

08/27/2010

EI Therapists: Please add this to your notes as requested:

The State people also like to see if child is less than or greater than 25% delayed in the area and the age equivalency that corresponds with that percentage.

Thanks, Kay

This means you will need to do a standardized assessment upon eval and re-eval.

The Case Mgrs are also asking that we not put our frequency recommendations on the eval. My compromise is to use a phrase like this: "I am recommending that physical therapy see the child/family twice per month; however, the IFSP team will determine and adjust the frequency as PT fits into the overall plan."

EI is now using the phrase "family training" program, or "family support." Jessica said she heard in a recent meeting that "if a child needs therapy once a week, he needs to be seen in a clinic;" EI is just for family training, and therefore doesn't need to be so frequent. (I have spoken with Jessica and Kay recently to see if they are letting the families know that they can use their own insurance or Medicaid to get traditional, clinical services, and I feel like they are.) We need to start using terminology that more fits into the "family training" and the home environment, just like we do when we are assessing kids in the school environment. Start moving away from strictly "clinical" evaluations and treatment plans and begin incorporating more home training.

Stop recommending weekly services in the home. Focus on family training and support during your visits, targeting your specialty areas. You can do this once or twice per month.

You may explain to the family the benefits of adding regular, frequent, clinical therapy in addition to the home-based family training that they will receive from EI. EI services and clinic services are not the same thing. Reinforce that when we come to the house we are helping the family learn what to do to help their child on all the days we aren't there. In many cases EI may serve as just one helpful service in a myriad of others; it is not meant to replace all other services and providers found in the community.

08/27/2010

Following is an example of an EI note sent from the state. Please read and follow these guidelines. Any additional info not appropriate for this note may be written on your Therapy Note.

FAMILY SUPPORT PROGRESS NOTE (sample of how to write one)

Child's name: _____ **Date of this service:** _____ (monitors look at the date of each progress note to (1) determine if a service was delivered within 30 days of being added to IFSP and

(2) determine that services were delivered per stated Frequency on IFSP (2x month, 1x month, quarterly)

Service provided per the IFSP: indicate here which service you provide (Speech, OT, PT, etc.)

IFSP Outcome(s): Indicate the outcome(s) as written on the IFSP (you were assigned to work). Keep in mind, you can put more than one outcome here but you should be able to show over a period of time that you worked on ALL of the outcomes indicated. For instance (and I made these up):

Outcome #1 R. will be able to use the names of familiar people and things in his environment.

Outcome #2 R. will be able to express his wants and needs.

Summary: You *describe* specifically activities you participated in, demonstrated or presented to parent and/or child on this date. Keep in mind that these activities should be *directly related to the functional outcome(s)*. We frequently see summaries of how well the child has been doing with no mention of what the child, caregiver and service provider did together for 30 minutes or 1 hour. Instead, we suggest complete sentences that lead with *action words* in *family-friendly* language. Notice this is written in complete sentences and family-friendly language since you will leave a copy with a plan for in-between visit activities for parents/caregivers.

Example of what we want (I know you have seen one before, but it is basic to say what happened): Today, in the home, R. and I reviewed (with mother) several picture books, naming objects (book, shoe, house, etc.) and animals (cat, ant, pig, and dog-we worked on saying "Buster"- family dog) and encouraged R to repeat. We moved onto four favorite family photographs; R. named each family member at least once; he repeated "Daddy" and "Mommy" at each presentation. He was unable to say Sara (sister), but showed interest in passing the photo back and forth. *(This paragraph was about naming familiar people and things)

We also reviewed picture books with food items and I demonstrated for Mom how to present "cereal", "milk" and "crackers" to begin working on wants and needs. Mother demonstrated effectively how to do this when paired with words and how to encourage a response. R. has done well during the last few sessions and is making excellent progress saying at least 20 new words in the last few weeks (mother confirms). He has begun using two-three word phrases. *(Reviewers considering appropriate reimbursement for services require this kind of detail.) (Express Wants/Needs)

Example of what we do not want: Mom said R. had not been sleeping well and was cranky today. He talks a little sometimes but it is hard to understand him because of articulation problems. He has improved though over the last few weeks. He can spontaneously say names and objects in books. He loves puzzles. (This is not a good note because it tells us the child is *cranky today* but making progress and loves puzzles. The note does not describe what occurred during 30 minutes to help meet outcomes)

Parent/Caregiver Plan: This is where you specify exactly what you want the parent to work on with the child during those everyday routines. Suggestions are not meaningful if they are

not based on routines.

Example: I asked Mother to work with R. at breakfast and lunch on repeating words paired with food presentation. I also asked her to read the books shared today at bedtime or regular reading time, while taking the opportunity to name objects at Wal-mart, the park, in the car. I encouraged Mother (and subsequently Father) to encourage phrasing (two words).

Time Arrived/Departed: per IFSP Intensity **Provider Signature:** must be signed

Parent/Caregiver Signature: _____ **Date:** _____

08/19/2010

RECRUITING THERAPISTS FOR ALL THREE DISCIPLINES

**\$1,000 referral bonus to STS employees for referring a new PT, OT, or SLP.
We are interested in hiring one full-time PT,
Two full-time OT's, and one full-time SLP.**

As part of our recruiting plan, we have decided to rent and furnish an apartment as temporary housing for interns and new employees. Hosting more clinical interns is a great way to improve ourselves as therapists, and increase our recruiting pool. I have my eye on one apartment in Ozark, but if you have any ideas or alternatives, please let me know!

08/19/2010

In appreciation of the great work our therapists perform, Sumlar Therapy will be starting a new

CEU Reimbursement Program for part-time and full-time therapists, beginning September 4th, 2010.

- Start date: September 4th, 2010 (beginning of pay period)
- Rate of credit received: \$0.15 for every hour worked (equivalent to \$300 per year for employees working 40 hours per week, 50 weeks a year; in essence, a 1.5% raise)
- Eligibility: Hourly employees will begin to receive credit beginning the first day of employment, but employees cannot access the funds until their 1st anniversary with the company
- Expenses eligible for reimbursement: airline/mileage, hotel costs, daily meal per diem of \$25, and/or the cost of the on-site or online course, up to but not exceeding employee's CEU "bank" balance
- Method of Reimbursement: Employees must turn in the course certificate of completion with all receipts or documentation of course-related expenses, including mileage, which will be paid at current established rate for mileage
- Use of CEU "bank" balance: employees cannot draw from the bank until after completion of 12 months with the company in either a full-time or part-time capacity; there is no maximum or minimum limit to the number of times an employee can draw from their bank; employees can allow "bank" balances to build up; "bank" balance is forfeited when an employee resigns or is terminated

The company reserves the right to modify or discontinue the plan at any time.

08/17/2010

Andrea Bergman, OT, is moving to Panama City to be with her family as her husband begins his education in the engineering program at the university. Her last day will be **September 30th** (Thursday). Andrea wrote “. . . this is the best job that I have had as an Occupational Therapist. . . this time has surely blessed me, so thank you. . .” Andrea’s presence and friendship has been a blessing to us all as well, and we will miss her so much! We wish you the best, Andrea, for you and for you family!

Brittany Simmons, OT Student from the University of South Alabama (Mobile), will be here August 30th for her very last clinical of her educational process. She graduates in December. She lives in Enterprise, and will be working with a variety of our OT’s in the schools, homes, and clinic. Please make her feel welcome!

I hope that your documentation efforts are coming along smoothly. If you have any questions, please don’t hesitate to call me for support. Please remember that although it is difficult to get started with new documentation, it will get easier and quicker as time goes on.

It was definitely time to address our documentation in general. I got a complaint today from a school special ed director (email with the progress notes in question scanned/attached) about a progress note that a therapist wrote indicating that “very little progress was made due to the therapist being out.” The therapist did not sign her name, only initialed the progress note. Another note bore no signature at all, nor an initial. Another progress note was brought to my attention as well, this one being written by a therapist assistant. Again, no signature, only initials, and only two sentences long—only one sentence of which addressed the current level of function!

Initialing a therapy note is never acceptable—a signature with your designation of degree is required. The only place on our documentation for an initial is on the goal page, at the bottom of which is a place for you to provide a “key” by initialing and signing with your full designation.

A progress note should address the following:

- Date—MUST INCLUDE THE Month, Day, and YEAR!!!
- Cancellations/no shows
- Treatment info re: current status of child
- Update of the baseline info provided at the initial eval/re-evals
- Extent of progress (or lack thereof) between the patient’s current functioning/disability and that of the previous progress report/eval
- Factors that modify frequency or intensity of intervention and progression

- toward anticipated goals, including patient adherence to patient instructions
- Communication/consultation with providers/patient/family; education
 - Documentation of any modifications in the plan of care (i.e., goals, interventions, prognosis)
 - Signature, title

Please make sure that your documentation reflects your level of professionalism. Your notes represent YOU in your absence.

08/11/2010

This information bulletin was sent to Federal Affairs Liaisons and Members of the Section on Pediatrics, and distributed by the APTA on 8/10/10.

House Passes Legislation to Provide Federal Funding for Medicaid and Education Jobs

Earlier this afternoon, the U.S. House of Representatives passed legislation, by a vote of 247 to 161, which would provide \$26 billion in federal funding for states. \$16 billion is directed for the Federal Medical Assistance Percentages (FMAP) program, which will enhance federal Medicaid funding to states. The remaining \$10 billion of the bill is to be used as an Education Jobs Fund to assist states and local education agencies who are facing tough budget constraints and prevent job cuts to teachers and specialized instructional support personnel, such as school-based physical therapists.

The House, which had adjourned for its month-long August recess a week prior, returned today to pass this crucial state funding legislation after it had been passed by the Senate last week. President Obama urged Congress to pass this legislation, and the bill will now be sent to him to be signed into law.

08/11/2010

Mr. and Mrs. Joe Paul Stewart
request the honour of your presence
at the marriage of their daughter
Tara Alanna
to
Mr. Dustin Judd Fowler
on Saturday, the 21st of August
at five o'clock in the evening
First Baptist Church
Enterprise, Alabama



Reception following ceremony
Enterprise Civic Center

08/09/2010

The fall clinic schedule starts Monday, August 9th. Please note that for everyone's safety, HIPPOThERAPY is **not** to take place if the **Heat Index is greater than 99 degrees**. Heat Index is not just temperature, but a combination of temperature and humidity. This info can be obtained on the internet. Please ask Judy or Freta if you need assistance to pull up this info quickly.

For the most part, we will not be able to do HPOT in the afternoons in August, so be prepared to do your therapy inside. Please explain this to the parents. We have the rule posted on the board to the left of the sign-in window as well.

If you would like to continue using the pool, and can work it into your schedule, you may do so. Please inform the parents so they can dress their kids appropriately.

08/09/2010

Therapists' Licenses: Please make sure you send a copy of your new therapy license to the office as soon as you receive it. We have to post your licenses in our office, as well as share them as requested by EI programs and schools. It is your responsibility to make sure we have a copy of your current state (and ASHA) license. Those of you who have not done this need to respond immediately. Questions: contact judy@sumlartherapy.com.

08/09/2010

Physical Therapists and Assistants: Time to Renew your AL License!

When: August 1—September 30

Where: www.pt.alabama.gov

Your license expires at midnight Sept 30th.

You **MUST NOT** work with an expired license.

08/09/2010

Forms posted on website have been changed. Please note that the new forms (Therapy Notes, Progress Notes, Goals, and Treatment Plans) have replaced the obsolete forms. Forms for employee usage (i.e., PTO Request, BCBS) have been moved from the third column of forms to their own section below the documentation forms, and entitled "Employee Forms."