

Developmental Services  
**Therapeutic Massage 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
<b>Explanation of Monitoring Tool Symbols/Codes</b>				
	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.			
<b>“W”</b>	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.			
<b>“R”</b>	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>B. Provider Qualification and Requirements</b>				
1  W4.0	Providers are independent vendors or employees of licensed home health and hospice agencies that are licensed massage therapists.			
2	The provider attends mandatory meetings and training scheduled by the Area Office and/or Agency.			
3 W2.0	Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.			
4	Independent providers and agency staff receive training on required documentation for service(s) rendered.			
5	Independent providers and agency staff receive training on responsibilities under the Core Assurances.			
6	Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.			
7	Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.			

<b>Cite</b>	<b>Standard</b>	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>
8 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.			
9	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 vendors and agency staff.			
<b>C. Service Limits and Times</b>				
10	Provider has a prescription from a physician, physician's assistant, or nurse practitioner and is limited to individuals with specific medical conditions.			
11	The provider renders no more than four units of this service per day.			
12	The provider limits therapeutic massage assessments to two occurrences per year, each billed to a maximum of four units.			
13	Provider is authorized to render therapeutic massage services.			
14	Provider renders services and supports at a frequency and intensity as defined in the service authorization.			
<b>D. Documentation</b>				
15 R	Provider has at a minimum copies of the service logs for the period being reviewed.			
16 R	Provider has at a minimum copies of monthly summary notes.			
17 W2.0	Provider has at a minimum a copy of the original prescription for the service.			
18 R	Provider has at a minimum a copy of the assessment report, if the provider was reimbursed for such a report.			
19 NEW	Provider has at a minimum an annual report.			

Therapeutic Massage Checklist 11-27-05.doc  
REV 10-29-01; 10-30-01; 01.03; 02.04.03; 02-10-03