



The SNF Administrator's Guide to Avoiding 5 Big Speech Therapy Mistakes

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INTRODUCTION

The SNF Speech Therapy Department has evolved over the years and will continue to do so. For years it was difficult to find speech therapists who are passionate about medical speech therapy and willing to work in the SNF setting. Therefore, many buildings are still simply happy to have a speech-language pathologist to treat patients in need.

Examining the potential efficiencies and return on investment (ROI) of the speech department was near the bottom of the Administrator's "To-Do" list.

SNF Operators & Administrators now have the opportunity to transform their speech therapy department into a top performer. SNFs can have a speech therapy department that makes a meaningful contribution to quality-of-care while providing a significant return on investment.

Only if they can avoid these 5 Big Mistakes.

THE 5 BIG MISTAKES SKILLED NURSING FACILITIES MAKE WHEN IT COMES TO SPEECH THERAPY

Did you know the average 120 bed SNF is wasting \$170,000 annually by having a poorly performing speech therapy department?

That is because they are making some or all of the following
5 Big Mistakes!

Mistake #1: Treating speech language pathology like physical and occupational therapy

Mistake #2: Not measuring the important speech therapy key performing indicators (KPI's)

Mistake #3: Overspending in hopes to avoid a staffing headache

Mistake #4: When your backup plan doesn't back you up

Mistake #5: Not evaluating the options for instrumental testing



We will go into more details about each of these mistakes on the following pages.

MISTAKE #1: TREATING SPEECH LANGUAGE PATHOLOGY LIKE PHYSICAL AND OCCUPATIONAL THERAPY

Many Skilled Nursing Facilities manage their Physical and Occupational Therapy departments closely while allowing Speech Therapy to operate with too little oversight. This could be because there is frequent clinical crossover between PT and OT, while they have very little with speech. There are big differences in terms of patient needs, caseload expectations, productivity, and billable units.

Historically, SNF Administrators have allowed speech to function too independently without Key Performance Indicators (KPIs) in mind.

Understanding the makeup of the speech therapy caseload is important. In a well-run speech therapy department, most of the patients on caseload are for swallowing therapy and have dysphagia diagnoses, while some are being treated for impaired cognition or speech language deficits.

Under the Patient Driven Payment Model (PDPM), the SLP component has a wide dollar variation from top to bottom (approx. \$85 per day). Therefore, accurate coding is essential to optimize revenue.

Lastly, a great SNF speech therapy department should shine in treating the long-term care population. Speech Therapy should be making a regular contribution to monthly Part B revenue.

“Once you’ve reached the standard that Language Fundamentals provides, it doesn’t get any better.”

Karen Zobel, Administrator

The Baptist Home at Brookmeade

MISTAKE #2: NOT MEASURING THE IMPORTANT SPEECH THERAPY KEY PERFORMING INDICATORS (KPIs):

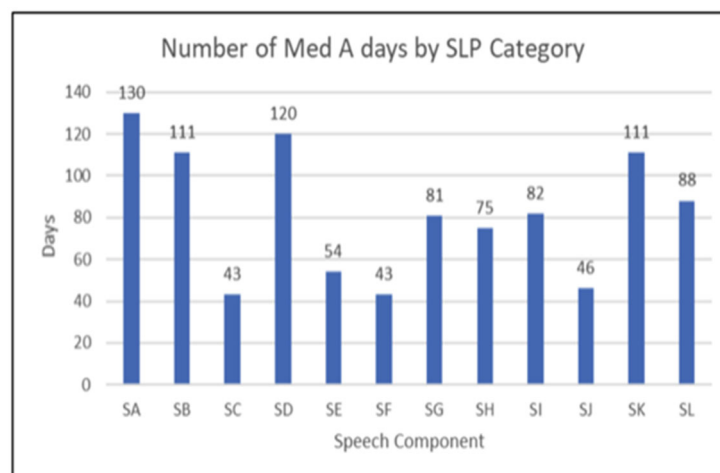
What metrics should an Administrator & Director of Rehabilitation measure when it comes to the Speech Therapy Department? Let's begin with these KPIs.

- Do you know the average size of speech therapy caseload?
- Do you know the payor mix, or the average number of days on program by payor?
- How does your PDPM SLP component per diem rate compare to your peers?
- If you are in a case-mix state, how many speech therapy patients are being picked up?
- What is your average monthly Part B revenue from speech therapy?
- How many patients need to be on thickened liquids?

The average cost associated with just one patient on thickened liquids can be \$300 per month!

SLPs with experience leading a high performing speech therapy department can dive even deeper into the KPIs.

The depiction of SLP Component Medicare Part A days below represent a strong SNF Speech Department



MISTAKE #3: OVERSPENDING IN HOPES TO AVOID A STAFFING HEADACHE

Unfortunately, many SNF Administrators have historically overpaid employee speech therapists just to avoid a potential staffing headache.

Are you overpaying while your speech therapists underproduce? Unproductive time is the enemy when it comes to in-house programs because it is a cost that cannot be recovered. If you work with a full-service contract rehab provider, can they show you the ROI on speech therapy? You might be surprised what you find out.

The [monthly ROI on speech](#) should greatly exceed your monthly spend. Larger buildings should receive an even greater ROI.

MISTAKE #4: WHEN YOUR BACKUP PLAN DOESN'T BACK YOU UP

Imagine this scenario. Your SNF has an in-house rehab program. Your employee SLP is going on vacation for a week.

What is your coverage plan? Are you paying a premium for per diem coverage while simultaneously paying vacation time to your full-time SLP? Will the per diems treat everyone that needs to be treated while being at least 80% productive. Does finding SLP coverage fall on the shoulders of your Director of Rehab costing him or her valuable time? The combination of the lost productivity AND increased cost adds up quickly.

Now, what happens when your full-timer is unexpectedly sick or absent? How do you measure the lost productivity? Are you paying an excessive hourly rate to per diem therapists for coverage? You might be paying \$10-\$20 per hour above average. Between the added payroll and diminished level of productivity, this scenario can cost a 120 bed SNF \$3,000 for just one week!

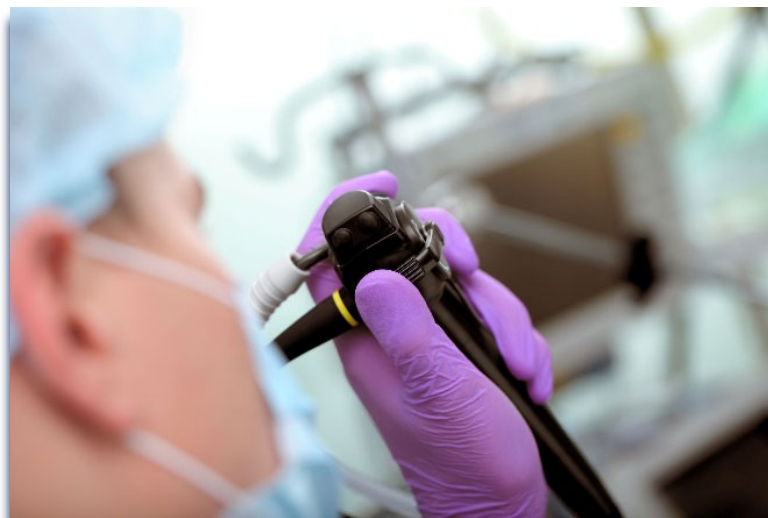
MISTAKE #5: NOT EVALUATING THE OPTIONS FOR INSTRUMENTAL TESTING

Many dysphagia patients will at some point require an instrumental swallowing exam. The two most common are the Modified Barium Swallow Study (MBSS) or the Flexible Endoscopic Evaluation of Swallow (FEES). While both are clinically proven, the FEES is considered much more cost-effective and insightful to the treating speech therapist. The goal of instrumental testing is to avoid [potential aspiration](#) and a potentially costly hospitalization.

FEES is administered at the bedside and the SLP has the ability to trial many different liquids and solids during the exam. The goal is to identify the safest yet least restrictive diet possible for the patient.

If you are sending Part A patients out of the building for an MBSS, the SNF incurs a significant cost (typically over \$1,000 per exam) under consolidated billing. The SNF is also required to send a staff member to accompany the patient. With staffing at a premium, paying a staff member to be out of the building for several hours is a significant expense.

Utilizing mobile FEES means patients can be tested at the building. The SNF can recover all or most of the cost because FEES is reimbursable by Medicare Part B.





CONCLUSION

This list of mistakes is certainly not an exhaustive list. It is more of an example of the types of issues and concerns we have run across over the years in a variety of skilled nursing facilities. While they are common, these mistakes are by no means unavoidable. With constant care and attention, administrators and DORs can manage their Speech Therapy Department, gain an understanding of the correct KPIs and avoid costly issues with time off and per diem coverage. It requires diligence, expertise and sometimes, help.

Outsourcing a portion of the rehab team was once unthinkable. SNFs were either in-house or completely outsourced. It was a simple binary choice. Like so many things in life, we now have more options than before. Administrators and DORs can now look into carving out Speech Therapy – which is historically a little foreign or difficult to manage – in order to receive a higher level of expertise that the patients deserve.

KEY TAKEAWAYS

- The SNF Speech Therapy Department should be a leader in quality of care and patient & family satisfaction, while providing a measurable Return on Investment.
- Most SNFs are either understaffed or underproductive when it comes to speech therapy, costing them valuable dollars.
- Proper use of Instrumental Swallowing Exams such as mobile FEES can lower the cost of staffing and thickened liquids while preventing potential re-hospitalizations.



ABOUT LANGUAGE FUNDAMENTALS

Founded in 2001, Language Fundamentals provides speech therapy services for skilled nursing facilities and beyond with a philosophy of providing the highest quality of care to the residents and facilities we serve.

Headquartered in Fishkill, NY, Language Fundamental specializes in medical speech therapy and is an industry leader in speech program development. This is what separates us from our competition.

Our mission as a stakeholder to our clients is to enhance the delivery of speech therapy services to meet the individualized swallowing and communication needs of the patients at each skilled nursing facility.



Language Fundamentals
1032 Main Street Fishkill, NY 12524
Phone: (845) 897-3330
www.langfun.com

ABOUT THE AUTHORS

Michael V. Webb, MS CCC-SLP, MHA

Chief Executive Officer



Michael Webb is a graduate from The College of Saint Rose in Albany, NY with his master's degree in Communication Disorders and more recently earned his Master of Healthcare Administration from the University of Ohio. He has presented at the American Speech Language and Hearing Association, on the use of assistive technology and the New York Speech Language Hearing Association on student and clinical fellow support and mentorship, New York State Health Facilities Association, as well as the National Convention of State Veterans Homes on PDPM implementation and SLP Component.

Michael serves as an instructor in the Communication Disorders Department at SUNY New Paltz, instructing graduate students in FEES. Additionally, he served as a member of the department chair search committee for the newly developed State University of New York at Stony Brook University Communication Disorders program and was since appointed to the position of Clinical Instructor in the School of Health Technology and Management. In the fall of 2020, Michael began instructing Stony Brook's first ever group of graduate level students in speech-language pathology.

While Michael continues to provide clinical services and perform FEES, his role in Language Fundamentals includes both business and program development. In addition, he ensures regulatory compliances and how they relate to the hospitals and skilled nursing facilities for which Language Fundamentals provides service.

Melissa C. Webb, MS CCC-SLP, MHA

Chief Operating Officer



Melissa Webb is a graduate from The College of Saint Rose in Albany, NY with her master's degree in Communication Disorders. Following graduation, Melissa dedicated her professional career to gerontological and medical speech pathology. Melissa is passionate about being a strong advocate for those in need and applies that passion in her day-to-day work.

In 2003, at a time where on-site instrumental dysphagia assessments were unheard of, Melissa completed advanced studies over the period of six and half months to gain proficiency in administering Flexible Endoscopic Evaluation of Swallowing (FEES) under the direction of Dr. Jonathan Aviv at Columbia Presbyterian Hospital. This training went far beyond competency and allowed Language Fundamentals to be one of the pioneers in bringing portable FEES into skilled nursing facilities in New York State. Melissa was also integral in developing a comprehensive training program based on her experience to ensure that any Language Fundamentals FEES certified staff are trained beyond competency to proficiency.

Within the operations and oversight systems, Melissa creates strategic weekly plans targeting each area's needs, as well as individualized daily problem solving as additional changes are needed within specific buildings or regions. Additionally, Melissa oversees Language Fundamentals' corporate compliance programs and ensures policies and procedures fall within Medicare guidelines. She also developed the company's extensive Clinical Fellow (CF) training and professional development program to help beginning clinicians gain the experience and expertise needed to provide outstanding service.

Matthew P. McGarvey, MBA

Vice President of Business Development



Matt McGarvey is a graduate of Le Moyne College in Syracuse, NY and earned an MBA in Health Systems Administration from Union Graduate College in Schenectady, NY.

As a senior business-to-business sales leader, Matt is passionate about improving the delivery of healthcare and is skilled in developing new business relationships. Matt's experience includes developing prospecting plans, creating and leading targeted sales efforts, inbound marketing, competitive analysis, group presentations, and spearheading significant increases in new business sales.

Matt has also presented to skilled nursing facility industry leaders on Clinical Reimbursement, the Patient Driven Payment Model (PDPM), OIG audits, PEPPER and more to NYSHFA, The New England Alliance, The Florida Health Care Association, Marcum & Associates, Healthcare Financial Managers of Central New York.