



Occupational Therapist Procedure for Conducting Evaluations

Initial Evaluation Procedure for AASL Occupational Therapists

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Occupational Therapist Procedure for Conducting Evaluations

Preparing for the Evaluation

1. Once you are notified by Scheduling of your scheduled evaluation, you will select suitable assessment measures after reviewing notes provided in the client's chart under the communication tab.
2. You are able to locate the client's documents and intake info in our EMR system. Under each client when you click on their name you can pull up Patient Files by right clicking on the appointment, selecting patient files, then chart. You will see "Therapy Tracking", "Documentation/Task", "Communication. The Communication tab, is where information from the intake call will be provided as additional notes/communication (i.e. email/phone). Medical history can be found under therapy tracking tab.



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Occupational Therapist Procedure for Conducting Evaluations

Test, Clayton

Appointments: OTVIE

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
- Clinical Chart
- Clinical Research Setup
- Post Payment
- Message Center
- RTConnect
- Send Secure Text Message
- Fax Email Print
- Service Line Tracking

Alert For Clayton

Yes/No Media Consent
Fit for teletherapy

Allergies from PPMH record: peanuts, grass
[Edit](#)

1234 Happy Place
Valrico FL 33596

Work Phone

This patient has 2 last minute cancels in the last 6 months.

Next Scheduled Visit No Future Appointments

87°F
Very hot weather

Search

Test, Clayton

Save Cancel Add Edit Delete Print Help

Patient Chart - 0001839 Clayton Test DOB: 03-01-2010 Age: 13 yrs 6 mos

Case Menu Picture Waiting List

Visit Info Therapy Tracking Documents/Tasks Communication Admin All Records RTConnect History

Prescriptions

Case	Prescribing MD	Start	End	Plan	Total
ST001	Wilke	07-22-20	07-22-21	2 times per week for 52 we...	104

Medical History

Updated On	Description	Case
11-30-22	Pediatric Medical History	00000
09-07-21	Medical History Update	00000

Plan Summary

From	To	Case	Visits	Used	Rem
03-10-21	03-08-22	ST001	103	0	103

Patient Instructions / Education / Communication

Date	Type	Description
Open	TASK	Patient Message
Open	TASK	Patient Message
Open	TASK	Patient Message
09-06-23	NOTES	SMS

Plan of Care Records

Date	Case	Description	Assigned To	Completed On
Open	ST001	POC: 03-10-21 to Wilke, C...	SEND	
Open	00000	CC: 09-01-21 to Wilke, Ch...	SEND	

Progress Report Tracking

Case	Next MD Visit	Next PR	Next PR Visit
ST002		09-23-23	
OT001		09-23-23	
ST001		09-06-21	

Medicare Cap Authorization Forms

Date	Description	Prnu	Inv	Case
------	-------------	------	-----	------

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Very hot weather

Search



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



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Occupational Therapist Procedure for Conducting Evaluations

OT Providers

Save Cancel Help

Appointment

Appointment History

Date: 09-15-23 Time: 09:15a

Provider: COHO Courtney Holzwarth

Location: VALFL All About Speech & Language - Valrico

Referral: 00000 Not Applicable

Type: OTEVL OT Evaluation

Case: OT001 Occupational Therapy, Payor: Tricare East Region

Length: 60 minutes

Patient: 0001839 Test, Clayton

Pref Name: Pronoun

DOB: 03-01-2010

Primary Cell:

Home Phone:

Email:

Comment: Needs Medical Hx Form

Status:

Visit#: 1

Update Future Comments

Yes/No Media Consent
Fit for teletherapy

1234 Happy Place
Valrico FL 33596

Work Phone:

Needs Medical Hx
This patient has 2 last minute cancels in the last 6 months.

Scheduled Visit No Future Appointments

87°F Sunny

Search

11:27 AM 9/13/2023

4. 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
5. The following steps will help close the loop in the process of our new client acquisition:
 1. Patient Scheduler (PS) will schedule the evaluation and send the parents the new client Intake form and Medical History sent.
 2. (PS) will add the new client into our EMR with initial clinic notes to review.
 3. New Client Intake Form and Medical History paperwork received.
 4. PS will also upload the medical history uploaded for review prior to the evaluation.
 5. Evaluation is conducted and initial treatment recommendations are formulated. The evaluating therapist will then send an email to PS with treatment recommendations (the recommendation have to be to FDR and PS within 24 hours of the eval for the good faith estimate).
 6. FDR provides the family with our policies at the first appointment.
 7. On the date of the evaluation, greet the client warmly and enthusiastically.
 8. When you start the evaluation, focus on establishing great rapport with the client and caregivers/family, with emphasis on asking open-ended questions, and engaging in:
 1. Affinity: a liking for someone or something
 2. Reality: something actually experienced or seen
 3. Communication: exchanging of information
 9. Once you engage in establishing rapport either through conversation and/or play, administer the measures you have selected for the assessment
 10. 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.



Occupational Therapist Procedure for Conducting Evaluations

11. 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 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.
12. 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.
13. 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)
14. After Evaluation is completed, communicate "Our documentation process typically takes 2 weeks. You will be able to access the evaluation in their child's portal. FD will be reaching out in regard to scheduling

Scoring/Writing Up the Report Using EMR System:

6. 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 followed 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.
 - a) You will need to score the standardized assessments following the completion of the evaluation and check back in any standardized assessments or manuals
 - b) When you are ready to begin writing the evaluation, use the EMR system.



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- c) We will share current client evaluations with you as examples to get a sense for how they are written given ages/diagnoses/standardized tests administered.
- d) 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.
- e) General Notations:
 - 1. Anything with an open box you fill in with 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.
 - 2. 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.
- f) On your scheduler, open up the dark green cell for the client, coded as OTEVL
- g) Check in the client by right clicking and selecting “check-in” and then double click to open the evaluation



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OT Providers -- Friday -- 09-15-23

Courtney Holzwarth

15
30
45
9 AM
15 Clayton Test
30 Needs Medical Hx Form
45
10 AM
15
30
45
11 AM

Patient Files
Appointment History
Edit
Add
Move To Waiting List
Copy
Cut
Delete - no history
Cancel - w/ history
No Show
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
Telehealth Waiting Room
Appointment Planner

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Search

Appointments: PROV

Courtney Holzwarth

Yes/No Media Consent
Fit for teletherapy

Patient Length Phone

3 PM
15
30
45
4 PM Clayton Test
15 Copy: Needs Medical Hx Form
30
45
5 PM
15
30

Aug 2023

30 31 1 2 3 4 5
6 7 8 9 10 11 12
13 14 15 16 17 18 19
20 21 22 23 24 25 26
27 28 29 30 31 1 2
3 4 5 6 7 8 9

Patient Insurance Contacts

Clayton Test

PN 0001839
DOB 03-01-2010
Sex M
Case FC TRICA Pat FC SP
Status ACT Visit# 1
Balance 0.00
Copy/Deductible 0.00/0.00

Address 1234 Happy Place
City Valrico FL 33596
Primary Cell
Email
Comment Needs Medical Hx Form
This patient has 2 last minute cancels in the last 6 months.
Next Scheduled Visit No Future Appointments

Work Phone

86°F Record high

Search

- h) To open the client's appointment after you check then in, double click on the appointment
- i) Once in the client's chart, you will see at the top: Type Initial Evaluation, Eval OT Standard *all note types should always be in this format of OT Standard.
- j) Below the patient information you will see you're the following tabs: Subjective, Objective, Assessment, Treatment Plan, Recommendations, Charges



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All About Speech & Language - dat User: BSjefte Station: 10 allaboutspeech.raintreinc.com:10056

Test, Clayton All Providers

Save Cancel Help

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

Required for Post / Sign >>> Patient complexity must be completed.

Patient Information
Patient Clayton Test MR # 0001839 DOB 03-01-10 Age 13y 5m Case OT001

Record Information
Date 08-18-23 Time 03:45p Therapist COHO Loc VALFL Type Initial Evaluation Ref 00011 Eval OT Standard

OT Evaluations
97165 - Eval Low Complexity
97166 - Eval Moderate Complexity
97167 - Eval High Complexity
97168 - Re-Evaluation

Transfer Charges

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

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

Additional Services
Services / Supplies Unit Amount

Insurance / Payor Information
A 10002 Tricare East Region TRICA

Diagnosis 1-4
1 R62.0 Delayed milestone in childhood
2 F82 Specific developmental disorder...
3
4

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

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

Posting Information
Posted By
Billed in no Cosigner

91°F Partly sunny 4:58 PM 9/18/2023

Subjective Tab:

27. Select Load Templet then OT initial Evaluation

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Test, Clayton

Save Cancel Help

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

Load Template < Save

Parent / Family Concerns (S)
Child was accompanied by
Date of Illness / Onset SOC 02-15-22

Behavior Observations
Behavior Observations

Area of Development Causing Concern
Area Comment

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
02-15-22 Pediatric Medical History

87°F Record high 11:06 AM 9/14/2023



The screenshot displays the 'Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region' form. Key sections include:

- Patient Information:** Patient Clayton Test, MR # 0001839, DOB 03-01-10, Age 13y 5m, Case OT001.
- Record Information:** Date 08-18-23, Time 03:45p, Therapist COHO, Assigned COHO.
- Evaluation Services:** Includes OT Evaluations (e.g., 97165 - Eval Low Complexity) and Miscellaneous Select Service (e.g., COVID-19 PPE Co..., Consultation).
- Therapy Procedures:** Enter 15 Min increments (e.g., 97150 Group, 97530 Therapeutic Activity).
- Insurance / Payor Information:** A 10002 Tricare East Region, Bill To [redacted].
- Collect Payment:** Amount, Type, Method, Check #, Copay 0.00, Ref #, Receipt, Post payment.
- Posting Information:** Posted By, Billed, Cosigner.

A red arrow highlights the selection of 'OT INITIAL EVALUATION TEMPLATE' from the 'LTNOT Templates' dropdown menu under the 'Additional Services / Supplies' section.



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Test, Clayton All Providers

Save Cancel Help

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 13y 5m Case OT001

Record Information
Date 08-18-23 Time 03:45p
Therapist COHO Assigned COHO
Loc VALFL Ref 00011
Type Initial Evaluation
Eval OT Standard

Load Template
OTEVL Save

Refresh

Histories Subjective Objective Findings Assessment Treatment Plan Recommendations Charges Tracking

Parent / Family Concerns (S)
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 (list)
Child was accompanied by
Date of Illness / Onset SOC 02-15-22

Behavior Observations
Behavior Observations

Area of Development Causing Concern
Area Comment

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

Medical History
Date Description

77°F Sunny 9:07 AM 9/25/2023

All About Speech & Language - dat User: BSkjette Station: 5 allaboutspeak.raintreinc.com:10056

Test, Clayton All Providers

Save Cancel Add Edit Delete Help

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 13y 5m Case OT001

Record Information
Date 08-18-23 Time 03:45p
Therapist COHO Assigned COHO
Loc VALFL Ref 00011
Type Initial Evaluation
Eval OT Standard

Load Template
OTEVL Save

Refresh

Histories Subjective Objective Findings Assessment Treatment Plan Recommendations Charges Tracking

Parent / Family Concerns (S)
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 (list)
Child was accompanied by
Date of Illness / Onset SOC 02-15-22

Behavior Observations
Behavior Observations
Child was happy
Child was playful

Area of Development Causing Concern
Area Comment

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

Medical History
Date Description

Behavior Observations
Quick find:
☐ Child separated from caregiver appropriately
☐ Child separated from caregiver easily
☐ Child separated from caregiver with difficulty
☐ Child was difficult to engage
☐ Child was distractible
☐ Child was easy to engage
☐ Child was fearful
☒ Child was happy
☐ Child was hesitant
☒ Child was playful
☐ Child's affect was inappropriate
☐ Child's affect was inappropriate in the situation
☐ Child's attention to task was appropriate
☐ Child's attention to task was dependent on the activity

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Occupational Therapist Procedure for Conducting Evaluations

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 13y 5m Case: OT001

Record Information
Date: 08-18-23 Time: 03:45p
Therapist: COHO Assigned: COHO
Loc: VALFL Ref: 00011 Type: Initial Evaluation Eval: OT Standard

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

Parent / Family Concerns (S)
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 ____ (list)
Child was accompanied by _____
Date of Illness / Onset: SOC 02-15-22

Behavior Observations
Behavior Observations
Child was happy
Child was playful

Area of Development Causing Concern
Area _____ Comment _____

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

Medical History
Date _____ Description _____

Primary Communication
Type: Verbal

Primary Communication
Quick find:
☐ Conversational
☐ Phrases
☐ Sentences
☐ Single Words
☐ Vocalizations
☐ Word Approximations



ALL ABOUT SPEECH & LANGUAGE

Occupational Therapist Procedure for Conducting Evaluations

The screenshot displays the 'All About Speech & Language' software interface. The window title is 'All About Speech & Language - dat'. The user is 'BSkijette', Station is '5', and the URL is 'allaboutspeech.raintreeinc.com:10056'. The form is titled 'Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region'. The form includes tabs for Patient Information, Record Information, Subjective, Objective Findings, Assessment, Treatment Plan, Recommendations, Charges, and Tracking. The 'Subjective' tab is active, showing sections for Parent / Family Concerns (S), Behavior Observations, Area of Development Causing Concern, Reliability (S), Primary Communication, and Medical History. The 'Parent / Family Concerns (S)' section contains a text area for '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 ____ (list)'. The 'Behavior Observations' section contains a text area for 'Child was happy' and 'Child was playful'. The 'Area of Development Causing Concern' section contains a table with columns 'Area' and 'Comment'. The 'Reliability (S)' section contains a radio button for 'An accurate representation of the usual behavior' and a radio button for 'Not an accurate representation of the usual behavior'. The 'Primary Communication' section contains a table with columns 'Type' and 'Primary Communication', showing 'Verbal' and 'Conversational'. The 'Medical History' section contains a table with columns 'Date' and 'Description'.

Objective Tab:

29. This is where you input all the standardized tests and the REAL if administered.
30. Right click in the Standardized Tests box and select "Add" and locate appropriate test. Fill in data accordingly.
31. To add the REAL right click on Shared Tests Box and select "Add". If REAL blurb does not populate type "REAL" into template to load the description of the assessment.



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Occupational Therapist Procedure for Conducting Evaluations

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

Patient Information
Patient: Clayton Test
DOB: 03-01-10 Age: 13y 5m Case: OT001

Record Information
Date: 08-18-23 Time: 03:45p
Therapist: COHO Assigned: COHO
Loc: VALFL Ref: 00011
Type: Initial Evaluation Eval: OT Standard

Load Template
OTEVL < Save

Objective Findings

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

Standardized Tests

Date	Time	Description
03-27-23	08:45a	REAL

Shared Findings

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

Shared Tests

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

Other Tests (S)

Filter List

- Adult Word Finding (TAWF)
- Apraxia Battery for Adults - SE
- Apraxia Profile
- Ayers Developmental History
- Bayley II
- Bayley III
- BBCS-E
- BBCS-R
- Beery VMI
- BOT-2**
- BOTMP - Short
- BOTMP - Long
- Brain Injury
- Carolina Curriculum
- COMPS-2
- Degangi-Berk Test of Sensory In
- Develop Hand Skill Evaluation
- Developmental Feeding Checklist
- DOTCA-Ch
- DP-3
- DTVP-2
- DTVP-3

Load Template
OTEVL < Save

Refresh

More Filters

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



The screenshot shows the 'Initial Evaluation for Clayton Test' form. The 'Patient Information' section includes Patient: Clayton Test, MR #: 0001839, DOB: 03-01-10, Age: 13y 5m, and Case: OT001. The 'Record Information' section includes Date: 08-18-23, Time: 03:45p, Therapist: COHO, Loc: VALFL, and Type: Initial Evaluation. The 'Objective Findings' and 'Standardized Tests' sections are visible. A red arrow points to the 'Shared Tests' section, which is currently empty. The interface includes a top navigation bar with 'Save', 'Cancel', 'Add', 'Edit', 'Delete', 'Find', and 'Help' buttons. The bottom status bar shows the system clock as 9:29 AM on 9/25/2023.



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Occupational Therapist Procedure for Conducting Evaluations

All About Speech & Language - dat User: BSkjette Station: 5 allaboutspeech.raintreinc.com:10056

Test, Clayton All Providers

Save Cancel Help

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

Roll Evaluation of Activities of Life

Patient Information
Patient Clayton Test DOB 03-01-10 Age 13 MR # 0001839

Date 08-18-23 **Load Template** REAL < Save

Objective Findings

Domain	Total Raw Score	Standard Score	Percentile
ADLs			
IADLs			

Comments

Shared Findings

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

Shared Tests

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

Other Tests (S)

Load Template OTEVL < Save

Refresh

Patient F...

More Filters

-23)

ption

vote

vote

vote

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9:30 AM 9/25/2023

All About Speech & Language - dat User: BSkjette Station: 5 allaboutspeech.raintreinc.com:10056

Test, Clayton All Providers

Save Cancel Help

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

Roll Evaluation of Activities of Life

Patient Information
Patient Clayton Test DOB 03-01-10 Age 13 MR # 0001839

Date 08-18-23 **Load Template** REAL < Save

Objective Findings

Domain	Total Raw Score	Standard Score	Percentile
ADLs			
IADLs			

Comments

The Roll Evaluation of Activities of Life (REAL)
The Roll Evaluation of Activities of Life (REAL) is a standardized rating scale that includes the activities of daily living (ADLs) and independent activities of daily living (IADLs) most common among children ages 2 years to 18 years of age. ADLs include basic life skills such as dressing, hygiene/nomina, feeding, toileting, and functional mobility; whereas, IADLs are

Shared Findings

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

Shared Tests

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

Other Tests (S)

Load Template OTEVL < Save

Refresh

Patient F...

More Filters

-23)

ption

vote

vote

vote

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9:30 AM 9/25/2023



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Occupational Therapist Procedure for Conducting Evaluations

Assessment Tab:

32. Click on the green + to add the clients 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.

The screenshot shows a web-based form titled "Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region". The form is divided into several sections: "Patient Information", "Record Information", "Load Template", "Histories", "Subjective", "Objective Findings", "Assessment", "Treatment Plan", "Recommendations", "Charges", and "Tracking". The "Assessment" tab is currently selected. Within the "Assessment" tab, there are sub-sections for "Clinical Impression", "Complexity", "Strengths", and "Specific Areas of Concern". The "Strengths" section has a table with columns "Strengths" and "Comment". A red arrow points to the "Clinical Impression" section, and a red circle highlights the green plus icon in the "Strengths" section. The "Specific Areas of Concern" section also has a table with columns "Specific Areas of C..." and "Comment". The form is displayed in a web browser window with a Windows taskbar at the bottom showing the date 9/25/2023 and time 9:33 AM.



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Occupational Therapist Procedure for Conducting Evaluations

The screenshots show the 'Initial Evaluation for Clayton Test' form in the 'All About Speech & Language' software. The form includes sections for Patient Information, Record Information, and Assessment. The 'Assessment' section has tabs for Strengths, Specific Areas of Concern, and Comments. The 'Strengths' section has a table with columns for Strengths and Comment. The 'Specific Areas of Concern' section has a table with columns for Specific Areas of Concern and Comment. The 'Strengths' pop-up menu lists various skills, and the 'Specific Areas of Concern' pop-up menu lists various areas of concern. A red arrow points to the 'Specific Areas of Concern' section in the bottom screenshot.

33. 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 are able to provide your assessment of the client's strengths and weaknesses. Break down findings into categories such as Play/Interactive/Behavior Observations, Gross Motor Skills, Fine Motor & Visual-Motor Skills, Self-Care Skills. You will ALWAYS reiterate if therapy is/is not warranted.



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Occupational Therapist Procedure for Conducting Evaluations

Assessment Complexity:

Click on the Complexity tab. You will then fill out the following information in accordance with AOTA guidelines to determine the complexity of the evaluation: Occupational Profile/Medical & Therapy History, Patient Assessment, and Clinical Decision Making. Be sure that the complexity level determined under this section matches the complexity level on the charges tab.

The screenshot shows the 'Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region' form. The 'Assessment' tab is active, and the 'Complexity' section is highlighted. The form includes fields for Patient Information (Patient: Clayton Test, MR #: 0001839, DOB: 03-01-10, Age: 13y 5m, Case: OT001), Record Information (Date: 08-18-23, Time: 03:45p, Therapist: COHO, Loc: VALFL, Type: Initial Evaluation, Eval: OT Standard), and Assessment details (Occupational Profile/Medical and Therapy History, Patient Assessment, Clinical Decision Making). A summary of requirements is also visible on the right side of the form.

How to Determine Medical Complexity (low, moderate, high) - moved to recommendations/charges/assessment

Explanations from AOTA's "New Occupational Therapy Evaluation Coding Overview" document.

Client Medical History The client's history, both medical and therapy, is reviewed and considered to identify aspects such as the prior level of function and presenting diagnosis that is causing the client to seek occupational therapy services. How much of the history is necessary depends on what the client is seeking services for and what the occupational therapist needs to know to continue with assessment and development of the plan of care. The referral for therapy may also provide additional information. It can also come from medical records of past and current care.

Occupational Profile The occupational profile provides an understanding of the client's occupational history and experiences, patterns of daily living, interests, values, and needs. The client's problems and concerns about performing occupations and daily life activities are identified. The client's priorities for outcomes are determined. To determine the level of occupational profile that must be completed, the therapist must consider the presenting problem(s), the reason(s) for referral, and the client's goals. Although a client may have multiple



Occupational Therapist Procedure for Conducting Evaluations

diagnoses, and be very complex, if he or she is in a stable state and wants one small or targeted issue addressed by the occupational therapy intervention, then this component should be coded as low complexity

<https://www.aota.org/~media/Corporate/Files/Practice/Manage/Documentation/AOTA-Occupational-Profile-Template.pdf>

Consider the following things when determining level of medical complexity

Past Medical History

Current status (current services, specialists, medication, equipment, procedures)

Education (school, type of classroom, any services in school)

Barriers to occupational engagement:

Low:1-3

Moderate:3-5

High: 5 or more

physical: type of home, share a bedroom, parks or playgrounds

social: people that live in the home, family/friends in proximity, ability to engage with peers/siblings, opportunities for social participation, behaviors that may affect the family's activities, communication

cultural: sense of love/support, religion, parent's expectations to be as independent as possible, parent's sense of community scrutiny, beliefs

personal: age, who they receive support from, any difference with interactions with different family members, primary caregiver, socio-economic status

temporal: who they receive support from, weather or time of year affecting regular activities may have a negative impact on the child

virtual: Do they engage in video chats with family? How much screen time do they get and what happens if that is disrupted?

Areas of values/interests of the child or the family

- ADLs
- Cognition
- Fine motor
- Social skills/play skills
- Physical skills (strength, balance, coordination)
- Visual skills
- Sensory

Treatment Plan Tab

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

35. Under Category select your long-term goal area from the drop down arrow. Then you write your long-term goal.



ALL ABOUT SPEECH & LANGUAGE

Occupational Therapist Procedure for Conducting Evaluations

36. Under Short Term Goals, click the green + to add goals. Be sure to select the status is New and enter the start date under all STGs. Then you hit save.
37. You will repeat this process for as many LTG areas you have with STG area objectives.
38. 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.
39. Add date as initial evaluation date and “Reviewed By:” select appropriate response from drop down box.

The screenshot shows the 'All About Speech & Language' software interface. The main window is titled 'Initial Evaluation for Clayton Test - Visit: 1 Payor: TRICA 10002 Tricare East Region'. The 'Treatment Plan' tab is selected, showing a table for goals. A red arrow points to the 'Add' button in the table. The 'Treatment Plan Summary' section at the bottom shows options for prognosis and goal status.

Patient Information
Patient: Clayton Test
MR #: 0001839
DOB: 03-01-10 Age: 13y 5m Case: OT001

Record Information
Date: 08-18-23
Time: 03:45p
Therapist: COHO
Assigned: COHO
Loc: VALFL
Ref: 00011
Type: Initial Evaluation
Eval: OT Standard

Goals

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

Select Goals to Include
Select All

Treatment Plan Summary
Prognosis for Achieving Goals
Short term goals are anticipated to be achieved in
Long term goals are anticipated to be achieved in



ALL ABOUT SPEECH & LANGUAGE

Occupational Therapist Procedure for Conducting Evaluations

All About Speech & Language - dat User: BSkjette Station: 5 allaboutspeech.raintreinc.com:10056

Test, Clayton All Providers

Find Add Edit Deactivate Print Select Help

Initial Evaluation for C

Long Term Goals - DOB: 03-01-2010 Age: 13 yrs 6 mos

Patient Information Patient Clayton Test MR # 000: Case # OT001 Time 03:45p Revised 08-18-23

Category / Progress LT Goal # OT001-002 Category

OT Categories

Code	Description	Filter
OT001	Postural Control	
OT002	Upper Extremity Strength and Control	
OT003	Fine Motor and Visual Motor	
OT004	Transfers	
OT005	Range of Motion	
OT006	Activities of Daily Living	
OT007	Adaptive Equipment	
OT008	Attention	
OT009	Play	
OT010	Floor Mobility	
OT011	Motor Planning	

Select Goals to Include Select All

Treatment Recap Treatment Prognosis f Good Fair

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

Refresh

Patient F...

More Filters

-23)

ption

vote

vote

vote

Progress

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ALL ABOUT SPEECH & LANGUAGE

Occupational Therapist Procedure for Conducting Evaluations

Initial Evaluation for

Save Cancel Help

Long Term Goals - DOB: 03-01-2010 Age: 13 yrs 6 mos

Refresh

Patient Clayton Test MR # 0001839 Case # OT001 Time 03:45p Revised 08-18-23

Category / Progress LT Goal # OT001-002 Category PT003 Fine Motor and Visual Motor

Long Term Goal (Alt L for List)

Effective Dates / Status Start Date 08-18-23 End Date Status New

Daily Progress / Activity Progress 0% CPT Duration

Short Term Goals

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

Select Goals to Include Select All

Treatment Recap Treatment Prognosis f Good Fair

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Save Cancel Add Edit Delete Help

Patient Clayton Test MR # 0001839 Case # OT001 Time 03:45p Revised 08-18-23

Category / Progress LT Goal # OT001-002 Category OT003 Fine Motor and Visual Motor

Long Term Goal (Alt L for List) Clayton will NPC his name onto a single line with <5 errors in alignment and formation on 3/4 sessions.

Effective Dates / Status Start Date 08-18-23 End Date Status New

Daily Progress / Activity Progress 0% CPT Duration

Short Term Goals

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

Add Copy Paste

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ALL ABOUT SPEECH & LANGUAGE

Occupational Therapist Procedure for Conducting Evaluations

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Test, Clayton All Providers

Save Cancel Add Edit Delete Help

Patient Clayton Test MR # 0001839 Case # OT001 Time 03:45p Revised 08-18-23

Category / Progress LT Goal # OT001-002 Category OT003 Fine Motor and Visual Motor

Long Term Goal (Alt L for List)
Clayton will NPC his name onto a single line with <5 errors in alignment and formation on 3/4 sessions.

Effective Dates / Status Start Date 08-18-23 End Date Status New

Daily Progress / Activity Progress 0% CPT Duration

Select Goals to Include Select All

Treatment Recap Treatment Prognosis f Good Fair Poor

Short Term Goals

Status	Short	Edit	Comments	Start Date	End Date	Ad...
New		Delete				

OK

Short Term Goals

Status New

Short Term Goal Clayton will NPC his name in mixed casing

Comments

Start Date 8/18/23

End Date

Addressed

OK



ALL ABOUT SPEECH & LANGUAGE

Occupational Therapist Procedure for Conducting Evaluations

All About Speech & Language - dat User: BSkjefte Station: 5 allaboutspeak.raintreinc.com:10056

Test, Clayton All Providers

Save Cancel Add Edit Delete Find Print Help

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

Patient Information
Patient Clayton Test
DOB 03-01-10 Age 13y 5m Case 0T001

Record Information
Date 08-18-23
Time 03:45p
Therapist COHO
Assigned COHO
Loc VALFL
Ref 00011
Type Initial Evaluation
Eval OT Standard

Load Template
OTEVL < Save

Refresh
P... Patient F...
More Filters
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ption
note
note
note

History Subjective Objective Findings **Assessment** Treatment Plan Recommendations Charges Tracking

Goals Activity Log

#	Goals	Revised	Time	Start	End	Status	Progress	CPT	Duration
002	Clayton will NPC his name onto a single line with <...	08-18-23	03:45p	08-18-23		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
Short term goals are anticipated to be achieved in
Long term goals are anticipated to be achieved in

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ALL ABOUT SPEECH & LANGUAGE

Occupational Therapist Procedure for Conducting Evaluations

Goals

#	Goals	Revised	Time	Start	End	Status	Progress	CPT	Duration
002	Clayton will NPC his name onto a single line with <...	08-18-23	03:45p	08-18-23		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

Select All

Treatment Plan Summary

Prognosis for Achieving Goals

☒ Good ☐ Fair ☐ Poor

Short term goals are anticipated to be achieved in 6 months

Long term goals are anticipated to be achieved in 12 months

Date 08-18-23

Certification dates From 08-18-23 To

Reviewed By a parent/guardian

Include attendance data on the POC ☐

Recommendations Tab:

40. You will select what is appropriate (initiate therapy etc.) and fill in the “in order to box” where we do a quick summary of strengths/weaknesses and what will be addressed going forward. Here is where we also will identify red flags again (if not already included in appropriate sections of the report) if they are present for a child given how they presented throughout the evaluation, as well as given the family dynamics (i.e. some families know something is wrong and come in asking lots of questions and some have no idea what is going on and we are going to have to gently educate them, start planting seeds, and we will be walking with them on their journey with their child going forward—can always speak more about this with your CM if you have questions before your sign off on your report, as it is a case by case scenario given each family is different.

41. In the comments box, identify assessment complexity level and add performance deficits. Below are areas based on the OTPF-4.

- Physical skills refer to body structure or body function (e.g., balance, mobility, strength, endurance, fine or gross motor coordination, sensation, dexterity).
- Cognitive skills: ability to attend, perceive, think, understand, problem solve, mentally sequence, learn, and remember, resulting in the ability to organize occupational performance in a timely and safe manner. These skills are observed when a person (1) attends to and selects, interacts with, and uses task tools and materials; (2) carries out individual actions and steps; and (3) modifies performance when problems are encountered.



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Occupational Therapist Procedure for Conducting Evaluations

- c. Psychosocial skills: interpersonal interactions, habits, routines and behaviors; active use of coping strategies; and/or environmental adaptations to develop skills necessary to successfully and appropriately participate in everyday tasks and social situations.
42. Here you will also add recommendations for further assessments if needed, again especially if you have concerns for more going on with a child; can select via +.
43. Under Frequency/Duration you will input X visits per week for 52 weeks (use clinical judgment here)
44. Enter Treatment Duration (typically 30 or 60 minutes)
45. Total number of visits will be 104.
46. POC From and POC To Dates are in line with the initial date of the evaluation; so 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 you can always ask the CM/Operations Director about this.
47. Discharge Planning: This is a case by case if you fill this out per family and can add via +.

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 13y 5m, Case OT001

Record Information: Date 08-18-23, Time 03:45p, Therapist COHO, Loc VALFL, Type Initial Evaluation, Eval OT Standard

Plan: ☒ Initiate Therapy, ☐ Continue Therapy, ☐ No Services Needed, ☐ Recheck, ☐ Home Program

In Order To: promote acquisition of age expected fine/visual motor skills, improve self-regulation, self-care, interpersonal skills and attentional skills through weekly treatment sessions and a home program

Comments (5): ASSESSMENT COMPLEXITY: XXX presents with signs and symptoms of XXX complexity with performance deficits in habits, routines, fine and gross motor skills, interpersonal interactions and coping skills which impact...

Frequency/Duration: Frequency/duration 1 visits per, Treatment Duration 30 minutes

Total Visits: Total Visits 0, Used 1, Remaining -1

POC From 08-18-23, POC To 08-18-24

Discharge Planning: Criteria for discharge





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The screenshot shows the 'All About Speech & Language' software interface. The 'Discharge Planning' section is active, displaying a list of criteria for discharge. A red arrow points to the 'Discharge Planning' tab, and a red circle highlights the 'Save' button in the bottom right corner.

Discharge Planning

Criteria for discharge

- ☐ 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 regression
- ☐ 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

Charges:

48. For Tricare, select Eval Low/Moderate/High Complexity & input add'l # of units under 97530 Therapeutic Activity. Ex. If you saw the client for a 60 minute Low complexity eval, you would select Eval Low complexity and enter 3 additional treatment unit



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Occupational Therapist Procedure for Conducting Evaluations

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Test, Clayton Main Menu

Save Cancel Help

Patient Clayton Test MR # 0001839 Date 08-18-23 Therapist COHO Loc VALFL Type Initial Evaluation
DOB 03-01-10 Age 13y 5m Case OT001 Time 03:45p Assigned COHO Ref 00011 Eval OT Standard

Required for Post / Sign
Patient complexity must be completed.

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

Evaluation Services

OT Evaluations

	Chg	Exp
<input checked="" type="radio"/> 97165 - Eval Low Complexity	600.00	600.00
<input type="radio"/> 97166 - Eval Moderate Complexity		
<input type="radio"/> 97167 - Eval High Complexity		
<input type="radio"/> 97168 - Re-Evaluation		

☐ Reading Eval (No Language)

Transfer Charges

Therapy Procedures

Enter 15 Min increments

	Chg	Exp
<input type="checkbox"/> 97150 Group		
<input checked="" type="checkbox"/> 97530 Therapeutic Activity		
<input type="checkbox"/> Therapeutic Activities 30 Min-SP		
<input type="checkbox"/> Therapeutic Activities 45 Min-SP		
<input type="checkbox"/> Therapeutic Activities 60 Min-SP		
<input type="checkbox"/> 92507 Speech/Hear Therapy 30 Min		
<input type="checkbox"/> Speech/Hearing Therapy 45 Min-SP		

Miscellaneous

Select Service

<input type="checkbox"/> COVID-19 PPE Co...	Chg	Exp
<input type="checkbox"/> Consultation		
<input type="checkbox"/> Family/Therapist Interview		
<input type="checkbox"/> Parent/Therapist Interview		
<input type="checkbox"/> Home Visit		
<input type="checkbox"/> Screening		
<input type="checkbox"/> Late Fee (10 Min)		

Additional Services

Services / Supplies

	Unit	Amount

Insurance / Payor Information

A 10002 Tricare East Region TRICA

Bill To
Payor Set
☐ Returned Check Fee
☐ Skip Copay

Diagnosis 1-4 5-8 9-C

1	R62.0	Delayed milestone in childhood
2	F82	Specific developmental disord...
3		
4		

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

Collect Payment

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

Posting Information

Posted By
Billed 600.00 Cosigner
Expected 600.00 Bill Doc
POS Bill Loc

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50. Self-Pay families you will select only the Eval complexity which attaches the \$250 charge

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Test, Clayton All Providers

Save Cancel Help

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

Required for Post / Sign
Patient complexity must be completed.

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

Evaluation Services

OT Evaluations

	Chg	Exp
<input checked="" type="radio"/> 97165 - Eval Low Complexity		
<input type="radio"/> 97166 - Eval Moderate Complexity		
<input type="radio"/> 97167 - Eval High Complexity		
<input type="radio"/> 97168 - Re-Evaluation		

☐ Reading Eval (No Language)

Transfer Charges

Therapy Procedures

Enter 15 Min increments

	Chg	Exp
<input type="checkbox"/> 97150 Group		
<input type="checkbox"/> 97530 Therapeutic Activity		
<input type="checkbox"/> Therapeutic Activities 30 Min-SP		
<input type="checkbox"/> Therapeutic Activities 45 Min-SP		

Miscellaneous

Select Service

<input type="checkbox"/> COVID-19 PPE Co...	Chg	Exp
<input type="checkbox"/> Consultation		
<input type="checkbox"/> Family/Therapist Interview		
<input type="checkbox"/> Parent/Therapist Interview		
<input type="checkbox"/> Home Visit		
<input type="checkbox"/> Screening		
<input type="checkbox"/> Late Fee (10 Min)		

Additional Services

Services / Supplies

	Unit	Amount

Insurance / Payor Information

A 10002 Tricare East Region TRICA

Diagnosis 1-4 5-8 9-C

1	R62.0	Delayed milestone in childhood
2	F82	Specific developmental disord...
3		
4		

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

Collect Payment

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

Posting Information

Posted By

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ALL ABOUT SPEECH & LANGUAGE

Occupational Therapist Procedure for Conducting Evaluations

Diagnoses:

51. Make sure diagnoses are accurate and/or are added to what has already been provided from the referring physician before you assign charges otherwise we cannot fix it going forward when saving and signing off on the report. The initial diagnosis, as it was originally indicated per the insurance authorization, is input to make sure we get reimbursed as that code comes from the Doctor and then we add additional codes as necessary.

The screenshot displays the 'Initial Evaluation for Clayton Test' form. The 'Diagnosis 1-4' section is highlighted with a red arrow pointing to the 'R62.0' code. The form includes various fields for patient information, record information, evaluation services, miscellaneous, additional services, insurance/payer information, and collect payment. The 'Diagnosis 1-4' section is highlighted with a red arrow pointing to the 'R62.0' code.

Signing off/Saving Report:

52. 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 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. 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.

53. If you require a co-signs, 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.

54. If you are required to have your evaluations reviewed prior to being signed off 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

55. If you want 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.



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Occupational Therapist Procedure for Conducting Evaluations

56. Be sure to give the evaluation a read-through to ensure no glaring typos or errors before signing off on the document. This is the last impression a doctor, family, or insurance reviewer will be seeing from us, so take care in your review.

57. 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 the client's 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.

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File Edit Insert Format Paragraph View Tools Help

Tahoma 20

Initial Evaluation

Date of Visit:	08-18-23	Therapist:	Courtney Holzwarth
Patient Name:	Test, Clayton	Referring MD:	Christopher Wilke
Patient #:	0001839		
Date of Birth:	03-01-2010		
Age:	13 year, 5 month	Certification Period:	08-18-23 to 08-15-24

Diagnosis:

R62.0	Delayed milestone in childhood
F82	Specific developmental disorder of motor function

SUBJECTIVE:

Clayton Test, a 13 year, 5 month old male presents to therapy today upon referral of Christopher Wilke.

Parent / Family Concerns

Clayton 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 ____ (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.

MEDICAL COMPLEXITY: Patient's occupational profile indicates low/mod/high complexity based on occupational history and patterns of daily living. Barriers to occupational engagement include social (limited communication) temporal (stage of life), and personal (age).

Medical History was received and is on file for the patient.

Notes

29: 1

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

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