



Developmental Services
Respiratory Therapy and Assessment
 Monitoring Protocol

Respiratory therapy is a service prescribed by a physician and relates to impairment of respiratory function and other deficiencies of the cardiopulmonary system. Treatment activities include ventilator support, therapeutic and diagnostic use of medical gases, respiratory rehabilitation, management of life support systems, bronchopulmonary drainage, breathing exercises and chest physiotherapy. The provider determines and monitors the appropriate respiratory regimen and maintains sufficient supplies to implement the regimen. The provider may also provide training to direct care staff to ensure adequate and consistent care is provided. The services may also include a respiratory assessment.

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		
1  W4.0	Providers are Florida licensed respiratory therapists and may be either independent vendors, employees of licensed residential facilities or licensed home health, hospice or nurse registry agencies or agencies that specialize in services for individuals with developmental disabilities.	Review Area Office enrollment files for evidence of agency licensure and other personnel/agency information submitted. Review provider and agency staff personnel files for evidence of current licensure by the Department of Health.
C. Service Limits and Times		
2	The provider renders no more than eight units of this service per day.	<i>Note: A unit is defined as a 15 minute time period or portion thereof.</i> Review claims data, service logs or records to determine services are being provided in accordance with the requirements.

Cite	Standard	Probes
3	The provider limits respiratory therapy assessments to two (2) per year, per individual.	Review claims data, service logs or records to determine services are being provided in accordance with the requirements.
4	The provider renders services to recipients 21 years of age or older.	Review claims data, provider service logs or records to determine services are being provided in accordance with the requirements. <i>Note: Respiratory Therapy and assessment services are available through the Medicaid State Plan service for individuals under the age of 21</i>
5	Provider is authorized to render respiratory therapy and assessment services.	Review provider records for a service authorization.
6	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.
7 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.	Review provider records for documentation that training of appropriate individuals has occurred as required to correctly implement therapy goals. Review records to determine if the provider monitors the implementation of these therapy interventions to assure they are performed correctly. <i>Note: If therapy is performed solely by the Respiratory Therapist score this element Not Applicable.</i>

Cite	Standard	Probes
D. Documentation		
8 R	Provider has at a minimum copies of the service logs.	<p>Review provider service logs and records to determine that the required documentation is maintained on file. Compare against claims data.</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 service logs are not available.</p>
9 R	Provider has at a minimum copies of monthly summary notes.	<p>Review provider service logs and records to determine that the required documentation is maintained on file. Compare against claims data.</p> <p>This Cite is subject to recoupment as reimbursement documentation if monthly summary notes are not available.</p>
10 R	Provider has at a minimum copies of the assessment report, if the provider was reimbursed for such a report.	<p>Review provider service logs and records to determine that the required documentation is maintained on file. Compare against claims data.</p> <p>This Cite is subject to recoupment as reimbursement documentation if the provider was paid for an assessment and the assessment is not available.</p>
11	The provider has at a minimum the original physician's prescription for the service.	Review provider records to determine that the prescription is maintained.