

Developmental Services
Speech Therapy and Assessment
 Monitoring Checklist

Provider Number: _____

Provider Name: _____

Review Date: _____

Provider Address: _____

Reviewer Name: _____

District: _____



Location: _____

Agency Provider

Solo Provider

Onsite Review

Desk

Cite	Standard	Met	Not Met	N/A
Explanation of Monitoring Tool Symbols/Codes  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. “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. “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.”				
B. Provider Qualifications and Requirements				
1  W4.0	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.			
2 W2.0	Speech-language assistants are supervised by a speech-language pathologist			
3	The provider attends mandatory meetings and training scheduled by the Area Office and/or Agency.			
4 W2.0	Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served			
5	Independent vendors and agency staff receive training on medication administration and on supervising individuals in the self-administration of medication.			
6	Independent providers and agency staff receive training on required documentation for service(s) rendered.			

Cite	Standard	Met	Not Met	N/A
7	Independent providers and agency staff receive training on responsibilities under the Core Assurances.			
8	Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.			
9	Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.			
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.			
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.			
B. Service Limits and Times				
12	The provider renders no more than eight units of this service per day.			
13	The provider limits speech therapy assessments to one per year, per individual.			
14	The provider renders services to recipients 21 years of age or older.			
15	Provider is authorized to render speech therapy and assessment services.			
16	Provider renders services and supports at a frequency and intensity as defined in the service authorization.			
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. <i>Note: If therapy is performed solely by the Speech Therapist score this element Not Applicable.</i>			
C. Documentation				
18 R	Provider has at a minimum copies of the service logs for the period being reviewed.			
19 R	Provider has at a minimum copies of monthly summary notes.			
20 R	Provider has at a minimum copies of the assessment report if the provider was reimbursed for such a report.			

Cite	Standard	Met	Not Met	N/A
21 W2.0	The provider has at a minimum the original prescription for the service.			
22 NEW	Provider has at a minimum an annual report.			

Speech Therapy Checklist 11-27-05.doc
 REV 10-29-01; 10-30-01; 12.30.02; 01.03; 02.03.03; 02-10-03; 11-27-05