

Getting the Most out of Therapy

Appointments & Scheduling

Treatment frequency, duration, and timeframe will be recommended based on clinical interpretation of need. A schedule will be determined by working together with your child's therapist and taking several factors into account, including:

- The needs of your child and his/her therapeutic progression
- Family and clinician availability
- Available insurance benefits or other financial resources (See Alternative Funding Sources document)

Continuity of care and consistency of participation in regularly scheduled therapy is essential to your child making steady progress. Children are able to make the most significant gains when they develop a strong relationship with their therapist(s) and therapy becomes part of their routine. Disruptions in regular therapy lead to plateaus in progress and sometimes regression in skill development.

Finding a time that really works with your family's schedule is of utmost importance as it directly relates to consistency with attendance and continuity of care. To maximize treatment results:

- **Attend all appointments** and reschedule any missed appointments
- **Reschedule** with 24/7 availability through C&FD's website providing real-time availability by clinician or by scanning this QR code.
- Consider **make-up appointments** and/or treatment with another C&FD therapist if your primary therapist is not available; our clinical team is highly skilled to meet each child where they are; ensuring continuity of care and no lapse in service or progression
- After school appointments are in high demand and are often not immediately available for permanent scheduling. If this is the case for your family, we encourage you to work with your child's daycare/school to determine times during the day that your child could attend therapy and their school day would be least impacted. Daycares/schools routinely approve **excused absences for medical/therapy appointments**. Letters are available upon request to aid in facilitating absences.



If you are unable to commit to or attend regularly scheduled therapy sessions, the best approach for continuity of care is to utilize the self-scheduling link on our website on a week-by-week basis. This will allow for your family to adjust scheduling based on your unique needs and constraints.

Family Involvement, Follow-Through & Home Program Completion

You and your family are a key piece to the progression your child makes with therapeutic intervention. Your C&FD therapist will provide many opportunities to engage you in your child's treatment and also provide activities and exercises to complete outside of therapy to ensure carryover and faster progression to goals.

- During the **Interpretive Parent Conference (IPC)**, your child's clinician will review assessment results, discuss areas of strength and areas to focus on continued development of skills. Be sure to ask questions and feel free to ask for more details regarding areas of concern! You are the best advocate for your child and also the person that knows your child best, clinicians always want to hear if what they see in a therapy session matches what you are seeing outside of the clinic. Caregivers should play an active role in development of goal ideas to develop your child's **plan of care** for therapy. The clinician will engage you in areas of concern and goals you have for your child that they can incorporate into the plan of care to ensure these areas are addressed regularly in therapy sessions. Based on the unique treatment needs of each child, family involvement in sessions will look different child to child. Some treatment approaches call for **family involvement in session**, while others are more appropriate and effective in a one-on-one session with a therapist. Regardless, during each session, time will be allotted to share information with caregivers about activities completed during the session, as well as the child's response to therapy.
- C&FD also provides parent only services. These services are focused on addressing your child's needs by providing specialty caregiver training and supporting caregivers. If you feel you and your family would benefit from these services, please ask your clinician.
- Following each session, the therapist will provide ideas for **home programming**. These are activities to complete outside of therapy environment that engage the child in goal-driven progress at home and in the community. The more skills are worked on, the faster we see results!

Throughout the course of treatment, it may be advantageous at times for the clinician to engage in conversations and brainstorming with other healthcare professionals, teachers, and/or family members. C&FD clinicians are happy to provide this service and will need for you to complete an **authorization for release of information** to allow us to communicate and share information. The number one goal is to **stay engaged** as a family and surround your child with the care they need both in the clinic and outside of our doors!

Maximize Your Insurance Benefits

We recognize that utilizing and understanding your insurance benefits can be daunting and confusing! Our Client Services team can help guide through the billing and payment process.

Insurance

As a courtesy to clients, we will verify your insurance eligibility and benefits prior to your appointment. This benefit information is provided by a representative of your insurance plan and/or through their provider portal. Information provided during verification is not a guarantee of coverage or payment.

Oftentimes, there are limitations and/or exclusions to plan benefits. An authorization may also be required prior to the start of regular treatment. Coverage and payment are not determined until the claim is received and processed by your insurance carrier. There can be weeks or sometimes months until these claims are processed by your insurance carrier.

As the policy holder or subscriber, you will need to contact your insurance carrier to verify your benefit information including co-insurances, deductibles, and out of pocket maximums. It is your responsibility to understand your plan including any non-covered services, visit limitations, exclusions, and authorization requirements.

Our clinicians are able to provide you with the diagnosis(es) codes that will be used during treatment, as well as the treatment codes, that will be used. There are some insurance plans that have different coverage based on diagnosis(es) and treatment rendered. Having these codes will help your insurance company provide you with details regarding your co-pays, visit limits, authorization requirements, etc.

Please keep a record of the information that was provided to you as well as the name of the representative you spoke with and the reference number for the call. Many insurance companies provide plan documents and information online through a member portal.

Commonly Used Insurance Terms

- **Copay-** Member responsibility typically charged after a deductible has already met. In some cases, though, copays are applied immediately.
- **Coinsurance-** Member responsibility in which the insured pays a share of the payment made against a claim.
- **Deductible-** A specified amount that your insurer states you must pay before the insurer will pay a claim.
- **Out of pocket Expense-** Includes deductibles, coinsurance, and copayments for services plus all costs for services that are not covered.
- **Authorization** – Some plans require authorization to be obtained prior to receiving specific services. Please alert your therapist if authorization is required by your insurance carrier.
- **Visit Limit** – A cap on the number of visits allowed under your particular health plan. Please ask your therapist for a visit count card, so you can track your visits. As the policy holder, this is your responsibility. Alert your therapist when you are approaching your visit limit.
- **Combined Visits** – Your insurance carrier may state your PT, OT, or Speech Therapy claims are combined and not counted separately.
- **Hard Limit** – Once the visit limit has been reached, insurance will no longer pay on claims. If you reach your hard limit, we recommend completing a self-pay waiver, to waive filing to your insurance and access discounted self-pay rates.
- **Soft Limit-** Once the visit limit has been reached, services must be paused until a request for more visits is approved by your insurance carrier. If the request is denied, we recommend completing a self-pay agreement, to waive filing claims to your insurance and access discounted self-pay rates.
- **Medical Review** – After a set number of visits, your insurance carrier may require a medical review before receiving further services. During this time, services must be paused until medical review is complete and approved for more visits. In the meantime, we recommend completing a self-pay waiver, to waive filing to your insurance and access discounted self-pay rates.
- **Age Limit** – There may be an age limit for the services you receive. Alert our client services team if this is the case.
- **Exclusions & Non Covered Services-** These would be services not covered by your insurance plan. Ask your insurance carrier if there are any exclusions or non-covered services under your benefit plan and alert our Client Services team if there are.