TREATMENT PLANS - GUIDANCE FOR MEDICARE REPORTS

**Background:** The Medicare coverage manual lists the following as required criteria: “A description of the functional communication goals expected to be achieved and treatment options” and “Demonstration that the patient possesses a treatment plan that includes a training schedule for the selected device.”

Increased focus has been placed on treatment plans and goals by Medicare reviewers during recent audits.

**Sample Verbiage:**

- It is recommended that the required statement that a copy of the report has been sent to the physician now state, “A copy of this report, including Treatment Plan and Goals, has been sent to the prescribing Physician for review and prescription.”
- If additional therapy is not recommended by the SLP, details should be provided to explain why. Below are sample scenarios and recommended verbiage.

  **Scenario:** The SLP is recommending that the client receive Speech and Language Therapy after getting an SGD.
  - Title the section “Treatment Plan/Intervention Schedule”.
  - State that the client will receive Speech/Language Therapy ____X/week or ___X/month and for how many weeks/months.
  - State that these sessions will focus on the goals listed above in the report.

  **Scenario:** The SLP is recommending that the client receive Speech and Language Therapy after getting an SGD, but the client will not be returning to the evaluating SLP, and should be referred for home health or out-pt. therapy.
  - Title the section “Treatment Plan/Intervention Schedule”.
  - State that the client should receive ongoing Speech/Language Therapy, addressing the above-stated goals, and state why client will not be able to return to the evaluating SLP (i.e., too far away, travel is too difficult, already receiving speech therapy in school).
  - State the recommendation for the family to ask the prescribing physician to order Speech/Language Therapy for the client through home health or out-pt. resources.
  - If client is in school and receiving therapy, state that.
  - Note: Evaluating SLP still needs to make a recommendation for the treatment plan/schedule based on evaluating SLP’s goals to be achieved to meet functional communication.

  **Scenario:** The Client is cognitively intact and literate, and has the skills to learn to use the SGD without the services of an SLP. This would typically be clients with ALS, MS, Parkinson’s, etc.
  - Title the section “Treatment Plan/Intervention Schedule”.
- State that the client has the cognitive and technical skills to use the SGD without the services of an SLP. Add any pertinent information, such as familiarity with computers, etc.
- State the selection method used by the client and what he/she can independently do.
- State who will be the support person if the client is not physically able to do this alone.
- State that the client/family has access to written instructions, and online and phone support from the manufacturer.
- State that based on client’s current language, cognitive and technical skills, it is expected that client will be proficient in using the device to meet the functional communication goals, as stated earlier in this report, without therapeutic intervention. Additional therapy is not recommended at this time; but is available upon request. Client’s physician has been advised of these goals, and is in concurrence with this treatment plan.