



# Team Approval Application Fee

## ACPA Team Approval

American Cleft Palate-Craniofacial Association  
1504 East Franklin Street, Suite 102  
Chapel Hill, NC 27514

DUE DATE: July 31, 2019

### TO: [PLEASE FILL IN TEAM INFORMATION HERE]

Team ID:

Team Leader:

Team Name:

Address:

DESCRIPTION	AMOUNT
2019 ACPA Team Approval Application Fee	US\$260.00
<b>TOTAL</b>	<b>US\$260.00</b>

This fee is non-refundable. A self-audit and listing fee will be due annually to continue to be listed.

**Credit Card Payment**    \_\_\_ VISA        \_\_\_ MasterCard        \_\_\_ Discover        \_\_\_ American Express

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Expiration Date \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_ Amount Due \_\_\_\_\_

### Check Payment

Check #: \_\_\_\_\_

Institution name on check: \_\_\_\_\_

### Make checks payable to:

American Cleft Palate-Craniofacial Association  
1504 East Franklin Street, Suite 102  
Chapel Hill, NC 27514

Email address or fax number for a receipt: \_\_\_\_\_



## 2019 Application for ACPA Team Approval Cleft Palate and Craniofacial Teams

**Team ID:** \_\_\_\_\_

**Application Type:**    \_\_\_ Cleft Palate Team    \_\_\_ Craniofacial Team  
    \_\_\_ Cross-Specialty Team (both cleft palate and craniofacial)

<b>Submission Date:</b>	
<b>*Name of Team:</b>	
<b>*Team Address:</b>	
<b>*Team Web Site</b>	
<b>*Patient Age Range</b>	
<b>*Team Coordinator:</b>	
<b>*Phone:</b>	
<b>*E-mail:</b>	
<b>*Fax:</b>	
<b>*Team Leader:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Individual Completing Application:</b>	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	

\*Upon approval, fields will be used for the official team listing.

Comply with all HIPAA standards. **Redaction of any patient-specific information is required.** If the application contains any identifying patient information, it will be automatically returned with the opportunity to resubmit. If the resubmission still contains identifying patient information, the team will incur a penalty fee. ACPA is reviewing the team process, patient support and specialty access – *ACPA is not reviewing individual cases.*

**Standard 1: Team Composition**

Submit a Team Organizational Chart showing that the Team has met the criteria for Standard 1. **Label as Appendix A.** An organizational chart template can be found [here](#).

**1a. The team includes a designated patient care coordinator to facilitate the function and efficiency of the team, ensure the provision of coordinated care for patients and families/caregivers and assist them in understanding, coordinating, and implementing treatment plans.**

1. Include the name of the designated patient care coordinator and his/her specific title on the organizational chart.
2. Describe the specific roles and responsibilities of the team coordinator and how they ensure coordinated care. Limit response to 500 words.

**1b. The team includes speech-language pathology, surgical, and orthodontic specialties.**

3. Include all current participating members (excluding trainees) on the organizational chart. Indicate which members are leaders in the core disciplines of speech-language pathology, surgery and orthodontics.

4. Submit pages from one patient team report<sup>1</sup> that documents the participation of the speech-language pathologist, surgeon and orthodontist. If the team is a craniofacial or cross-specialty team, the report should also document the participation of the transcranial surgeon. Do not send the entire record. Place a star by the section(s) on the attachments that document compliance with the standard. **Label as Appendix B** and limit the attachment to five pages.

**1c. The team demonstrates access to professionals in the disciplines of psychology, social work, audiology, genetics, dentistry, otolaryngology, and pediatrics/primary care.**

5. Include the name of at least one professional and his/her affiliated institution for each of the disciplines indicated on the team organizational chart that are not represented on the team.

**If not seeking approval as a Craniofacial Team (CFT) or Cross-Specialty Team, skip to Standard 2.**

**1d. The craniofacial team must include a surgeon trained in transcranial cranio-maxillofacial surgery and access to a psychologist who does neurodevelopmental and cognitive assessment. The results of the neurodevelopmental and cognitive assessment must be part of the CFT team assessment record. The team also must demonstrate access to refer to a neurosurgeon, ophthalmologist, radiologist, and geneticist. The participation of these individuals should be documented in each patient's team report.**

6. Include the name of the team's lead member trained in transcranial craniofacial surgery on the organizational chart.
7. Describe the background of the team's craniofacial surgeon. Limit response to 500 words.

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<sup>1</sup> A team report must be a single document that identifies:  
The condition being treated, specialties involved, and year of the evaluation. Redact the month and day of evaluation.  
The findings for each specialty evaluation and specific team recommendations.  
The year of team meeting that generated the report and the individuals (with specialty) who participated in the team meeting.  
The person who has generated the team report.

8. Describe the process used to obtain evaluation or treatment services by a neurosurgeon, ophthalmologist, radiologist, or geneticist. Limit response to 500 words.

**Standard 2: Team Management and Responsibilities**

- 2a. The Team has a mechanism for regular meetings among core team members<sup>2</sup> to provide coordination and collaboration on patient care.**

9. How often are team meetings held?

- Quarterly                                       Bi-weekly  
 Monthly     Weekly  
 Other. Please describe:

<sup>2</sup> Core team members must include members in the disciplines of speech-language pathology, surgery and orthodontics.

10. Team meetings (in which patient findings are discussed among team members and multidisciplinary recommendations are made: minimum attendees are speech-language pathologist, surgeon, and orthodontist) are held:

Face-to-face                       Not face-to-face, but in real time (e.g., conference call)

Other. Specify:

11. Are team meetings held the same day as the patient evaluation?

Yes                                       No

If no, how does the team ensure that patient information is not forgotten or missed?

12. Does the patient have the opportunity to receive same-day face-to-face evaluation by all core team members (speech-language pathologist, surgeon, and orthodontist)?

Yes                                       No

If no, describe how the team ensures that multidisciplinary team evaluation linked to multidisciplinary team reporting occurs.

13. Describe the procedure used by the team if one or more of the usual core team members cannot attend a team meeting. Limit response to 500 words.

14. Describe how a patient receives comprehensive same-day face-to-face multidisciplinary evaluation. Include description of a typical team meeting with patients and how this leads to integrated decision making. Limit response to 500 words.

15. Describe how the results of the interdisciplinary conference for each individual patient are recorded and become a part of the patient's team report. Limit response to 500 words.

**2b. The team has mechanisms for referral and communication with other professionals.**

16. Describe the process for information exchange with schools, primary care professionals, outside agencies, and other professionals involved with the welfare of the patient. Limit response to 500 words.



17. Attach a copy of the Release of Information Form used by the team. **This form should be blank. Label as Appendix C** and limit the attachment to two pages.
18. Describe the process for managing infants with failure to thrive and identify how they are triaged. Limit response to 500 words.

19. How does your team deal with children with recurrent otitis media? Limit response to 500 words.

20. Describe how the team facilitates the transition to adult care if the team does not treat patients after age 18 or 21. Limit response to 500 words.

**2c. The team reevaluates patients based on team recommendations.**

21. Describe how the team evaluates patients over time.<sup>3</sup> Include which team members see patients at which points, including core disciplines<sup>4</sup> and referrals. Limit response to 500 words.

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<sup>3</sup> E.g., developmental markers, age, etc.

<sup>4</sup> The core disciplines consist of: speech-language pathology, surgery, and orthodontics

**2d. The team must have central and shared records.**

22. Does the team use a standardized electronic medical record for storage of notes and reports?

Yes                       No

If no, describe the mechanisms for record-keeping (e.g., where housed and maintained, access to records, etc.):

23. Describe how recommendations become part of the patient record when patients are evaluated outside of the team setting. Limit response to 500 words.

**Standard 3: Patient and Family/Caregiver Communication**

**3a. The team provides appropriate information to the patient and family/caregiver about evaluation and treatment procedures orally and in writing.**

24. Who is responsible for providing information about patient evaluation and the recommended treatments to families and patients? How is the information communicated to them? Limit response to 500 words.

**3b. The team encourages patient and family/caregiver participation in the treatment process.**

25. Describe how the family/caregiver has opportunities to play an active role in the decision-making process for the treatment plan. Limit response to 500 words.

26. Describe how the patient is involved in the decision-making process for the treatment plan at an appropriate age. Limit response to 500 words.

**3c. The team will assist families/caregivers in locating resources for financial assistance necessary to meet the needs of each patient.**

27. Describe the process for informing families/caregivers of financial and insurance-related resources. These might include federal, state, and provincial regulations specifically governing the treatment of cleft/craniofacial anomalies. (e.g., insurance, state agencies, Public Law 94-142, 504s, and individualized educational plans). Limit response to 500 words.

**Standard 4: Cultural Competence**

**4a. The team demonstrates sensitivity to individual differences that affect the dynamic relationship between the team and the patient and family/caregiver.**

28. How does the team communicate with patients and families for whom the team's language is not their primary language? Does the team use interpreters or translated materials? Limit response to 500 words.

29. How does the team ensure that it is sensitive to ethnic and cultural diversity? Describe any training, education, or interventions that used beyond having bilingual staff. Limit response to 500 words.

**4b. The Team treats patients and families/caregivers in a non-discriminatory manner.**

30. How does the team inform patients and families/caregivers of their rights (e.g., patient bill of rights, Web site, institutional literature, etc.)? Limit response to 500 words.

Attach a copy of the Patient's Bill of Rights. A privacy policy does not qualify. **Label as Appendix D** and limit the attachment to three pages.

**Standard 5: Psychological and Social Services**

**5a. The team has a mechanism to initially and periodically assess and treat, as appropriate, the psychological and social needs of patients and families/caregivers and to refer for further treatment, as necessary.**

31. Describe how the team identifies and refers patients and families/caregivers who may be in need of further evaluation and treatment for emotional or behavioral issues. Limit response to 500 words.

32. Does a mental health provider listed as a team member on the organizational chart evaluate/treat emotional/behavioral issues?

Yes                       No

If no, whom does the team refer patients and families/caregivers to for further evaluation and treatment of emotional or behavioral issues? Include the individual's qualifications. Limit response to 500 words.

**5b. The team has a mechanism to assess cognitive development.**

33. Describe how the team identifies patients who may be in need of further evaluation or treatment for cognitive development issues (e.g., learning disabilities). Limit response to 500 words.



34. Does a mental health provider listed as a team member on the organizational chart evaluate/treat cognitive development issues?

Yes                       No

If no, whom does the team refer patients and families/caregivers to for further evaluation and treatment of cognitive development issues? Include the individual's qualifications. Limit response to 500 words.

35. Describe how patients with cognitive development issues are monitored over time so that appropriate educational services are in place from infancy through adolescence. Limit response to 500 words.

**If not seeking approval as a Craniofacial Team or Cross-Specialty Team, skip to Standard 6.**

**5c. The team conducts formal assessment of cognitive functioning of patients when deemed necessary.**

36. Describe the team's process for conducting a formal assessment of cognitive function on a patient who is age 4 or older and who has a craniofacial condition requiring transcranial surgery. Indicate the types of cognitive psychometric testing most commonly used for evaluations.<sup>5</sup> Limit response to 500 words.

<sup>5</sup>Examples of cognitive psychometric testing include, but are not limited to: Kaufman Assessment Battery for Children (KABC): Leiter International Performance Scale, Stanford-Binet Intelligence Scales (SB), Wechsler Adult Intelligence Scale (WAIS), Wechsler Intelligence Scale for Children (WISC), Wechsler Preschool and Primary Scale of Intelligence (WPPSI), Woodcock-Johnson Tests of Cognitive Abilities (WJ Cog),  
\*Version/edition numbers for each test are omitted from the list to account for newly published versions; however, testing documentation should reflect a current version or edition of the test at the time it was administered.

**Standard 6: Outcomes Assessment**

**6a. The team uses a process to evaluate its own performance with regard to patient assessment, treatment, or satisfaction and to make improvements as a result of those evaluations.**

37. It is required that the team set up a process to self-monitor its effectiveness and ensure continual improvement of outcomes. Team meetings alone do not meet the standard. Does the team (NOT individual practitioners) have a formal process to routinely evaluate its effectiveness/outcomes?

Yes             No

38. Please describe the process. If there is no team process, describe the plans for implementing one and include a timeline for implementation.<sup>6</sup> Limit response to 500 words.

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<sup>6</sup> Implementation of a formal process for a team to routinely evaluate its effectiveness/outcomes should be complete within 12 months of submitting an application.

39. Describe an example of how the team has collected and used data to change team processes (e.g., modify surgical treatment, change referral criteria, address clinic processes to increase patient/family satisfaction). This example may be a result of the process outlined in Question 38 or related to a different process used by the team. Limit response to 500 words.

Optionally, attach a data report supporting the example described above. **Label as Appendix E** and limit the attachment to five pages.

## ACPA Team Approval Application Agreement

I affirm that I have read this application in its entirety and confirm the accuracy of all of the information contained within this application. I affirm that **patient identifying information has been omitted from all attachments**, that our Team abides by all of the information provided herein, and that all patients receiving care from this Team are managed either by an appropriate Team member, so identified in this application, or with full knowledge of the person evaluating or treating patients if referred to a professional person not specifically identified by name and profession within this application.

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Signature of Team Leader

Date

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Printed Name

Date

## Signature of Authorized Institutional Officer

The administrative organization\* named below seeks ACPA Team Approval of its Cleft Palate, Craniofacial or Cross-Specialty Team and hereby applies for an evaluation of this team.

The sponsoring organization agrees to cooperate fully in the evaluation procedures, including furnishing such written information to the American Cleft Palate-Craniofacial Association (ACPA) as shall be required for evaluation of the team.

The sponsoring organization further agrees to submit ACPA's **Team Self-Auditing Report** annually and agrees to pay the annual fee for submission. This report is required each year to remain an ACPA Approved Team.

This application may be withdrawn by the team without prejudice at any time and for any reason before a final decision.

The administrative policies of the sponsoring organization and the team must comply with federal, state, provincial, and local laws, regulations, or executive orders with respect to equitable treatment of patients without regard to gender, sexual orientation, age, race, religious preference, national origin, or disabling condition.

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Administrative or Sponsoring Organization\*

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Authorized Institutional Officer (AIO)\*\* Name

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Address

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AIO Title

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AIO Signature

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City, State/Province, Postal Code

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AIO Phone

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Country

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AIO Email

\*The administrative organization may be a hospital, university, corporation, or self-sponsored private practice group.

\*\*The purpose of this requirement is to document that someone with fiduciary responsibility for the institution/practice acknowledges and supports the operation of the team at its facility. This would typically be the chief executive officer, the chief medical officer, the dean of the medical school or college, or the owner of the practice in which the team operates. For this purpose, a department chair is not the appropriate person.