

Developmental Services  
**Respiratory 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
<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 Qualifications and Requirements</b>				
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.			
<b>C. Service Limits and Times</b>				
2	The provider renders no more than eight units of this service per day.			
3	The provider limits respiratory therapy assessments to two (2) per year, per individual.			
4	The provider renders services to recipients 21 years of age or older.			
5	Provider is authorized to render respiratory therapy and assessment services.			
6	Provider renders services and supports at a frequency and intensity as defined in the service authorization.			

<b>Cite</b>	<b>Standard</b>	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>
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.			
<b>D. Documentation</b>				
8 R	Provider has at a minimum copies of the service logs.			
9 R	Provider has at a minimum copies of monthly summary notes.			
10 R	Provider has at a minimum copies of the assessment report, if the provider was reimbursed for such a report.			
11	The provider has at a minimum the original physician's prescription for the service.			

Respiratory Therapy Checklist 11-27-05.doc  
REV 10-29-01; 10-30-01; 12-29;02; 01.03; 02-10-03; 11-27-05