

# ACPA Team Approval: Sample Application

## Application - Standard 1: Team Composition

### Team Composition

Team ID

*Team ID is NOT the same as the application ID. If you do not know your team ID, email [teams@acpacares.org](mailto:teams@acpacares.org).*

20809

Application Type Cross-Specialty Team (both cleft and craniofacial)

*Please be sure to select the correct option. The Commission will only review your team for the type that is selected. If you are completing the Annual Self-Audit Report, select the option that your team is approved as.*

Cross-Specialty Team (both cleft and craniofacial)

Team Listing Information

*Upon approval, the information provided will be used for the formal team listing on the ACPA website.*

Full Team Name

Team ACPA

## Team Contact Information

Institution/Practice Name	American Cleft Palate Craniofacial Association
Street	510 Meadowmont Village Circle
Suite, Unit, etc.	Ste 377
City	Chapel Hill
State/Province	NC
Zip/Postal Code	27517
Country	United States
Team Email	<a href="mailto:teams@acpacares.org">teams@acpacares.org</a>
Team Phone Number	919.933.9044
Team Fax Number	(No response)

## Team Website

[acpacares.org](http://acpacares.org)

## Patient Age Range

List the age range that the full team evaluates patients.

From Age:

0

To Age:

99

Lead Team Members

**1. Team Coordinator(s)**

S1a. 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 and implementing treatment plans.

Scroll to the right to complete all required information. Emails are required.

	Full Name	Designation (i.e. MD, DMD, RN, PhD)	Specialty	Email	Add Next Coordinator
1.	Erin Brenneman	CAE	Coordinator/Administrator	<a href="mailto:ebrenneman@cpacares.org">ebrenneman@cpacares.org</a>	<input checked="" type="checkbox"/>

2. Check the boxes below to confirm each of the coordinator(s)'s responsibilities.

Organize interdisciplinary care across all clinical areas and specialties

Ensure each patient receives comprehensive care that involves interdisciplinary planning to achieve optimal outcomes

Provide oversight of the team during clinical visits, ensure the organization and navigation of providers, and identify/resolve any challenges that may arise

Be accountable for communication between team members and communication provided to patients and families/caregivers during and after the visit as well as ensuring necessary follow-up is conveyed (e.g. team report)

If the coordinator(s) has any team management responsibilities not listed above, please describe. Additionally, if any of the items above are not checked, explain which team member is responsible.

There should be a designated team member that is responsible for each checkbox listed above.

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### **3. Team Leader/Director**

*S1b. The team includes a team leader who is responsible for ensuring that the team provides comprehensive, effective, and ethical interdisciplinary care.*

Scroll to the right to complete all required information. Emails are required.

	Full Name	Designation (i.e. MD, DMD, RN, PhD)	Specialty	Email	Add Next Leader
1.	William Davis	MD	Plastic Surgery	<a href="mailto:wdavis@acpacar.es.org">wdavis@acpacar.es.org</a>	<input checked="" type="checkbox"/>

4. Check the boxes below to confirm each of the team leader(s)'s responsibilities.

<input type="checkbox"/> Oversee the operation of the team
<input type="checkbox"/> Ensure the team is in compliance with the ACPA Standards of Approval and follows the Parameters of Care
<input type="checkbox"/> Make sure that all team members are aware of and in adherence to ACPA's Code of Ethics

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If the team leader(s) has any team management responsibilities not listed above, please describe. Additionally, if any of the items above are not checked, explain which team member is responsible.

<input type="checkbox"/> There should be a designated team member that is responsible for each checkbox listed above.
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S1c. The core team includes speech-language pathology, orthodontic, and surgical specialties.

**5. Speech-Language Pathology Team Lead**

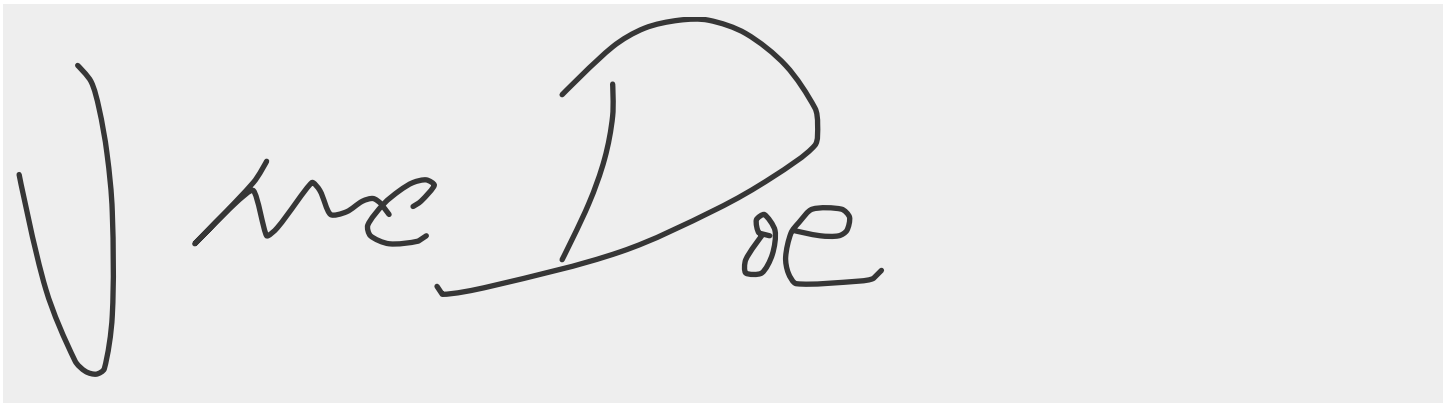
Full Name	Jane Doe
Designation (i.e. CCC-SLP)	CCC-SLP
Email	<a href="mailto:jdoe@acpacares.org">jdoe@acpacares.org</a>
Education and training qualifications	List the SLP's education and any training relevant to cleft/craniofacial care
Credentials for professional organizations and state/provincial licensing	This provider must be a credentialed SLP.

Does this team member regularly participate in team evaluations and team meetings?

Yes

Speech-Language Pathology Team Lead Signature


*I affirm that I serve as a speech-language pathologist for the Team. I affirm that I evaluate patients on the same day as the Team CL/P surgeon and orthodontist, or within a time frame that ensures comprehensive and interdisciplinary care. I affirm that I regularly attend all team meetings in real time. I confirm the accuracy of all of the information contained within this application in regards to my specialty.*

A large, light gray rectangular area containing a handwritten signature in black ink. The signature is written in a cursive style and appears to read "Jane Doe".

## Additional Speech-Language Pathology Team Members

*Include regular team members ONLY. Do not list referrals.*

- Scroll to the right to complete all information. Emails are required for ALL team members.
- Check "Add Next Member" to add another name to the roster.
- The maximum number of roster listings is 5. If you have more team members to add, include them in the Additional Team Members section of the roster.

	Full Name	Designation (i.e. PhD, CCC-SLP)	Email	Add Next Member
1.	Sandra Reyes	CCC-SLP	<a href="mailto:sreyes@acpacares.org">sreyes@acpacares.org</a>	

### 6. Orthodontics Team Lead

Full Name	John Smith
Designation (i.e. DDS)	DMD
Email	<a href="mailto:jsmith@acpacares.org">jsmith@acpacares.org</a>
Education and training qualifications	List the orthodontist's education and any training relevant to cleft/craniofacial care
Credentials for professional organizations and state/provincial licensing	This provider must be a licensed orthodontist.

Does this team member regularly participate in team evaluations and team meetings?

Yes

Orthodontics Team Lead Signature

*I affirm that I serve as an orthodontist for the Team. I affirm that I evaluate patients on the same day as the Team CL/P surgeon and speech-language pathologist, or within a time frame that ensures comprehensive and interdisciplinary care. I affirm that I regularly attend all team meetings in real time. I confirm the accuracy of all of the information contained within this application in regards to my specialty.*

A handwritten signature in black ink on a light gray background. The signature reads "John Smith" in a cursive, slightly stylized font.

**Additional Orthodontic Team Members**

*Include regular team members ONLY. Do not list referrals.*

- Scroll to the right to complete all information. Emails are required for ALL team members.
- Check "Add Next Member" to add another name to the roster.
- The maximum number of roster listings is 5. If you have more team members to add, include them in the Additional Team Members section of the roster.

	Full Name	Designation (i.e. DMD)	Email	Add Next Member
1.				<input checked="" type="checkbox"/>

## 7. Cleft Lip/Palate Surgery Team Lead

Full Name	Lisa Lewis
Designation (i.e. MD)	MD, DMD
Specialty	Oral/Maxillofacial Surgery
Email	<a href="mailto:llewis@acpacares.org">llewis@acpacares.org</a>
Education and training qualifications	List the surgeon's education. The surgeon should be formally trained in cleft lip/palate surgery.
Credentials for professional organizations and state/provincial licensing	The provider must be licensed to practice by a medical and/or dental licensing body.

Does this team member regularly participate in team evaluations and team meetings?

Yes

CL/P Surgery Team Lead Signature

*I affirm that I serve as a cleft lip/palate surgeon for the Team. I affirm that I evaluate patients on the same day as the Team speech-language pathologist and orthodontist, or within a time frame that ensures comprehensive and interdisciplinary care. I affirm that I regularly attend all team meetings in real time. I confirm the accuracy of all of the information contained within this application in regards to my specialty.*

A handwritten signature in black ink on a light gray background. The signature reads "Lisa Lewis" in a cursive, flowing script. The first name "Lisa" is written with a large, looped 'L' and a small dot above the 'i'. The last name "Lewis" is written with a large, looped 'L' and a small dot above the 'i'.

## Additional CL/P Surgery Team Members

*Include regular team members ONLY. Do not list referrals.*

- **Scroll to the right to complete all information. Emails are required for ALL team members.**
- **Check "Add Next Member" to add another name to the roster.**
- **The maximum number of roster listings is 5. If you have more team members to add, include them in the Additional Team Members section of the roster.**

	Full Name	Designation (i.e. MD, DMD)	Specialty	Email	Add Next Member
1.	William Davis	MD	Plastic Surgery	<a href="mailto:wdavis@acpacares.org">wdavis@acpacares.org</a>	<input checked="" type="checkbox"/>

### 8. Craniofacial Team Lead

*S1e. The craniofacial team must also include a surgeon trained in intracranial craniomaxillofacial surgery.*

Full Name	William Davis
Designation (i.e. MD, FACS)	MD
Specialty	Plastic Surgery
Email	<a href="mailto:wdavis@acpacares.org">wdavis@acpacares.org</a>
Education and training qualifications	List the surgeon's education. The surgeon should be formally trained in craniofacial surgery (i.e. craniofacial fellowship).
Credentials for professional organizations and state/provincial licensing	The provider must be licensed to practice by a medical and/or dental licensing body.

Does this team member regularly participate in team evaluations and team meetings?

Yes

Craniofacial Surgery Team Lead Signature


*I affirm that I serve as a craniofacial surgeon for the Team. I affirm that I evaluate patients with a craniofacial diagnosis on the same day as the core team members, or within a time frame that ensures comprehensive and interdisciplinary care. I affirm that I regularly attend all craniofacial team meetings in real time. I confirm the accuracy of all of the information contained within this application in regards to my specialty.*



Additional Craniofacial Surgery Team Members

*Include regular team members ONLY. Do not list referrals.*

- Scroll to the right to complete all information. Emails are required for ALL team members.
- Check "Add Next Member" to add another name to the roster.
- The maximum number of roster listings is 5. If you have more team members to add, include them in the Additional Team Members section of the roster.

	Full Name	Designation (i.e. MD, DMD)	Specialty	Email	Add Next Member
1.					

## 9. Team Members and Referrals to Providers and/or Entities

S1d/e. The team either includes or refers to professionals in the disciplines of nursing, anesthesia, psychology, social work, audiology, genetics, general and pediatric dentistry, prosthodontics, oral and maxillofacial surgery, otolaryngology, plastic and maxillofacial surgery, and pediatrics/primary care. The team must designate providers/entities who address feeding, growth, and nutrition; airway and breathing; and sleep health and hygiene.

Craniofacial/Cross-Specialty teams must also include or refer to a neurosurgeon, ophthalmologist, and radiologist.

Indicate whether each individual/entity is a **regular team member** or **referral**.

If the team uses an entity, or a particular clinic, with a rotating list of providers for referral, list the name of the center/department. A primary email address for the entity is required.

### Nursing

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. RN, BSN)	Specialty	Affiliation	Email	Add Next Provider
1.	Julie Day	RN	Nursing	Regular Team Member	<a href="mailto:jday@acpacares.org">jday@acpacares.org</a>	

## Anesthesia

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. MD)	Affiliation	Email	Add Next Provider
1.	Maya Michaels	MD	Referral	<a href="mailto:mmichaels@abc.org">mmichaels@abc.org</a>	✘

## Psychology

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. PhD, PsyD)	Specialty	Affiliation	Email	Add Next Provider
1.	Megan Martin	PhD	Psychology	Regular Team Member	<a href="mailto:mmartin@acp-cares.org">mmartin@acp-cares.org</a>	✘

## Social Work

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. LCSW)	Affiliation	Email	Add Next Provider
1.	Ann Thompson	LCSW	Regular Team Member	<a href="mailto:athompson@acpacares.org">athompson@acpacares.org</a>	✘

## Audiology

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. AuD)	Affiliation	Email	Add Next Provider
1.	Susan Lee	AuD	Regular Team Member	<a href="mailto:slee@acpacares.org">slee@acpacares.org</a>	✘

## Genetics

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. MD)	Specialty	Affiliation	Email	Add Next Provider
1.	Sarah Clark	CGC	Genetic Counseling	Regular Team Member	<a href="mailto:sclark@acpacares.org">sclark@acpacares.org</a>	✕

## Dentistry

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. DDS)	Specialty	Affiliation	Email	Add Next Provider
1.	Mark Johnson	DDS	Pediatric Dentistry	Regular Team Member	<a href="mailto:mjohnson@acpacares.org">mjohnson@acpacares.org</a>	✕

## Prosthodontics

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. DDS)	Affiliation	Email	Add Next Provider
1.	Karen Carlson	DDS	Referral	<a href="mailto:kcarlson@xyz.org">kcarlson@xyz.org</a>	✖

## Oral/Maxillofacial Surgery

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. DDS)	Affiliation	Email	Add Next Provider
1.	Lisa Lewis	MD, DMD	Regular Team Member	<a href="mailto:llewis@acpacare.org">llewis@acpacare.org</a>	✖

## Otolaryngology

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. MD)	Affiliation	Email	Add Next Provider
1.	Tom Jones	MD	Regular Team Member	<a href="mailto:tjones@acpacar.es.org">tjones@acpacar.es.org</a>	✕

## Plastic Surgery

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. MD)	Affiliation	Email	Add Next Provider
1.	William Davis	MD	Regular Team Member	<a href="mailto:wdavis@acpacar.es.org">wdavis@acpacar.es.org</a>	✕

## Pediatrics/Primary Care

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. MD)	Specialty	Affiliation	Email	Add Next Provider
1.	Rachel Rogers	MD	Pediatrics	Referral	<a href="mailto:rogers@abc.org">rogers@abc.org</a>	✘


## Feeding, Growth, and Nutrition Specialist

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. MD)	Specialty	Affiliation	Email	Add Next Provider
1.	Julie Day	RN	Nursing	Regular Team Member	<a href="mailto:jday@acpacar.es.org">jday@acpacar.es.org</a>	✘
2.	Catherine Adams	RD	Dietetics/Nutrition	Referral	<a href="mailto:cadams@xyz.org">cadams@xyz.org</a>	✘


## Airway and Breathing Specialist

- Scroll to the right to complete all information. Emails are required for ALL team members and referrals.
- Check "Add Next Provider" to add another name to the roster.
- The maximum number of roster listings is 5.

	Full Provider/Entity Name	Designation (i.e. MD)	Specialty	Affiliation	Email	Add Next Provider
1.	Tom Jones	MD	Otolaryngology	Regular Team Member	<a href="mailto:tjones@acpacares.org">tjones@acpacares.org</a>	

## Sleep Hygiene and Health Specialist

- Scroll to the right to complete all information. Emails are required for ALL team members and referrals.
- Check "Add Next Provider" to add another name to the roster.
- The maximum number of roster listings is 5.

	Full Provider/Entity Name	Designation (i.e. MD)	Specialty	Affiliation	Email	Add Next Provider
1.	Maria Lopez	MD	Sleep Medicine	Referral	<a href="mailto:mlopez@xyz.com">mlopez@xyz.com</a>	

## Neurosurgery

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. MD)	Affiliation	Email	Add Next Provider
1.	Rob Robert	MD	Referral	<a href="mailto:rroberts@xyz.org">rroberts@xyz.org</a>	✖

## Ophthalmology

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. MD)	Affiliation	Email	Add Next Provider
1.	GH Ophthalmology	MD	Referral	<a href="mailto:info@ghophthalmology.com">info@ghophthalmology.com</a>	✖

## Radiology

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of roster listings is 5.**

	Full Provider/Entity Name	Designation (i.e. RT)	Affiliation	Email	Add Next Provider
1.	ACPA Radiology Department	RT	Referral	<a href="mailto:rt@acpacares.org">rt@acpacares.org</a>	<input checked="" type="checkbox"/>

### Additional Team Members (optional)

Add any other regular team members or referrals that are not already listed.

- **Scroll to the right to complete all information. Emails are required for ALL team members and referrals.**
- **Check "Add Next Provider" to add another name to the roster.**
- **The maximum number of listings is 20.**

	Full Name	Designation (i.e. MD, RN)	Specialty	Affiliation	Email	Add Next Provider
1.	Mike Long	N/A	Medical Photography	Regular Team Member	<a href="mailto:mlong@acpacares.org">mlong@acpacares.org</a>	<input checked="" type="checkbox"/>

**10.** Are the Parameters of Care and Standards for Approval shared with all providers referred to outside the team?

No

How does the team ensure that all providers referred to outside the team are following the Standards for Approval and Parameters of Care?

The team must explain how it ensures that outside providers are following the Standards and the ACPA Parameters if these documents are not directly shared with them.

## Standard 2: Team Management and Responsibilities

S2a. The team has regular interdisciplinary meetings including core and other team members to provide coordination and collaboration on patient care.

Team meetings refer to meetings among interdisciplinary team members in which patient findings are discussed and team recommendations are made. At a minimum, team meetings must include the core team members (speech-language pathologist, CL/P surgeon, and orthodontist).

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

No

What is the typical interval between the patient evaluation and team meeting?

The interval should be within a reasonable time frame to ensure continuity of care. (For example, the week after the patient visit.)

12. In what format are team meetings held?

None of the Above

Explain how the team ensures all patients are discussed collaboratively among at minimum the core team members.

The team must justify how its method ensures that there is dialogue among those specialties. Simple reporting of findings/recommendations individually through a central chart or through a coordinator is not compliant.

At a minimum, the core team members should discuss each patient in real-time and formulate an interdisciplinary treatment plan.

13. Describe what happens if a core team member is unable to attend the team meeting. Who facilitates communication between the missing team member and the rest of the team?

Describe the process for ALL core specialties.

For example, is there another team member that attends in the missing team member's place? The response should explain the two-way communication between the missing team member and the team to ensure comprehensive treatment planning

14. Describe the team's process for achieving consensus on treatment plans.

Example: The team reviews the patient's information, shares their input, and talks through the best options. They agree on a plan by working together and considering what's best for the patient. Notes are taken by the team coordinator. A team report is authored by the team leader.

15. Upload one team report of a patient with a cleft lip/palate diagnosis that is typical for a new patient assessment or periodic routine follow up in your program. **Redact all PHI.**

**The report MUST include, at a minimum, participation of the speech-language pathologist, CL/P surgeon, and orthodontist.**

While it may be medically appropriate that a patient did not see all of these specialties in a specific visit, please do not choose such a report for submission. Choose a report that meets all criteria.

**To be compliant, the document must include:**

*(Check every box to ensure the document meets each requirement.)*

Participation from the core team members at minimum.

The names and disciplines of additional providers who examined the patient.

The year of the evaluation (redact the day and month), patient age, diagnoses, treatment history, findings, and recommendations of each provider who examined the patient.

An overall team consensus recommendation.

The individual who generated the team report.

**Before uploading the file, be sure to omit all patient identifying information.**

[CLP sample report.docx](#)

16. Upload one team report of a patient with one of the below listed craniofacial diagnoses that is typical for a new patient assessment or periodic routine follow up in your program. **Redact all PHI.** if you wish to use a report for a diagnosis not listed, please contact [teams@acpacares.org](mailto:teams@acpacares.org). The Commission will determine if this is an acceptable diagnosis for this purpose.

**The report MUST include, at a minimum, assessment and participation of the speech-language pathologist, craniofacial surgeon, and orthodontist.**

While it may be medically appropriate that a patient did not see all of these specialties in a specific visit, please do not choose such a report for submission. Choose a report that meets all criteria.

***Acceptable craniofacial diagnoses:***

*Apert Syndrome*

*Craniofacial Microsomia*

*Crouzon Syndrome*

*Emanuel Syndrome*

*Encephaloceles*

*Fibrous Dysplasia*

*Frontonasal Dysplasia*

*Goldenhar Syndrome*

*Isolated Craniosynostosis (Sagittal, Metopic, Coronal, Lambdoid) Pfeiffer Syndrome*

*Saethre-Chotzen Syndrome*

*Tessier Clefts*

*Treacher-Collins Syndrome*

**To be compliant, the document must include:**

*(Check every box to ensure the document meets each requirement.)*

Participation from the core team members and craniofacial surgeon at minimum.

The names and disciplines of additional providers who examined the patient.

The year of the evaluation (redact the day and month), patient age, diagnoses, treatment history, findings, and recommendations of each provider who examined the patient.

An overall team consensus recommendation.

The individual who generated the team report.

**Before uploading the file, be sure to omit all patient identifying information.**

[Craniofacial Team sample report.docx](#)

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*S2b. The team has a mechanism for referral to and communication with other professionals.*

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17. Describe the team's process for referring patients to primary and specialty care providers outside of the team. This should include confirmation of scheduling and exchange of records.

Example: Team members may refer to medical providers outside of the team for specialty care, such as ophthalmology or sleep medicine. At the time of team evaluation, consent for release of records is obtained, and the family may indicate recipients for the team evaluation. Families are provided with a copy of each team report, which they are encouraged to share with other specialists and agencies as needed; additionally, the team report is sent electronically to the patient's PCP if one is designated in the EMR.

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18. Describe the process for exchanging information with schools, universities, outside agencies, and other professionals involved with the welfare of the patient.

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How does the team share its findings with external entities?

Example: A consent for release of records is obtained for the outside agency in order to provide team recommendations, such as audiology accommodations and speech goals for an IEP.

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How does the team request information from external entities?

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During a Cleft Team visit any relevant Release of Information Forms are signed and collected as it pertains to the patient's care outside of Cleft Clinic. For example, a release of information form would be completed for the patient's school SLP if they have one. After Cleft Team, the Cleft Team Coordinator will fax the ROI to the external entity and request the records for the child and open communication between providers. Any written records received are added to the patient's chart in the "Media" section in Epic for all team members to access.

*S2c. The team evaluates patients at regular intervals*

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Team or patient evaluation is the patient-facing component of the team's process, in which patients receive face-to-face evaluation by the disciplines represented on the team.

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19. Describe the logistics for the team evaluation/clinic day by answering the questions below.

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How frequently are team evaluations held?

Monthly

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How many patients are seen during a typical team evaluation?

For example, a typical team day has 15 patients scheduled to be evaluated by the team.

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How are patients are seen by each specialist? For example, do specialists rotate to each patient during the evaluation?

Example 1 (patients seen by all specialists on same day, same space) : From birth to through to alveolar bone grafting completion, generally by ages 8-10, all patients receive a full team evaluation yearly. Patients rotate within the clinic to different rooms to be seen by Surgery, SLP, ENT, Audiology, and Orthodontics. After age 8, intervals of full team evaluation are determined by need and diagnosis. Patients also see individual specialists as needed.

Example 2 (patients see some specialists on same day, some on a different day) : Patients have a full team evaluation at the following ages: 1, 3, 5, 7, 10, 12, 15, 18 years and until skeletal maturity for completion of orthognathic surgery if needed.. They see Surgery, SLP, Audiology, and ENT on same day. The patient stays in the exam room and the specialists rotate. The coordinator schedules the patient to see the Orthodontist in his office separately, within 3 weeks of the remainder of the team visit. The patients also see individual specialists as needed through referrals outside of team.

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20. Do patients have the opportunity to receive same-day face-to-face evaluation by at minimum the core team members (speech-language pathologist, CL/P surgeon, and orthodontist)?

No

Explain how patients receive the necessary evaluations by team members within a close enough time frame that ensures quality and continuity of patient care.

Example: The coordinator assigns appointments for the patient for the SLP, surgery and orthodontia within the same 30 day period, and does a phone assessment if appointments for any other team specialists are indicated.

Check all specialties that regularly participate in the team evaluation.

Audiology

Dentistry

Genetics

Neurosurgery

Nursing

Oral/Maxillofacial Surgery

Orthodontics

Otolaryngology

Pediatrics

Plastic Surgery

Prosthodontics

Psychology

Social Work

Speech-Language Pathology

Other, please list any specialties not mentioned.

21. List the protocol for how the team evaluates a patient with cleft lip/palate from birth to adulthood using the tables below.

*Example responses are provided below.*

**Infancy Stage**

	Speech-Language Pathology
Team Evaluation Frequency	Six Months to Annually
Evaluations Conducted	Baseline speech and feeding evaluation Parent education Post-palate surgery speech and feeding evaluation
Treatments Given	Feeding therapy if indicated Speech therapy if indicated

	CL/P Surgery
Team Evaluation Frequency	Annually
Evaluations Conducted	Prenatal visit with family Address treatment options for cleft lip, including pre-surgical orthopedics
Treatments Given	Cleft lip surgery Cleft palate surgery

	Orthodontics
Team Evaluation Frequency	Annually or more frequently for infants undergoing pre-surgical orthodontics (PSIO) If undergoing PSIO, visits depending on specific PSIO protocol (taping and nostril retainer, nasoalveolar molding, or PLANA/RAS)
Evaluations Conducted	Evaluate for the presence of natal teeth and candidacy for pre-surgical orthodontics Provide anticipatory guidance for parents on how to implement prevention measures to maintain the oral health of their infants
Treatments Given	Referrals for management of (neo)natal teeth, if indicated Start pre-surgical infant orthodontics, if indicated

List the specialties of the providers the core team coordinates with or refers to during infancy.

Otolaryngology  
 Audiology  
 Dental  
 Nursing  
 Feeding  
 Psychology  
 Social Work  
 Genetics  
 Pediatrician

Provide any further details about the team's protocol for evaluating an infant with cleft lip/palate not described above.  
 (optional)

**Early Childhood Stage**

	Speech-Language Pathology
Team Evaluation Frequency	Annually
Evaluations Conducted	Assess speech, resonance, language, and feeding Assess access to developmental services (e.g., speech therapy, feeding therapy, child development, PT)
Treatments Given	Feeding therapy, if indicated Speech therapy, if indicated

	CL/P Surgery
Team Evaluation Frequency	Annually
Evaluations Conducted	Postoperative healing of lip and palate
Treatments Given	Revision procedures, including for VPD, if indicated

	Orthodontics
Team Evaluation Frequency	Seen if referred and followed by pediatric dentistry annually in team
Evaluations Conducted	<p>Assess overall oral health including presence of plaque, enamel hypoplasia, or gross decay</p> <p>Assess dental eruption, growth, position and size of the skeletal and dental components to determine if a malocclusion is emerging</p> <p>Provide education to caregivers on their child's increased risk of dental caries and discuss the prevention measures with daily brushing and flossing</p>
Treatments Given	Referral to community pediatric dentist close to home

List the specialties of the providers the core team coordinates with or refers to during early childhood.

Otolaryngology  
 Audiology  
 Community SLPs  
 Developmental providers (e.g., feeding therapy provider)  
 Dentistry  
 Pediatric Dentists  
 Psychology  
 Social Work  
 Nursing  
 Feeding  
 Genetics  
 Pediatrician

Provide any further details about the team's protocol for evaluating a young child with cleft lip/palate not described above. (optional)

*School-Aged Child Stage*

	Speech-Language Pathology
Team Evaluation Frequency	Annually
Evaluations Conducted	Assess speech (including resonance and symptoms of VPD), language, and any ongoing feeding concerns Assess access to services at school and in the community (e.g., speech therapy, academic supports) Assessment of VPD (e.g., nasopharyngoscopy, videofluoroscopy), if indicated
Treatments Given	Speech therapy, if indicated

	CL/P Surgery
Team Evaluation Frequency	Annually
Evaluations Conducted	Assess readiness for bone grafting and postop healing as applicable Assess need for secondary surgery for speech or other aesthetic or functional issues Assess postop outcomes as applicable
Treatments Given	Bone grafting, if indicated Secondary palatal procedures for VPD, if indicated Revision procedures for aesthetic or functional issues, if indicated

	Orthodontics
Team Evaluation Frequency	Annually
Evaluations Conducted	<p>Confirm bi-annual visits with a pediatric dentist or a primary dental provider</p> <p>Assess overall oral health including presence of plaque, enamel hypoplasia, or gross decay</p> <p>Ensure that caregivers are assisting in daily oral health prevention measures of proper daily brushing and flossing</p> <p>Take radiographs (e.g., periapicals, panoramic radiograph or maxillary CBCT scan)</p> <p>Determine need for alveolar bone grafting (ABG)</p> <p>Identify needed extractions and any interceptive orthodontics (guidance of eruption, impacted canine, crossbite, space management)</p> <p>Assess dental occlusion, alignment, and position of the jaws to determine need of limited orthodontics including dentofacial orthopedics for management of maxillary retrognathia</p>
Treatments Given	<p>Post-ABG or if ABG is not indicated, perform appropriate limited orthodontic treatment (palatal expansion, initial dental alignment and leveling, dentofacial orthopedics and others)</p> <p>Interceptive orthodontics (expansion, space management, extraction, and others) as indicated</p> <p>Referral to pediatric dentist or oral- maxillofacial surgeon for extractions, as indicated</p> <p>Referral to community pediatric dentistry close to home, if not established</p> <p>Referral to community orthodontist close to their home to establish orthodontic treatment, if indicated</p>

List the specialties of the providers the core team coordinates with or refers to during the school-age child stage.

Otolaryngology

Audiology

Community SLPs

Developmental providers (e.g., feeding therapy provider)

Dentistry

Pediatric Dentists

Psychology

Social Work

Nursing

Feeding

Genetics

Pediatrician

Pulmonology

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Provide any further details about the team's protocol for evaluating a school-aged child with cleft lip/palate not described above. (optional)

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*Adolescence Stage*

	Speech-Language Pathology
Team Evaluation Frequency	Annually in team to age 21 or only as needed after two consecutive years of no speech concerns or treatments; after orthognathic surgery
Evaluations Conducted	Assess speech (including resonance and symptoms of VPD), language, and access to services at school and in the community (e.g., speech therapy, academic supports) Assess speech (including resonance and symptoms of VPD) after orthognathic surgery Evaluation for VPD (e.g., nasopharyngoscopy, videofluoroscopy), if indicated Transition to adult providers, if needed
Treatments Given	Speech therapy, if indicated

	CL/P Surgery
Team Evaluation Frequency	Annually to age 21 when team patients age out of pediatric care in this team; seen in clinic outside of team after age 21
Evaluations Conducted	Assess dental occlusion, jaw relationship, nasal airway/symmetry, lip symmetry/scarring, VPD symptoms Formulate treatment plan with patient/family and orthodontist, SLP, and pulmonologist as needed
Treatments Given	If indicated: Orthognathic surgery Secondary palatal surgery for VPD Lip revision Septorhinoplasty

	Orthodontics
Team Evaluation Frequency	Annually to age 21 when team patients age out of pediatric care in this team; seen outside of team after age 21
Evaluations Conducted	<p>Confirm bi-annual visits with a pediatric dentist or a primary dental provider</p> <p>Evaluate oral hygiene, caries risk factors (diet, enamel defects, deep pits and fissures, and others), dental development, dental eruption, missing teeth, supernumerary teeth, malocclusion (crowding, malposed teeth, crossbite, and others), facial growth, and growth potential</p> <p>Evaluate orthodontic records (radiographs, models, and photographs) and identify the patient's overall dental needs (orthodontics, restorative, and others) to identify treatment goals and formulate a treatment plan with patient/family, jaw surgeon, restorative dentist, and implant dentist</p> <p>Assess need for extractions</p> <p>Assess need for orthognathic surgery</p> <p>Determine readiness for indicated orthodontic treatment (cavity clearance, adherence, desire for treatment, and good oral hygiene)</p> <p>Ensure that family and patient understand the risks, benefits, and limitations of treatment</p> <p>Coordinate care with jaw surgeons, restorative dentist, and implant dentist for presurgical orthodontic treatment and postop care</p> <p>Transition to adult care</p>
Treatments Given	<p>Referral to oral- maxillofacial surgeon for extractions, as indicated</p> <p>Orthodontics in preparation for and consolidation after orthognathic surgery</p> <p>Providing retainers, as indicated</p> <p>Preparation and monitoring for implants/prostheses</p> <p>Referral to prosthodontist for evaluation and treatment, as indicated</p> <p>Referral to community dentist close to home, if patient does not have routine care and to follow as an adult</p>

List the specialties of the providers the core team coordinates with or refers to during adolescence.

Otolaryngology

Audiology

Community SLPs

Dentistry

Pediatric Dentists

Psychology

Social Work

Nursing

Genetics

Pediatrician

Pediatricians

Adult Primary Care Providers

Pulmonology

Prosthodontics

Provide any further details about the team's protocol for evaluating an adolescent with cleft lip/palate not described above. (optional)

22. List the protocol for how the team evaluates a patient with a craniofacial diagnosis from birth to adulthood using the tables below.

*Example responses are provided below.*

List an example of craniofacial diagnosis for the tables below:

Crouzon Syndrome

*Infancy Stage*

	Speech-Language Pathology
Team Evaluation Frequency	Annually
Evaluations Conducted	Speech and feeding evaluation Parent education
Treatments Given	Feeding therapy

	Craniofacial Surgery
Team Evaluation Frequency	Annually
Evaluations Conducted	Review imaging and address treatment options with family including coordination with neurosurgery for any necessary intracranial procedures Sleep study or other airway evaluation if evidence of obstructive sleep apnea
Treatments Given	Endoscopic strip craniectomy or posterior vault distraction osteogenesis, if indicated Fronto-orbital advancement/calvarial vault remodeling, if indicated

	Orthodontics
Team Evaluation Frequency	Annually
Evaluations Conducted	Guidance for parents on how to implement prevention measures to maintain the oral health of their infants
Treatments Given	None in the absence of cleft lip and palate

List the specialties of the providers the core team coordinates with or refers to during infancy.

Neurosurgery  
Ophthalmology  
Radiology  
Genetics  
Pulmonology  
Otolaryngology  
Audiology  
Dental  
Nursing  
Feeding/Nutrition  
Psychology  
Social Work  
Pediatrician

Provide any further details about the team's protocol for evaluating an infant with a craniofacial diagnosis not described above. (optional)

### *Early Childhood Stage*

	Speech-Language Pathology
Team Evaluation Frequency	Annually
Evaluations Conducted	Assess speech, resonance, language, and feeding Ensure access to developmental services (e.g., speech therapy, feeding therapy, child development, PT) Determine need for swallow study and dysphagia evaluation
Treatments Given	Feeding therapy, if indicated Speech therapy, if indicated, including with use of PMV

	Craniofacial Surgery
Team Evaluation Frequency	Annually
Evaluations Conducted	Review imaging and address treatment options with family including coordination with neurosurgery for any necessary revision intracranial procedures Sleep study or other airway evaluation if evidence of obstructive sleep apnea
Treatments Given	Revision cranioplasty Monobloc advancement Subcranial LeFort III

	Orthodontics
Team Evaluation Frequency	Seen if referred
Evaluations Conducted	Evaluate oral hygiene, caries risk factors (diet, enamel defects, deep pits and fissures, and others), dental development, dental eruption, developing malocclusion (crowding, malposed teeth, crossbite, and others), missing teeth, supernumerary teeth, and facial growth Assess dental eruption, growth, position and size of the skeletal and dental components to determine if a malocclusion is emerging Provide education to caregivers on their child's increased risk of dental caries and discuss the prevention measures that they should implement at home in proper daily brushing and flossing
Treatments Given	Referral to community pediatric dentist close to home

List the specialties of the providers the core team coordinates with or refers to during early childhood.

Neurosurgery  
 Ophthalmology  
 Radiology  
 Genetics  
 Pulmonology  
 Otolaryngology  
 Audiology  
 Community SLPs  
 Developmental providers (e.g., feeding therapy provider)  
 Dentistry  
 Psychology/Neuropsychology  
 Social Work  
 Nursing  
 Feeding/Nutrition  
 Pediatrician/Developmental Medicine

Provide any further details about the team's protocol for evaluating a young child with a craniofacial diagnosis not described above. (optional)

***School-Aged Child Stage***

	Speech-Language Pathology
Team Evaluation Frequency	Annually
Evaluations Conducted	Assess speech (including resonance and symptoms of VPD), language, and any ongoing feeding concerns Ensure access to services at school and in the community (e.g., speech therapy, academic supports) Evaluation for VPD (e.g., nasopharyngoscopy, videofluoroscopy), if indicated
Treatments Given	Speech therapy, if indicated

	Craniofacial Surgery
Team Evaluation Frequency	Annually
Evaluations Conducted	Review imaging and address treatment options with family Coordination with neurosurgery, sleep medicine, neuropsychology, ophthalmology, and orthodontics
Treatments Given	Subcranial LeFort III, midface distraction, maxillary and mandibular implants Removal of distractors and implants, bilateral canthopexies Surgically assisted rapid palatal expansion (SARPE) Fat grafting

	Orthodontics
Team Evaluation Frequency	Annually
Evaluations Conducted	Confirm bi-annual visits with a pediatric dentist Evaluate oral hygiene, caries risk factors (diet, enamel defects, deep pits and fissures, and others), dental development, dental eruption, developing malocclusion (crowding, malposed teeth, crossbite, and others), missing teeth, supernumerary teeth, facial growth, and growth potential Ensure that caregivers are assisting their child in daily oral health prevention measures in proper daily brushing and flossing Identify need for interceptive orthodontics (guidance of eruption, impacted canine, crossbite, space management) Determine readiness for indicated orthodontic treatment (cavity clearance, desire for treatment, adherence and good oral hygiene)
Treatments Given	Referral to community pediatric dentistry close to home, if family has not established care Interceptive orthodontics (expansion, space management, extraction, and others) as indicated Referral to pediatric dentist or oral- maxillofacial surgeon for extractions, as indicated

List the specialties of the providers the core team coordinates with or refers to during the school-age child stage.

Neurosurgery  
Ophthalmology  
Radiology  
Genetics  
Pulmonology  
Otolaryngology  
Audiology  
Community SLPs  
Developmental providers (e.g., feeding therapy provider)  
Dentistry  
Psychology/Neuropsychology  
Social Work  
Nursing  
Feeding/Nutrition  
Pediatrician/Developmental Medicine

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Provide any further details about the team's protocol for evaluating a school-aged child with a craniofacial diagnosis not described above. (optional)

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## Adolescence Stage

	Speech-Language Pathology
Team Evaluation Frequency	Annually in team to age 21 or only as needed after two consecutive years of no speech concerns or treatments After orthognathic surgery
Evaluations Conducted	Assess speech (including resonance), language, and access to services at school and in the community (e.g., speech therapy, academic supports) Post-orthognathic surgery speech assessment, including resonance and symptoms of VPD Evaluation for VPD (e.g., nasopharyngoscopy, videofluoroscopy), if indicated
Treatments Given	Speech therapy, if indicated

	Craniofacial Surgery
Team Evaluation Frequency	Annually to age 21 when team patients age out of team as part of pediatric care; seen in clinic outside of team after age 21
Evaluations Conducted	Review imaging and address treatment options with family including coordination with neurosurgery and orthodontics
Treatments Given	LeFort I with BSSO Cathoplasty/canthopexy Malar implants or other facial onlay implants Fat grafting Rhinoplasty

	Orthodontics
Team Evaluation Frequency	Annually to age 21 when patients age out of pediatric care; seen in clinic outside of team after age 21
Evaluations Conducted	<p>Confirm bi-annual visits with a pediatric dentist or a primary dental provider</p> <p>Ensure that patient has a dental home for routine dental care, including assisting family in transitioning dental care to a general dentist when indicated</p> <p>Ensure that patient is engaging in daily oral health prevention measures</p> <p>Evaluate oral hygiene, caries risk factors (diet, enamel defects, deep pits and fissures, and others), dental development, dental eruption, missing teeth, supernumerary teeth, malocclusion (crowding, malposed teeth, crossbite, and others), facial growth, and growth potential</p> <p>Evaluate orthodontic records (radiographs, models, and photographs) and identify the patient's overall dental needs (orthodontics, restorative, and others) to identify treatment objectives and formulate a limited or comprehensive treatment plan with patient/family, jaw surgeon, restorative dentist, and implant dentist</p> <p>Assess need for extractions</p> <p>Assess dental alignment, occlusion, jaw relationship and stage of skeletal growth to determine need and readiness for orthognathic surgery</p> <p>Ensure that family and patient understand the risks, benefits, and limitations of treatment</p> <p>Coordinate care with jaw surgeons, restorative dentist, and implant dentist for presurgical orthodontic treatment and postop care</p> <p>Develop a plan to transition to adult care</p>
Treatments Given	<p>Referral to oral- maxillofacial surgeon for extractions, as indicated</p> <p>Orthodontics in preparation for and consolidation after orthognathic surgery; retainers; preparation and monitoring for implants/prostheses</p> <p>If jaw surgery is not indicated or not desired, comprehensive orthodontic treatment</p> <p>Referral to prosthodontist for evaluation and treatment, as indicated</p> <p>Referral to community dentist close to home, if patient</p>

does not have routine care and to follow patient as an adult

List the specialties of the providers the core team coordinates with or refers to during adolescence.

Neurosurgery  
Ophthalmology  
Radiology  
Genetics  
Pulmonology  
Otolaryngology  
Audiology  
Community SLPs  
Developmental providers (e.g., feeding therapy provider)  
Dentistry  
Psychology/Neuropsychology  
Social Work  
Nursing  
Nutrition  
Pediatrician  
Adult Primary Care Providers  
Prosthodontics/Developmental Medicine

Provide any further details about the team's protocol for evaluating an adolescent with a craniofacial diagnosis not described above. (optional)

*S2d. The team must have central and shared records.*

23. Do all team members have access to the same EMR and use it for patient documentation?

No

Describe which team member(s) does/do not use the team EMR. Describe how the team ensures that specialist's documentation is included in the team EMR. How is that specialist able to view the team records if needed?

The team should have a mechanism for keeping records that all team members have access to.

For example, if the team orthodontist is in a private office, all patients should have consents to release and request records so that the orthodontist can send and receive information needed for patients' team treatment planning.

24. Describe how evaluations and treatments performed by outside referrals become part of the patient record.

Example: The team requests a copy of the report from relevant evaluations conducted outside of the team setting. This report is scanned into the patient's medical record, and relevant findings and recommendations are included in the patient treatment summary drafted for team providers ahead of each team clinic and are summarized in the patient's next team report.

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

*S3a. The team provides oral and written information to the patient and the family/caregiver that is clear, accurate and complete regarding evaluation and treatment procedures.*

25. Which team member is responsible for providing information about patient evaluation and the recommended treatments to families and patients?

Example: Erin Brenneman, Team Coordinator

26. How is the information communicated to families and patients orally?

Example: Each provider discusses recommendations orally during team visit with patient and family and the team coordinator reviews team recommendations for updates after the team conference and provides updated recommendations orally by phone to patient and family.

27. How is the written team report shared with the families and patients? What steps are taken to include a summary at an accessible reading level in team reports?

Example: The written team report with all findings and recommendations is shared with family on the hospital patient portal.

*S3b. The team ensures participation of the patient and family/caregiver in the treatment process.*

28. How does the team encourage families/caregivers to become active participants in treatment decisions? Provide examples.

Example: Families are actively engaged in shared decision making, with patients being engaged at their developmental level. Patients and families are asked to identify their individual priorities for every multidisciplinary clinic day allowing the team to be sure to address the patient/family priority (which may or may not be the same as the team's priority).

29. How does the team support families in discussing children's conditions with them and involve patients, as developmentally appropriate, in shared decision-making?

Provide examples of how team members actively work to understand the patient's values and priorities to guide choices and address all risks, benefits, alternatives, and expected consequences of non-treatment.

Example: All team members actively engage patients in developmentally appropriate discussion, actively and intentionally creating space for youth to develop their own values and priorities. If needed team members may meet with patients and caregivers separately to allow more individualized discussion with patients. When available, objective measures (neuropsychological assessments, etc) may be used to guide the approach the team takes in these discussions with patients, ensuring that these discussions occur in a developmentally appropriate manner.

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*S3c. The team will assist families/caregivers in locating resources for financial assistance necessary to meet the needs of each patient.*

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30. Describe how the team provides information to families/caregivers about applicable federal, state, and provincial regulations and available financial resources.

Provide examples of financial resources provided to families.

Example: Teams ensure families are connected to state insurance plans, have copies of state laws related to cleft care coverage, and facilitate access to financial resources, such as EBT, transportation as part of insurance, city plans, or with local medical transport, food banks, HUD, and hospital-based programs (e.g., meals, parking).

## **Standard 4: Transition and Adult Care**

*S4a. The team provides transition planning to facilitate coordinated care into adulthood and/or if patients relocate.*

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31. Which team member(s) is/are responsible for coordinating the transition of care?

Example: Erin Brenneman, Team Coordinator

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32. Describe the team's process for transition of care for patients due to either relocation or reaching adulthood. Include what information is provided to the patients and families.

Example: At age 12, transition to adult care begins with discussion with family. At appropriate ages, families are provided with recommendations for providers for adult primary care and adult dental care. Our surgical, orthodontic, SLP, and ENT providers provide adult care as well. Resources for special needs patients are suggested. Patients are transitioned out of team care by age 21, however team resources remain available as needed. Information provided includes a team report with a summary of all completed procedures/surgeries, the most current team findings and recommendations, including recommendations for ongoing care due to relocation or as they transition to adult care.

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*S4b. The team builds health care management skills starting in early adolescence.*

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33. Describe how the team supports patients entering adulthood with learning to manage their own care.

Example: The team takes a developmental approach to care, with later adolescents taking more of an active role in their care (answering questions from providers first, etc). Necessary health management tasks (calling to schedule appointments, responding to mychart messages, etc.) are assessed/discussed and practiced. In addition, team members help patients practice giving their own medical history and how to access and understand their team reports. Our genetic counselor offers a meeting with all 16 – 18 year old patients (or those graduating from our clinic) to review genetics components of their cleft, discuss reproductive concerns, etc.

34. Describe how the team assists families of patients with cognitive delays or similar needs that impact their ability to independently manage care as adults with accessing resources.

Example: The team addresses the needs of individuals with cognitive delays in a variety of ways including ensuring that patient, family and the team have an accurate understanding of cognitive functioning via cognitive/neuropsychological testing at appropriate intervals. When appropriate, families are supported in obtaining guardianship. Education is provided to patients at their developmental level and various strategies are used to ensure understanding. Teams facilitate connection to local, state, and federal resources for individuals with cognitive delays, such as job training and placement, financial assistance, and day programs as appropriate.

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*S4c. The team refers to adult healthcare providers for addressing ongoing care needs and remains available to patients for additional referrals across the lifespan.*

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35. What age does the team's institution recommend transitioning from pediatric cleft or craniofacial care to adult care?

21

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36. Do any team members provide adult care?

Yes, at current institution

Check all specialties of team members that provide adult care. Do NOT include referrals.

Anesthesiology
Audiology
Dentistry
Dietetics/Nutrition
Genetics
Neurosurgery
Nursing
Occupational Therapy
Ophthalmology
Oral/Maxillofacial Surgery
Orthodontics
Otolaryngology
Plastic Surgery
Primary Care
Prosthodontics
Psychology
Radiology
Social Work
Speech-Language Pathology
Other, please list any specialties not mentioned above

37. Check all adult providers that the team refers to for ongoing care needs for adult patients.

Anesthesiology
Audiology
Dentistry
Dietetics/Nutrition
Genetics
Neurosurgery
Nursing
Occupational Therapy
Ophthalmology
Oral/Maxillofacial Surgery
Orthodontics
Otolaryngology
Plastic Surgery
Primary Care
Prosthodontics
Psychology
Radiology
Social Work
Speech-Language Pathology
Other, please list any specialties not mentioned above

38. Is the team available to consult with referred adult healthcare providers to assist with appropriate continuity of care?

No
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Explain how the team ensures that patients' ongoing needs are addressed throughout the lifespan.

Example: Our team is based at a Children's Hospital and, as such, we do not typically treat adults. At team "graduation" (last team visit, often around 17-19 years of age) patients are provided with a summary of their treatment history as well as discipline specific recommendations, with emphasis on cleft related needs that often need to be addressed in adulthood. Information about how to obtain adult services for each discipline is also provided to patients. Patients and families are encouraged to contact our team coordinator at any time if they would like adult referrals in any discipline.

## Standard 5: Social Drivers of Health

*S5a. The team demonstrates sensitivity to individual differences that affect the relationship between the team and the patient and family/caregiver.*

39. Describe how the team provides appropriate accommodation for patients and family/caregivers to address linguistic, cultural, ethnic, gender, sexual orientation, disability, socioeconomic, and/or religious needs.

Example: Our team utilizes professional medical interpreters for any family where English is not their primary language. We do our best to obtain hospital approved in person interpreters and use virtual medical interpreters when necessary. Children are not allowed to interpret for their caregivers. We ask standard questions about additional factors (gender, sexual orientation, etc) in order to best understand our patients and families and utilize inclusive language in discussion and forms (e.g.: caregiver as opposed to "mother/father" etc.) We specifically ask families to share any cultural or religious beliefs. We provide information to address potential barriers to care due to SDOH, such as transportation and financial assistance programs. We use teach back approaches to help ensure understanding across family members. We provide accommodations as needed, such as larger rooms for those in wheelchairs.

40. List the translation and interpretation services available for written and verbal communications to patients and families whose language is not the team's primary language.

For example, does the team use interpreters and translated materials?

41. What regular training is provided to team members in addressing social drivers of health? This may include training required by the team's institution as well as education provided within the team.

For example, this may be an annual mandatory institutional cultural sensitivity and diversity training.

*S5b. The team treats patients and families/caregivers in a non-discriminatory manner.*

42. How does the team inform patients and families/caregivers of their rights to be treated in a non-discriminatory manner (e.g., patient bill of rights, Web site, institutional literature, etc.)?

For example, are patients/families provided materials, referred to the website, etc?

## **Standard 6: Psychological and Social Services**

*S6a. The team has a mechanism for ongoing screening for psychological and social needs of patients and families/caregivers and to provide or refer for further treatment as necessary.*

43. Which team member(s) is/are responsible for universally screening patients and families/caregivers in order to identify and refer those who may be in need of further evaluation and treatment for psychosocial concerns?

Example: Our nurse, Julie Day screens all patients and families to identify psychosocial concerns.

44. Does the team use interviews and/or screening questionnaires to identify psychosocial concerns?

No

Explain the process used by the team to identify psychosocial concerns.

Example: The nurse screens all families by chart review to follow-up on previously concerns identified by families or concerns noted by team members, such as SLP note questioning if an IEP is meeting academic needs. In addition, the nurse asks all patients and families as part of the team visit if they have any concerns or questions about behavior, social, academic, service, or related areas or would like to meet with the psychologist/social worker.

45. List which team member(s) or referrals to providers/entities are qualified to evaluate and treat the psychological and social needs of patients (for example, social workers, and psychologists, pediatricians, developmental-behavioral pediatricians, psychiatrists, professional counselors, marriage and family therapists, or psychiatric advanced practice providers).

These providers/entities/clinics should also be listed in the roster from Standard 1.

Example:

Megan Martin, PhD (psychologist)

Ann Thompson, LCSW (social work)

*S6b. The team has a mechanism to monitor age-appropriate cognitive development, learning abilities, and receipt of educational services and to provide or refer for assessment and educational advocacy as necessary.*

46. Which team member(s) is/are responsible for monitoring age-appropriate cognitive development, learning abilities, and educational services throughout development?

Example: Our nurse, Julie Day is responsible for monitoring a patient's cognitive development, learning abilities, and educational services.

47. List which team member(s) or referrals to providers/entities are qualified to conduct neurodevelopmental and cognitive assessments.

These providers/entities/clinics should also be listed in the roster from Standard 1.

Example:

Megan Martin, PhD (psychologist)

48. Describe the team's process for conducting or referring for assessments for cognitive development and learning disabilities at appropriate time intervals. This may include assessments completed through early intervention programs and Individualized Education Programs (IEPs).

Example: Team patients are referred for cognitive or neuropsychological testing as needed either through our hospital system or in their community if their geographical area makes traveling to our hospital for testing a burden (team psychologist reviews these outside testing reports when provided and is available for cleft specific consultation with community providers as needed). The team psychologist and SLP review IEPs and make additional recommendations (regarding intervention or additional evaluation as necessary)..

49. How does the team support educational advocacy to ensure patients receive appropriate educational services based on cognitive development needs from infancy throughout adolescence?

Example: The team supports education advocacy in a variety of ways. IEP's are reviewed by relevant team members (SLP, psychology, genetics, etc). Team members often write letters advocating for appropriate services based on federal law with recommendations for specific placements, services, and accommodations. Teams also provide families handouts on how to advocate for 504 plans and IEPs and review timelines for IEP evaluations, initial meetings, and amendments.

## **Standard 7: Outcomes Assessment**

*S7a. The team measures and reviews outcomes at regular intervals.*

50. Does the team have a structured process to evaluate its own performance to ensure that care aligns with established timelines, evidence-based practices, and benchmarks?

Yes

Describe the process. Explain how the team reviews, documents, and monitors evaluation activities drawn from the *Parameters of Care* at defined intervals.

If No, Describe the plans for implementing a team process, including a timeline for implementation within 12 months. The planned process should include how the team will review, document, and monitor evaluation activities drawn from the *Parameters of Care* at defined intervals.

The process or planned process described should be specific to the team as a whole and not the institution or individual team members. Examples include regular, systematic assessment of patient satisfaction scores, team process improvement projects and meetings, regular and systematic review of patient reported outcomes.

*S7b. The team has a process to improve patient and family satisfaction based on feedback.*

51. How does the team gather feedback on patient/family satisfaction?

For example, describe a survey conducted by the team for patient/family satisfaction.

52. Provide an example of how the team improved coordination of care, communication, and/or overall patient experience based on patient/family feedback.

Example: Our team has quarterly meetings to review any safety events as well as patient and family feedback gathered by the hospital as part of all our clinics. In these meetings, we discuss what we can improve based on the input of patient and family experiences. For example, we received feedback that the wait times were too long at the start of team visits as families were being checked in and we instituted a staggered arrival schedule to space out the time for check in processes (e.g., insurance paperwork, patient portal forms, vitals, photos) to reduce wait times. We then reviewed feedback in subsequent meetings about the wait times and further refined our process by splitting some of the initial check in steps to be done during wait times between providers rather than all at the start of team. Positive feedback after these changes was seen in patient and family feedback.

*S7c. The team has a mechanism for implementing quality improvement.*

53. How frequently does the team meet to discuss findings from clinical outcomes, patient safety, adverse events, and satisfaction reviews?

The team should meet regularly to discuss outcomes.

54. Provide an example of how the team worked together to identify improvement priorities, implement targeted actions, and subsequently evaluate their effectiveness.

The response should describe how the potential improvement is identified, how the intervention is planned, and how the result is assessed. Who on the team participates? How is the entire team kept informed?

## **Digital Signature from Team Leader/Director**

If the primary user of the application is not the team leader, the team leader will need to be added as a collaborator to sign this form.

To add a collaborator, go "Back to application," click "Add collaborator" and enter the team leader's email. This individual will receive an email from Survey Monkey Apply inviting them to collaborate on the application.

## ACPA Team Approval Application Agreement

By signing this document:

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 identified within this application.

I affirm that the Team and all of its members follow the [ACPA Parameters of Care](#) and abide by [ACPA's Code of Ethics](#).

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### Signature of Team Leader

*Use the cursor to draw your signature.*

A handwritten signature in black ink on a light gray background. The signature is stylized and cursive, starting with a large, sweeping 'S' shape on the left, followed by several overlapping loops and a long horizontal stroke that ends in a sharp, upward-pointing flourish on the right.

---

### Printed Name

Team Leader

# Signature from AIO

In order for the AIO to digitally sign the form, they will need to be added as a collaborator. To add a collaborator, go "Back to application," click "Add collaborator" and enter the team leader's email. This individual will receive an email from Survey Monkey Apply inviting them to collaborate on the application.

Alternatively, you may choose to upload the AIO signature by clicking Upload Form. If you choose this option, the AIO must sign the linked form within the upload option. Uploads that do not include a form and signature will be considered incomplete.

*\*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.*

## 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-Audit 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.

By completing this form, I confirm that I qualify as the Authorized Institutional Officer (AIO)\*\* of the sponsoring organization and therefore hold fiduciary responsibility for the institution/practice.

---

Please note your preference for completing the Signature of Authorized Institutional Officer

*Use the cursor to draw your signature.*

Electronic Signature

Administrative or Sponsoring Organization\*

Institution/Organization Name	ACPA
Address	510 Meadowmont Village Circle, Ste 377
City	Chapel Hill
State/Province	NC
Postal Code	27517
Country	United States

Authorized Institutional Officer (AIO)\*\*

Name	John Jacobs
Job Title	CEO
Phone	919.933.9044
Email	<a href="mailto:info@acpacares.org">info@acpacares.org</a>

AIO Signature\*\*

