent information in the Documents Tab or provided by Patient Scheduler. You may discuss any questions you may have with your CM.
2. You will also receive notice from Client Services that the medical history has been completed and/or uploaded to the chart. Review and pull the relevant information for ST/OT and place it into the evaluation template.

Locating information/documents: Under each client when you click on their name you can pull up Patient Files and then Chart. The third tab across the top, Documents/Tasks, will be where you find medical history. The 4th tab, Communication, is where information from the intake call will be provided as additional notes/communication (i.e. email/phone).



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Windows title bar: All About Speech & Language RPM - dat User: JGraepel Station: 9A allaboutspeak.raintreeinc.com:10056

Windows menu bar: Patient Find Add Edit Delete Print Select Show Inactive Hide Inactive

Main Menu

- Dashboard
- Scheduler
- Patient Files**
- Daily Ledger
- Reports / Forms
- Engagement Center
- Tables
- Utilities
- What's Up
- Exit

Patient Files

Account #	Name	Status	DOB
0001982	[REDACTED]	ACT	[REDACTED]
0001983	[REDACTED]	ACT	[REDACTED]
0201551	[REDACTED]	ACT	[REDACTED]
BBFCH	Beyond Basics for Chil, Group	GROUP	
BOYSS	Beyond Basics for Boys, Group	GROUP	
ELEM	Elementary - Winthrop, Group	GROUP	
ELEMS	Elementary - S. Tampa, Group	GROUP	
PEER	PEERS - S. Tampa, Group	GROUP	
PEERS	PEERS - Winthrop, Group	GROUP	
TINY	Tiny Socialights (W), Group	GROUP	
TINYS	Tiny Socialights (ST), Group	GROUP	

Windows title bar: All About Speech & Language RPM - dat User: JGraepel Station: 9A allaboutspeak.raintreeinc.com:10056

Windows menu bar: Patient Find Cancel

Main Menu

- Dashboard
- Scheduler
- Patient Files**
- Daily Ledger
- Reports / Forms
- Engagement Center
- Tables
- Utilities
- What's Up
- Exit

FIND

Press TAB to see search history or UP/DOWN arrow keys to switch search option

TEST [max 75 characters]

- ☒ Smart Find
- ☐ Number
- ☐ Name
- ☐ SS#
- ☐ DL#
- ☐ Zip Code
- ☐ Status Code
- ☐ Date
- ☐ DOB
- ☐ Find by subscriber...
- ☐ Document Search (Full Text Search)...
- ☐ Document Search (Full Text Search)...
- ☐ Family Contacts
- ☐ Search By Phone From Patient, Contacts, Payors



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Patient All Providers

< Find Add Edit Delete Print Select Show Inactive Hide Inactive >

Main Menu

- Dashboard
- Scheduler
- Patient Files**
- Daily Ledger
- Reports / Forms
- Engagement Center
- Tables
- Utilities
- What's Up
- Exit

Patient Files

Name	Status	Account #	DOB
	INACT		
	INACT		
	INACT		
	INACT		
	Alias		
	ACT		
	INACT		
	INACT		
	ACT		
	INACT		
	INACT		
	ACT		
Test, Clayton	ACT	0001839	03-01-2010
	INACT		
	INACT		
	ACT		
	INACT		
	INACT		
	INACT		
	INACT		
	INACT		
	INACT		

< >

Main Menu

- Dashboard
- Scheduler
- Patient Files**
- Daily Ledger
- Reports / Forms
- Engagement Center
- Tables
- Utilities
- What's Up
- Exit

Patient Files

Name	Status	Account #	DOB
	INACT		
	INACT		
	INACT		
	INACT		
	Alias		
	ACT		
	INACT		
	INACT		
	ACT		
	INACT		
	INACT		
	ACT		
Test, Clayton	ACT	0001839	03-01-2010
	INACT		
	INACT		
	ACT		
	INACT		
	INACT		
	INACT		
	INACT		
	INACT		
	INACT		

Edit

- Patient Demographics
- Chart**
- Appointment History
- Insurance / Payor
- Diagnosis
- Ledger
- Ledger View
- Medical Records
- Copy Patient File
- Access Patient Wallet
- Post Payment
- Message Center
- RTConnect
- Send Secure Text Message
- Fax Email Print
- Service Line Tracking

2006	*
2014	*
2010	*
2016	*
2014	*
2010	*
2013	*



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

All About Speech & Language RPM - dat User: JGraepel Station: 9 allaboutspeech.raintreeinc.com:10056

Test, Clayton

Save Cancel Add Edit Delete Print

Patient Chart - 0001839 Clayton Test DOB: 03-01-2010 Age: 11 yrs 0 mos

Case < Menu Picture v Waiting List

Visit Info Therapy Tracking **Documents/Tasks** Communication Admin All Records

Scan Documents Type <

Date	Category	Description	Case	Signed
------	----------	-------------	------	--------

Alerts

Description	Message	Attachment
-------------	---------	------------

Tasks Type <

Created	Created By	Assigned To	Description	Category	Due Date	Comments	Priority	Completed
---------	------------	-------------	-------------	----------	----------	----------	----------	-----------

1:54 PM 3/10/2021

All About Speech & Language RPM - dat User: JGraepel Station: 9 allaboutspeech.raintreeinc.com:10056

Test, Clayton

Save Cancel Add Edit Delete Print

Patient Chart - 0001839 Clayton Test DOB: 03-01-2010 Age: 11 yrs 0 mos

Case < Menu Picture v Waiting List

Visit Info Therapy Tracking Documents/Tasks **Communication** Admin All Records

Contacts

Name	Phone	Work/Fax	Cell	Type of Contact	Flags	Billing Ref	Mark.Ref.
Holly Scott			(813) 616-4004	Friend	Emergency ...		
Mom's First Mom's Last			(813) 616-4004	Mother	Authorized ...		
Dad's First Dad's Last			(813) 616-4004	Father	Authorized ...		

Professional Contact Emergency Contact Family Contact Inactive Contact

Date Range < - 03-10-21 < Category <

General Notes and Call Log

Date	Time	Summary
10-12-20	12:26p	Informed of OT Cx, still has speech Spoke with mom to co...
07-22-20	02:59p	Clinic's Initial Notes: Copy and Paste notes that therapist m...
07-22-20	02:57p	Parent's Initial Notes: Suzy is stuttering.....

Date Range < - < < Exclude Patient Access Records

Disclosures

Date	Time	Locat...	Sent to	Name	Method	Reason
05-14-20	01:44p			Clayton Test	Email	Sending

1:55 PM 3/10/2021

3. If any additional information needs to be communicated, it can also get added directly to the client's appointment on the scheduler by right clicking and hitting Edit and then



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

noting any relevant notes in the Edit Box directly (i.e. see communication tab, please ask mom ____, need paperwork, copy X for evaluation etc.)

Appointments: AUTO

All Providers -- Friday -- 03-12-21

Clayton Test

BRRO < Brandi Rodriguez

VALFL < All About Speech & Language, Valrico

00011 < Christopher Wilke MD

STEV < ST Evaluation

ST001 < Speech Therapy, Payor: Tricare East Region

60 minutes

Patient: 0001839 Test, Clayton

DOB: 03-01-2010

Home Phone: (813) 616-4004

Primary Cell: (813) 616-4004

Email: holly@aspeech.com

Comment: Need Medical Hx Form

Status: <

Visit#: 1

Created on: 03-10-21 01:56p by JEGR

Appointments: AUTO

All Providers -- Friday -- 03-12-21

Clayton Test

BRRO < Brandi Rodriguez

VALFL < All About Speech & Language, Valrico

00011 < Christopher Wilke MD

STEV < ST Evaluation

ST001 < Speech Therapy, Payor: Tricare East Region

60 minutes

Patient: 0001839 Test, Clayton

DOB: 03-01-2010

Home Phone: (813) 616-4004

Primary Cell: (813) 616-4004

Email: holly@aspeech.com

Comment: Need Medical Hx Form

Status: <

Visit#: 1

Created on: 03-10-21 01:56p by JEGR



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Appointments: AUTO

All Providers -- Friday -- 03-12-21

	Alicia Yimoyines	Baylee Skjette	Brandi Rodriguez
11 AM			Clayton Test Need Medical Hx Form
12 PM			Clayton Test STEVL Need Medical Hx Form
1 PM			
2 PM			

PN
DOB
Sex
Case FC
Status
Balance
Copay/Deductible

Address
City
Pref Phone
Home Phone
Primary Cell
Email
Comment

Work Phone
Secondary Cell

Visit#

1:58 PM
3/10/2021

- If you need to learn about administration of a new standardized test, you will need to prepare accordingly as well and have any follow up discussions with your CM, as warranted.
- Please begin commenting on goal progress for each short-term goal at least 3 sessions before completing the evaluation. This will save time once you begin writing your report.

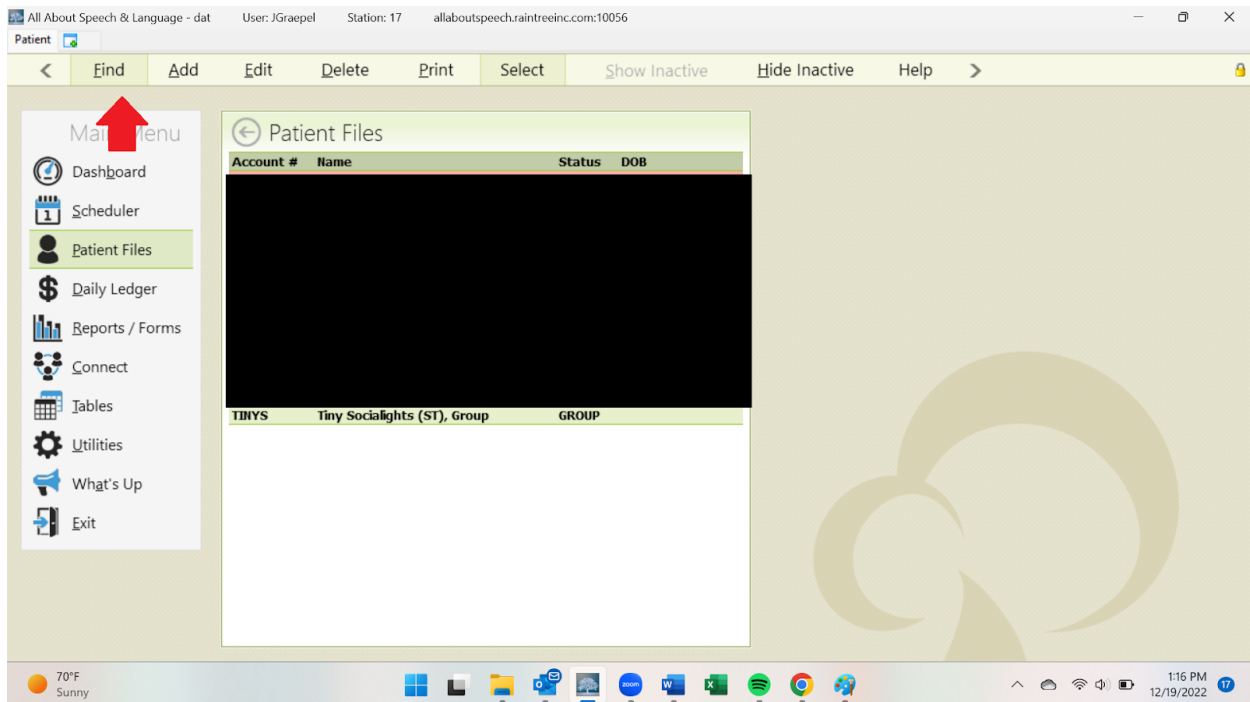
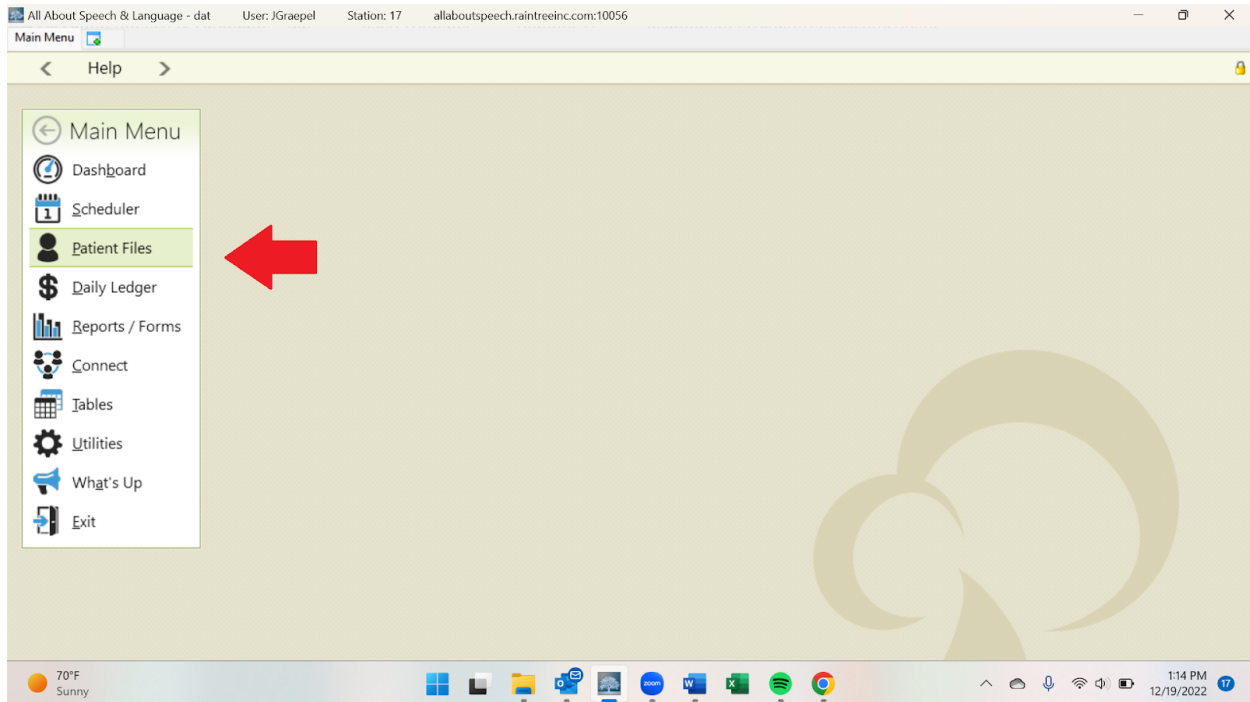


ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Checking Authorization for Re-evaluations

1. Select "Patients" and use Smart Find to find the client by last name





ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

← FIND

Press TAB to see search history or UP/DOWN arrow keys to switch search option

SPEECH |max 75 characters|

- ☒ Smart Find
- ☐ Number
- ☐ Name
- ☐ SS#
- ☐ DL#
- ☐ Zip Code
- ☐ Status Code
- ☐ Date
- ☐ DOB
- ☐ Find by subscriber...
- ☐ Document Search (Full Text Search)...
- ☐ Document Search (Full Text Search)...
- ☐ Family Contacts
- ☐ Search By Phone From Patient, Contacts, Payors

All About Speech & Language - dat User: JGraepel Station: 17 allaboutspeak.raintreeinc.com:10056

Patient

Find Add Edit Delete Print Select Show Inactive Hide Inactive Help

Main Menu

- Dashboard
- Scheduler
- Patient Files**
- Daily Ledger
- Reports / Forms
- Connect
- Tables
- Utilities
- What's Up
- Exit

← Patient Files

Name	Status	Account #	DOB
Speech, Holly T	SETUP	0000722	01-18-2003

FL-60 / W Brand... Accident 1:18 PM 12/19/2022

2. Once you have found the client's name, click on the name, and a menu will populate. Select "Insurance/Payor" on this menu. This will open another window with 2 payor options; select the one that says "TRICARE"



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Edit

Patient Demographics

Chart

Appointment History

Insurance / Payor

Payors

Diagnosis

Ledger

Ledger View

Medical Records

Copy Patient File

CCDA Export

Transition of Care Summary

Access Patient Wallet

Post Payment

Message Center

RTConnect

Send Secure Text Message

Fax Email Print

Service Line Tracking

All About Speech & Language - dat User: JGraepel Station: 17 allaboutspeech.rainforestinc.com:10056

Test, Clayton

< Find Add Edit Delete Print Select Help >

Main Menu

- Dashboard
- Scheduler
- Patient Files
- Daily Ledger
- Reports / Forms
- Connect
- Tables
- Utilities
- What's Up
- Exit

Insurance Information

BC	Prg	Name	From	To	SS/ID	Group	FC	Form
A	00000	Tricare East Region	07-22-20		SSN (9 DIGIT)...		TRICA	A
P	00000	/ Patient Resp	07-22-20				SP	S



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

3. This will open another window with all insurance information. At the bottom of the window, there is a list of “Authorizations”. This will have all expired and active Authorizations. Active will be GREEN, expired will be GRAY. Click on the most recent option to open a window with additional details. Be sure to select the appropriate case (ST001 for speech, FE001 for feeding, OT001 for occupational).

The screenshot shows the 'All About Speech & Language' software interface. The 'Subscriber Information' section includes fields for Relation (3 < Child), First Name, Address, City, Phone, DOB, Birth Sex (Male/Female), and Suppress Billing Until. The 'Authorization' section includes a table with columns: From Date, To Date, Case, Auth, Allowed, Remaining, and Comment. A red arrow points to the 'Authorization' table, and a red circle highlights the 'Authorization' header. The table contains the following data:

From Date	To Date	Case	Auth	Allowed	Remaining	Comment
09-28-22	09-28-23	OT001	0000-22277152116	49	32	
12-30-21	12-30-22	ST001	0000-22005090964	96	22	
12-30-21	12-29-22	FE001	0000-22005090964	45	5	4/11/2022 Tricare note CODE...
12-30-21	10-29-22	ST001	0000-22005090964	1	0	

The 'Authorization' header is circled in red. A red arrow points to the 'Authorization' table. The 'Authorization' table is highlighted in green. The 'Authorization' table is the most recent option. The 'Authorization' table is the most recent option.

4. Details will include Start/End dates, visits remaining, and status. Under “Authorization Request and Appeal”, there is sometimes an option to view the hard copy/fax of the authorization.



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

The screenshot shows the 'Authorization' form in the 'All About Speech & Language' software. The form is divided into several sections: Patient Information, Payor Information, Authorization Information, Filters, Requested/Received, Next Activity, and Auth Management. Red arrows highlight specific fields: the 'Effective' date (12-30-21), the 'To' date (12-30-22), the 'Status' (Active), and the 'Auth #' (0000-22005090964). The 'Filters' section shows 'ST Speech Therapy' selected. The 'Requested/Received' section shows 'Requested' and 'Received' fields. The 'Next Activity' section shows 'Assign to' and 'Date' fields. The 'Auth Management' section shows 'General comment' and 'Authorization Request and Appeal' fields. A red arrow points to the 'Authorization Task' field in the 'Auth Management' section.

5. Verify dates and status before proceeding with any re-evaluation.

Checking Out Therapy and Evaluation Measures & Preparing Protocols

At each respective office location, where evaluation materials are kept, there is a sign out sheet to check out standardized tests and manuals for use when scoring evaluations. Please follow the instructions on the sign out sheet and return as soon as you are done with the materials by checking them back in.

1. Please send department wide emails for standardized tests that we only have one copy of that you may need for an evaluation/re-evaluation and plan on removing from either office location. Feel free to collaborate with other colleagues to help you get the measure you need at whatever office location is needed. Please return the standardized tests as soon as you are done using them to their appropriate office location.
2. Please also include Patient Scheduler in this email so they are aware when booking evaluations so not to cause any double-booking of evaluations where the same standardized measure may be required
3. For evaluations that are used frequently or there is a need for, please bring to your CM's attention at your weekly meeting and it will be communicated to the Clinical Director for further consideration
4. Please pull corresponding evaluation protocols from the locked filing cabinet in each respective office to use. Each protocol will be used for a 2-year period. It will be used for a client's initial evaluation with us and their next re-evaluation. The following year, a new protocol will be pulled and used for the next 2 evaluations. Each year's protocols will be scored in a different colored ink than the previous year. For example, use blue



Expanded Evaluation Procedure for Speech Language Pathologists

ink for year 1 and red ink for year 2. Scored/active protocols will be filed in the cabinet by MONTH that the re-evaluation takes place. After year 2, please give the protocol to Front Desk Receptionist to be scanned into the patient's file and begin this process with a new protocol.

Greeting for an Evaluation

1. Warmly and enthusiastically greet the caregiver first, give your name and discipline
2. Allow the caregiver to introduce you to the child OR you may introduce yourself to the child, depending on their age/comfortability with new people
3. Get down to the client's level and talk to them about what they are doing (i.e. I see you just arrived, you were playing on your mom's phone, you brought ____, I like your ____)
4. Ask three essential questions when you greet the client:
 1. When you ask 1 question, it shows you are polite (i.e. How are you?)
 2. When you ask 2 questions, it shows you're genuinely interested in the other person. (i.e. How are you? Did you have a nice weekend?)
 3. When you ask 3 questions, it takes that interaction to a whole new level, making the other person feel important (i.e. How are you? Did you have a nice weekend? Oh you had a birthday, what did you do for your special day?)
5. Talk about where you are going to be working (i.e. Younger child: I have a room with games/fun things to do with pictures and paper, do you want to play some games with me? If the child says no, ask the parent and they should then be willing to come back if their parent is willingly going to walk back with you--adjust what you talk about for clients age)
6. Follow any in-office policies or procedures for check-in, if applicable
7. Get the client's permission to go to where you are going to be working (i.e. Are you ready to walk on back?)
8. Determine parents wants and needs by creating:
 1. Affinity: a liking for someone or something
 2. Reality: something actually experienced or seen
 3. Communication: exchanging of information
9. Find out the child's wants and needs, if applicable/appropriate
10. Follow Steps for Conducting the Evaluation (below)

Establishing Rapport

1. Your role is to become an extension of/a caring member of their family
2. Be happy, cheerful, enthusiastic and personable
3. Continue to reinforce affinity, reality, and communication.
4. In getting to know them use open-ended question asking as a way to show you care!
5. Ask 3 essential questions when you greet the Family (see above in Greetings)
6. You need to understand what is going on for that family and what challenges they are dealing with (i.e. do they have working cars, work schedules, health problems, family members living with them). Understanding these things will allow you to be caring toward them and adjust whatever may be needed, within reason, so the family continues to remain committed to the therapy process (i.e. adjust the schedule to see client one time per week vs making them feel bad for stopping therapy altogether)



Expanded Evaluation Procedure for Speech Language Pathologists

7. When therapy is commencing, hear what their reason for coming to AASL is and make sure you address that problem/concern FIRST
8. Listen to the family! Again, listen to the family! Hear what their primary concerns are!
 - If they feel they are being heard and understood, they are going to be invested in therapy and build trust with you. This will then allow you to better manage “unrealistic expectations” (i.e. a parents has a 3 month old and they want their child to walk; your first goal would be to address why you aren’t going to address walking immediately in therapy and then you will share what you are going to work on skill-wise to get their child to be able to walk)
 - We have to get them to understand WHY you are doing or not doing whatever it may be tied to their concerns
 - Keep open lines of communication with them
 - Hold them to policies and expectations we have of them in your communication with them and with the help of the Front Desk.
 - It’s okay to get to know them on a deeper level outside why they are coming to AASL (i.e. find out things in common, engage in small talk) This shows you are human too and builds a bond so they continue to build their rapport and relationship/communication with you!
 - Love what you do and have fun! The more they see that, the more they are going to buy into the therapy process, trust their child to you and our company, and follow through with the home program, stay committed to therapy, and complete their treatment plan with AASL!

Conducting the Evaluation

1. Once you engage in establishing rapport either through conversation and/or play, administer the measures you have selected for the assessment
2. Keep in mind that sometimes the measures selected are not going to be the best fit at the time of the evaluation, so use your clinical skills appropriately to be flexible in the moment and adapt as you need to. Remember you are the expert!
3. Discuss what you are seeing throughout the evaluation so you can speed up the wrap up at the end, and it may be beneficial to talk about things as they happen in the moment
4. At the end of the evaluation, summarize (the remaining of) your findings of the evaluation and what the treatment process will be like going forward, if that is recommended. Summarize this to the parent first.
5. Feel free to give the client a toy or something to do to keep themselves busy while you talk to the family at this time. You can involve the child, where appropriate. If not, you can have them go with their other parent/caregiver etc. if more than one person accompanied them to the evaluation.
6. Sometimes you will be asked direct questions from the caregiver/family about their child. Answer honestly with what’s within our scope of practice. If they flat out ask questions about Autism and if you think their child has it, which is one of the most common questions we do get asked, you can share with the parent red flags that you see that are concerning and let them know that these will be monitored and you will put additional recommendations in the evaluation for further testing, should they desire that



Expanded Evaluation Procedure for Speech Language Pathologists

going forward. Let them know that we cannot formally diagnose but we are trained to identify red flags and treat children accordingly. Assure parents that regardless of a diagnosis, we use the child's strengths to bolster their weaknesses and to make improvement developmentally! Also let them know that red flags alone are not indicative of an official diagnosis and that as treatment gets underway, rapport is established with a family, and you get more eyes on the child, you will continue to make recommendations and engage in open communication with the family about their child.

7. In a similar light, you may have parents that are in denial or not ready to hear about their children relative to red flags you may be seeing or delays they present with; this is ok too; use your clinical judgment during this portion of the evaluation to communicate strengths/weaknesses, and general therapy recommendations going forward. Once rapport is built and a relationship is made with the family, you can then start to slowly engage with them on this journey--baby steps. Remember, our role is to become a caring part of their family/extension of their family that is reflected in the quality of care we provide, the trust and rapport built with the family, and our communication with them. Sometimes it is going to take longer and we are often "hand-holding" the family, and guiding them along the way, representing ourselves like the expert but doing so with a softer approach.
8. Then summarize for the client (I.e. I'm going to show you all the things you can do and those things that might be a little harder for you that I'm going to help you with going forward and we will play games and have some time together each week! --adjust for each child accordingly)
9. Walk them back to Front Desk/Waiting room where the following will be communicated: when to expect to hear from us regarding confirmed scheduled appointments, when they will hear from Front Desk to go over new client paperwork and office policies, and anything else the client or AASL needs prior to them leaving the office, or who will follow up with them if they have particular questions (i.e. billing etc.) and then notify that person accordingly.
10. Send the family off with a cheerful farewell!
11. Email Patient scheduler within ONE BUSINESS DAY with recommendations for diagnosis and treatment duration/frequency (usually 1-2 days/week 30 minutes)

Scoring Protocols and Expanded Procedures for Drafting Report in EMR System:

1. Written evaluations are due within 2 weeks of the initial evaluation!!!! This is extremely important to be timely in completing your documentation according to this policy. Your CM will be following up with you on completion of your documentation each week. Appropriate follow up for problem-solving and re-training will take place if paperwork is not getting completed in a timely manner.
2. You will need to score the standardized assessments following the completion of the evaluation and check back in any standardized assessments or manuals. File protocols in the locked cabinet under the month the evaluation was completed. See above for Checking Out Therapy and Evaluation Measures
3. When you are ready to begin writing the evaluation, use the EMR system.
4. Use Google Drive Report Templates if needed for verbiage on specific measures.

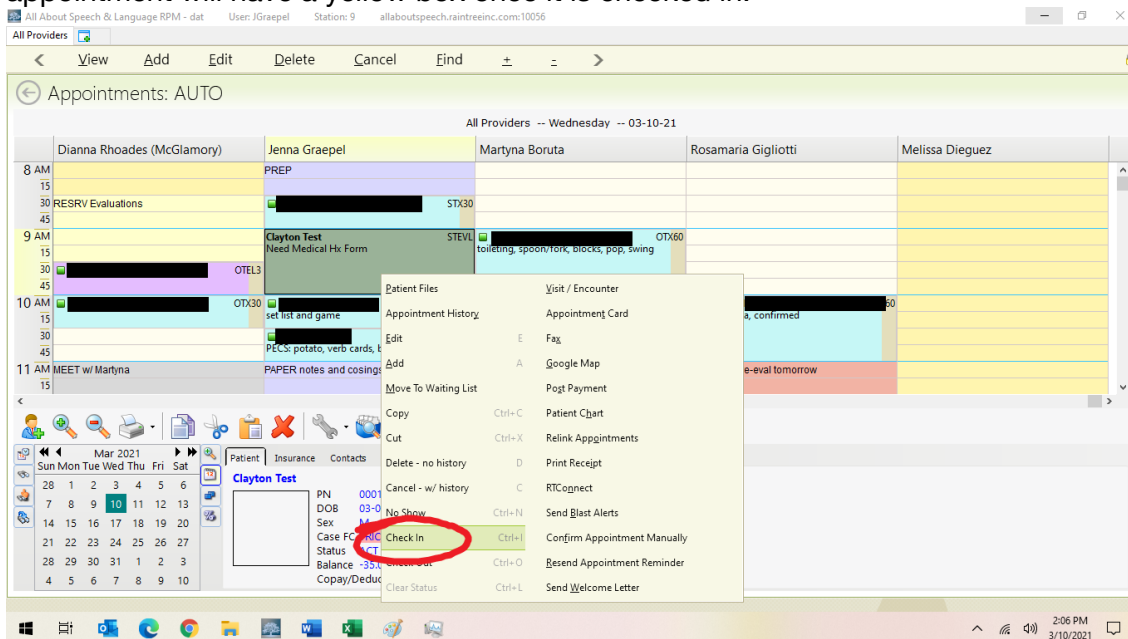


Expanded Evaluation Procedure for Speech Language Pathologists

5. Saving Work: As you are writing up the evaluation, hit save to save work you have done in the different sections/tabs as you are working and it will then allow you to keep moving through the evaluation to the next tabs.
 - a. General Notations:
 - i. Anything with an open box you will have a pre-written narrative: Parent/Family Concerns, Accompanied By, Reliability (tied to behavior observations). The other boxes are check boxes that auto-fill in criteria you select: Behavior, Primary Communication, Concerns.
 - ii. For check boxes throughout the evaluation template: click on the green + arrow, then a box will populate, select the items that pertain to your client and then hit the floppy disk drive to save it.

Checking In Appointments

On your scheduler, open up the green/tan cell for the client, coded as STEVL/STREV. Check in the client by right clicking and selecting “check-in” and then double click to open the file. The appointment will have a yellow box once it is checked in.





ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Once in the template you will see at the top: Type Initial Evaluation, Eval SLT Standard *all note types should always be in this format of SLT Standard. Remember under the Note Type is where you also can drop down to change to a progress note, discharge note, re-evaluation and daily note. EMR will also prompt you for progress notes and re-evaluations.



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information: Patient Clayton Test, MR # 0001839, DOB 03-01-10, Age 11y...

Record Information: Date 03-10-21, Time 09:00a, Therapist JEGR, Loc VALFL, Ref 00011

Evaluation Services: ST Evaluations, 92521 Eval of Speech Fluency, 92522 Eval ST Sound Production, 92523 Eval Sound Prod w.Lang, 92524 Analysis of Voice & Resonance, 92506 Speech/Hearing Evaluation, 92610 Evaluate Swallowing Function, 92597 Oral Speech Device Eval, Speech Re-Evaluation - SP, Evaluation Done Outside

Additional Services: Select Service, COVID-19 PPE Co..., Consultation, Family/Therapist Interview, Parent/Therapist Interview, Home Visit, Screening, Late Fee (10 Min)

Insurance / Payor Information: A 10002 Tricare East Region, Bill To, Payor Set, Returned Check Fee, Skip Copay

Posting Information: Posted By, Billed 0.00, Expected 0.00, POS, Cosigner, Bill Doc, Bill Loc

You will find the corresponding template to load, **IEVAL**. Select from the drop-down list or type the code (**IEVAL**) in the top right corner. This will load in all templates for you across Subjective, Objective, Assessment, Treatment Plan, and Recommendations tabs. Fill out accordingly.

Initial Evaluation for Holly Speech - Visit: 2 Payor: SP 00003 + Patient Resp

Patient Information: Patient Holly Speech, MR # 0000722, DOB 01-18-03, Age 19y 9m, Case ST001

Record Information: Date 10-25-22, Time 10:32a, Therapist -PT, Loc VALFL, Ref 00024

Load Template: IEVAL, Save

Parent / Family Concerns (5): X was seen at the All About Speech and Language Clinic on Month Date, Year for an initial evaluation to assess current level of functioning across speech.

Behavior Observations: Behavior Observations

Area of Development Causing Concern: Area, Comment

Reliability (5): Patient's Performance Was, An accurate representation of the usual behavior, Not an accurate representation of the usual behavior

Primary Communication: Type, Primary Communication

Medical History: Date, Description, 10-05-21, Pediatric Medical History



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

LTNOT Templates		
Code	Description	Filter
ARTIC	Articulation	
CELF5	CELF-5	
CELFP	CELF-P2	
EVAL		
EVAL1		
IEVAL	Initial Evaluation Speech	
LAN	Receptive & Expressive Language	
OME	Oral Motor	
REEVA		
REVAL	Re-evaluation Speech	
ROSSE	Rossetti	

Below further outlines required information for evaluations across SOATRC Tabs (Subjective, Objective, Assessment, Treatment Plan, Recommendations, Charges)

Subjective Tab:

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information: Patient Clayton Test, MR # 0001839, DOB 03-01-10, Age 11y, Case ST001

Record Information: Date 03-10-21, Time 09:00a, Therapist JGMS, Loc VALFL, Type Initial Evaluation, Ref 00011, Eval SLT Standard

Subjective

Parent / Family Concerns (S): Clayton Test was seen at the All About Speech and Language Clinic on March 10, 2021 for an initial speech evaluation. Clayton was brought to the clinic upon Child was accompanied by his mother. Date of Illness / Onset SOC 03-10-21

Reliability (S): Patient's Performance Was ☒ An accurate representation of the usual behavior ☐ Not an accurate representation of the usual behavior

Behavior Observations

Area of Development Causing Concern

Primary Communication

Medical History



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Parent/Family Concerns (top left of the Subjective Tab, already in for you)

X was seen at the All About Speech and Language Clinic on Month Date, Year for an initial evaluation to assess current level of functioning across speech, language ____ (list modalities). X was brought to the clinic upon parental/doctor concerns surrounding ____.

Please see medical history on file for information pertaining to birth, developmental, medicinal, academic, and other medical information. All information provided in the medical history and developmental subsections was completed and directly reported by the parent. -OR- The medical history was reported by the parent directly and filled out accordingly across developmental sections.

Medical history significant for ____ (frequent ear infections, surgeries, diagnoses) -OR- Medical history remains rather unremarkable.

X presented as a ____ (playful, guarded) boy/girl. X readily participated in the evaluation/was reticent to participate in the evaluation, and required little to no/occasional/frequent redirection from the clinician/parent.

MEDICAL HISTORY WILL BE DELETED ON WHITE PAGE BY COSIGNER/RIGHT BEFORE SIGN OFF

Behavior Observations

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information
Patient: Clayton Test MR #: 0001839
DOB: 03-01-10 Age: 11y Case: ST001

Record Information
Date: 03-10-21 Time: 09:00a
Therapist: JEGR Assigned: JEGR
Loc: VALFL Ref: 00011 Type: Initial Evaluation Eval: SLT Standard

Parent / Family Concerns (S)
Clayton Test was seen at the All About Speech and Language Clinic on March 10, 2021 for an initial speech evaluation. Clayton was brought to the clinic upon
Child was accompanied by his mother
Date of Illness / Onset SOC 03-10-21

Behavior Observations
Behavior Observations

Area of Development Causing Concern
Area Comment

Contraindications
Contraindications and Precautions Alert

Reliability (S)
Patient's Performance Was
☒ An accurate representation of the usual behavior
☐ Not an accurate representation of the usual behavior

Primary Communication
Type Primary Communication
Augmentative Communication Device

Medical History
Date Description



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

All About Speech & Language RPM - dat User: JGraepel Station: 9 allaboutspeech.raintreinc.com:10056

Test, Clayton Bark, Isabella

Save Cancel Add Edit Delete

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information Patient Clayton Test MR # 0001839 DOB 03-01-10 Age 11y ... Case ST001

Record Information Date 03-10-21 Time 09:00a Therapist JEGR Loc VALFL Type Initial Evaluation Eval SLT Standard

Load Template Save

Subjective Objective Findings Assessment Treatment Plan Recommendations Charges

Parent / Family Concerns (5)
Clayton Test was seen at the All About Speech and Language Clinic on March 10, 2021 for an initial speech evaluation. Clayton was brought to the clinic upon

Child was accompanied by his mother
Date of Illness / Onset SOC 03-10-21

Behavior Observations
Behavior Observations

Area of Development Causing Concern
Area Comment

Contraindications
Contraindications and Precautions Alert

Reliability (5)
Patient's Performance Was
☒ An accurate representation of the usual behavior
☐ Not an accurate representation of the usual behavior

Primary Communication
Type Primary Communication

Augmentative Communication Device

Medical History
Date Description

Save (F10)

Areas of Development Causing Concern

All About Speech & Language RPM - dat User: JGraepel Station: 9 allaboutspeech.raintreinc.com:10056

Test, Clayton

Save Cancel Add Edit Delete

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information Patient Clayton Test MR # 0001839 DOB 03-01-10 Age 11y ... Case ST001

Record Information Date 03-10-21 Time 09:00a Therapist JEGR Loc VALFL Type Initial Evaluation Eval SLT Standard

Load Template Save

Subjective Objective Findings Assessment Treatment Plan Recommendations Charges Tracking Setup

Parent / Family Concerns (5)
Clayton Test was seen at the All About Speech and Language Clinic on March 10, 2021 for an initial speech evaluation. Clayton was brought to the clinic upon

Child was accompanied by his mother
Date of Illness / Onset SOC 03-10-21

Behavior Observations
Behavior Observations
Child was happy
Child was playful

Area of Development Causing Concern
Area Comment

Contraindications
Contraindications and Precautions Alert

Reliability (5)
Patient's Performance Was
☒ An accurate representation of the usual behavior
☐ Not an accurate representation of the usual behavior

Primary Communication
Type Primary Communication

Augmentative Communication Device

Medical History
Date Description



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information
Patient: Clayton Test MR #: 0001839 DOB: 03-01-10 Age: 11y Case: ST001

Record Information
Date: 03-10-21 Time: 09:00a Therapist: JEGR Loc: VALFL Type: Initial Evaluation Eval: SLT Standard

Parent / Family Concerns (S)
Clayton Test was seen at the All About Speech and Language Clinic on March 10, 2021 for an initial speech evaluation. Clayton was brought to the clinic upon

Child was accompanied by: his mother
Date of Illness / Onset: SOC 03-10-21

Behavior Observations
Child was happy
Child was playful

Area of Development Causing Concern
Area: Comment:

Contraindications
Contraindications and Precautions: Alert

Area
Quick find:
☐ Activities of Daily Living
☐ Attention
☐ Balance
☐ Behavior
☐ Eating / Feeding
☐ Executive Functions
☐ Fine Motor
☐ Handwriting
☐ Hearing
☐ Mobility
☐ Modulation of sensory input
☐ Play
☐ Processing
☒ Reading Skills
☒ Receptive and Expressive Language
☐ Self Regulation
☐ Social Participation
☐ Social Pragmatics
☒ Speech
☐ Strength/Tone
☐ Vision
☐ Visual Motor
☐ Writing Skills

Primary Communication
Type:

Medical History
Date: Description:

Save (F10)

Primary Communication





ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Test, Clayton Bark, Isabella

Save Cancel Add Edit Delete

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information: Patient Clayton Test, MR # 0001839, DOB 03-01-10, Age 11y, Case ST001

Record Information: Date 03-10-21, Time 09:00a, Therapist JEGR, Loc VALFL, Ref 00011, Type Initial Evaluation, Eval SLT Standard

Load Template: Save

Subjective: Parent / Family Concerns (S), Behavior Observations, Area of Development Causing Concern, Contraindications

Reliability (S): Patient's Performance Was, Primary Communication

Medical History: Date, Description

2:19 PM 3/10/2021

Test, Clayton

Save Cancel Add Edit Delete

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information: Patient Clayton Test, MR # 0001839, DOB 03-01-10, Age 11y, Case ST001

Record Information: Date 03-10-21, Time 09:00a, Therapist JEGR, Loc VALFL, Ref 00011, Type Initial Evaluation, Eval SLT Standard

Load Template: Save

Subjective: Parent / Family Concerns (S), Behavior Observations, Area of Development Causing Concern, Contraindications

Reliability (S): Patient's Performance Was, Primary Communication

Medical History: Date, Description

2:20 PM 3/10/2021



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information
Patient: Clayton Test MR #: 0001839
DOB: 03-01-10 Age: 11y ... Case: ST001

Record Information
Date: 03-10-21 Time: 09:00a
Therapist: JEGR Loc: VALFL Type: Initial Evaluation
Assigned: JEGR Ref: 00011 Eval: SLT Standard

Subjective | Objective Findings | Assessment | Treatment Plan | Recommendations | Charges | Tracking | Setup

Parent / Family Concerns (5)
Clayton Test was seen at the All About Speech and Language Clinic on March 10, 2021 for an initial speech evaluation. Clayton was brought to the clinic upon
Child was accompanied by his mother
Date of Illness / Onset SOC 03-10-21

Behavior Observations
Behavior Observations
Child was happy
Child was playful

Area of Development Causing Concern
Area Comment

Contraindications
Contraindications and Precautions Alert

Reliability (5)
Patient's Performance Was
☒ An accurate representation of the usual behavior
☐ Not an accurate representation of the usual behavior

Primary Communication
Primary Communication
Verbal
Augmentative Communication Device

Medical History
Date Description

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information
Patient: Clayton Test MR #: 0001839
DOB: 03-01-10 Age: 11y ... Case: ST001

Record Information
Date: 03-10-21 Time: 09:00a
Therapist: JEGR Loc: VALFL Type: Initial Evaluation
Assigned: JEGR Ref: 00011 Eval: SLT Standard

Subjective | Objective Findings | Assessment | Treatment Plan | Recommendations | Charges | Tracking | Setup

Parent / Family Concerns (5)
Clayton Test was seen at the All About Speech and Language Clinic on March 10, 2021 for an initial speech evaluation. Clayton was brought to the clinic upon
Child was accompanied by his mother
Date of Illness / Onset SOC 03-10-21

Behavior Observations
Behavior Observations
Child was happy
Child was playful

Area of Development Causing Concern
Area Comment

Contraindications
Contraindications and Precautions Alert

Reliability (5)
Patient's Performance Was
☒ An accurate representation of the usual behavior
☐ Not an accurate representation of the usual behavior

Primary Communication
Primary Communication
Verbal
Augmentative Communication Device

Medical History
Date Description

Primary Communication Details
Type: **Verbal**
Quick find:
☒ Conversational
☐ Phrases
☒ Sentences
☐ Single Words
☐ Vocalizations
☐ Word Approximations
Save (F10)



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Objective Tab:

In Objective Findings: Templates should already be preloaded. There are templates available for each communication domain, should you need to load them in separately (codes below). Clinicians are to assess **ALL** areas, even if qualitatively assessed/subjective judgment. Please review sections, remove inaccurate information, and add client specific details. DO NOT use the drop-down lists in these sections; we are no longer using the word “delay” on our evaluations, and the information with severity is redundant with the templates.

ARTIC = ARTICULATION

OME = ORAL MOTOR

LAN = RECEPTIVE AND EXPRESSIVE LANGUAGE

SOCIA= PRAGMATIC/SOCIAL

VOICE= VOICE AND FLUENCY

PLEASE REVIEW THSE SECTIONS, REMOVE INACCURATE INFORMATION, AND ADD CLIENT SPECIFIC DETAILS.

Objective Findings

Initial Evaluation for Holly Speech - Visit: 2 Payor: SP 00003 + Patient Resp

Patient Information: Patient Holly Speech, MR # 0000722, DOB 01-18-03, Age 19y 9m, Case ST001

Record Information: Date 10-25-22, Time 10:32a, Therapist -PT, Assigned -PT, Loc VALFL, Ref 00024, Type Initial Evaluation, Eval SLT Standard

Objective Findings

Date	Time	Description
10-25-22	10:32a	Language Skills
10-25-22	10:32a	Speech / Phonological
10-25-22	10:32a	Voice and Fluency
10-25-22	10:32a	Pragmatic / Social Skills
10-25-22	10:32a	Oral Motor / Respiratory

Standardized Tests

Date	Time	Description
10-25-22	10:32a	CELF-P2

Other Tests (S)

76°F Heavy rain soon

11:19 AM 12/15/2022



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Speech, Holly

Initial Evaluation for Holly Speech - Visit: 2 Payor: SP 00003 + Patient Resp

Language Skills

Patient Information
Patient: Holly Speech MR #: 0000722 DOB: 01-18-03 Age: 19 Date: 10-25-22

Objective Findings

Date	Time
10-25-22	10:32a
10-25-22	10:32a
10-25-22	10:32a
10-25-22	10:32a
10-25-22	10:32a

Receptive Language Skills (S)

X's receptive language was subjectively judged to be within normal limits, based on qualitative assessment via conversation sampling/speaking tasks during standardized assessment. X consistently and independently demonstrated comprehension skills for following directions and interpretation.

Expressive Language Skills (S)

X's expressive language was subjectively judged to be within normal limits based on qualitative assessment via conversation sampling/speaking tasks during standardized assessment. X consistently and independently verbal expression skills to formulate grammatically correct sentences and cohesive messages for a variety of purposes. Expressive language skills do not need to be directly addressed at

Comments

Other Tests (S)

76°F Heavy rain soon

In Standardized Tests: Click A to add, you will see a long list of standardized tests pop up and select the ones you need.

Test, Clayton

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information
Patient: Clayton Test MR #: 0001839 DOB: 03-01-10 Age: 11y ... Case: ST001

Record Information
Date: 03-10-21 Time: 09:00a Therapist: JEGR Loc: VALFL Type: Initial Evaluation
Assigned: JEGR Ref: 00011 Eval: SLT Standard

Objective Findings

Date	Time	Description
03-10-21	01:13p	Speech / Phonological
03-10-21	01:10p	Language Skills

Standardized Tests

Date	Time	Description
------	------	-------------

Add
Find
Print

Other Tests (S)

New / updated this visit
Not added this visit



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Standardized Tests

Test, Clayton

Main Menu: Dashboard, Scheduler, Patient Files, Daily Ledger, Reports / Forms, Engagement Center, Tables, Utilities, What's Up, Exit

Initial Evaluation

Patient Information: Patient Clayton Test, DOB 03-01-10, Age 11

Subjective

Objective Findings

Date	Time
03-10-21	01:13p
03-10-21	01:10p

Other Tests (5)

Select Test

AAPS-3

Apraxia Profile

Arizona-3

Asset

Bayley III

BBCS-E

Brachen

CAAP

Carolina Curriculum

CASL

CELF-5 Reading and Writing

CELF-5 (5-8)

CELF-P

CELF-P2

CELF-5 (9-21)

CSBS

DP-3

EOWPVT

EVT

FCP-R

GFTA-2

Fluharty

Func Commun Profile

HAPP-3

KLPA2

LPT-3

OWLS

PAT

PAT-2

Visit: 1 Payor: TRICA 10002 Tricare East Region

Therapist: JEGR, Loc: VALFL, Type: Initial Evaluation, Eval: SLT Standard

Standardized Tests

Date	Time	Description

Load Template: Save

ment Plan | Recommendations | Charges | Tracking | Setup

New / updated this visit (Green)
Not added this visit (Yellow)

Test, Clayton

Main Menu: Dashboard, Scheduler, Patient Files, Daily Ledger, Reports / Forms, Engagement Center, Tables, Utilities, What's Up, Exit

Initial Evaluation

Patient Information: Patient Clayton Test, MR # 0001839, DOB 03-01-10, Age 11, Date 03-10-21

Subjective

Objective Findings

Date	Time
03-10-21	01:13p
03-10-21	01:10p

Other Tests (5)

CELF5 (9-21)

9 - 21 Years Old

Subtests Administered

Word Classes(WC)	Raw Score	Scaled Score	Percentile	Age Equivalent	Area of Difficulty	Age Appropriate
Following Directions(FD)	27	9	37	10:3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Formulated Sentences(FS)	15	4	2	8:2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recalling Sentences(RS)					<input type="checkbox"/>	<input type="checkbox"/>
Understanding Spoken Paragraphs(USP)					<input type="checkbox"/>	<input type="checkbox"/>
Word Definitions(WD)					<input type="checkbox"/>	<input type="checkbox"/>
Sentence Assembly(SA)					<input type="checkbox"/>	<input type="checkbox"/>
Semantic Relationships(SR)					<input type="checkbox"/>	<input type="checkbox"/>
Pragmatics Profile(PP)					<input type="checkbox"/>	<input type="checkbox"/>

Core Language Scores and Indexes

Core Language Score	Raw Scores	Standard Scores	Percentile Rank	Age Equivalent
Receptive Language Index				
Expressive Language Index				
Language Content Index				
Language Memory Index				

Comments

Other Tests (5)

Load Template: Save

New / updated this visit (Green)
Not added this visit (Yellow)

There are templates available for describing subtests for our most commonly used assessment tools (CELF-5, CELF-P, etc.). Please choose appropriately from the drop down list. Unless



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

there is a one-off circumstance, there should be no need to edit these templates in the narrative boxes.

Speech, Holly

Save Cancel Help

Initial Evaluation CELF-P2

Patient Information
Patient Holly Speech
DOB 01-18-03 Age 19

MR # 0000722
Date 10-25-22

Load Template

3-6 Years Old

Subtests Administered	Scaled Score	Percentile	Age Equiv.	Area of Difficulty	Age Appropriate
Sentence Structure					
Word Structure					
Expressive Vocabulary					
Concepts and Following Directions					
Recalling Sentences					
Basic Concepts (ages 3-4)					
Word Classes-Receptive (ages 4-6)					
Word Classes-Expressive (ages 4-6)					
Word Classes Total (ages 4-6)					

Core Language Scores and Indexes

	Standard Scores	Percentile Rank	Age Equivalent
Core Language Score			
Receptive Language Index			
Expressive Language Index			
Language Content Index			
Language Structure			

Comments (S)

Sentence Structure: The Sentence Structure subtest was administered to assess client's ability to interpret spoken sentences of increasing length and complexity. In this subtest, a child is required to point to picture stimuli in

Speech, Holly

Find Add Edit Deactivate Print Select Help

Initial Evaluation CELF-P2

Patient Information
Patient Holly Speech
DOB 01-18-03 Age 19

MR # 0000722
Date 10-25-22

Load Template

LTNOT Templates

Code	Description	Filter
ARTIC	Articulation	
CELF5	CELF-5	
CELP2	CELF-P2	
EVAL		
EVAL1		
IEVAL	Initial Evaluation Speech	
LAN	Receptive & Expressive Language	
OME	Oral Motor	
REEVA		
REVAL	Re-evaluation Speech	
ROSSE	Rossetti	

3-6 Years Old

Subtests Administered	Scaled Score	Percentile	Age Equiv.	Area of Difficulty	Age Appropriate
Sentence Structure					
Word Structure					
Expressive Vocabulary					
Concepts and Following Directions					
Recalling Sentences					
Basic Concepts (ages 3-4)					
Word Classes-Receptive (ages 4-6)					
Word Classes-Expressive (ages 4-6)					
Word Classes Total (ages 4-6)					

Core Language Scores and Indexes

	Standard Scores	Percentile Rank	Age Equivalent
Core Language Score			
Receptive Language Index			
Expressive Language Index			
Language Content Index			
Language Structure			

Comments (S)

Sentence Structure: The Sentence Structure subtest was administered to assess client's ability to interpret spoken sentences of increasing length and complexity. In this subtest, a child is required to point to picture stimuli in

For standardized assessments that do not yet have a template in RT, we have a google-doc of running "subtest blurbs" for you to reference for quick copy and paste.



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

The open narrative box for “Other Tests” is mostly used for our Reading Measures, Social Tests, and any standardized tests that aren’t currently in RT.

The screenshot shows the 'All About Speech' software interface. The left sidebar contains navigation options: Scheduler, Patient Files, Daily Ledger, Reports / Forms, Engagement Center, Tables, Utilities, What's Up, and Exit. The main window has tabs for Histories, Subjective, Objective Findings (selected), Assessment, Treatment Plan, Recommendations, Charges, Tracking, and Setup. The 'Objective Findings' tab displays two tables: 'Objective Findings' and 'Standardized Tests'. Below these tables is the 'Other Tests (S)' section, which contains a narrative box for describing performance across subtests. A red arrow points to this section.

Date	Time	Description
03-10-21	01:13p	Speech / Phonological
03-10-21	01:10p	Language Skills

Date	Time	Description
03-10-21	01:15p	CELF-5 (9-21)

Other Tests (S)

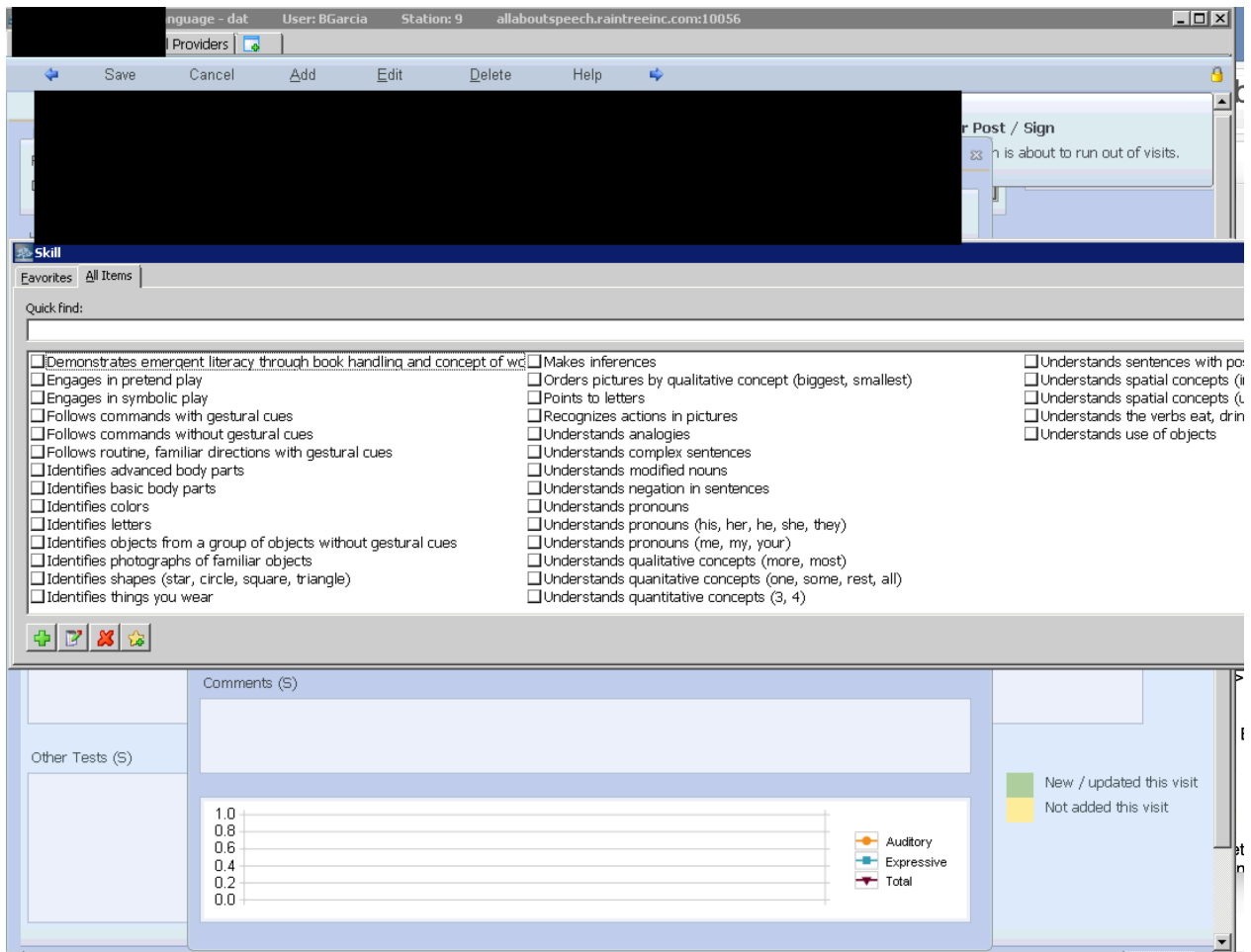
The following describes his performance across subtests:

Word Classes - The Word Classes subtest assesses one's ability to understand relationships between words based on semantic class features, function, or place or time of occurrence. This skill is important for use of word associations to extend word meanings, substitute more advanced synonyms for earlier acquired words, to edit text, develop semantic networks, and to facilitate word retrieval. Clayton received a scaled score that falls in the low average range when compared to age-matched peers. Clayton identified word pairs associated by semantic class, location, composition, function, and opposites. Errors were observed across word pairs associated by synonyms, and a few word

Include attendance data on the POC ☐

1:18 PM
3/15/2021

Certain assessments with pick lists (GFTA, PLS-5), do not have templates. Pick lists are updated. See example





ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

All About Speech & Language RPM - dat User: JGraepel Station: 5 allaboutspeech.raintreeinc.com:10056

File Edit Insert Format Paragraph View Tools Help

Sentences(FS)

Goldman-Fristoe Test of Articulation - 2

The Goldman-Fristoe Test of Articulation - 2 is a standardized test that is administered to assess a client's ability to produce specific speech sounds at the word and/or sentence level. The mean is 100 and the standard deviation is 15. A standard score of 100 on this scale represents the performance of a typical person of a given age. About two-thirds of all people with normal articulation development earn scores between 85 and 115. A percentile rank indicates the percentage of children who earned either the same, lower, or better score or on the test.

Today, the GFTA-2 was administered to Clayton, and the results are as follows:

	Results
Raw Score	80
Standard Score	55
Percentile Rank	<1

These scores result in an age equivalency of: <2:0.

The following describes his performance across subtests:

Word Classes - The Word Classes subtest assesses one's ability to understand relationships between words based on semantic class features, function, or place or time of occurrence. This skill is important for use of word associations to extend word meanings, substitute more advanced synonyms for earlier acquired words, to edit text, develop semantic networks, and to facilitate word retrieval. Clayton received a scaled score that falls in the low average range when compared to age-matched peers. Clayton identified word pairs associated by semantic class, location, composition, function, and opposites. Errors were observed across word pairs associated by synonyms, and a few word opposites. A low average score on this subtest indicates vulnerabilities relative to vocabulary and metalinguistic awareness/analysis. Word classes and completion/generation of word relationships is a skill that should be directly addressed in therapy to increase receptive/expressive vocabulary skills and strengthen word retrieval skills.

Formulated Sentences - The Formulated Sentences subtest measures the child's ability to formulate complete, semantically and grammatically correct, spoken sentences of increasing length and complexity (i.e. simple, compound, complex sentences), using given words and contextual constraints imposed by illustrations; Performance also reflects the capacity to integrate semantic, syntactic, and pragmatic rules and constraints while using working memory. Clayton received a scaled score of 11, falling in the high average range when compared to age-matched peers. Clayton generated a variety of sentences using grammar constructs such as subordination, coordination, conjunctions, adverbs, adjectives, verbs, and nouns. Overall, Clayton's performance on this subtest revealed strengths in integrating semantic and syntactic rules needed to create more complex sentence types.

Recalling Sentences - The Recalling Sentences subtest assesses a student's ability to listen and repeat spoken sentences of increasing length and complexity without changing word meaning, content, structure, or sentence structure. Immediate recall of such information requires use of short-term memory as well as competencies in the areas of semantics, syntax, and morphology. Sentence recall has been a proven method of discriminating between disordered and typically developing language skills. Clayton received a standard score that falls in the low average range when compared to age-matched peers. Clayton recalled simple declarative and interrogative sentences including negation, passive voice, active voice, and some relative clauses. Errors were primarily observed when recalling sentences inclusive of subordinate clauses, coordination, conjunction deletion, and a few relative clauses. Performance on this subtest reveals potential vulnerabilities with internalizing/interpreting various sentence structures to understand meaning of a message and facilitate accurate recall. Although within the average range, given parent concerns and formal APD diagnosis, recalling sentences should be targeted in therapy to facilitate accurate recall of information presented through auditory means.

Save and Sign Off Save and Mark Reviewed Save and Return to Note Save and Exit

79: 51

Treatment Plan Tab and Pick Lists for Short-term Goals:

All About Speech & Language RPM - dat User: JGraepel Station: 5 allaboutspeech.raintreeinc.com:10056

Test, Clayton

Save Cancel Add Edit Delete Find Print

Histories Subjective Objective Findings Assessment **Treatment Plan** Recommendations Charges Tracking Setup

Goals Activity Log

#	Goals	Revised	Start	End	Status	Progress	CPT	Duration
---	-------	---------	-------	-----	--------	----------	-----	----------

Select Goals to Include Goal not updated this visit Goal updated / added this visit Goal that has been met Goal that has been discontinued

Unselect All Hide met goals Show discontinued/met goals

Treatment Recap

Total 0

Treatment Plan Summary

Prognosis for Achieving Goals

Good
Fair
Poor

Short term goals are anticipated to be achieved in
Long term goals are anticipated to be achieved in

Date Reviewed By Certification dates From 03-10-21 To 03-08-22

Include attendance data on the POC

All Previous Notes Initial Evaluation Progress / Re-Evaluations Last Note Update Rollforward Data



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Under Goals, you are going to hit A to add.

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information
Patient: Clayton Test
DOB: 03-01-10 Age: 11y ... Case: ST001

Record Information
Date: 03-10-21
Time: 09:00a
Therapist: JEGR
Assigned: JEGR
Loc: VALFL
Ref: 00011
Type: Initial Evaluation
Eval: SLT Standard

Goals
Activity Log

#	Goals	Revised	Start	End	Status	Progress	CPT	Duration
Add End Print								

Select Goals to Include
Unselect All Hide met goals

Treatment Recap
Treatment Plan Summary
Prognosis for Achieving Goals
Good
Fair
Poor

Short term goals are anticipated to be achieved in
Long term goals are anticipated to be achieved in

Under Category select your long-term goal area from the drop-down arrow. Then you write your long-term goal. Please see google drive for updated pick list goals that include LTG with the STG by goal area to help you in writing appropriate long-term goals.



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Test, Clayton

Save Cancel

Long Term Goals - DOB: 03-01-2010 Age: 11 yrs 0 mos

Patient Information
Patient: Clayton Test MR # 0001839 Case # ST001 Time 09:00a Revised 03-10-21

Category / Progress
LT Goal # ST001-001 Category

Long Term Goal (Alt L for List)

Effective Dates / Status
Start Date 03-10-21 End Date Status New

Daily Progress / Activity
Progress 0% CPT Duration

Short Term Goals
Status Short Term Goal Comments Start Date End Date Ad...

Speech Category

Code	Description	Filter
ST001	Receptive Language	
ST002	Expressive Language	
ST003	Pragmatic / Social Skills	
ST004	Speech and Phonological Development	
ST005	Oral Motor / Respiratory Development	
ST006	Voice Fluency	
ST007	Assistive Technology	
ST008	Communication Skills	
ST009	Reading, writing, and spelling	
ST010	Feeding and Swallowing	
ST011	Reasoning and Problem Solving	

Find Add Edit Deactivate Print Select

Long Term Goals - DOB: 03-01-2010 Age: 11 yrs 0 mos

Patient Information
Patient: Clayton Test MR # 0001839 Case # ST001 Time 09:00a Revised 03-10-21

Category / Progress
LT Goal # ST001-001 Category ST001 Receptive Language

Speech Category

Code	Description	Filter
ST001	Receptive Language	
ST002	Expressive Language	
ST003	Pragmatic / Social Skills	
ST004	Speech and Phonological Development	
ST005	Oral Motor / Respiratory Development	
ST006	Voice Fluency	
ST007	Assistive Technology	
ST008	Communication Skills	
ST009	Reading, writing, and spelling	
ST010	Feeding and Swallowing	
ST011	Reasoning and Problem Solving	

Status Short Term Goal Comments Start Date End Date Ad...

You do not need to fill in progress on initial evaluations.



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Under Short-Term Goal, you are going to go down to the toolbar where you see the star with the + and drop-down arrow box next to it. When you click this, you will hit Load Template.

Then all the templates that we have current “pick lists” for across STG areas will populate here. Select the ones that apply to your LTG objective then the entire template will load. You can toggle over the goal area to see the entire goal. If you have to edit the goal, click on the goal to highlight it in purple, then right click and edit the goal.

Test, Clayton

Save Cancel

Main Menu

- Dashboard
- Scheduler
- Patient Files
- Daily Ledger
- Reports / Forms
- Engagement Center
- Tables
- Utilities
- What's Up
- Exit

Long Term Goals - DOB: 03-01-2010 Age: 11 yrs 0 mos

Patient Information
Patient Clayton Test MR # 0001839 Case # ST001 Time 09:00a Revised 03-10-21

Category / Progress
LT Goal # ST001-001 Category ST001 Receptive Language

Long Term Goal (Alt L for List)
Demonstrate improved listening comprehension skills by responding to verbal or visual stimuli in 80% of over three consecutive sessions given fading verbal, visual, and tactile cues

Effective Dates / Status
Start Date 03-10-21 End Date Status New

Daily Progress / Activity
Progress 0% CPT Duration

Short Term Goals

Status	Short Term Goal	Comments	Start Date	End Date	Ad...
--------	-----------------	----------	------------	----------	-------

Goal that has been discontinued
☐ Show discontinued/met goals

4:36 PM 3/17/2021



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

All About Speech & Language RPM - dat User: JGraepel Station: 2 allaboutspeech.raintreinc.com:10056

Test, Clayton

Save Cancel

Main Menu

- Dashboard
- Scheduler
- Patient Files
- Daily Ledger
- Reports / Forms
- Engagement Center
- Tables
- Utilities
- What's Up
- Exit

Long Term Goals - DOB: 03-01-2010 Age: 11 yrs 0 mos

Patient Information
Patient: Clayton Test MR # 0001839 Case # ST001 Time 09:00a Revised 03-10-21

Category / Progress
LT Goal # ST001-001 Category ST001 Receptive Language

Long Term Goal (Alt L for List)
Demonstrate improved listening comprehension skills by responding to verbal or visual stimuli in 80% of over three consecutive sessions given fading verbal, visual, and tactile cues

Effective Dates / Status
Start Date 03-10-21 End Date Status New

Daily Progress / Activity
Progress 0% CPT Duration

Short Term Goals

Status	Short Term Goal	Comments	Start Date	End Date	Ad...

Load Template

Goal that has been discontinued
☐ Show discontinued/met goals

4:37 PM 3/17/2021

All About Speech & Language RPM - dat User: JGraepel Station: 2 allaboutspeech.raintreinc.com:10056

Test, Clayton

Save Cancel Add Edit Delete

Main Menu

- Dashboard
- Scheduler
- Patient Files
- Daily Ledger
- Reports / Forms
- Engagement Center
- Tables
- Utilities
- What's Up
- Exit

Long Term Goals - DOB: 03-01-2010 Age: 11 yrs 0 mos

Patient Information
Patient: Clayton Test MR # 0001839 Case # ST001 Time 09:00a Revised 03-10-21

Category / Progress
LT Goal # ST001-001 Category ST001 Receptive Language

Long Term Goal (Alt L for List)
Demonstrate improved listening comprehension skills by responding to verbal or visual stimuli in 80% of over three consecutive sessions given fading verbal, visual, and tactile cues

Effective Dates / Status
Start Date 03-10-21 End Date Status New

Daily Progress / Activity
Progress 0% CPT Duration

Short Term Goals

Status	Short Term Goal

Template

Templates	Ownership
<input type="checkbox"/> Pragmatics_Intermediate	Group
<input type="checkbox"/> Pragmatic_Advanced	Group
<input type="checkbox"/> Reading/Spelling_PhonologicalAwareness	Group
<input type="checkbox"/> Reading_Comprehension	Group
<input type="checkbox"/> Reading_Decoding/Encoding	Group
<input type="checkbox"/> ReceptiveLanguage_Elementary&Older	Group
<input checked="" type="checkbox"/> ReceptiveLanguage_Preschool	Group

Delete Edit raw data Load Close

Goal that has been discontinued
☐ Show discontinued/met goals

4:38 PM 3/17/2021



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

The software interface displays the following information:

- Category / Progress:** LT Goal # ST001-001, Category: ST001 Receptive Language
- Long Term Goal (Alt L for List):** Demonstrate improved listening comprehension skills by responding to verbal or visual stimuli in 80% of over three consecutive sessions given fading verbal, visual, and tactile cues
- Effective Dates / Status:** Start Date: 03-10-21, End Date: [blank], Status: New
- Daily Progress / Activity:** Progress: 0%, CPT: [blank], Duration: [blank]
- Short Term Goals Table:**

Status	Short Term Goal	Comments	Start Date	End Date	Ar
New	Follow 1/2 step directions with embedded (CHOOSE ONE: spatial, sequential, temporal conditional, etc.) concepts in 80% of trials over three consecutive sessions given fading verbal, visual, and tactile cues				
New	Follow familiar environmental/routine...				
New	Answer who/what/where/when/why				
New	Follow 1/2 step directions with embedded (CHOOSE ONE: spatial, sequential, temporal conditional, etc.) concepts in 80% of trials over three consecutive sessions given fading verbal, visual, and tactile cues				
New	Answer factual yes/no questions in 8...				

The bottom screenshot shows a 'Short Term Goals' dialog box with the following fields:

- Status:** New
- Short Term Goal:** Follow 1/2 step directions with embedded C
- Comments:** [blank]
- Start Date:** 1/1/21
- End Date:** [blank]
- Addressed:** [blank]

This will mostly be necessary for articulation goals when you are inputting the specific sounds that need to be addressed in treatment.

You will then go through and delete out with the red X button the short- term goals that are not needed to start this plan of care. We usually select no more than 4-5 short-term goal objectives



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

as these can be updated at the time of the progress note, 6 months going forward from the date of the initial evaluation OR if short-term goals are being met and new goals need to get added sooner than this. Be sure to put the date in each STG as well

Category / Progress
LT Goal # ST001-001 Category ST001 Receptive Language

Long Term Goal (Alt L for List)
Demonstrate improved listening comprehension skills by responding to verbal or visual stimuli in 80% of over three consecutive sessions given fading verbal, visual, and tactile cues

Effective Dates / Status
Start Date 03-10-21 End Date
Status New

Daily Progress / Activity
Progress 0% CPT Duration

Short Term Goals

Status	Short Term Goal	Comments	Start Date	End Date	Ad...
New	Follow 1 step directions with embedd...		1/1/21		
New	Answer who and what questions in 8...				
New	Answer preferential yes/no questions...				
New	Identify 10 verbs across therapeutic a...				
New	Identify 5 attributes/adjectives ...				

Rollforward from a previous note

Then you hit save.

Category / Progress
LT Goal # ST001-001 Category ST001 Receptive Language

Long Term Goal (Alt L for List)
Demonstrate improved listening comprehension skills by responding to verbal or visual stimuli in 80% of over three consecutive sessions given fading verbal, visual, and tactile cues

Effective Dates / Status
Start Date 03-10-21 End Date
Status New

Daily Progress / Activity
Progress 0% CPT Duration

Short Term Goals

Status	Short Term Goal	Comments	Start Date	End Date	Ad...
New	Follow 1 step directions with embedd...		1/1/21		
New	Answer who and what questions in 8...				
New	Answer preferential yes/no que...				

Rollforward from a previous note



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

You will repeat this process for as many LTG areas you have with STG area objectives. Use the google drive Pick List/Updated Goals Document to help you as a reference

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information
 Patient: Clayton Test
 MR #: 0001839
 DOB: 03-01-10 Age: 11y ... Case: ST001

Record Information
 Date: 03-10-21
 Time: 09:00a
 Therapist: JEGR
 Assigned: JEGR
 Loc: VALFL
 Ref: 00011
 Type: Initial Evaluation
 Eval: SLT Standard

Goals

#	Goals	Revised	Start	End	Status	Progress	CPT	Duration
001	Demonstrate improved listening comprehension skil...	03-10-21	03-10-21		New	0%		
002	Demonstrate improved semantic skills by labeling ta...	03-10-21	03-10-21		New	0%		

Select Goals to Include
☐ Goal not updated this visit
☐ Goal updated / added this visit
☐ Goal that has been met
☐ Goal that has been discontinued
 ☐ Show discontinued/met goals

Treatment Recap
 UNK 0

Treatment Plan Summary
 Prognosis for Achieving Goals
☐ Good
☐ Fair
☐ Poor

Short term goals are anticipated to be achieved in
 Long term goals are anticipated to be achieved in

Updating, Meeting, Discontinuing Goals for Re-evaluations

Update and/or add any new goals, if warranted, or change the status of the goal per the drop down in this section. WE ONLY USE New, Ongoing, Discontinued, or Met. Once a goal has been addressed in a therapy session, it changes from “New” to “Ongoing.” To Update goals, do the following:



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Test, Clayton Dashboard

Save Cancel Add Edit Delete

Category / Progress
LT Goal # ST001-003 Category ST001 Receptive Language

Long Term Goal (Alt L for List)
Demonstrate improved listening comprehension skills by responding to verbal or visual stimuli in 80% of over three consecutive sessions given fading verbal, visual, and tactile cues

Effective Dates / Status
Start Date 03-03-21 End Date New

Daily Progress / Activity
Progress 0% CPT Duration

Short Term Goals

Status	Short Term Goal	Comments	Start Date	End Date	At
Ongoing	Follow 1/2 step directions with embe...	Clayton follows one step spatial ...	1/1/21		Ye
Ongoing	Follow familiar environmental/rudimentary gi...	Clayton follows familiar envi...	1/1/21		Y
Ongoing	Answer who/what/where/when/why ...				
Ongoing	Answer preferential yes/no questions...				
Ongoing	Answer factual yes/no questions in 8...				

Rollforward from a previous note

Include attendance data on the POC ☐

Update Rollforward Data

2:35 PM 3/3/2021

Test, Clayton Dashboard

Save Cancel Add Edit Delete

Category / Progress
LT Goal # ST001-003 Category ST001 Receptive Language

Long Term Goal (Alt L for List)
Demonstrate improved listening comprehension skills by responding to verbal or visual stimuli in 80% of over three consecutive sessions given fading verbal, visual, and tactile cues

Effective Dates / Status
Start Date 03-03-21 End Date

Short Term Goals

Status: Ongoing

Short Term Goal: Follow familiar environmental/rudimentary gi...

Comments: Clayton follows familiar environmental directions in over 90% of opportunities, given minimal to no cues. Goal Met.

Start Date: 1/1/21

End Date:

Addressed: Yes

OK

2:37 PM 3/3/2021



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

***IF A STG IS DISCONTINUED OR MET, BE SURE TO PUT AN END DATE!**

Short Term Goals Dialog Box:

Status	Met
Short Term Goal	Respond to fading verbal, visual, and tactile cues
Comments	Clayton follows familiar environmental directions in over 90% of opportunities, given minimal to no cues. Goal Met.
Start Date	1/1/21
End Date	3/3/21
Addressed	Yes

***SAME GOES FOR ANY LTG DISCONTINUED/MET (ALONG WITH STATUS CHANGE)**

Effective Dates / Status Section:

Start Date	01-01-21	End Date	03-03-21
Status	Met		

Short Term Goals Table:

Status	Short Term Goal	Comments	Start Date	End Date	Ad...
Met	Follow 1/2 step directions with embe...	Clayton follows one step spatial ...	1/1/21	3/3/21	Yes
Met	Follow familiar environmental/rudime...	Clayton follows familiar environ...	1/1/21	3/3/21	Yes



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Under Treatment Plan Summary, select prognosis, then list what STG and LTG are going to be achieved. Generally, we do 6 months for STG and 12 months for LTG; But if a client has more severe deficits you can put LTG for by discharge.

Test, Clayton

Save Cancel

Patient: Clayton Test MRN: 0001839 Date: 03-10-21 Therapist: JEGR Loc: VALFL Type: Initial Evaluation
DOB: 03-01-10 Age: 11y Case: ST001 Time: 09:00a Assigned: JEGR Ref: 00011 Eval: SLT Standard

Histories Subjective Objective Findings Assessment Treatment Plan Recommendations Charges Tracking Setup

Goals Activity Log

#	Goals	Revised	Start	End	Status	Progress	CPT	Duration
001	Demonstrate improved listening comprehension skill...	03-10-21	03-10-21		New	0%		
002	Demonstrate improved semantic skills by labeling ta...	03-10-21	03-10-21		New	0%		

Select Goals to Include Goal not updated this visit Goal updated / added this visit Goal that has been met Goal that has been discontinued
Unselect All Hide met goals Show discontinued/met goals

Treatment Recap UNK 0

Treatment Plan Summary

Prognosis for Achieving Goals

☒ Good
☐ Fair
☐ Poor

Short term goals are anticipated to be achieved in
Long term goals are anticipated to be achieved in

1 to 2 months
3 months
3 to 6 months
6 months
9 months
12 months
18 months

Total 0

Date Reviewed By

Certification dates From 03-10-21 To 03-08-22

4:47 PM 3/17/2021

Test, Clayton

Save Cancel

Patient: Clayton Test MRN: 0001839 Date: 03-10-21 Therapist: JEGR Loc: VALFL Type: Initial Evaluation
DOB: 03-01-10 Age: 11y Case: ST001 Time: 09:00a Assigned: JEGR Ref: 00011 Eval: SLT Standard

Histories Subjective Objective Findings Assessment Treatment Plan Recommendations Charges Tracking Setup

Goals Activity Log

#	Goals	Revised	Start	End	Status	Progress	CPT	Duration
001	Demonstrate improved listening comprehension skill...	03-10-21	03-10-21		New	0%		
002	Demonstrate improved semantic skills by labeling ta...	03-10-21	03-10-21		New	0%		

Select Goals to Include Goal not updated this visit Goal updated / added this visit Goal that has been met Goal that has been discontinued
Unselect All Hide met goals Show discontinued/met goals

Treatment Recap UNK 0

Treatment Plan Summary

Prognosis for Achieving Goals

☒ Good
☐ Fair
☐ Poor

Short term goals are anticipated to be achieved in
Long term goals are anticipated to be achieved in

6 months
3 months
6 months
9 months
12 months
24 months
36 months
by discharge

Total 0

Date Reviewed By

Certification dates From 03-10-21 To 03-08-22

4:48 PM 3/17/2021



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Assessment Tab:

The screenshot displays the 'All About Speech & Language' software interface. The top navigation bar includes 'Save', 'Cancel', 'Add', 'Edit', and 'Delete'. The main menu on the left lists various functions: Dashboard, Scheduler, Patient Files, Daily Ledger, Reports / Forms, Engagement Center, Tables, Utilities, What's Up, and Exit. The central area is titled 'Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region'. It contains several tabs: 'Patient Information', 'Record Information', 'Clinical Impression', 'Strengths', 'Specific Areas of Concern', and 'Comments (5)'. The 'Assessment' tab is highlighted with a red circle. Below the tabs, there are sections for 'Strengths' and 'Specific Areas of Concern', each with a table for recording data. The 'Diagnosis 1-4' section shows a list of codes and descriptions, including 'F80.89 Other developmental disorders of speech an...'. The bottom status bar indicates the time as 1:29 PM on 3/15/2021.

Check boxes with + of Strengths and Areas of concern. You don't have to "comment" on areas of concern. Again, given the analysis is in the body of the report you can just select what the updated areas are and save with the floppy disk icon.



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

The screenshots show the 'All About Speech & Language RPM' software interface. The top screenshot displays the 'Initial Evaluation for Clayton Test' form. The 'Strengths' section has a red circle around the 'Add row' button. The 'Specific Areas of Concern' section also has a red circle around the 'Add row' button. The bottom screenshot shows the same form with a 'Strengths' pop-up window open. A red bracket highlights the 'Add row' button in the 'Strengths' section, and a red circle highlights the 'Save (F10)' button at the bottom right of the pop-up window.

Depending upon the client and concerns identified in the evaluation, a comment may be warranted, however, this is done on a case-by-case basis as well. In this comment box, you will ALWAYS reiterate if therapy is/is not warranted. Typically, we use this verbiage:



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

“X, a x year x month old girl/boy, presents with impairments across _____ skills. Results of standardized and qualitative assessment reveal the need for therapeutic support is warranted at this time.”

Recommendations Tab:

There is a template for this as well that will fill out for you as well. PLEASE be sure to read thoroughly and complete, remove any information that is not pertinent or accurate. It should look like this:

Based on standardized and qualitative assessment, clinical observation, and parent report of NAME's current level of function, skilled speech language intervention is warranted at this time. X, age __;__, presents with deficits/impairments across (list domains) secondary to (diagnosis if relevant). Medical history is also relevant for ____ (anything pertinent to their development). **X presents with (PUT IN DISORDER); DISORDER is considered a condition that may be impacting X's ability to functionally communicate his/her wants and needs.** Research has shown skilled speech language therapy to be beneficial in treating speech and language disorders (Broomfield & Dodd, 2011). ***See various Research citations***

Social Citation= Research has shown skilled speech language therapy to be beneficial in treating social skills disorders in children and adolescents (P.G. Erwin, 2007).

Apraxia Citation= Research supports the use of a motor-planning approach incorporating integral stimulation and/or Dynamic Temporal and Tactile Cueing approach for children with [childhood apraxia of speech] CAS (Koehlinger, K. M. 2015).



Expanded Evaluation Procedure for Speech Language Pathologists

Stuttering Citation= Research has shown skilled speech language therapy to be beneficial in treating stuttering disorders in children and adolescents (C. Nye, et al. 2013).

AAC Citation= Research has shown skilled speech language therapy implementing augmentative output to be beneficial in improving speech and language skills(Allen, A. A., Schlosser, R. W., et al. 2017).

RESULTS FROM TESTING: Results from the ____/qualitative assessment revealed **skills** to be below average. Primary areas of need include: _____. Oral motor structure/function, voice, fluency, articulation, pragmatic language/social interaction, receptive language, and expressive language skills (CHOOSE APPLICABLE), were subjectively judged/assessed to be within normal limits. LIST ANY PARTICULAR OBSERVATIONS HERE, i.e. "X was observed to whisper some of his responses during the evaluation; this is observed to be behavioral in nature and not indicative of a voice pathology/etiology. All aforementioned communication domains should continue to be monitored and directly addressed as deemed clinically necessary.

PLAN OF CARE/FOCUS OF TREATMENT: Recommendations are as follows: Initiate/Continue with Speech-Language Therapy. Based on clinical observations, evaluation results, and caregiver reports, the specified frequency/duration for speech-language treatment is recommended. Skilled, individualized therapy services are/continue to be indicated to carry out the plan of care, which requires one-on-one instruction from a skilled, trained therapist due to the need for continually updated goals and techniques that cannot be provided solely/soundly by this patient's caregiver at home. At this time, therapeutic support is considered medically necessary and should address (LIST/DETAIL SPECIFIC AREA/DOMAINS)_____. Therapeutic techniques to help execute this plan of care will include the following: (ANY SPECIFIC SLP TREATMENT TECHNIQUES RECOMMENDATIONS TO BE ADDED HERE I.E., Augmentative/Alternative Communication (AAC), PECS, CYCLES APPROACH, Auditory Discrimination Training, Oral Stimulation and/or Exercises, Verbal Behavior Shaping, Behavior Modification, Fluency Training, Voice Therapy an/or Vocal Care Program, Feeding and/or Swallowing Therapy utilizing S.O.S method, Articulation therapy utilizing PROMPT, ETC.).

PROGNOSIS/MEDICAL NECESSITY: X's prognosis and rehabilitation potential is positive with skilled individualized therapy. Based on parent report, clinical observations made in therapy sessions, results of administered standardized testing, areas of need are confirmed across X's expression, understanding, and production of language (ADJUST SPECIFICS). Given these conditions, as well as X's compliance and participation in therapy, attendance, and his supportive family, prognosis for improvement with therapy is good at this time. Recommended therapy is considered to be medically necessary to prevent more significant disability, is individualized and specific for this patient based on their symptoms or diagnosis/condition (where treatment is targeted toward specific goals), is reasonable and not in excess of the patient's needs, will be implemented with evidence-based practices and standards and therefore are not experimental in nature, are reflective of the level of service that can be safely furnished for the patient, and for which no equally effective and more conservative or less costly treatment is available at this time. The specified medically necessary treatment requires the specific knowledge, skills, and judgment of a speech-language pathologist (SLP) and is expected to yield improvement within a reasonable amount of time. The goal of intervention is to treat X's impairments with the purpose of remediating skills to a more normal state of function.

HOME PROGRAM BEYOND TREATMENT: Patient and caregiver will follow up with a HOME PROGRAM that is designed to aid in appropriate carryover and generalization of newly learned skills and shall include: providing caregiver training, verbal and written home exercise plans/activities following session times, and provision of treatment strategies and patient progress toward goal objectives following sessions.



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Test, Clayton

Save Cancel

Main Menu

- Dashboard
- Scheduler
- Patient Files
- Daily Ledger
- Reports / Forms
- Engagement Center
- Tables
- Utilities
- What's Up
- Exit

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information: Patient Clayton Test, MR # 0001839, DOB 03-01-10, Age 11y, Case ST001

Record Information: Date 03-10-21, Time 09:00a, Therapist JEGR, Loc VALFL, Type Initial Evaluation, Assigned JEGR, Ref 00011, Eval SLT Standard

Load Template: Save

Historys Subjective Objective Findings Assessment Treatment Plan Recommendations Charges Tracking Setup

Plan

- ☐ Initiate Therapy
- ☐ Continue Therapy
- ☐ No Services Needed
- ☐ Recheck
- ☐ Home Program

In Order To

Comments (S)

Frequency/ Duration

Frequency/ duration: 2 visits per Week for 52 Week

Treatment Duration

Update Plan from Rx

Total Visits: 104 Used 1 Remaining 103

Update POC Dates / Send POC

Manually Adjust POC Dates

POC From 03-10-21 POC To 03-08-22

RX 07-22-20 - 07-22-21 104 1 103

☐ Patient and/or caregiver consents to treatment plan and goals and gives verbal informed consent.

The evaluation was completed at another agency.

Discharge Planning

Criteria for discharge

Recommendations For Further Assessments

Recommendations for Further Assessments Comment

Test, Clayton

Save Cancel

Main Menu

- Dashboard
- Scheduler
- Patient Files
- Daily Ledger
- Reports / Forms
- Engagement Center
- Tables
- Utilities
- What's Up
- Exit

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information: Patient Clayton Test, MR # 0001839, DOB 03-01-10, Age 11y, Case ST001

Record Information: Date 03-10-21, Time 09:00a, Therapist JEGR, Loc VALFL, Type Initial Evaluation, Assigned JEGR, Ref 00011, Eval SLT Standard

Load Template: Save

Historys Subjective Objective Findings Assessment Treatment Plan Recommendations Charges Tracking Setup

Plan

- ☒ Initiate Therapy
- ☐ Continue Therapy
- ☐ No Services Needed
- ☐ Recheck
- ☐ Home Program

In Order To

improve receptive language and expressive language skills

Comments (S)

Based on formal assessment, parent report, and clinical observation, skilled speech language therapy is warranted at this time. Clayton presents with oral motor structure/function, vocal quality, fluency, and pragmatic/social skills to be within normal.

☒ Patient and/or caregiver consents to treatment plan and goals and gives verbal informed consent.

The evaluation was completed at another agency.

Discharge Planning

Criteria for discharge

Recommendations For Further Assessments

Recommendations for Further Assessments Comment

Here you will also add recommendations for further assessments if needed, again especially if have concerns for more going on with a child; can select via +.



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Recommendations for further Assessments

Test, Clayton

Save Cancel

Histories | Subjective | Objective Findings | Assessment | Treatment Plan | **Recommendations** | Charges | Tracking | Setup

Plan

☒ Initiate Therapy ☐ PT ☐ OT ☒ SLT

☐ Continue Therapy

☐ No Services Needed

☐ Recheck

☐ Home Program

In Order To: improve receptive language and expressive language skills

Comments (5): Based on formal assessment, parent report, and clinical observation, skilled speech language therapy is warranted at this time. Clayton presents with oral motor structure/function, vocal quality, fluency, and pragmatic/social skills to be within normal.

☒ Patient and/or caregiver consents to treatment plan and goals and gives verbal informed consent.

Recommendations For Further Assessments

Recommendations for Further Assessments Comment

☒ Add row

Frequency/ Duration

Frequency/ duration: 2 visits per Week for 52 Week

Treatment Duration: Update Plan from Rx

Total Visits: 104 Used: 1 Remaining: 103

☒ Update POC Dates / Send POC

Manually Adjust POC Dates

POC From: 03-10-21 POC To: 03-08-22

RX: 07-22-20 - 07-22-21 104 1 103

Discharge Planning

Criteria for discharge

Discharge Planning Comments

Include attendance data on the POC ☐

All Previous Notes Initial Evaluation Progress / Re-Evaluations Last Note Update Rollforward Data

POC missing/Rx on file No Active IFSP Patient Menu Treatment Summary Plan of Care Preview Save

Test, Clayton

Save Cancel Add Edit Delete

Histories | Subjective | Objective Findings | Assessment | Treatment Plan | **Recommendations** | Charges | Tracking | Setup

Plan

☒ Initiate Therapy ☐ PT ☐ OT ☒ SLT

☐ Continue Therapy

☐ No Services Needed

☐ Recheck

☐ Home Program

In Order To: improve receptive language and expressive language skills

Comments (5): Based on formal assessment, parent report, and clinical observation, skilled speech language therapy is warranted at this time. Clayton presents with oral motor structure/function, vocal quality, fluency, and pragmatic/social skills to be within normal.

☒ Patient and/or caregiver consents to treatment plan and goals and gives verbal informed consent.

Recommendations For Further Assessments

Recommendations for Further Assessments Comment

☒ Add row

Frequency/ Duration

Frequency/ duration: 2 visits per Week for 52 Week

Treatment Duration: Update Plan from Rx

Total Visits: 104 Used: 1 Remaining: 103

☒ Update POC Dates / Send POC

Manually Adjust POC Dates

POC From: 03-10-21 POC To: 03-08-22

RX: 07-22-20 - 07-22-21 104 1 103

Discharge Planning

Criteria for discharge

Discharge Planning Comments

Include attendance data on the POC ☐

All Previous Notes Initial Evaluation Progress / Re-Evaluations Last Note Update Rollforward Data

POC missing/Rx on file No Active IFSP Patient Menu Treatment Summary Plan of Care Preview Save

Recommendations for Further Assessments

Favorites All Items

☐ ABA/Behavior Therapy

☐ Assistive Technology

☐ Audiologist

☐ Cervical X-rays

☐ Developmental Pediatrician

☐ Diagnostic Services

☐ Family Therapy

☐ Feeding Clinic

☒ Genetic Testing

☐ Home Program Consultation

☐ Neuro-psychologist

☐ Neurologist

☐ Nursing

☐ Nutrition

☐ Occupational Therapy Assessment

☐ Orthopedic Evaluation

☐ Physical Therapy

☐ Psychological

☐ PT/OT/SLT Re-evaluation Clinic

☐ Speech-language Therapy

☐ Splinting/Orthoses for L wrist/hand

☐ Vision Screening

Save (F10)



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Test, Clayton

Save Cancel Add Edit Delete

Histories Subjective Objective Findings Assessment Treatment Plan Recommendations Charges Tracking Setup

Plan

☒ Initiate Therapy ☐ PT ☐ OT ☒ SLT

☐ Continue Therapy

☐ No Services Needed

☐ Recheck

☐ Home Program

In Order To: improve receptive language and expressive language skills

Comments (S): Based on formal assessment, parent report, and clinical observation, skilled speech language therapy is warranted at this time. Clayton presents with oral motor structure/function, vocal quality, fluency, and comprehension skills to be within normal limits.

☒ Patient and/or caregiver consents to treatment plan and goals and gives verbal informed consent.

Frequency/Duration

Frequency/ duration: 2 visits per Week for 52 Week

Treatment Duration: Update Plan from Rx

Total Visits: 104 Used: 1 Remaining: 103

☒ Update POC Dates / Send POC

Manually Adjust POC Dates

POC From: 03-10-21 POC To: 03-08-22

RX: 07-22-20 - 07-22-21 104 1 103

Recommendations For Further Assessments

Recommendations for Further Assessments	Comment
Hearing Screening	

Discharge Planning

Criteria for discharge

Discharge Planning Comments

Include attendance data on the POC ☐

All Previous Notes Initial Evaluation Progress / Re-Evaluations Last Note Update Rollforward Data

POC missing/Rx on file No Active IFSP Patient Menu Treatment Summary Plan of Care Preview Save

Test, Clayton

Save Cancel Add Edit Delete

Histories Subjective Objective Findings Assessment Treatment Plan Recommendations Charges Tracking Setup

Plan

☒ Initiate Therapy ☐ PT ☐ OT ☒ SLT

☐ Continue Therapy

☐ No Services Needed

☐ Recheck

☐ Home Program

In Order To: improve receptive language and expressive language skills

Comments (S): Based on formal assessment, parent report, and clinical observation, skilled speech language therapy is warranted at this time. Clayton presents with oral motor structure/function, vocal quality, fluency, and comprehension skills to be within normal limits.

☒ Patient and/or caregiver consents to treatment plan and goals and gives verbal informed consent.

Frequency/Duration

Frequency/ duration: 2 visits per Week for 52 Week

Treatment Duration: Update Plan from Rx

Total Visits: 104 Used: 1 Remaining: 103

☒ Update POC Dates / Send POC

Manually Adjust POC Dates

POC From: 03-10-21 POC To: 03-08-22

RX: 07-22-20 - 07-22-21 104 1 103

Recommendations For Further Assessments

Recommendations for Further Assessments	Comment
Hearing Screening	

Discharge Planning

Criteria for discharge

Discharge Planning Comments

Include attendance data on the POC ☐

All Previous Notes Initial Evaluation Progress / Re-Evaluations Last Note Update Rollforward Data

POC missing/Rx on file No Active IFSP Patient Menu Treatment Summary Plan of Care Preview Save

Comment: Due to parent concerns regarding hearing, child not consistently responding when called.

OK

Under Frequency/Duration you will input 1-2 visits per week for 52 weeks (use clinical judgment here)



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Treatment Duration is 30 minutes. Total number of visits will be 104.

The screenshot displays the 'All About Speech & Language RPM' software interface. The top navigation bar shows the user is 'JGraepel' at 'Station: 2'. The main window is titled 'Test, Clayton' and shows the 'Recommendations' tab. The patient's details are: DOB 03-01-10, Age 11y, Case ST001, Time 09:00a, Assigned JEGR, Ref 00011, Eval SLT Standard. The 'Plan' section shows 'Initiate Therapy' selected, with 'SLT' checked under 'PT', 'OT', and 'SLT'. The 'Frequency/Duration' section shows '2 visits per week' for '52 weeks'. The 'Total Visits' are 104, with 1 used and 103 remaining. The 'POC From' date is 03-10-21 and the 'POC To' date is 03-08-22. The 'Discharge Planning' section is also visible at the bottom.

POC From and POC To Dates are in line with the initial date of the evaluation; you input the initial date of the evaluation and then put that same date but a year later denoting when it “expires” and that will warrant us to do a re-evaluation. Sometimes the numbers autofill in for you as well. If there is ever an error, it won’t let you sign off on the report without fixing it so can always ask CM/Operations Director about this



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Test, Clayton

Save Cancel

DOB 03-01-10 Age 11y ... Case ST001 Time 09:00a Assigned JEGR Ref 00011 Eval SLT Standard

Histories Subjective Objective Findings Assessment Treatment Plan Recommendations Charges Tracking Setup

Plan

☒ Initiate Therapy ☐ PT ☐ OT ☒ SLT

☐ Continue Therapy

☐ No Services Needed

☐ Recheck

☐ Home Program

In Order To improve receptive language and expressive language skills

Comments (5) Based on formal assessment, parent report, and clinical observation, skilled speech language therapy is warranted at this time. Clayton presents with oral motor structure/function, vocal quality, fluency, and pragmatic/social skills to be within normal.

☒ Patient and/or caregiver consents to treatment plan and goals and gives verbal informed consent.

Recommendations For Further Assessments

Recommendations for Further Assessments	Comment
Hearing Screening	Due to parent concerns regarding

Frequency/ Duration

Frequency/ duration 2 visits per Week for 52 Week

Treatment Duration Update Plan from Rx

Total Visits 104 Used 1 Remaining 103

☒ Update POC Dates / Send POC

☐ Manually Adjust POC Dates

POC From 03-10-21 POC To 03-10-22

RX 07-22-20 104 1 103

Discharge Planning

Criteria for discharge

Discharge Planning Comments

Test, Clayton

Save Cancel

DOB 03-01-10 Age 11y ... Case ST001 Time 09:00a Assigned JEGR Ref 00011 Eval SLT Standard

Histories Subjective Objective Findings Assessment Treatment Plan Recommendations Charges Tracking Setup

Plan

☒ Initiate Therapy ☐ PT ☐ OT ☒ SLT

☐ Continue Therapy

☐ No Services Needed

☐ Recheck

☐ Home Program

In Order To improve receptive language and expressive language skills

Comments (5) Based on formal assessment, parent report, and clinical observation, skilled speech language therapy is warranted at this time. Clayton presents with oral motor structure/function, vocal quality, fluency, and pragmatic/social skills to be within normal.

☒ Patient and/or caregiver consents to treatment plan and goals and gives verbal informed consent.

Recommendations For Further Assessments

Recommendations for Further Assessments	Comment
Hearing Screening	Due to parent concerns regarding

Frequency/ Duration

Frequency/ duration 2 visits per Week for 52 Week

Treatment Duration Update Plan from Rx

Total Visits 104 Used 1 Remaining 103

☒ Update POC Dates / Send POC

☐ Clear Adjusted POC Dates

POC From 03-10-21 POC To 03-10-22

RX 07-22-20 - 07-22-21 104 1 103

Discharge Planning

Criteria for discharge

Discharge Planning Comments



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Discharge Planning: Again case by case if you fill this out per family and can add via +.

Criteria for Discharge

Test, Clayton

Save Cancel

DOB 03-01-10 Age 11y ... Case ST001 Time 09:00a Assigned JEGR Ref 00011 Eval SLT Standard

Histories Subjective Objective Findings Assessment Treatment Plan Recommendations Charges Tracking Setup

Plan

☒ Initiate Therapy ☐ PT ☐ OT ☒ SLT

☐ Continue Therapy

☐ No Services Needed

☐ Recheck

☐ Home Program

In Order To improve receptive language and expressive language skills

Comments (S) Based on formal assessment, parent report, and clinical observation, skilled speech language therapy is warranted at this time. Clayton presents with oral motor structure/function, vocal quality, fluency, and expressive/functional skills to be within normal limits.

☒ Patient and/or caregiver consents to treatment plan and goals and gives verbal informed consent.

Recommendations For Further Assessments

Recommendations for Further Assessments	Comment
Hearing Screening	Due to parent concerns regarding

Frequency/Duration

Frequency/ duration 2 visits per Week for 52 Week

Treatment Duration Update Plan from Rx

Total Visits 104 Used 1 Remaining 103

☒ Update POC Dates / Send POC

Clear Adjusted POC Dates

POC From 03-10-21 POC To 03-10-22

RX 07-22-20 07-22-21 104 1 103

Discharge Planning

Criteria for discharge

Planning Comments

Add row

Test, Clayton

Save Cancel Add Edit Delete

DOB 03-01-10 Age 11y ... Case ST001 Time 09:00a Assigned JEGR Ref 00011 Eval SLT Standard

Histories Subjective Objective Findings Assessment Treatment Plan Recommendations Charges Tracking Setup

Plan

☒ Initiate Therapy ☐ PT ☐ OT ☒ SLT

☐ Continue Therapy

☐ No Services Needed

☐ Recheck

☐ Home Program

In Order To improve receptive language and expressive language skills

Comments (S) Based on formal assessment, parent report, and clinical observation, skilled speech language therapy is warranted at this time. Clayton presents with oral motor structure/function, vocal quality, fluency, and expressive/functional skills to be within normal limits.

☒ Patient and/or caregiver consents to treatment plan and goals and gives verbal informed consent.

Recommendations For Further Assessments

Recommendations for Further Assessments	Comment
Hearing Screening	Due to parent concerns regarding

Frequency/Duration

Frequency/ duration 2 visits per Week for 52 Week

Treatment Duration Update Plan from Rx

Total Visits 104 Used 1 Remaining 103

☒ Update POC Dates / Send POC

Clear Adjusted POC Dates

POC From 03-10-21 POC To 03-10-22

RX 07-22-20 07-22-21 104 1 103

Criteria for discharge

Favorites All items

Quick find:

- ☐ Client can continue therapy and maintain status with a home program
- ☒ Client has achieved maximum functional benefit from therapy
- ☐ Client has adapted to impairment with assistive equipment
- ☐ Client has returned to baseline function
- ☐ Client is able to perform ADLs with minimal to no assistance
- ☒ Client no longer demonstrates functional impairment or delay
- ☒ Plateau in response to therapy/lack of progress towards goals
- ☒ Testing shows client no longer has a developmental delay
- ☐ The responsible adult has had instruction on the home program

Discharge Planning Comments

Save (F10)



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Charges:

Most evaluations are 92523 (Use 92522 if NOT assessing language); for SP and TRICARE

The screenshot shows the Raintree software interface for an initial evaluation. The 'Charges' tab is selected and circled in red. The interface displays patient information (Clayton Test, MR # 0001839, DOB 03-01-10, Age 11y), record information (Date 03-10-21, Time 09:00a, Therapist JEGR, Loc VALFL, Type Initial Evaluation), and various service codes with checkboxes. A red arrow points to the 'Engagement Center' in the left sidebar. The 'Charges' tab shows a list of services with columns for 'Chg' and 'Exp'. The 'Therapy Procedures' section lists 15 min increments with checkboxes for various activities. The 'Insurance / Payor Information' section shows 'A 10002 Tricare East Region' and 'TRICA'. The 'Posting Information' section shows 'Billed 450.00' and 'Expected 450.00'.

If there is another evaluation code that is warranted you can use the list in the charges tab or it will be communicated to you at the time of the evaluation, or you can communicate with your CM prior to the evaluation.

Adding Diagnoses Codes

1. TRICARE insurance requires that we have in our possession authorizations (Prime) or referrals (Select) as documentation supporting the medical necessity of the therapy services provided by AASL. These documents have listed a diagnosis code which was determined by the client's medical doctor. There may be a list of more than one diagnoses. Upon receipt of this documentation, Patient Scheduler enters the applicable codes in Raintree consistent with the authorization or referral. SELF-PAY clients may elect to request a script or referral from the Primary Care Physician if they are planning to submit paid invoices in hopes of acquiring reimbursement from their private commercial insurance company. If we are provided a script, Patient Scheduler, will enter such diagnosis code as their primary diagnosis in their chart.
2. The primary diagnosis provided by the medical doctor should remain diagnosis code #1 in the client's chart. Do not remove the original code from the doctor; this is required for reimbursement. If a therapist determines after testing that additional diagnosis codes are applicable for the client, they should send an email to Client Service Manager to add the codes, listing them in the order to be added and the effective date. Client Services Manager will then enter this information in all the applicable areas on Raintree.



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

3. If a primary diagnosis code is changed by the Primary Care Physician at the time of the new authorization or referral, the Client Services employee handling TRICARE will update Raintree accordingly for TRICARE families, and the Client Services Manager, will update for SELF-PAY clients.
4. If a therapist believes that a diagnosis code needs to be updated as it is not applicable to the child, the therapist will email the Client Services Manager requesting such change.
5. If a parent brings in a report to share with our clinic from another professional with added diagnoses that you, the therapist, believe should be added to their chart, please email the Client Services Manager to make this addition. In addition, share the supporting document from the professional with the Front Desk Receptionist to upload to Raintree.

F84.0 Autistic Disorder	Q90-Q90.9 Down Syndrome (Trisomy 21)
F80.0 Phonological Disorder	F80.1 Expressive Language Disorder
F80.2 Mixed Receptive/.Expressive	R63.30 Feeding Difficulties, Unspecified
F80.81 Child Onset Fluency Disorder	F81.0 Specific Reading Disorder *
F80.9 Developmental Disorder of Speech and Language, Unspecified	F80.89 Other Developmental Disorders of Speech and Language
R62.0 Delayed Milestone in Childhood	F80.82 Social Pragmatic Communication Disorder (NOT combined with ASD)
R48.2 Apraxia	R13.11 Dysphagia, Oral Phase

- F84.0 ASD you DO NOT add Social pragmatic Disorder F80.2 code
- R62.0 you DO add secondary codes (F80.1, F80.2, etc.)
- ANY F80 codes cancel each other out (you cannot have more than one) i.e., if it is a speech and language kid, you don't do F80.0 Phonological Disorder and F80.1 Expressive Language Disorder, you choose the F80.1
- F80.9 you DO NOT add codes (see above)

***This is not an exhaustive list, but includes the codes we are most commonly seeing in current caseloads, please continue to forward the referrals so that the evaluating therapist can determine whether or not a code is appropriate and reimbursable* For further reference, please view list from ASHA 2022 ICD-10-CM Diagnosis Codes Related to Speech, Language, and Swallowing Disorders (asha.org)**



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Test, Clayton

Save Cancel

Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region

Patient Information
 Patient: Clayton Test MR #: 0001839
 DOB: 03-01-10 Age: 11y... Case: ST001

Record Information
 Date: 03-10-21 Therapist: JEGR Loc: VALFL Type: Initial Evaluation
 Time: 09:00a Assigned: JEGR Ref: 00011 Eval: SLT Standard

Load Template
 Save

ST Evaluations

	Chg	Exp
<input type="checkbox"/> 92521 Eval of Speech Fluency		
<input type="checkbox"/> 92522 Eval ST Sound Production		
<input checked="" type="checkbox"/> 92523 Eval Sound Prod w.Lang	450.00	450.00
<input type="checkbox"/> 92524 Analysis of Voice & Resonance		
<input type="checkbox"/> 92506 Speech/Hearing Evaluation		
<input type="checkbox"/> 92610 Evaluate Swallowing Function		
<input type="checkbox"/> 92597 Oral Speech Device Eval		
<input type="checkbox"/> Speech Re-Evaluation - SP		
<input type="checkbox"/> Evaluation Done Outside		

Miscellaneous
 Select Service
☐ COVID-19 PPE Co...
☐ Consultation
☐ Family/Therapist Interview
☐ Parent/Therapist Interview
☐ Home Visit
☐ Screening
☐ Late Fee (10 Min)

Additional Services
 Services / Supplies
 Unit Amount

Diagnosis 1-4
 1 F80.89 Other developmental disorder...
 2 F80.1
 3
 4

Time In: **Time Out:**
 Total Minutes: Timed Untimed
 Check Units Treatment Time: 0
 Location of Treatment

Collect Payment
 Amount Copay 0.00
 Type Ref#
 Method Type
 Check # Receipt
 Post payment

Therapy Procedures
 Enter 15 Min increments
☐ 97150 Group
☐ 97530 Therapeutic Activity
☐ Therapeutic Activities 30 Min-SP
☐ Therapeutic Activities 45 Min-SP
☐ Therapeutic Activities 60 Min-SP
☐ 92507 Speech/Hear Therapy 30 Min
☐ Speech/Hearing Therapy 45 Min-SP

Insurance / Payor Information
 A 10002 Tricare East Region TRICA
 Bill To
 Payor Set Skip Copay
☐ Returned Check Fee

Posting Information
 Posted By
 Billed 450.00 Cosigner
 Expected 450.00 Bill Doc
 POS Bill Loc

4:59 PM 3/17/2021

Signing off/Saving Report:

1. If you don't complete the evaluation in one sitting, you hit save and exit. If you are ready to save and sign off, hit save, then you will be directed to what looks like a white document, much like when you save and sign off on daily notes. Here is where you check for grammatical edits, and do minor changes like the GFTA-2 making it say GFTA-3 and any other formatting type changes. You cannot edit big elements of the report in here (i.e. specific data, goals etc.) as they won't save into the report. So if you catch changes that need to be made you will have to go back to the edit detail when you click on the evaluation in the client's chart.
2. If you are requiring co-signs, DO NOT make changes in the final sign off screen (cosigner will do this for you). Your report will be sent to your co-signer for review before it is finalized so be sure to communicate with them when you signed off on it accordingly.
3. If you are required to have your evaluations reviewed prior to being signed off and NOT on cosigns, you will just "save and exit" the report until it is reviewed. Be sure to communicate completion of the evaluation and request for review accordingly, and in a timely manner, with your CM



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

Initial Evaluation

Date of Visit:	03-10-21	Therapist:	Jenna Graepel
Patient Name:	Test, Clayton	Referring MD:	Christopher Wilke
Patient #:	0001839		
Date of Birth:	03-01-2010		
Age:	11 years, 1 week, 2 days	Certification Period:	03-10-21 to 03-10-22

Diagnosis:

F80.89	Other developmental disorders of speech and language
F80.1	Expressive language disorder

SUBJECTIVE:
Clayton Test, a 11 years, 1 week, 2 days old male presents to therapy today upon referral of Christopher Wilke accompanied by his mother.

Parent / Family Concerns
Clayton Test was seen at the All About Speech and Language Clinic on March 10, 2021 for an initial speech evaluation. Clayton was brought to the clinic upon parent concerns regarding his articulation. Mrs. Test reported that Clayton is observed with many errors/substitutions, making him difficult to understand in connected speech when interacting with less familiar listeners. Clayton presented as a sweet, ten year old boy, he readily participated in all presented assessment activities, requiring no redirection to attend to or complete structured/unstructured tasks.

Area of Development Causing Concern

- Receptive and Expressive Language
- Speech

Behavior Observations

- Child was easy to engage
- Child was happy
- Child was playful

Communication

Type	Primary Communication
Verbal	Sentences
Verbal	Conversational

1: 1

Save and Sign Off Save and Mark Reviewed Save and Return to Note **Save and Exit**

4. If you are wanting a second set of eyes or opinion on a certain part of your evaluation, just “save and exit” the report until it is reviewed. Be sure to communicate completion of the evaluation and request for review accordingly, and in a timely manner, with your CM
5. Be sure to give the evaluation a read-through to ensure no glaring typos or errors before signing off on the document. This is a last impression a doctor, family, or insurance reviewer will be seeing from us, so take care in your review.
6. Do not sign off on a client's daily note if they have an open evaluation. When you see a client for a daily treatment session who has a re-evaluation open, do not address or comment on ANY goals in the daily note until the re-evaluation is signed off. This causes issues for NEW, MET, or DISCONTINUED goals not to be able to roll forward automatically. While the re-evaluation is “open,” please input your data into the assessment portion. Once the re-evaluation has been signed off, you can then address the goals and add your data to the short- or long-term goals and comment boxes and sign off on the note.
7. If a parent/caregiver requests to have the evaluation sent to them or another professional, please inform the Front Desk. Please do so by providing client name, parent name, and specific request. They will send documentation to parents or other professionals as requested, ensuring necessary releases of information are on file.

Cosigns:

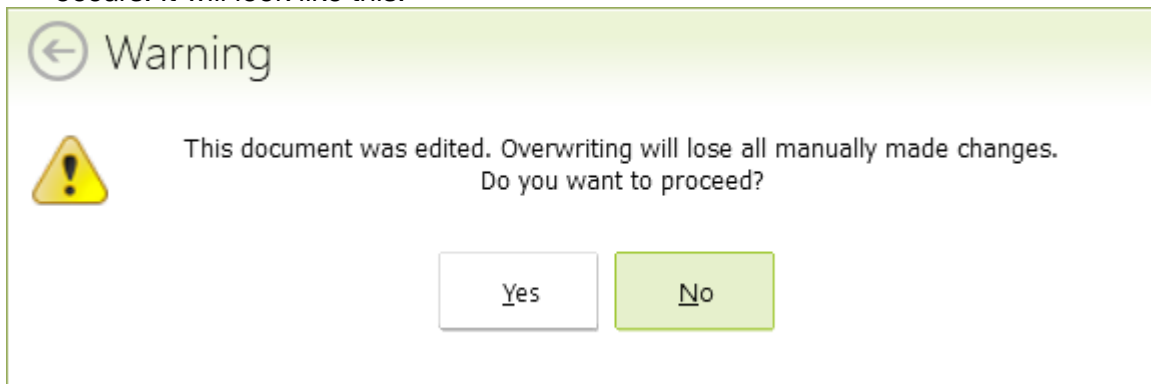
1. When starting as a clinician here at AASL, all documentation will require a cosign. Upon your completion/sign off of a note, it will be sent to someone in Quality Division for review.



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

2. Cosigns are required for the purposes of ensuring consistency of documentation across the team. Additionally, TRICARE does require a cosign until a clinician becomes an approved provider.
3. Once a note is signed, it will be removed from the Cosignee's Dashboard onto the Cosigner's dashboard. Daily notes should be completed within two business days, progress notes or discharge notes within 2-4 business days, and evaluations/reevaluations within two weeks.
4. If there are any edits that need to be made to documentation, the Cosigner will send an email outlining specific feedback. The cosigner will also designate a time which within these edits need to be made. If no time frame is specified, changes must be made within 48 hours of receiving this feedback to ensure timely completion of documentation.
5. Please do all edits within the note template/detail. Do not edit the final draft page. Edits made in the final draft page result in a change to the note that prevents billing from adding charges. Billing will not be able to post charges until signed by cosigner if this occurs. It will look like this:



6. Tips for optimizing the cosign routine:
 - Familiarizing yourself with procedures as outlined in the Therapist Hat Pack
 - Being proactive about seeking feedback may help reduce the time it takes for editing/completing documentation
 - If you want feedback prior to signing a note, please communicate this to the Quality Division in a timely fashion so there is ample time for review.

Shared Clients:

Often time clinicians will “share” a client (i.e Billy is seen by Ms. A Monday and Ms.B Wednesday). Please be sure to consult with the other treating clinician regarding data collection for continuity of care purposes.

Further information regarding Literacy Only Evaluations:

1. A literacy ONLY evaluation may be warranted when:
2. A family will express concerns regarding literacy following a speech-language evaluation



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

- a. TRICARE family expresses concern regarding literacy to Patient Schedule (we will first assess language through a comprehensive evaluation covered by TRICARE to identify the need for additional testing)
- b. The SLP discovers/notices concerns regarding literacy following a speech-language evaluation
- c. In these cases, you will do the following:
 - i. Contact Patient Scheduling to schedule a second evaluation appointment. This appointment will be devoted to reading, writing, and spelling assessments only and will be scheduled for 60 minutes unless the evaluating therapist requests otherwise.
 - ii. Ensure the Payor is set to patient "P" when completing this evaluation. Then use the charge labeled "Reading Eval (No Language)". This applies for ALL families, TRICARE, Self-Pay, Family Empowerment Scholarship, etc.

The screenshot displays the 'All About Speech & Language' software interface. The top bar shows the user 'JGraepel' at 'Station: 12'. The main form is titled 'Speech, Holly' and includes fields for Patient Information (Patient: Holly Speech, MR #: 0000722, DOB: 01-18-03, Age: 19y 2m, Case: ST001), Record Information (Date: 04-05-22, Time: 12:30p, Therapist: JEGR, Assigned: JEGR, Loc: VALFL, Type: Initial Evaluation), and a 'Required for Post / Sign' warning. The 'Charges' tab is active, showing a list of 'ST Evaluations' with checkboxes. The 'Reading Eval (No Language)' service is selected, with a charge of 150.00. A red arrow points to this service. Below the 'ST Evaluations' list is a 'Therapy Procedures' section with a 'Transfer From Activities' button. To the right, the 'Diagnosis 1-4' section shows 'UNKNOWN DIAGNOSIS'. The 'Collect Payment' section shows 'Amount: 150.00' and 'Copay: 0.00'. The 'Insurance / Payor Information' section shows 'P 00003' and 'Patient Resp' selected as the payor. A red arrow points to this section. The 'Posting Information' section shows 'Billed: 150.00' and 'Expected: 150.00'. The bottom of the screen shows a Windows taskbar with various icons and a system tray displaying '62°F Mostly sunny' and '12:46 PM 4/5/2022'.

****Should you feel that the evaluation should be further prorated due to outside testing and information already provided, please contact Finance Division accordingly.**

BOTTOM LINE/NEW CLIENT ACQUISITION FULL LOOP

- Evaluation is scheduled; New Patient Welcome Email with Medical History link sent



ALL ABOUT SPEECH & LANGUAGE

Expanded Evaluation Procedure for Speech Language Pathologists

- Raintree automatically sends Patient Demographics and Consent forms found in the Admin Tab of the Chart.
- New Patient added to EMR with initial clinic notes to review
- Reminders sent with Medical History Link if not completed 5 days prior to the scheduled Evaluation
- Pediatric Medical History can be found in the Chart under Therapy Tracking in the Medical History box.
- If Medical History is not received prior to the Evaluation, the patient receives a hard copy to fill out at the time of the Evaluation (by Front Desk or Therapist)
- Evaluation is conducted and initial treatment recommendations are formulated; ADD DIAGNOSIS CODE!
- Evaluating clinician sends email to Front Desk AND Patient Scheduler with treatment recommendations (usually within a business day).
- Patient Scheduler will reach out to the family to schedule new patient welcome meeting to review schedule and policies so there are no misunderstandings
- After the welcome meeting, Patient Scheduler sends an email to the family with the patient's confirmed start date and calendar of scheduled appointments, copying all therapists involved.

Updated June 2023