

CLINICSOURCE, SSCFDS & PAYROLL POLICIES

National Speech ABA Dept. © May 2017

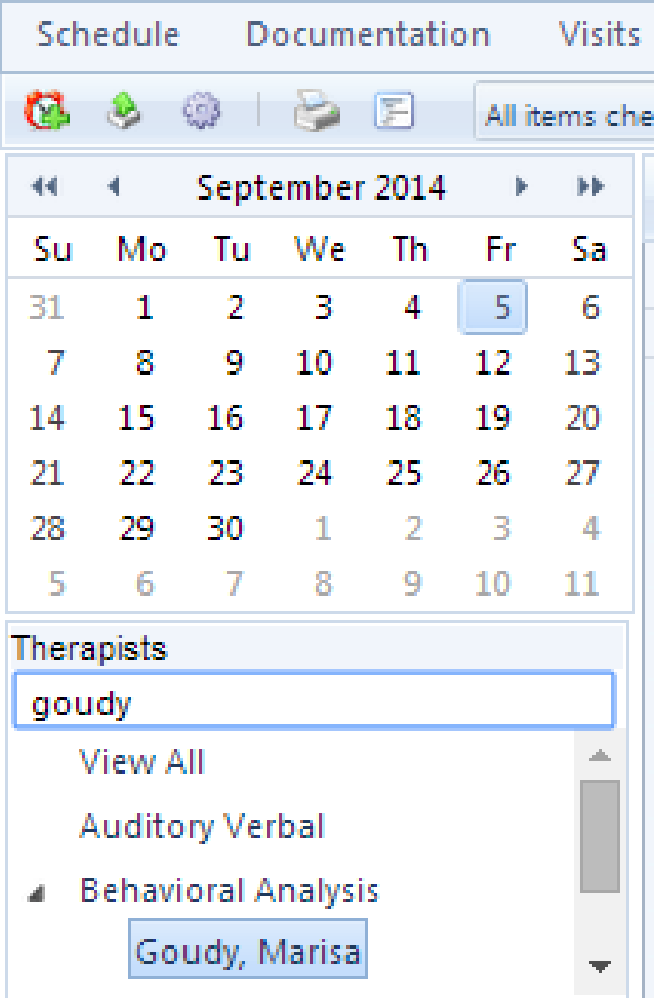
ClinicSource (CS)

Common Issues

- What's the website?
 - <https://secure2.clinicsource.com/ClinicPortal2/login.asp>
x
- What's the Clinic Name?
 - NationalSpeech
- I'm having issues logging in, who do I contact?
 - Mel (mel@nationalspeech.com)
 - If unable to reach Mel contact support@clinicsource.com

I can't find my schedule

- Click “Behavioral Analysis”
- In “Search Therapists...” bar, type in your last name
- Click “Behavioral Analysis” again



The screenshot shows a software interface with three tabs: "Schedule", "Documentation", and "Visits". Below the tabs is a toolbar with icons for home, refresh, settings, print, and a document icon. A search bar on the right contains the text "All items che".

Below the toolbar is a calendar for September 2014. The calendar shows the days of the week (Su, Mo, Tu, We, Th, Fr, Sa) and the dates. The date 5 is highlighted in a blue box.

Below the calendar is a section titled "Therapists". It contains a search bar with the text "goudy". Below the search bar is a list of results:

- View All
- Auditory Verbal
- Behavioral Analysis
 - Goudy, Marisa

When are session notes due?

- Notes are due in ClinicSource **24 HOURS after the client's session start time**
 - ▣ This includes: cancelled, no show & present sessions
 - ▣ Example: 9/4 session 6:00-8:00 pm, session note due 9/6 6:00 pm

How to create a note...

Appointments

Client's Name →

Start & End Time →

The screenshot shows a window titled "Edit Appointment - 461131". At the top right is a close button (X). Below the title bar are icons for save, refresh, and a group of people, along with an "Ignore Conflicts" checkbox. The main form contains the following fields:

- Appointment** (alarm clock icon)
- Type:** ABA Therapy (dropdown menu)
- Patient:** CLIENT NAME (dropdown menu)
- Therapist:** Goudy, Marisa (dropdown menu)
- Subject:** (empty text box)
- Location:** Home (dropdown menu)
- Start Time:** 12/7/2015 8:30 AM (calendar and clock icons)
- End Time:** 12/7/2015 9:30 AM (calendar and clock icons)
- Recurring every:** (checkboxes for Mon, Tue, Wed, Thu, Fri, Sat, Sun)
- for the next:** (text box) weeks.
- Biweekly:** (checkbox)

← ABA Therapy

← Your Name

← Place of service (e.g. Home, Daycare, School, Office)

Appointments: Attendance Status

Recurring every:

Mon Thu
 Tue Fri
 Wed Sat
 Sun

Biweekly

Attendance Status: **No Show**

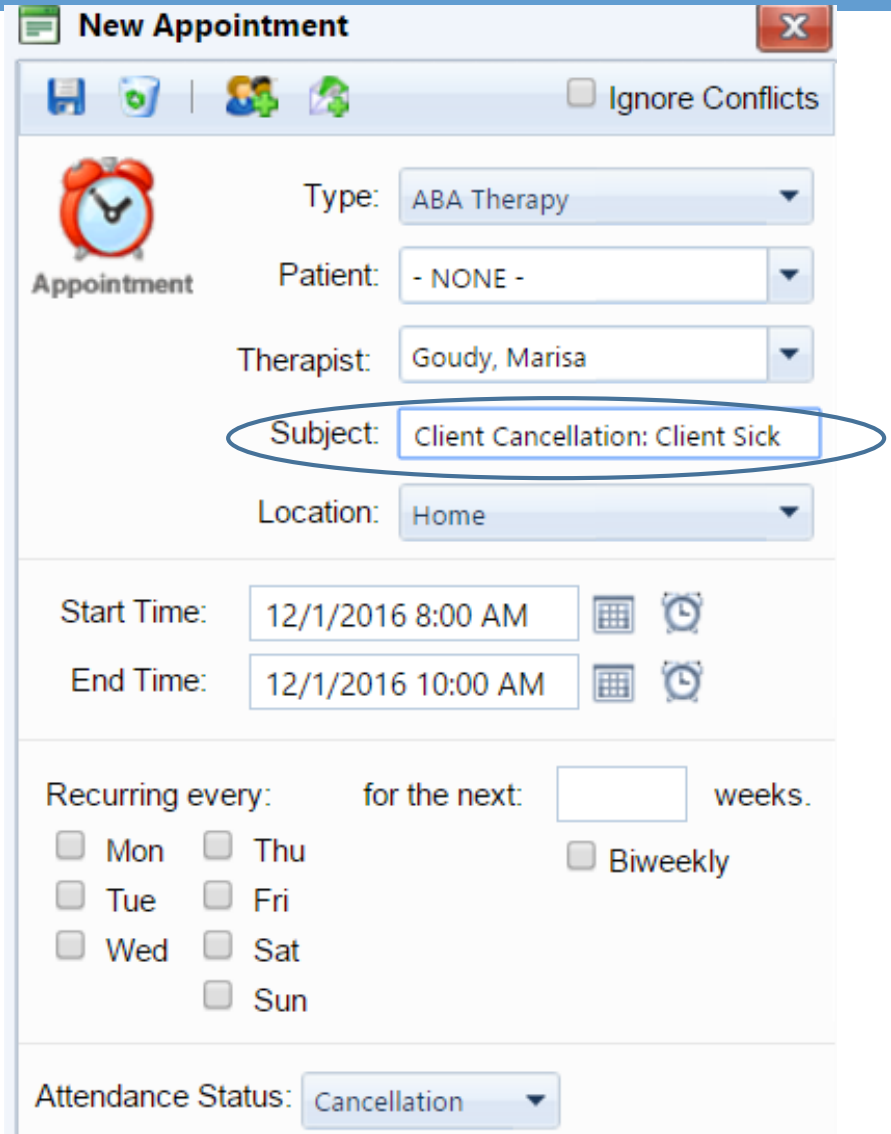
Client did not come to office, attempted to contact client's Mom

Cancellation, No Show, Present, etc.

Cancellation/No Show Explanation: who cancelled/no show (e.g. client/therapist cancelled), reason (e.g. client sick), notice duration (e.g. 2 hours prior to session)

Appointments: Cancelled Sessions

- Subject: enter who cancelled (e.g. Family or Therapist) followed by reason



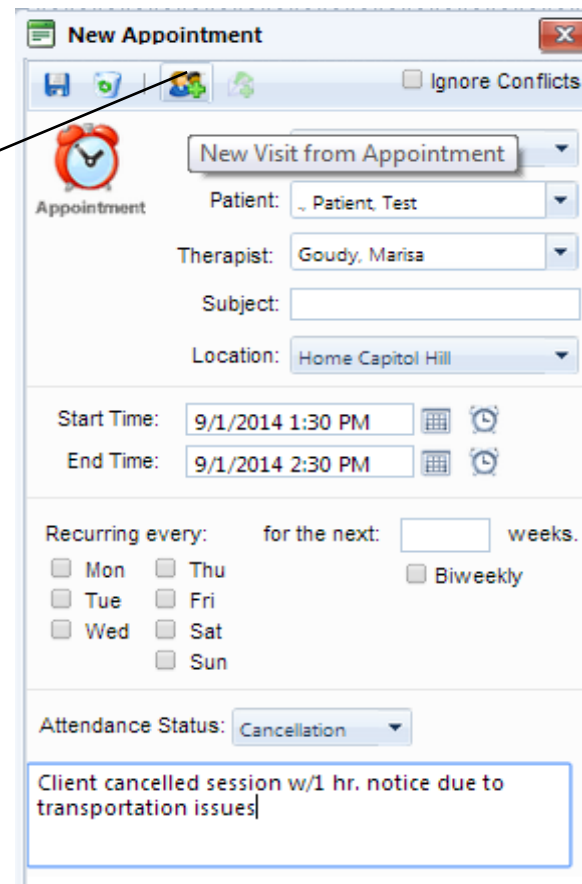
The screenshot shows a 'New Appointment' window with the following fields and values:

- Type:** ABA Therapy
- Patient:** - NONE -
- Therapist:** Goudy, Marisa
- Subject:** Client Cancellation: Client Sick (circled in blue)
- Location:** Home
- Start Time:** 12/1/2016 8:00 AM
- End Time:** 12/1/2016 10:00 AM
- Recurring every:** (checkboxes for Mon, Tue, Wed, Thu, Fri, Sat, Sun)
- for the next:** [] weeks.
- Attendance Status:** Cancellation

Visits

If session occurred, cancelled w/less than 24 hrs. notice or no showed click on “New Visit From Appointment”

New Visit From Appointment button



The screenshot shows a 'New Appointment' window with the following fields and options:

- Appointment** (clock icon)
- New Visit from Appointment** (dropdown menu, highlighted by a red arrow)
- Patient:** Patient, Test
- Therapist:** Goudy, Marisa
- Subject:** (empty text box)
- Location:** Home Capitol Hill
- Start Time:** 9/1/2014 1:30 PM
- End Time:** 9/1/2014 2:30 PM
- Recurring every:** (checkboxes for Mon, Tue, Wed, Thu, Fri, Sat, Sun)
- for the next:** (text box) weeks.
- Biweekly** (checkbox)
- Attendance Status:** Cancellation
- Client cancelled session w/1 hr. notice due to transportation issues** (text box)

Visits: Cancellations less than 24 hrs.

4. SAVE!

Visit

Patient: Client's Name
Therapist: Goudy, Marisa
Location: Home

Visit Id: 82753 Count: 104
Type: BA
Start: 5:00 PM 2/18/2016
Re-Eval Due: 6/4/2015

Diagnosis
F84.0 | Autistic disorder

Id	CPT Code	Units	Duration	Inv.#	Authorizations
79725	Cx w/o 24 Cancellation with less than 24	1	0 min.		
		0	0 min.		
		0	0 min.		
		0	0 min.		
		0	0 min.		
	CPT Code: Cx w/o 24	0	0 min.		
		0	0 min.		
Totals:		1	0 min.		

Cancellations <24 hrs./No Shows: Progress Notes

- NOT NEEDED!
- After completing the visit for the cancellation, you are finished!

Visits: Cancellations 24+ hrs. notice

- NO VISIT NECESSARY!
- Appointment Subject: Client Cancellation & reason
- Appointment Attendance Status: cancellation
- Attendance Status Explanation: e.g. client on vacation, provided with 72+ hrs. notice
- Click SAVE on Appointment

Visits: No Shows

4. SAVE!

Visit

Patient: Client's Name
Therapist: Goudy, Marisa
Location: Home

Visit Id: 82753 Count: 104
Type: BA
Start: 5:00 PM 2/18/2016
Re-Eval Due: 6/4/2015

Diagnosis
F84.0 | Autistic disorder

Treatments						
Id	CPT Code	Units	Duration	Inv.#	Authorizations	
79725	No Show Patient No Showed	1	0 min.			Units: 1 (should automatically generate)
		0	0 min.			
		0	0 min.			
		0	0 min.			
		0	0 min.			
	CPT Code: No Show	0	0 min.			
		0	0 min.			
		0	0 min.			
Totals:		1	0 min.			

Completed Sessions: Attendance Status

Recurring every:

<input type="checkbox"/> Mon	<input type="checkbox"/> Thu
<input type="checkbox"/> Tue	<input type="checkbox"/> Fri
<input type="checkbox"/> Wed	<input type="checkbox"/> Sat
	<input type="checkbox"/> Sun

Attendance Status: Present

Biweekly

weeks

-None-
Cancellation
Confirmed
No Show
Other
Present

Present: i.e. do NOT leave attendance status blank!

Completed Sessions: Visit

4. New Progress Note

Visit

Patient: Client's Name

Therapist: Goudy, Marisa

Location: Home

Visit Id: 82415 Count: 102

Type: BA

Start: 5:00 PM 2/11/2016

Re-Eval Due: 6/4/2015

Diagnosis: F84.0 | Autistic disorder

Id	CPT Code	Units	Duration	Inv.#
79389	H2019 Direct ABA Services	4	60 min.	
		0	0 min.	
		0	0 min.	
		0	0 min.	
		0	0 min.	
		0	0 min.	
		0	0 min.	
		0	0 min.	
Totals:		4	60 min.	

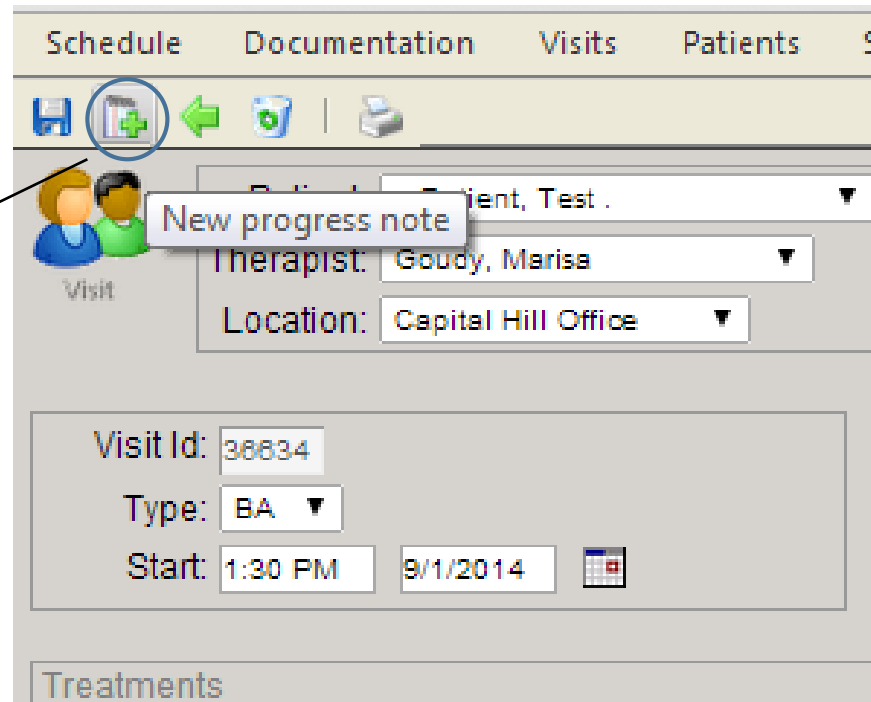
1. CPT Code: specific to client (i.e. H2019 for most clients)

3. Units: 1 unit=15 mins. (e.g. 1 hr. session=4 units, 2 hr. session=8 units)

Completed Sessions: Progress Note

Click “New Progress Note” button (i.e. SOAP note)

“New Progress Note”
button



The screenshot displays a software interface with a top navigation bar containing 'Schedule', 'Documentation', 'Visits', and 'Patients'. Below this is a toolbar with icons for save, a red-circled 'New progress note' button, a back arrow, a shield icon, and a printer icon. A 'Visit' section shows a dropdown for 'Patient: Test .', a dropdown for 'Therapist: Goudy, Marisa', and a dropdown for 'Location: Capital Hill Office'. Below this is a form with fields for 'Visit Id: 38834', 'Type: BA', and 'Start: 1:30 PM' on '9/1/2014'. A 'Treatments' section is visible at the bottom.

Completed Sessions: Progress Note

Progress Note: Behavioral Analysis							National Speech-Capito		
S Patient:		Pat. Number:	1993	D.O.B.:	8/19/2009				
Visit Date:	9/4/2014	Duration:	60 min	Therapist:	Goudy, Marisa				
CPT	Units	Loc.	Start	End	Duration	Description	Diag.		
H2019-I	4	12	8:00 AM	9:00 AM	60 min.	Therapeutic Behavioral Services, per 15 minutes provided by a Behavior Specialist	299.00		
The client was present prior to the session as well as for the duration of the session.									
O	#	Area of Concern	Goals					%Ach	
A	1	Compliance	Max will comply with at least 90% of novel instructions the first time asked given appropriate wait time (typically 3-5 seconds), for three consecutive sessions and generalize compliance in all environments inside and outside of the home.					70%	
	2	Communication	Max will use 4-5 word phrases to indicate his wants when presented with the verbal instruction, "What do you want?" given the appropriate wait time (typically 3-5 seconds) for three consecutive days with adults and peers.					80%	
	5	Self-Control	Max will wait for preferred items for up to 3 minutes by staying seated and near an adult, with 90% accuracy, first time asked for three consecutive sessions with therapists and family.					100%	
	6	Self-Care	Max will indicate that he needs to use the bathroom, remain dry, and complete his toileting routine independently for two consecutive weeks.					100%	
Self-Control: current target 60 seconds mastered									
P	The current plan of care should continue. Baseline new self-control target due to mastered target.								

S (Subjective): session location (e.g. home, office), who was present during session (e.g. Mom, brother) & subjective information (e.g. client appeared tired, client was upset when denied access to preferred item, etc.)

O/A (Objective/Assessment): each client will have goals that should automatically generate, you will need to put in the accuracy (i.e. %Ach) for each goal. In blank box underneath include specific targets, prompting method, etc.

P (Plan of Action): ABA services should continue for XX hours/week (e.g. 6, 10, etc.) in specific location (e.g. natural environment, etc.) to work on XX goals (e.g. communication, social skills, etc.)

Progress Note: Signatures

2. SAVE!

1. Sign note! Your signature should appear on the bottom



Progress Note: Behavioral Analysis

National Speech-Cap

S Patient:		Pat. Number:	1993	D.O.B.:	8/19/2009
Visit Date:	9/9/2014	Duration:	min	Therapist:	Goudy, Marisa

CPT	Units	Loc.	Start	End	Duration	Description	Diag
						Client was present prior to the session as well as throughout the duration of the session.	

O	A	#	Area of Concern	Goals	%Ach
	<input checked="" type="checkbox"/>	1	Compliance	Max will comply with at least 90% of novel instructions the first time asked given appropriate wait time (typically 3-5 seconds), for three consecutive sessions and generalize compliance in all environments inside and outside of the home.	50 Last: 70
	<input checked="" type="checkbox"/>	2	Communication	Max will use 4-5 word phrases to indicate his wants when presented with the verbal instruction, "What do you want?" given the appropriate wait time (typically 3-5 seconds) for three consecutive days with adults and peers.	10 Last: 80
	<input checked="" type="checkbox"/>	3	Motor Imitation #1	Max will imitate the actions of familiar adults with 25 different functional play actions as a precursor skill for his play activities with 90% accuracy, first time asked, with appropriate wait time (typically 3-5 seconds) for three consecutive sessions.	80 Last: 0
	<input checked="" type="checkbox"/>	4	Motor Imitation #2	Max will spontaneously imitate actions of peers for 7 different functional play actions over at least 2 separate observations.	75 Last: 0
	<input checked="" type="checkbox"/>	5	Self-Control	Max will wait for preferred items for up to 3 minutes by staying seated and near an adult, with 90% accuracy, first time asked for three consecutive sessions with therapists and family.	10 Last: 100
	<input checked="" type="checkbox"/>	6	Self-Care	Max will indicate that he needs to use the bathroom, remain dry, and complete his toileting routine independently for two consecutive weeks.	10 Last: 100

BCBA Supervision

- If you are supervised by a BCBA: you bill in CS using the regular code for time you see the client individually & the Nonbillable code for when the BCBA overlapped
- In your SOAP note, put when BCBA present in S portion of note (e.g. BCBA overlap 5:00-6:00 pm)
- On your timesheet, you will be paid for the duration of the session. In the Comments column put “BCBA Overlap 1 hr./etc.”

BCBA Overlap Visit Example

Visit

Patient: Patient, Test
Therapist: Your Name
Location: Daycare

Visit Id: 87784 Count: 32
Type: BA
Start: 11:00 AM 3/18/2016

Diagnosis
F89 | Unspecified disorder of psychological development

Id	CPT Code	Units	Mod1	Mod2	Mod3	Duration	Inv.#	Authorizations
84683	NonBillabl Non-Billable Visit. Overlapped	2				30 min.		
84684	H2019 Direct ABA Services	2				30 min.		
		0				0 min.		
		0				0 min.		
		0				0 min.		

Non Billable: when BCBA overlapped (e.g. 12:00-1:30 pm-6 units)

H2019: regular billing code, client seen individually by BT (e.g. 11:30 am-12:00 pm-2 units)

Session Note Check List

APPOINTMENTS

- ❑ Type: ABA Therapy
- ❑ Start & End Time
- ❑ Location: Place of service (e.g. Home)
- ❑ Attendance Status: present, cancellation, no show, etc.
- ❑ Cancellation Subject: who, reason & notice of reason

VISITS & SOAP NOTES (if necessary)

- ❑ CPT Code: H2019, c/x w/o 24 hrs., etc.
- ❑ Pri. Diag. Code: F84.0, etc.
- ❑ Units: 1, 4, 8, etc.
- ❑ SOAP note for present sessions (all sections must contain information)
- ❑ Signature

****If any information above is missing for a note, your payment will be delayed if not immediately resolved****

Cancellations

What to do if your client cancels/no shows?

- Note cancellation in ClinicSource & SSCFDS (EI clients only) for appointment status
- Attempt to reschedule if your schedule & the client's schedule allows
- Notify BCBA

Cancellations (ClinicSource)

- Less than 24 hours
 - Appointment Status: Cancellation
 - Blank Area: cancellation w/less than 24 hr. notice by therapist/client, reason (e.g. transportation issues)
 - Create visit
 - CPT Code: cx w/o 24
 - Diagnostic Code: specific client code (e.g. Autistic Disorder F84.0)
 - Units: 1 (should be automatically generated)
- More than 24 hours
 - Appointment Status: Cancellation
 - Blank Area: cancellation w/24+ hour notice by therapist/client, reason (e.g. vacation)

Cancellation Pay

- If a client cancels a session w/2 hours or less notice, then therapists can bill for a cancellation stipend
- No Shows: if a client does not attend a session & no notice is provided, then therapists can bill for cancellation/no show stipend
- Cancellation/No Show Stipend Rate: 30 minutes
 - If a session is scheduled for 2 hours & the session gets cancelled you may only bill for 30 mins. (e.g. 4:30-6:30 pm session cancelled, hourly rate-\$17/hour, may bill \$8.50)

SSCFDS (EI Clients)

Which clients need notes in SSCFDS?

- This is for Early Intervention (EI) clients ONLY
- Notes in SSCFDS are called intervention logs
- All information in ClinicSource needs to also be present in SSCFDS (e.g. cancellations, completed sessions, etc.)

How to create a note...

SSCFDS Website

- <https://eip.osse.dc.gov/>
- Compatible with Internet Explorer (at least version 10) or Google Chrome (at least version 43)
- Login
 - ▣ Username: National Speech email address
 - ▣ Password: should have received email from EIP for initial password, then reset

Login

Note: This website must be viewed on Internet Explorer version 10 or above. It is also supported by Chrome 43 and above. Please do not use Firefox, Edge or Safari at this time.

Email

Password

(Enter 8 to 20 characters, case-sensitive)

Remember me?

[Forgot Password](#)

Login

Cancel

Creating an Intervention Log

- Under “Behavioral Specialist Report” click on client’s name
- Scroll down for “Intervention Log” tab
 - ▣ Click “Add Intervention Log”

Service Log

SERVICE TYPE	# OF SESSIC
No service log found	

INTERVENTION LOG

Click “Add Intervention Log” →

Add INTERVENTION LOG

User Access Agreement

User Access Agreement

I certify that I am currently employed by an authorized representative, early intervention service provider, or participating agency of the Office of the State Superintendent of Education (OSSE), and that I am accessing early intervention records in the District of Columbia's Strong Start Child and Family Data System (SSCFDS) solely for evaluation, audit, enforcement, or compliance activities pursuant to an active data-sharing agreement with OSSE. I agree not to access any information of my friends, family, neighbors, co-workers, public figures, or other persons unless that information is legitimately necessary to carry out the OSSE-approved activities. I agree to protect any data that I access from further disclosure to any other person or entity. When I no longer need the data that I access from SSCFDS, I agree to destroy the data in accordance with the data-sharing agreement with OSSE.

1. Click box
"I Agree"



I Agree

2. Click "OK"

Assigned Children

Help ▾

Service Provider ▾

Marisa Goudy

Logoff

Reports Summary

[Assigned Children](#) ← 1. Click "Assigned Children"

[Reauthorization Request](#)

[Requests for Translation](#)

Table of Assigned Children will appear

2. Click on client's name

Client's Profile

Left Column

Child Home	Child Information			* Ret
Open / Close	Assigned CF/Intake Medrano, Raquel	Assigned ISC Daugherty, Melissa	Assigned DSC Howe, Allison	
Guardian	Child First Name* <input type="text"/>	Child Last Name* <input type="text"/>	Date of Birth* 3/10/2014	Date of Entry* 8/25/2015
Child Team (Resources)	Age at Entry 1.5	Age Years 2	Age Months 8	Gender* Male
Child Find / Intake	Child ID 8621	Multiple Ethnicity YLS	Ethnicity Hispanic / Latino	Ethnicity #2 White
Part C Correspondence	Insurance Name Blue Cross Blue Shield...	Insurance Number <input type="text"/>		
Attachments	Medicaid <input type="checkbox"/> Medicaid	Medicaid Case Manager Select MCO		
Family Interview (RBI)	Child Care <input checked="" type="checkbox"/> Enrolled	Child Care Name Kiddle Academy	Child Care Phone <input type="text"/>	Child Care Email <input type="text"/>

Intervention Log

- Left hand column, scroll down
- Click “Intervention”



Part C Correspondence
Attachments
Family Interview (RBI)
Evaluation / Assessment
Eligibility Status
IFSP
Service
Intervention
Reauthorization

Add New Intervention Log

List of Intervention

Service Type	ProviderName	TherapistName	ScheduledDate	StartTime	EndTime
SI (ABA)	National Speech/Language Therapy Center, Inc.	Marisa Goudy, M.S., BCBA	11/11/2016 12:00:00 AM	03:30 PM	05:00 PM
SI (ABA)	National Speech/Language Therapy Center, Inc.	Janelle McDonald	11/3/2016 12:00:00 AM	09:30 AM	10:30 AM
SI (ABA)	National Speech/Language Therapy Center, Inc.	Marisa Goudy, M.S., BCBA	11/2/2016 12:00:00 AM	03:30 PM	05:00 PM
SI (ABA)	National Speech/Language Therapy Center, Inc.	Marisa Goudy, M.S., BCBA	10/28/2016 12:00:00 AM	05:00 PM	06:30 PM

Intervention Log Information

Associated Service Information

Service Type

Of Sessions

Frequency

Intensity

Method

Intervention Information

Related Service Type*

Select Service ... ▼

1. "SI (ABA)"

Provider 2. "National Speech..."

Select Provider ▼

Therapist Name

3. Your Name

7. End Time

Session Type

Select Session ... ▼

4. "Individual"

Scheduled Date



5. Date

Start Time



6. Start Time

End Time:



Session Status

Select Session ... ▼

Duration in Units (1
unit = 15 mins, 4 units
= 1 hr)

9. Units-should match CS
for H2019

8. Choose: Completed/Child
Sick-Out, Etc.

Strategy 1 used

Select Strategy1 ▼

Strategy 2 used

Select Strategy2 ▼

Strategy 3 used

Select Strategy3 ▼



10. Select 3 strategies: caregiver practice w/feedback, demonstration, direct teaching, guided practice w/feedback, other, problem solving, reflection

Intervention Log Note

Strategy 1 used

Guided practic... ▼

Strategy 2 used

Caregiver pract... ▼

Strategy 3 used

Demonstration ▼

What We Did Today to Address the Outcome (Max. 8000 characters)

This should be the “S” portion of the note in CS. It should include where the session took place, who was present during the session as well as what activities in the client’s natural environment the session was incorporated into.

Ex: The session began on time at the client’s home. The client’s mother was present throughout the session duration. The session took place during free play & snack time.

Progress Information/Data Collection (Max. 8000 characters)

O/A information from CS: Data should be presented as frequencies, durations & ratios rather than percentages (e.g. client responded correctly in 5/10 trials).
Provide information on specific targets presented, ABC data on challenging bxs

Plans for next session and opportunities for practice (Max. 8000 characters)

Specific information you/family will incorporate at home/in-between sessions (e.g. client’s family should continue to present opportunities for client to ask for specific food items rather than “more”)

Save

Progress Information/Data Collection (Max. 8000 characters)

During the session, background information was provided to Jalen's progress & current goals. Discussed with Mom working on manding "help" w/specific action to alleviate frustration of asking for help & communication partner not understanding "how to help". Partial verbal prompting was provided 7 times for Jalen to mand "help BLOCKS". Jalen behavior (e.g. grabbing bag, non-con access to light toy was taken away as Discussed with Mom "trading"; howev when asked if he wanted other items.

Plans for next session and opportunities for practice (Max. 8000 characters)

Jalen's caregivers should continue prompting him to mand for help with a specific name to increase vocal repertoire. |

eip.osse.dc.gov says:

New intervention log is created successfully.

OK

Supporting Documents

Select Document Type ▼

Browse

Save

Cancel

1. Click "Save"

2. Pop-Up will appear click "OK"

SSCFDS Note Example

What We Did Today to Address the Outcome (Max. 8000 characters)

The session began on-time at Jalen's home. Jalen's mother & CM from HSCSN were present throughout the duration of the session. The session occurred at the Jalen's home as the CM requested to observe ABA session at Jalen's home.

Progress Information/Data Collection (Max. 8000 characters)

During the session, background information was provided to Jalen's progress & current goals. Discussed with Mom working on manding "help" w/specific action to alleviate frustration of asking for help & communication partner not understanding "how to help". Partial verbal prompting was provided 7 times for Jalen to mand "help BLOCKS". Jalen engaged in challenging behavior (e.g. grabbing bag, non-compliance & crying) when access to light toy was taken away as therapist was leaving. Discussed with Mom "trading"; however, Jalen stated "no" when asked if he wanted other items.

Plans for next session and opportunities for practice (Max. 8000 characters)

Jalen's caregivers should continue prompting him to mand for help with a specific name to increase vocal repertoire.

BCBA Overlaps

- Only bill in SSCFDS when you saw the client individually & notate BCBA overlap & time
- Example
 - Session Time: 1:00-3:00 pm
 - BCBA Overlap: 1:00-2:45 pm
 - BCBA Bill (enter as scheduled start & end times): 1:00-2:45 pm
 - BT Bill (enter as scheduled start & end times): 2:45-3:00 pm

Payroll Policies

Payroll

- What needs to be completed to be paid?
 - ▣ Timesheet, ClinicSource/SSCFDS session notes
- Who do I send my timesheet to?
 - ▣ Marisa (marisagoudy@nationalspeech.com)
 - ▣ Rachel (rachel.weinthal@nationalspeech.com)
- When is payroll due?
 - ▣ Every SUNDAY by 5:00 pm via email
- When will I be paid?
 - ▣ Bi-weekly

Questions?

- Contact Marisa
(marisagoudy@nationalspeech.com)
- I would be happy to schedule an appt. with you to go over any questions