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**Speech Funding Requirements   
& Application**

*This document provides detailed information regarding Smile Train’s Speech Program requirements and protocols, as well as the offline funding application. Prospective partners should review this information prior to applying for speech funding and must abide by these protocols, if awarded.*

**1. PURPOSE OF SMILE TRAIN SPEECH FUNDING**

* The purpose of Smile Train speech funding is to increase access to speech care for patients with clefts, and/or to improve the quality of the current speech care being provided.
* Speech funding is intended as a one-off support to cleft care teams to ensure that current gaps and barriers are addressed.
* Speech funding is not intended to support salaries of treating practitioners or staff.
* Prior to submitting an application, prospective Smile Train partners are encouraged to examine their current cleft care protocols to identify any changes necessary to improve access to and/or quality of care.

**2. PRINCIPLES OF CLEFT SPEECH CARE PROVISION**

**Speech and hearing development related to cleft palate.**

Children born with clefts often develop speech errors that are directly related to the presence of atypical oral structures prior to palate repair, called *compensatory speech errors*. Early surgical repair of the palate provides a much-improved mechanism for speech production. Compensatory speech errors can be resolved with specialized cleft speech therapy in patients of all ages. Additionally, cleft-affected children are at increased risk for hearing loss. It is crucial that children with clefts receive regular hearing exams from an ENT (otolaryngology) or Hearing Specialist, as good hearing is essential for speech development.

**Informing parents and caregivers about the importance of developing early language skills from birth.**

Children born with clefts are at an increased risk of developmental delays, specifically delays in their expressive language skills. Parents and caregivers should be educated on language stimulation strategies from birth, empowering them to target and expand their child’s language skills in the home. Employing simple language expansion strategies on a daily basis can significantly impact a child’s expressive language skills in the long-term.

**Significance of at-home practice for improved outcomes in cleft speech therapy.**

At every age, patients with clefts demonstrate improved speech outcomes when supplementing speech therapy with an at-home practice program. All patients and families should be provided with at-home practice materials, exercises, and/or resources to support their progress within speech therapy sessions. Daily practice at home facilitates success in the therapy room and can shorten a patient’s speech therapy course, ultimately reducing the burden of care on patients and families.

**3. FUNDING APPLICATION & SERVICES COVERED**

A complete Smile Train speech funding application includes:

* Speech Funding Application (below)
* Smile Train Speech Funding Budget Template

**How can Smile Train speech funding be used?**

* Supplies and activities that can be supported by Smile Train funds are varied and depend on the needs identified by the applicant.
* At least 75% of the requested funds must be allocated to patient treatment costs – costs directly associated with the assessment and treatment of patients with clefts.
* Funding should not be utilized to support practitioner salaries, utilities, or other costs related to center maintenance.

**Early Language Stimulation and Language Therapy Services**

* While Smile Train recognizes the importance of early language stimulation services for young patients with clefts, the organization does not presently provide funding for language therapy services.
* Any funding allocated for early language stimulation services will be removed from speech funding applications during the review process.

**Velopharyngeal Dysfunction (VPD) Services**

* Smile Train requires partners to undergo an additional review and approval process in order to receive funding for velopharyngeal dysfunction (VPD)-related speech services, including but not limited to: nasopharyngoscopy, videofluoroscopy, evaluation for VPD surgery.
* Any funding allocated for VPD-related services will be removed from speech funding applications during the review process, if the partner does not have Smile Train VPD approval.

**4. REQUIREMENTS FOR SPEECH PARTNERS**

**4.1 General Requirements**

The partner benefiting from speech funding must:

* Use funding only for equipment and/or activities described in the application and budget
* Conduct Smile Train-funded patient care only at approved treatment centers
* Maintain financial records of funding for audit purposes
* Submit required documentation to Smile Train Express (STX) database for all patients benefiting from speech funding
* Capture patients’ stories showing impact of funding
* Submit a Smile Train Funding Report (FR) upon conclusion of funding period
* Be available for site visits from Smile Train staff and advisors
* Be responsive to emails, surveys, and inquiries regarding speech care provision at your center

**4.2 Smile Train Express (STX) Reporting Requirements**

Partners benefiting from speech funding are required to submit documentation of all patient visits online via the Smile Train Express (STX) medical records database. All practitioners should review the STX Documentation Guide for Speech Records to learn about Smile Train’s reporting policies and requirements, as well as appropriate techniques for collecting photo and video patient data.

* Practitioners providing speech treatment to Smile Train patients, or clinical staff overseeing upload of STX patient records, must have access to the STX database. If a practitioner or staff member requires support with STX login, reach out to your local Smile Train contact.
* The STX Speech Assessment form must be completed at each patient’s initial evaluation, and the STX Speech Treatment Report form must be completed every three months for all patients receiving ongoing speech therapy.
* Video recordings should be taken at initial evaluation and every three months for all patients receiving ongoing speech therapy. Syllable and sentence stimuli to be used during video recordings will be provided by Smile Train.
* Partners’ STX documentation should be complete and accurate. Submission of records to STX should be done in a timely manner.
* Funding may be withheld if a partner fails to comply with stated documentation requirements.

**4.3 Infrastructure Requirements**

The center applying for speech funding must have the following:

* Dedicated space to conduct speech services
* Video recording device (cell phone or video camera)
* Microphone or headset for recording patient speech samples
* Therapy materials (books, toys, games)
* At-home practice resources and activities to share with families
* Nasoendoscopy, videofluoroscopy, and/or nasometry equipment (optional, required for VPD approved centers)

**4.4 Speech Practitioner Requirements**

All speech practitioners providing treatment to Smile Train patients must go through a formal approval process. To be considered for Smile Train approval, practitioners must submit:

* CV including cleft-related clinical experience and/or training
* 2-3 sample cases demonstrating strong cleft speech skills and optimal patient outcomes
* Letter of recommendation, preferably from a local Smile Train medical advisor

Please reach out to your local Smile Train contact with questions about the practitioner approval process or requirements.

**4.5 Patient Selection Criteria**

* All Smile Train patients should receive a speech assessment at 3 years of age, or as soon as the patient demonstrates the cognitive and language skills to participate in speech articulation tasks.
* A patient who demonstrates developmental or language delays is eligible to receive Smile Train-funded speech services, as long as they are able to functionally participate in speech articulation therapy and are making progress towards speech articulation goals.
* A patient is eligible for Smile Train-funded speech services, even if their cleft surgery was not funded by Smile Train.
* All funded speech services should be focused on improvement of speech articulation and intelligibility. While Smile Train recognizes the importance of early language stimulation services for patients with clefts, the organization does not presently provide funding for language therapy services.

**4.6 Service Delivery Requirements**

The following speech service delivery models may be supported by Smile Train funding:

* Individual therapy – minimum of 30 minutes per session
* Group therapy – 3-5 patients per practitioner, minimum 40 minutes per session
* Intensive camp therapy – must consist of individual or group services which abide by above stated standards; refer to the Smile Train Intensive Speech Camp Model Requirements & Recommendations for more information

All service delivery models may be provided in-person or virtually. At-home speech practice resources and activities should be provided to all families to support patient progress. Please refer to [www.smiletrain.org/speechresources](http://www.smiletrain.org/speechresources) for a list of Smile Train speech practice resources.

**4.7 Cleft Team Care & Referrals**

Smile Train strives to support all partner centers in providing high-quality comprehensive cleft care (CCC) services. CCC requires an interdisciplinary Cleft Team composed of a variety of medical professionals working closely – communicating and collaborating – to provide essential care for patients with clefts. All areas of CCC should be considered when making evaluation and treatment decisions, and all Cleft Team providers (surgeon, orthodontist, etc.) should be aware of the patient’s treatment plan and goals. All Smile Train materials and policies should be reviewed with the Cleft Team practitioners providing care with this funding.

**4.8 Funding Completion & Further Funding Requirements**

Partners benefiting from funding must submit a Funding Report (FR) through the Smile Train Partner Portal, due 30 days after the end of the awarded budget period.

The funding period can be adjusted if needed. Partners should reach out to their local Smile Train contact to request a change in the funding period.

No further funding will be considered when:

* A Funding Report has not been completed and submitted through the Smile Train Partner Portal
* Information provided in the Funding Report does not reflect information collected in the STX database
* STX Speech Records are missing or incomplete
* Analyses of STX records show poor quality of speech care and/or no improvement in quality of care

Further funding can be considered if key targets of quality care provision are met and the need for additional funding is justified. The process for requesting additional funding is similar to the initial funding request, however the partner must justify why further funding is necessary.

**5. AUDITS**

Smile Train partners receiving speech funding may be subject to medical and financial audits. Funding may be discontinued at any time if Smile Train considers that donors’ funds are not appropriately used.

**Speech Funding Application**

*This offline application will assist you in collecting the information required to apply for Smile Train funding. If your organization has never received funding before, additional legal documentation and wire transfer information may be requested. This application will be reviewed by Smile Train and feedback will be provided.*

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| APPLYING ORGANIZATION INFORMATION  Only complete if organization is new to Smile Train | |
| Organization Name |  |
| Contact Information  Address, phone, email, website |  |
| Organization Type  i.e., hospital, non-profit, university, individual |  |
| Ownership  i.e., private, government, religious |  |

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| PRIMARY CONTACT INFORMATION  This should be completed for the individual overseeing the speech funding | |
| Primary Contact Name |  |
| E-mail Address |  |
| Job Title & Profession |  |

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| FUNDING REQUEST | |
| Amount Requested in USD:  or Smile Train accepted local currencies |  |
| What percentage of the total project costs will Smile Train be supporting with this funding? |  |
| From what other sources will your center receive financial support for this speech therapy project?  Select all that apply. | * Government * Patient payments * Treatment center’s own resources * Other cleft-focused non-profit organization * Other organization * None |
| Proposed start date of the funding period: |  |
| Proposed end date of the funding period: |  |
| Primary Geographic Area Served: |  |

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| PARTNER BACKGROUND | |
| On average, how many patients with clefts are receiving ongoing speech services (in active treatment) per month at your center? |  |
| In total, how many cleft-affected patients received surgical treatment at your center in the last 12 months? |  |
| In total, how many secondary surgeries to address Velopharyngeal Insufficiency (VPI) were carried out at your center in the last 12 months? |  |
| One or more cleft surgeons must be affiliated with all Smile Train funded speech programs to ensure that treatments align with quality cleft surgery. Please state the name(s) of the cleft surgeon(s) affiliated with this cleft speech program: |  |
| Does your center currently have all of the necessary materials and equipment to support a cleft speech program, as stated in Smile Train’s Speech Funding Requirements & Application? | * Yes * No |
| If not, please describe available resources in detail: |  |
| How many patients with clefts are expected to benefit from this speech funding during the proposed funding period? |  |
| Please state the amount of funding requested from Smile Train PER VISIT for each of the following visit types.  The rate stated should match the rate being requested within the submitted budget: | * Speech Therapy Evaluation: * Speech Therapy Treatment Session: |
| Please provide a one-sentence summary of your project: |  |

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| PARTNER NEEDS & OBJECTIVES | |
| Please state the need for this funding:   * How will this funding resolve gaps in cleft speech care provision at your center? * How will this funding improve the quality of speech care provision and/or accessibility of services for patients with clefts at your center? * How will this funding help you increase the number of patients with clefts receiving speech treatment at your center? * What objectives will this funding allow you to achieve? |  |
| Through which speech service delivery model(s) will treatment be provided with this funding?  Select all that apply. | * Individual and/or Group Speech Therapy * Telehealth/Virtual Speech Therapy * Intensive Camp Speech Therapy |
| Please describe in detail how you plan to utilize Smile Train speech funding, if awarded:   * How will you recruit and select patients? * What types of cleft speech services will be provided to patients? * What is the age group of the intended beneficiary patients? * At what frequency will patients receive speech services? * How will you facilitate follow-up and adherence to therapeutic recommendations? |  |
| Please describe in detail the speech home practice/education program you will provide to patients and caregivers during their speech treatment, including materials, educational resources, and tools. |  |
| Does your center have the capacity to evaluate velopharyngeal function via nasoendoscopy and/or videofluoroscopy at this time? | * Yes * No |
| If yes, please describe how these velopharyngeal imaging services (nasoendoscopy and/or videofluoroscopy) are provided.  NOTE: Any funding allocated for VPD-related services will be removed from speech funding applications during the review process, if the partner does not have Smile Train VPD approval. |  |

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| SUPPLEMENTAL DOCUMENTS |
| The following supplemental documentation is REQUIRED:  Detailed Budget (in US and local currency)  Please complete the Smile Train Speech Funding Budget Template to provide a detailed breakdown of the funds you are requesting. The budget should demonstrate how the requested funding will be used to meet the speech needs of patients with clefts in your program.  Speech Practitioner Application  All speech practitioners providing treatment to Smile Train patients must go through a formal approval process. To be considered for Smile Train approval, practitioners must submit:   * CV including cleft-related clinical experience and/or training * 2-3 sample cases demonstrating strong cleft speech skills and optimal patient outcomes * Letter of recommendation, preferably from a local Smile Train medical advisor   Please reach out to your local Smile Train contact with questions about the practitioner approval process or requirements. |

Does your center have adequate caregiver education and speech treatment resources in the local language(s)? If not, please review the resources on our [Smile Train Patient & Family Speech Resource Library](https://www.smiletrain.org/patients-families/speech-resources). If there are not adequate speech resources available in your center’s local language(s), you may contact [speech@smiletrain.org](mailto:speech@smiletrain.org) for support in translation and development of new speech resources for your patients.