



Developmental Services  
**Therapeutic Massage and Assessment**  
 Monitoring Protocol

Therapeutic massage and assessment means the manipulation of the superficial tissues of the human body with the hand, foot, arm, or elbow, whether or not such manipulation is aided by hydrotherapy, including colonic irrigation or thermal therapy; any electrical or mechanical device; or the application to the human body of a chemical or herbal preparation. Refer to service directory for service indications.

| Cite   | Standard  | Probes  |
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| <b>Explanation of Monitoring Tool Symbols/Codes</b><br> 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.<br>“W” Weighted Element: A “W” followed by 2.0 or 4.0 in the Cite column denotes elements that <i>have a greater impact on the monitoring score.</i><br>“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>B. Provider Qualification and Requirements</b>  |   |   |
| <i>For all training related elements of performance appearing under this section: Review Area Office requirements for mandatory meetings and training documentation. Review provider's/staff member training records to determine if documentation is maintained, and at a minimum includes: The topic of the training; Length of the training session; Training dates; Participants' signature; Instructor's name; Objectives and/or a syllabus.</i>  |   |   |
| 1 <br><br>W4.0  | Providers are independent vendors or employees of licensed home health and hospice agencies that are licensed massage therapists. | Review Area Office enrollment files and provider or provider staff personnel files to determine that massage therapists are licensed by the Department of Health and perform services only within the scope of their license. |

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| 2    | The provider attends mandatory meetings and training scheduled by the Area Office and/or Agency. | <p><b>If this is an onsite visit:</b></p> <ul style="list-style-type: none"> <li>• Ask the provider if they are aware of Area Office and Agency mandatory meeting and training schedules. Ask the provider if they can produce any notices, announcements or agendas received about meetings or training.</li> <li>• Ask the provider what Area Office and Agency meetings or training they have attended during the review period.</li> <li>• Ask the provider for any evidence they have to verify attending the meeting or training.</li> </ul> <p><b>If this is a desk review</b></p> <ul style="list-style-type: none"> <li>• Look for evidence in documents supplied by the provider of attendance at Area Office and Agency meetings, such as notes in personnel files or other records.</li> </ul> <p><i>Note: If the Area Office has not sponsored any mandatory meetings or training, score this element Not Applicable.</i></p> |

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| 3<br>W2.0 | Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served. | <p>Review provider personnel files or training records for evidence of this type of training.</p> <p>If this is an onsite review, ask the provider and/or their staff about what types of training programs they have and continue to attend.</p> <p>Training on health, safety and well-being of individuals could include such topics as:</p> <ul style="list-style-type: none"> <li>• Fire safety for the environment;</li> <li>• Evacuation procedures in the event of natural or other disasters;</li> <li>• Training on what to do in the event of personal health emergencies involving consumers;</li> <li>• Basic infection control training, e.g., hand washing before and after all contact with consumers.</li> <li>• Identifying and reporting concerns about health, safety and well-being of individuals and the environment in which they are living.</li> </ul> <p>Refer also to the provider's policy in this area to determine compliance.</p> <p><i>Note: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; providers and their staff may attend a program offered through another provider.</i></p> |
| 4         | Independent providers and agency staff receive training on required documentation for service(s) rendered.  | <p>Look for evidence that the provider and/or staff have received training on the type and format of documentation that is required for the services and supports that they render.</p> <p>Examples of this training could include:</p> <ul style="list-style-type: none"> <li>• Instruction on documentation that is required for reimbursement and monitoring purposes.</li> </ul> <p><i>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>   |

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| 5    | Independent providers and agency staff receive training on responsibilities under the Core Assurances.                           | <p>Look for evidence that the provider and/or staff have been familiarized with and have had some training related to the Core Assurances section of their Waiver Services Agreement and the DS Waiver Services Florida Medicaid Coverage and Limitations handbook.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> <li>• The rights of individuals in the program and how the provider respects these rights;</li> <li>• Maintaining confidentiality of consumer information;</li> <li>• Offering individual’s choice of services and supports;</li> <li>• Recognizing and reporting of suspected abuse, neglect or exploitation;</li> <li>• Rendering services in an ethical manner.</li> </ul> <p><i>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p> |
| 6    | Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered. | <p>Look for evidence that the provider and/or staff have been familiarized with and have had training related to the service specific sections of their Waiver Services Agreement.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> <li>• Specifics of rendering services and supports;</li> <li>• Service limitations;</li> <li>• Service documentation requirements; and</li> <li>• Billing for services.</li> </ul> <p><i>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>   |

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| 7    | Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery. | <p>Look for evidence that the provider and/or staff have received training on using desired outcomes for individuals as the guide for rendering services and supports.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> <li>• Rendering services and supports in accordance with the service authorization.</li> <li>• Respecting the wishes of individuals as it relates to the services and supports being provided.</li> <li>• Use of Personal Outcomes Measures, or another person-centered planning approach.</li> <li>• Individualizing service delivery methods.</li> </ul> <p>Also refer to the provider’s policy in this area to determine specified training.</p> <p><i>Note: This does not mean that the provider must have received the official Personal Outcome Measures training (with the exception of Support Coordinators). Other person-centered approaches are acceptable.</i></p> <p><i>The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p> |

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| 8<br>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.                              | <p>Look for evidence that the provider and/or staff assigned to render services and supports to individuals have received some orientation to an individual and their unique characteristics and needs.</p> <p>The family or guardian or other providers or people who are in regular contact with and understand the unique characteristics and needs of the individual can provide this orientation.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> <li>• Communicating with the individual;</li> <li>• Unique environmental issues for the individual</li> <li>• Unique individual characteristics that provider needs to be aware of in order to render services</li> </ul> <p>This training may be one-on-one in nature, and therefore documentation will not take the form of an agenda, or curriculum with handouts and outline. Also look for evidence in the consumer's record, such as in notes or other provider documentation.</p> |
| 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. | <ul style="list-style-type: none"> <li>• Review personnel files and other provider training records for evidence of required training.</li> <li>• If applicable, ask staff about the in-service training that they have received.</li> <li>• Training should include prevention, detection and reporting requirements.</li> </ul>   |

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| <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. | <p>Review provider service logs, monthly summary reports or other records made available by the provider: Verify that services are prescribed by a physician and the intended goals for the service are noted.</p> <p>Goals might include:</p> <ul style="list-style-type: none"> <li>• Increase the blood flow through applied pressure and stretching.</li> <li>• Provide deep muscle relaxation to promote more functional joint movement, which assist in the range of motion and preventions of the deterioration due to contractures.</li> <li>• Assist in keeping muscles supple and free from fibrous adhesions.</li> <li>• Loosen shortened, contracted muscles and the stimulation of weak and flaccid muscles to promote efficient movement and improved posture.</li> <li>• Prevent or relieve constipation and bowel impaction thereby reducing the need for alternative bowel management strategies.</li> <li>• Respiratory benefits may also be achieved by the promotion of deep breathing through stretching techniques.</li> <li>• This service may be complementary to physical therapy or rendered as a less intrusive alternative.</li> </ul> |
| 11                                 | The provider renders no more than four units of this service per day.  | <p><i>Note: A unit is defined as a 15 minute time period or portion thereof.</i></p> <p>Review claims data, provider service logs and other records to determine if service limits are being observed.</p>   |
| 12                                 | The provider limits therapeutic massage assessments to two occurrences per year, each billed to a maximum of four units.                                   | Review claims data, provider service logs and other records to determine if service limits are being observed.   |
| 13                                 | Provider is authorized to render therapeutic massage services.   | Review provider records for a service authorization.   |
| 14                                 | 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.   |

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| <b>D. Documentation</b> |   |   |
| 15 R                    | Provider has at a minimum copies of the service logs for the period being reviewed. | <p>Review claims data, provider service logs and other records to determine if required documentation is being developed and maintained</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><b>This Cite is subject to recoupment as reimbursement documentation if not available.</b></p>  |
| 16 R                    | Provider has at a minimum copies of monthly summary notes.                          | <p>Review claims data, provider service logs and other records to determine if required documentation is being developed and maintained</p> <p><b>This Cite is subject to recoupment as reimbursement documentation if not available.</b></p>   |
| 17<br>W2.0              | Provider has at a minimum a copy of the original prescription for the service.      | <p>Review claims data, provider service logs and other records to determine if required documentation is being developed and maintained</p> <ul style="list-style-type: none"> <li>• Check to see if the prescription is renewed every 6 months.</li> </ul> <p><i>Note: Therapeutic Massage may be prescribed for six months at a time. After six months, the individual must be assessed by the therapist and physician, physician's assistant or nurse practitioner to determine the benefit of the service, and to make a recommendation to continue or discontinue the service.</i></p> <p>A copy of the prescription for the service is submitted to the waiver support coordinator.</p> |



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| 18 R      | Provider has at a minimum a copy of the assessment report, if the provider was reimbursed for such a report. | <p>Review claims data, provider service logs and other records to determine if required documentation is being developed and maintained</p> <p>Check the assessment report to determine the specific therapeutic activities to be utilized and the need for continued services is also an included service.</p> <p>A copy of the assessment report is submitted to the waiver support coordinator at the time of initial claim submission and every six months thereafter.</p> <p><b>This Cite is subject to recoupment if an assessment was the only service provided and the report is not available.</b></p>  |
| 19<br>NEW | Provider has at a minimum an annual report.  | <p>The annual report is completed prior to the annual support plan update.</p> <ul style="list-style-type: none"> <li>• Interactively, with the provider, review a sample of records to determine if they contain an annual, written report that indicates the individual's progress toward their support plan goal(s) for the year.</li> <li>• Progress statements in the annual report should contain objective (data/fact based) as well as subjective information.</li> <li>• Determine that report information is consistent with monthly summaries and other supporting data.</li> </ul> <p>Annual report is submitted to the support coordinator prior to the annual support plan update.</p> |

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REV 10-29-01; 10-30-01; 01.03; 02.04.03; 10-25-05; 11-22-05