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BHPN Therapy Provider Meeting

July 29, 2021

Welcome!

Quarter 3 BHPN Therapy Provider Meeting

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Meeting Agenda

- Welcome
- BHPN Reminders
- KP Therapy Report Section IV-Goal Considerations
- Clinical Recommendations-Assessment Tools
- Coordination of Care
- What's Next?

BHPN Reminders

- Please submit make-up authorization requests prior to appointment occurring (whenever possible).
- If KP emails a therapist directly for revisions, reply and request for KP to re-send the request with the BHPN CCd on the email.
    - If no email reply is received, move forward with the revisions and send a separate email with the revised report to the BHPN and Christina Mejia (christina.mejia@esnorcal.org).
- Dx codes need the full description including decimal
    - Please use the Dx code that was sent with the authorization vs. the evaluation (see the authorization sent from Client Placement initially *OR* the new authorizations sent to you directly from the BHPN.
- If there is a gap in the last appointment date and report date, include rationale, for example:
    - **Report Date:** 7/19
    - **Last Seen:** 7/2
    - **Notes:** Family potentially cancelled within 2 weeks begore the report was due
- Please review new authorizations carefully for any feedback from the KP PDDO therapist.

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BHPN Reminders

- Per KP PDDO SLP, if discharging for administrative reasons AND recommending continued treatment, only complete the discharge section.
  - Add narrative for clinical recommendations for continued services in additional comments section.

☐ Discharge	**If recommending discharge of patient based upon a clinical rationale, please explain your reason(s):** **If recommending discharge of patient from your clinic based upon an administrative rationale, please choose reason below:** *If discharging for administrative reasons, please have family contact PDDO when ready to restart services.* **Select Administrative Discharge Reason** **If needed, add additional comments below:**

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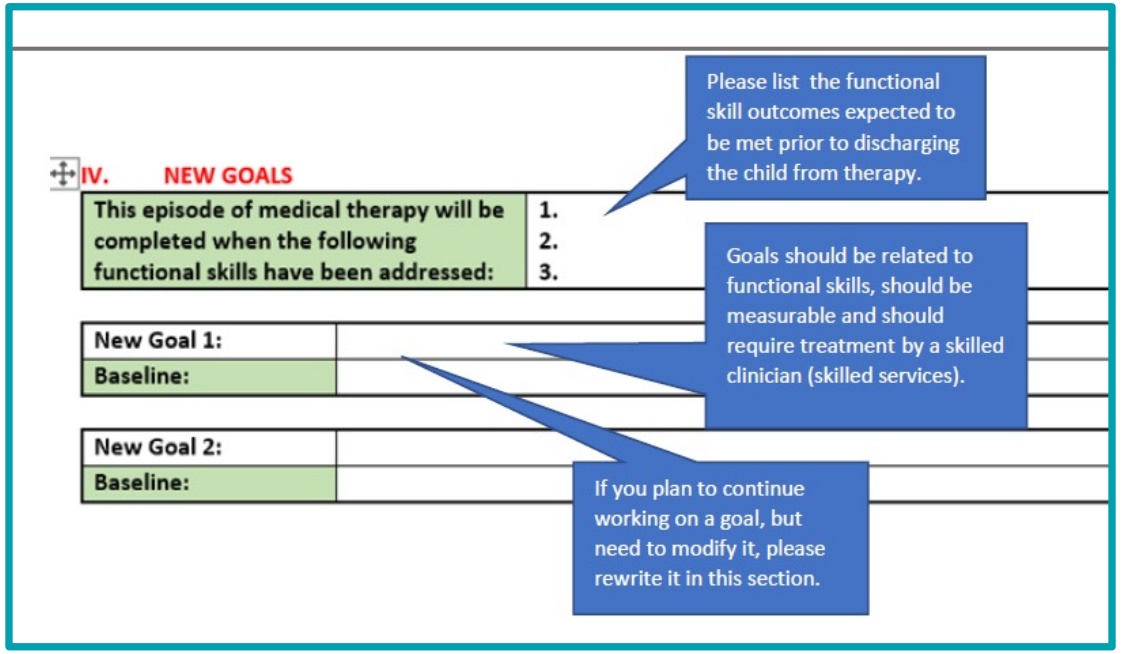
Goal Considerations

Overall Goal Considerations

- Focus on functional communication/functional skills for medical necessity vs. education.
- For speech goals, think improving speech intelligibility for functional communication.
  - Avoid writing goals for each sound in error or process.
- OT providers, goals should address what was identified in the initial assessment.
  - If a goal is added for a new goal area *not* addressed in the initial assessment, there will be push-back.
  - Be sure to collaborate with KP evaluating OT.
- As a guide, clients should be meeting **at least 50%** of their target short-term goals.

Overall Goal Considerations

- If a client has been in treatment for 3-6 authorization periods, need to look at long-term goals.
  - Can and should ending the episode of care be considered?
- **Section IV** - start with long-term goals and then move to short-term goals.
  - Avoid using developmental, chronological age, age-appropriate verbiage in your criteria.
  - *Do not* add any of the KP discharge criteria goals in this section (e.g., when parent can carry over strategies).
  - Do use the KP instructional guide sheet!



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Assessment Tools

Clinical Recommendations-Assessment Tools

From previous meetings:

- Additional testing can be completed at any time during treatment, however it is not a requirement.
- Vendors are encouraged to reach out to Christina and the PDDO SLP team *OR* evaluating OT/PT to discuss any testing and/or goal area questions/ or concerns.
- Include type of testing and date administered on progress note.

Assessment Information to Consider

Common KP Assessments

Early Intervention
- MacArthur-Bates Communication Development Inventories
- The Rossetti Infant-Toddler Language Scale
- Preschool Language Scales – 5th Edition

Older Children
- Clinical Evaluation of Language Fundamentals – 5th Edition (Q interactive option)

Less Common
- Goldman-Fristoe Test of Articulation 3 (Q interactive option)
- Clinical Evaluation of Language Fundamentals Preschool- 3 (Q Interactive option)
- Social Language Development Test-Elementary

Considerations for Vendors

- Choose easy and quick assessments to administer
- Full assessments are not required, can administer portions and even informal measures to help goals/track progress
- Consider assessments with more advanced tech options
- Any assessments given must be given within the treatment session
- ***Don't forget*** about other therapists working with the client; standard scores are invalid if the assessment has been administered within the year

Possible Assessment Tools

- So long as the KP assessment has been over 1 year, consider administering portions of that assessment PLS-5 or CELF-3
- CASL
- Functional Communication Profile
- TACL-4
- Receptive Expressive & Social Communication Assessment-E (*RESCA-E)*
  - *Administration CD available*
- Test of Auditory Comprehension-Fourth Edition (*TACL-4)*
- The Test of Language Development-Fourth Edition *(TOLD-4)*
  - *Comes with CD for computer software capabilities*
- Consider a checklist such as the Children's Communication Checklist-2 (*CCC-2*)

**If recommending group therapy, consider pragmatic/social language assessments and/or checklists*

Coordination of Care

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Considerations for Coordinating Care

No Other Providers

- Periodically check in with family to determine if care with other professional(s) is started at any point during your care.

Care Within KP Network

- No additional time (indirect) can be billed for coordinating care.
- Get crafty! Ask ABA high-level supervisors to attend or call in during a session.
- Set up time during canceled sessions.
- Work with family and the BHPN to have the best possible contact info for other providers to make contacts more efficient.

Care Outside of KP

- Establish communication early in order to make future communication more efficient.
- Reach out to the BHPN for assistance as needed.

Questions

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