



Developmental Services
Speech Therapy and Assessment
 Monitoring Protocol

Speech therapy is a service prescribed by a physician that is necessary to produce specific functional outcomes in the communication skills of an individual with a speech, hearing or language disability. The service may also include a speech therapy assessment, which does not require a physician’s prescription. In addition, this service may include training direct care staff and caregivers and monitoring those individuals to ensure they are carrying out therapy goals correctly.

Cite	Standard	Probes
<p>Explanation of Monitoring Tool Symbols/Codes</p> <p> Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a more intense corrective action and follow-up cycle.</p> <p>“W” Weighted Element: A “W” followed by 2.0 or 4.0 in the Cite column denotes elements that have a greater impact on the monitoring score.</p> <p>“R” Recoupment: An “R” in the Cite column denotes an element that is subject to recoupment of funds by the State if the element is “Not Met.”</p>		
B. Provider Qualifications and Requirements		
<p><i>For all training related elements of performance appearing under this section: Review Area Office requirements for mandatory meetings and training documentation. Review provider's/staff member training records to determine if documentation is maintained, and at a minimum includes: The topic of the training; Length of the training session; Training dates; Participants' signature; Instructor's name; Objectives and/or a syllabus.</i></p>		
<p>1  W4.0</p>	<p>Providers are Florida licensed speech-language pathologists and speech language pathology assistants and may be either independent vendors or employees of licensed home health or hospice agencies.</p>	<p>Review Area Office enrollment files and, if available, provider personnel files or other records to determine if:</p> <ul style="list-style-type: none"> • Speech-language pathologists and assistants who provide this service are independent licensed vendors or are employees of licensed home health or hospice agencies. <p><i>Note: Speech-language pathologists with a master's degree in speech-language pathology who are in their final clinical year of training may also provide this service.</i></p>
<p>2 W2.0</p>	<p>Speech-language assistants are supervised by a speech-language pathologist</p>	<ul style="list-style-type: none"> • Ask the provider to describe the supervisory situation of aides and assistants if applicable. • Look for evidence in service logs and other documentation that supervision and monitoring of implementation of therapy procedures is occurring.

Cite	Standard	Probes
3	The provider attends mandatory meetings and training scheduled by the Area Office and/or Agency.	<p>If this is an onsite visit:</p> <ul style="list-style-type: none"> • Ask the provider if they are aware of Area Office and Agency mandatory meeting and training schedules. Ask the provider if they can produce any notices, announcements or agendas received about meetings or training. • Ask the provider what Area Office and Agency meetings or training they have attended during the review period. • Ask the provider for any evidence they have to verify attending the meeting or training. <p>If this is a desk review</p> <ul style="list-style-type: none"> ➤ Look for evidence in documents supplied by the provider of attendance at Area Office and Agency meetings, such as notes in personnel files or other records. <p><i>Note: If the Area Office has not sponsored any mandatory meetings or training, score this element Not Applicable.</i></p>
4 W2.0	Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served	<ul style="list-style-type: none"> • Review provider personnel files or training records for evidence of this type of training. • If this is an onsite review, ask the provider and/or their staff about what types of training programs they have and continue to attend. • Training on health, safety and well-being of individuals could include such topics as: <ul style="list-style-type: none"> ➤ Fire safety for the environment; ➤ Evacuation procedures in the event of natural or other disasters; ➤ Training on what to do in the event of personal health emergencies involving consumers; ➤ Basic infection control training, e.g., hand washing before and after all contact with consumers. ➤ Identifying and reporting concerns about health, safety and well-being of individuals and the environment in which they are living. <p>Refer also to the provider's policy in this area to determine compliance.</p> <p><i>Note: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; providers and their staff may attend a program offered through another provider.</i></p>

Cite	Standard	Probes
5	Independent vendors and agency staff receive training on medication administration and on supervising individuals in the self-administration of medication.	<p>Determine if:</p> <ul style="list-style-type: none"> • The provider has a policy related to their own and/or staff training on medication administration or supervision of self-administration of medication. • The provider and/or staff receive training on medication administration or supervision of self-administration of medications, when applicable to their job responsibilities and the needs of individuals in the program. • Determine if medication administration training includes evidence of a return demonstration of the training by an RN for the provider and staff. • Determine if the training includes recognizing adverse drug reactions, drug-to-drug interactions or food and drug interactions. • Determine if training is provided by a qualified trainer (Physician or Registered Nurse); the curriculum used is developed or approved by an RN or other appropriate entity (e.g. Area Office). <p><i>Note: A provider's policy on medication administration may be that their program does not administer or supervise self-administration of medications and all staff are made aware of this position and trained on this policy.</i></p> <p><i>The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>
6	Independent providers and agency staff receive training on required documentation for service(s) rendered.	<p>Look for evidence that the provider and/or staff have received training on the type and format of documentation that is required for the services and supports that they render.</p> <p>Examples of this training could include:</p> <ul style="list-style-type: none"> • Instruction on documentation that is required for reimbursement and monitoring purposes. <p><i>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>

Cite	Standard	Probes
7	Independent providers and agency staff receive training on responsibilities under the Core Assurances.	<p>Look for evidence that the provider and/or staff have been familiarized with and have had some training related to the Core Assurances section of their Waiver Services Agreement and the DS Waiver Services Florida Medicaid Coverage and Limitations handbook.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • The rights of individuals in the program and how the provider respects these rights; • Maintaining confidentiality of consumer information; • Offering individual’s choice of services and supports; • Recognizing and reporting of suspected abuse, neglect or exploitation; • Rendering services in an ethical manner. <p><i>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>
8	Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.	<p>Look for evidence that the provider and/or staff have been familiarized with and have had training related to the service specific sections of their Waiver Services Agreement.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • Specifics of rendering services and supports; • Service limitations; • Service documentation requirements; and • Billing for services. <p><i>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>

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9	Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.	<p>Look for evidence that the provider and/or staff have received training on using desired outcomes for individuals as the guide for rendering services and supports.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • Rendering services and supports in accordance with the service authorization. • Respecting the wishes of individuals as it relates to the services and supports being provided. • Use of Personal Outcomes Measures, or another person-centered planning approach. • Individualizing service delivery methods. <p>Also refer to the provider’s policy in this area to determine specified training.</p> <p><i>Note: This does not mean that the provider must have received the official Personal Outcome Measures training (with the exception of Support Coordinators). Other person-centered approaches are acceptable. The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>
10 W2.0	Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports.	<p>Look for evidence that the provider and/or staff assigned to render services and supports to individuals have received some orientation to an individual and their unique characteristics and needs.</p> <p>The family or guardian or other providers or people who are in regular contact with and understand the unique characteristics and needs of the individual can provide this orientation.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • Communicating with the individual; • Unique environmental issues for the individual • Unique individual characteristics that provider needs to be aware of in order to render services <p>This training may be one-on-one in nature, and therefore documentation will not take the form of an agenda, or curriculum with handouts and outline. Also look for evidence in the consumer’s record, such as in notes or other provider documentation.</p>

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11	Proof of required training in recognition of abuse and neglect to include domestic violence and sexual assault, and the required reporting procedures is available for all independent providers and agency staff.	<ul style="list-style-type: none"> • Review personnel files and other provider training records for evidence of required training. • If applicable, ask staff about the in-service training that they have received. • Training should include prevention, detection and reporting requirements.
B. Service Limits and Times		
12	The provider renders no more than eight units of this service per day.	<p><i>Note: A unit is defined as a 15 minute time period or portion thereof.</i></p> <p>Review claims data, provider service logs and records to determine that service limits are being observed.</p>
13	The provider limits speech therapy assessments to one per year, per individual.	<p>Review claims data, provider service logs and records to determine that service limits are being observed.</p> <p><i>Note: Speech therapy assessments do not require a physician's prescription.</i></p> <p><i>Only licensed speech therapists can perform assessments.</i></p> <p><i>Assessments for augmented communication devices and training are covered by Medicaid State Plan for adults and children and should not be billed to the waiver.</i></p>
14	The provider renders services to recipients 21 years of age or older.	Review claims data, provider service logs and records to determine that service limits are being observed.
15	Provider is authorized to render speech therapy and assessment services.	Review provider records for a service authorization.
16	Provider renders services and supports at a frequency and intensity as defined in the service authorization.	Review provider records for a service authorization and compare these to claims data and the provider's billing documents and service log.
17 W2.0	Training for, and monitoring of, parents, caregivers and staff is part of the services rendered when these persons are integral to the implementation and achievement of therapy goals.	<p>Review provider records for documentation that training of appropriate individuals has occurred as required to correctly implement therapy goals.</p> <p>Review records to determine if the provider monitors the implementation of these therapy interventions to assure they are performed correctly.</p> <p><i>Note: If therapy is performed solely by the Speech Therapist score this element Not Applicable.</i></p>

Cite	Standard	Probes
C. Documentation		
18 R	Provider has at a minimum copies of the service logs for the period being reviewed.	<p>Review claims data, provider service logs and records to determine compliance with documentation requirements.</p> <p>Determine if the provider’s documentation reflects the training of direct care staff and caregivers, and monitoring those individuals to ensure they are carrying out therapy goals correctly.</p> <p>Service logs are to be submitted to the waiver support coordinator on a monthly basis.</p> <p><i>Note: A service log contains the individual’s name, social security number, Medicaid ID number, the description of the service, activities, supplies or equipment provided and corresponding procedure code, times and dates service was rendered.</i></p> <p>This Cite is subject to recoupment as reimbursement documentation if not available.</p>
19 R	Provider has at a minimum copies of monthly summary notes.	<p>Review claims data, provider service logs and records to determine compliance with documentation requirements.</p> <p>This Cite is subject to recoupment as reimbursement documentation if not available.</p>
20 R	Provider has at a minimum copies of the assessment report if the provider was reimbursed for such a report.	<p>Review claims data, provider service logs and records to determine if an assessment is being maintained on file.</p> <p><i>Note: Speech therapy assessment does not require a physician’s prescription. Only licensed speech therapists can perform assessments.</i></p> <p>A copy of the assessment report is submitted to the waiver support coordinator prior to or at the time of the initial claim submission.</p> <p>This Cite is subject to recoupment if the assessment was the only service being purchased and the documentation is not available.</p>

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21 W2.0	The provider has at a minimum the original prescription for the service.	<p>Review claims data, provider service logs and records to determine if the original prescription is maintained on file.</p> <p>A copy of the prescription for the service is submitted to the waiver support coordinator.</p>
22 NEW	Provider has at a minimum an annual report.	<p>Interactively, with the provider, review a sample of records to determine if they contain an annual, written report that indicates the individual's progress toward their support plan goal(s) for the year.</p> <p>Progress statements in the annual report should contain objective (data/fact based) as well as subjective information.</p> <p>Progress statements should be consistent with monthly summaries and other supporting data.</p> <p>The report is to be submitted to the waiver support coordinator prior to the annual support plan update.</p>

Speech Therapy 11-22-05.doc
REV 10-29-01; 10-30-01; 12.30.02; 01.03; 02.03.03; 10-25-05; 11-22-05