Developmental Services

Occupational Therapy and Assessment Monitoring Checklist

Provide	er Number:						
Provider Name:				Review Date:			
Provider Address:				Revie	Reviewer Name:		
				Distri	ict:		
				Locat	tion:		
☐ Agency Provider		☐ Solo Provider	☐ Onsite Review	□ Des	□ Desk		
Cite		Standard		Met	Not Met	N/A	
		ing Tool Symbols/Codes			l.		
			lating to health, safety and	rights. A	deficiency red	quires	
		rrective action and follow		مامير مامير	ا مسمسه م		
		pact on the monitoring sec	or 4.0 in the Cite column	denotes ei	iements that		
			lenotes an element that is su	abject to r	ecoupment of		
		e if the element is "Not M		J			
B. Pro	vider Qualifi	cations and Require	ments				
1	Provider is a	n independent vendor	or a licensed home				
	health or hos	spice agency licensed	by the Agency for				
		Administration.	, ,				
2 🂢	Independent	providers or agency s	staff are licensed by				
ŭ	-	ent of Health as occup					
W4.0		therapy aides, or occ					
			pter 468, Part III, F.S.				
3		l therapy aides and as					
		y an occupational the					
W2.0	1	J 1	1				
4	Occupationa	l therapy assessments	are performed by	1			
		cupational therapists of					
5	_	attends mandatory m		1			
		the Area Office and					
6		t providers and agency		1			
-		esponsibilities and pro					
W2.0		health, safety and well					
	individuals s		048 01				
7		vendors and agency s	staff receive training	1			
,		on administration and					
		n the self-administrat	1 0				
				ļ			
8		t providers and agenc					
		equired documentatio	on for service(s)				
	rendered.						

Cite	Standard	Met	Not Met	N/A
9	Independent providers and agency staff receive training		1,001,100	1,112
	on responsibilities under the Core Assurances.			
10	Independent providers and agency staff receive training			
	on responsibilities under the requirements of specific			
	services offered.			
11	Independent providers and agency staff receive			
	training on use of personal outcomes to establish a			
	person-centered approach to service delivery.			
12	Independent providers and agency staff receive other			
	training specific to the needs or characteristics of the			
W2.0	0 individual as required to successfully provide services			
	and supports.			
13	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.			
~ ~				
	vice Limits and Times	П	1	
14	The provider renders no more than eight (8) units of			
4.5	these services per day to an individual.			
15	The provider limits occupational therapy assessments			
1.6	to one per year, per individual.			
16	The provider renders services to recipients 21 years of			
17	age or older.			
1 /	Provider is authorized to render occupational therapy and assessment services.			
18	Provider renders services and supports at a frequency			
10	and intensity as defined in the service authorization.			
19	Training for, and monitoring of, parents, caregivers and			
17	staff is part of the services rendered when these persons			
W2.0	are integral to the implementation and achievement of			
1, 2.0	therapy goals.			
D. Do	cumentation			
20 R	The provider has at a minimum a copy of the service			
	logs for the period being reviewed.			
21 R	The provider has at a minimum a copy of the monthly			
	summary notes.			
22 R	The provider has at a minimum a copy of the			
	assessment report, if applicable.			
23	The provider has at a minimum the original			
	prescription for the service.	<u> </u>		
24	The provider has an annual report			
NEW			1	