



SLP HACK:

any method, skill or information that increases efficiency and treatment!

The purpose of the SLP Hack is for clinicians to swap tips, materials so we all can provide the best care.

Things to know:

New cognitive CPT code

ASHA has requested that CMS delete G0515. Although the cognitive treatment codes are new, criteria for cognitive treatment does not change. The new codes will be 97129 and 97130. 97129 is the base code for the initial 15 minutes and 97130 is the subsequent treatment code for each additional 15 minutes.

For example, a 45 minute session would be: the first 15 minutes are coded under 97129 and the latter 30 minutes under 97130.

These codes should not be billed on the same day as CPT code 92507 (speech, language, voice, communication treatment) or 92508 (group). CMS is deleting G0515 January 1, 2020. CPT codes can be added, edited on the most recent progress note, recertification.

- CPTs 97129 & 97130 (time-based): Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem-solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one)

Student Supervision Requirements

As of January 1, 2020, all clinical supervisor and Clinical Fellowship mentors require a minimum of 2 hours of professional development in the area of supervision/clinical instruction. SLPs supervising students in a Rehab Synergies facility should complete this course-work while on the clock

- I completed the "Nine Building Blocks of Supervision," and, "Knowledge, Skills, and Competencies for Supervision," to meet the requirement. Both sessions are offered to ASHA members at no charge. <https://www.asha.org/professional-development/supervision-courses/>

Passy Muir Valve In-Services

We are offering 2 one-hour courses, approved for CEU credit for respiratory therapists (AARC), speech-language pathologists (ASHA) and nurses. The course provides the benefits of the Passy Muir Valve, assessment parameters, troubleshooting guidelines, and advanced placement techniques

Advanced Rehab & Healthcare of Wichita Falls
Tuesday, December 10, 2019 at 12:00 PM
4816 Kemp Blvd., Wichita Falls, TX 76308

Heritage House of Keller
Wednesday, December 11, 2019 at 3:00 PM
1150 Whitley Road, Keller, TX 76244



Treatment Spotlight: SRT: Spaced-Retrieval Training

Spaced-retrieval training can help patients with memory deficits by targeting procedural memory. SRT is considered an evidence-based direct treatment approach for persons managing dementia.

Non-declarative memory or procedural memory is a type of long-term unconscious memory which aids in the performance of routine tasks. Procedural memory is considered our “how to” knowledge, like how to tie our shoes or brush our teeth.

Procedural memory is found to be less impaired and spared longer in people managing dementia therefore it can serve as the basis for successful therapy.

SRT may be implemented to teach a specific skill (e.g., locking brakes before standing, checking the activities calendar, strategies for dysphagia). The goal is to alleviate specific problems in activities, tasks associated with the patient’s memory impairment rather than to restore memory processes.

Steps to Intervention (Oren, S., Willerton, C., et al. 2014)

In SRT, the clinician asks a question and requires an immediate response from the patient. The interval between recall opportunities is systematically lengthened during training sessions until the patient demonstrates recall of information:

1. Choose one or more functional targets or goals. The targets should be concrete, relevant and do not change.
2. Ask a question to elicit the target response. If the person answers/performs correctly the first time, choose another target. If the answer is unknown or incorrect, tell and/or show them the right answer and have them repeat it back.

SLP: “Today we are going to practice using the calendar. How do you find out what to do today?”

Patient: “Look at my calendar.”

SLP: “That’s right. Now show me your calendar.”

The verbal response is paired with the demonstration of a procedure or skill. In this example, the target is used to identify the calendar as the external aid. Additional training is required for the patient to cross out the date, identify the correct highlighted activity or other appropriate goal based on their cognitive level.

3. Ask again 15 seconds later. If they can’t recall, give the answer and have them repeat it back. In the example provided, hand over hand assistance, written or gestural cues could be useful to facilitate the correct answer.
4. When the answer is given correctly, double the time interval (15 seconds, 30 seconds, 1 minute, 2 minutes, 4 minutes, 8 minutes, etc.) and ask the question again. Repeat this step each time the answer is correctly given. Use a stopwatch to aid in accurate/precise documentation.
5. If the answer is incorrect, give the right answer immediately and ask the question again at the last correct time interval.
6. In between asking the questions, fill the intervals with other therapy activities or conversation – to reduce confusion it’s best to choose activities or topics that have little to do with the target or memory skills.

Resources: <https://tactustherapy.com/spaced-retrieval-training-memory/>

Oren, S., Willerton, C., et al. (2014). The Effects of Spaced Retrieval Training on Semantic Memory in Alzheimer’s Disease: A Systematic Review. *Journal of Speech, Language, and Hearing Research*, 57(1), 247-270