

Speech Therapy Sample Documentation Statements Measurable Details, Medical Necessity and Skilled Service



EXPRESSIVE COMMUNICATION:

Example #1

- Automatic speech limited to personal topics using 2-3 word statements.
- Physical gestures used with 25% accuracy.
- Does not utilize facial expressions for speech enhancement.
- Poor breath support for verbal expression & moderate dyspnea. Flexed sitting posture.
- Needs 6-12 second rest periods for breath recovery to continue social conversations.

Example #2

- Limited ability to converse about familiar topics using short phrases.
- Expression of basic wants/needs limited to 50% accuracy w/ shouting volume.
- Limited word finding and object naming to 40%.
- Unable to reduce parahasic errors with cueing.

Example #3

- Limited expression reduced to sentence length utterances for simple wants/needs.
- Complexity of speech limited to simple language.
- Perseveration of speech 30%.
- Non-verbal gestures dominate with internal frustration and limited to 75% accurate.
- Flexed head on neck and trunk posture at rest.

Statements of Medical Necessity:

- Without ST the patient will be unable to express wants and needs to caregivers, possibly leading to resident falls as he attempts to perform own care.
- Without ST the patient will experience significant difficulty communicating basic wants and needs, potentially leading to negative behavior outbursts.
- Without ST to develop proper breathing patterns, the patient will have poor spontaneous communication skills with regular episodes of breathlessness.
- Without ST, the patient will have significant difficulty expressing self in regular conversation and will be unable to communicate effectively in emergency situations.
- Without therapy to evaluate expressive communication and establish a new RNP, caregivers will be unable to appropriately cue the patient leading to misinterpretation of expressed wants/needs.

Skilled Service:

- Continual assessment of cognitive abilities and determine the use of alternative communication devices as a compensatory strategy.
- Analysis of expressive language skills in various situations to determine most effective cueing strategies for caregivers.
- Ongoing measurement of structured speech production in various environments to determine consistency of fluency. Provision of compensatory strategies for reduced speech fluency.
- Assess complex sentence comprehension in a noisy environment and establish compensatory strategies for remediation.
- PRE's using neck and compound row Nautilus machines while analyzing percentage of strength gained. Determining it's impact on improved posture, breath support and speech.
- Provision of graded verbal directions to develop attention to task and formulate adequate responses regarding simple wants and needs.
- Ongoing training of compensatory strategies including pointing and one-word statements, while determining accuracy and consistency of performance.

AUDITORY COMPREHENSION:

Example #1

- Comprehend basic social exchanges with 75% accuracy.
- Answers simple yes/no questions 50% accurate.
- Answers complex yes/no questions 25% accuracy.
- Poor comprehension (10%) to new/unfamiliar information.

Example #2

- Limited comprehension simple phrases/sentences to 70% accuracy for personal topics.
- Response time delayed 15 seconds.

Example #3

- Comprehends 1-step requests with 85% accuracy.
- Comprehends 2-step requests with 40% accuracy.
- Unable to follow 3+ step, complex requests.
- Repeats statements as compensatory strategy, which improves comprehension to 90%.

Statements of Medical Necessity:

- Without ST, patient will be unable to comprehend basic social exchanges, possibly leading to isolation and negative behaviors in his/her discharge environment.
- Without ST, patient will experience significant misinterpretation of spoken conversation, leading to poor interactions with family and friends.
- Without ST, patient will have great difficulty understanding social conversations and interacting in community-based activities.
- Without ST, patient will be unable to follow caregiver instructions for routine and special medical services.

Skilled Service:

- Analysis of patient's auditory comprehension in quiet and noise-filled situations while determining most effective cueing strategies for caregivers.
- Development of comprehension using graded verbal statements in various settings and analyzing patient accuracy of response.
- Educating patient's family effective communication strategies and determining level of return demonstration.
- Analysis of patient's ability to participate in facility activity programs. Teach caregivers adaptive methods of communication using wh-questions to facilitate a proper response.
- Ongoing education to caregivers in the use of yes/no questions. Determining caregiver and patients consistency of performance.

VOICE/VERBAL EXPRESSION

Example #1

- Inconsistently achieves phonation to 25% of time.
- Sustained phonation of 4-6 seconds.
- Vocal intensity audible a distance of 1.5 to 2 feet.
- Pitch breaks, glottal fry, stridency, tremor and hard glottal attacks present 75%.

Example #2

- Phonation time mildly limited to 14-20 seconds.
- Vocal range audible at limited distance up to 5 feet.
- Nasal/oral resonance mildly inconsistent (20%).
- S/Z ratio is greater than 1.0 (normal duration) of /s/ production, indicating possible vocal fold pathology.

Statements of Medical Necessity:

- Without ST, patient will have profound impairments with vocal function, leading to poor communication and personal expression of wants and needs.
- Without ST, patient will present self with an abnormal voice with fluctuating levels of expression. This will create significant misinterpretations by caregivers and family.
- Without ST, patient will be inaudible when expressing simple wants/needs.

Skilled Service:

- Ongoing analysis of vocal function while providing a graded, structured environment to produce audible expression.
- Ongoing assessment of voice characteristics in structured and un-structured settings, elimination of vocally abusive behaviors and gradual elimination during treatment.
- Determine most effective strategies including breathing through nose, easy breathing pattern during speech, chant-talk and chewing methods.
- Analysis of vocal intensity while trialing open mouth and pushing approaches and half swallow boom strategies.

SWALLOWING:

Example #1

- Primary mode of nutrition is mechanical soft, regular liquids.
- Recent intake limited to 25%.
- Moderate difficulty holding head upright due to poor cervical neck extensor strength.
- Unable to perform dry swallow.
- Oral motor coordination significantly reduced.
- Moderately reduced bolus formation, manipulation and propulsion.
- Facial reddening and grimacing noted.

Example #2

- Alternative method of feeding primary source of nutrition.
- Oral intake limited to trial intake with SLP.
- A-P transit greater than 3 seconds
- Delayed pharyngeal swallow.
- Requires constant verbal cueing.

Statements of Medical Necessity:

- Without ST, the patient will be unable to consume p.o. foods without risk of aspiration, leading to poor intake and weight loss.
- Without ST to develop proper breathing patterns, the patient will have poor p.o. intake with regular episodes of breathlessness while eating.
- Without ST the patient is at severe risk for weight loss due to inadequate breath support for eating tasks.
- Without ST, patient will become permanently dependent on artificial feeding mechanisms and deprived the opportunity for pleasure feeding.
- Without ST, caregivers will be unable to assist, cue, and safely provide p.o. feedings to the patient.
- Without ST, caregivers and family will be unaware of at-risk behaviors of aspiration, placing the patient in jeopardy of negative outcomes while consuming foods.

Skilled Service:

- Analysis of swallow to determine volitional oral motor skills and assess a-p transit with various food textures. Determine oral, pharyngeal and esophageal structure/function while accepting various food textures and liquid consistencies.
- Progressive isometric oral motor exercises and PRE's using Nautilus neck and rowing machines to develop strength and coordination for safe mastication and a-p transit.
- The skills of a therapist are required to determine compensatory strategies to sufficiently eliminate aspiration risk during swallowing, and then design/implement a FMP.
- Introduction to graded food textures, while teaching compensatory swallow strategies. Determine consistency of performance while down grading frequency of verbal cueing.
- Determine most effective cueing strategies according to the patient's cognitive level of function.
- Ongoing education to caregivers and family regarding signs and symptoms of difficulty swallowing and aspiration. Incorporation of compensatory strategies (i.e. alternate solids and liquids and chin tuck strategies) for swallow safety.
- The skills of a therapist are necessary to analyze consistency of safe swallow over various times of day. Determination to how physical and cognitive fatigue impacts swallow function.
- Analysis of bolus formation, manipulation and propulsion of various food textures to determine safest temporary diet level during this initial rehabilitation phase.
- Analysis of cervical neck strength gains using Nautilus rowing, low-back and neck machines. Determining how gained strength improves overall swallow function.

COGNITION:

Example #1

- Average cognitive-linguistics ability = 25%
- Attends to simple stimuli up to 60 seconds.
- Oriented to person only.
- Moderately delayed auditory processing.
- Poor short-term memory (20%)
- Poor long-term memory (30%)
- Unable to judge safety or problem solve without cueing.
- Severely impaired organizational and sequencing skills.

Example #2

- Average cognitive-linguistics ability = 75%
- Attends to simple stimuli only to 6 minutes.
- Orientation limited to person, generally to place only.
- Impaired processing abilities by 25%.
- Recalls detailed info with 25% cues.
- Moderate difficulty initiating, sequencing and self-correcting for problem solving.

Statements of Medical Necessity:

- Without ST, patient will struggle to perceive immediate surroundings possibly causing an inability to interpret stimuli and formulate an appropriate response for basic social exchanges.
- Without ST, patient will be unable to consistently make safe, appropriate decisions for home management tasks while being alone for portions of the day while caregivers are away at work.
- Without ST, caregivers will be unable to properly cue the patient for an appropriate response during routine care activities, possibly creating negative behavior outbursts.
- Without ST, patient will be unable to participate in facility activity programs, possibly leading to isolation for this previously social gentleman.
- Without ST, patient is at high risk for being unable to respond appropriately to household emergencies while securing her own safety.
- Without ST, patient will have profound difficulty performing, personal daily living tasks including the management of time, money, telephone and responding to emergency situations.

Skilled Service:

- The skills of a therapist are necessary to determine what is the patients maximum level of functional performance – this required a therapist because an extensive cognitive evaluation must occur to determine why variable levels of performance exist and what cueing strategies the patient requires.
- Assess cognitive functioning during routine tasks to determine underlying cognitive impairments and train direct caregivers to apply strategies during routine care.
- Assess cognitive abilities related to attention and problem-solving in low/high-stim environments.
- Provision of graded verbal directions to develop attention to task and formulate adequate responses regarding simple wants and needs.
- Development of attention for safe participation in routine care giving activities.
- Assess how orientation fluctuates over the course of the day and how staff can implement cueing strategies to compensate for patient inconsistencies.
- Analyze patient interpretation to cause and effect situations and how to develop those skills.
- Improve memory via training compensatory memory strategies. Determine consistency of performance over the course of a day and week to week.

SPEECH PRODUCTION:

Example #1

- (L) Facial droop noted at rest.
- Reduced buccal sensation/strength on (L).
- Labial oral motor techniques limited 50% w/ reduced range/rate, strength and accuracy.
- Lingual oral motor techniques limited 40% w/ reduced range/rate, strength and accuracy.
- **Diadochokinetic Rates** t=x 10/5 seconds, p=x 6/5 secs, t=x 5/5 secs t-p-k=x 3/5 secs.
- One-word repetitions with mis-articulations in initial/medial positions with omissions noted.
- Imprecise articulatory movement, irregular rhythm and reduced rate noted.

Example #2

- Spontaneous speech intelligible 65% at phrase level only.
- Articular distortions noted 50% of time.
- Rate of speech reduced 80% of time.
- Unable to self-correct 90% of time.
- Performs poorly in unstructured setting.

Medical Necessity:

- Without ST, patient will experience significant difficulty voicing basic wants and needs to caregivers with increased frustration delivering care.
- Without ST, patient will be unable to effectively communicate with family, friends and community population while performing daily living activity.
- Without ST, patient will be unable to resume communicating via telephone for social exchanges and emergency situations.
- Without ST, patient will develop profound impairments with routine social exchanges, possibly leading to isolation from facility community activities and unwillingness to report personal issues such as pain, hunger or bathroom needs.

Skilled Service:

- The skills of a therapist are necessary to provide ongoing analysis of patient's speech intelligibility in routine and unstructured settings then trial compensatory strategies to improve volume, rate and inflection.
- Analysis of voice in structured environment with varying degrees of noise levels to determine consistency of performance using compensatory strategies.
- The skills of this therapist are necessary to trial various cueing strategies and determine if tactile, gestural, verbal, modeling and/or visual cues are most effective.
- Ongoing ST is necessary to analyze conversation at single word, phrase and sentence level and refine intensity, pitch and resonance using restored skills or use of compensatory strategies.
- Provision of buccal, labial, lingual and mandibular exercises with graded intensity to improve oral motor function while influencing sharper speech production.