

Orientation & Mobility Services Quality Assurance Review

Review Period:	Student: <input style="width: 90%;" type="text"/>
Provider: <input style="width: 90%;" type="text"/>	Medicaid #: <input style="width: 90%;" type="text"/>
Date: <input style="width: 90%;" type="text"/>	Reviewer: <input style="width: 90%;" type="text"/>

Save Data	Return	Delete This Record
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REFERRAL		MET	COMMENTS/RECOMMENDATIONS
1.1	Is there a written referral for services signed by a physician or other Licensed Practitioner of the Healing Arts (LPHA)?	Yes	
1.2	Is the referral dated prior to the initial provision of service?	Yes	
1.3	Was the referral updated before the annual renewal of the IEP?	Yes	
1.4	Was the referral dated before the evaluation/reevaluation?	Yes	
1.5	Was the referral obtained from a LPHA other than the direct provider of services?	Yes	
1.6	Is the referral clearly documented in the clinical record with the signature, date and title of the provider?	Yes	
EVALUATION		MET	COMMENTS/RECOMMENDATIONS
2.1	Is there a current and valid vision report completed by an Optometrist or Ophthalmologist?	Yes	
2.2	Is the Optometrist or Ophthalmologist report updated every three years?	Yes	
2.3	Is there an Orientation & Mobility assessment/reassessment on file?	Yes	
2.4	Was the assessment/reassessment dated after the referral?	Yes	
2.5	Is the assessment/reassessment medically justified for the need of service to include diagnostic testing?	Yes	
TREATMENT PLAN		MET	COMMENTS/RECOMMENDATIONS
3.1	Is there a current and valid IEP/IFSP or IFSP that identifies the need for Orientation and Mobility Services?	Yes	

3.2	Is the IEP/IFSP/ITP completed, signed with title and dated by the O&M Specialist, or is there a supplemental statement signed by the O&M Specialist?	Yes	
3.3	Are the needs identified individualized and goal/outcome oriented?	Yes	
3.4	Is the frequency of the service delivery and estimated duration of treatment listed?	Yes	
3.5	Does the IEP/IFSP/ITP specify the exact service the child should receive (i.e., individual or group)?	Yes	
CLINICAL RECORDS		MET	COMMENTS/RECOMMENDATIONS
4.1	Are clinical records arranged logically so that the information can be easily reviewed, copied, and audited?	Yes	
4.2	Is there a Consent/Release of Information Form signed by the child's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims and requesting payment of government benefits on behalf of the child?	Yes	
CLINICAL SERVICE NOTES		MET	COMMENTS/RECOMMENDATIONS
5.1	Does the clinical service note provide a pertinent clinical description of the activities that took place during the session, including in narrative format an indication of the child's response to treatment as related to stated goals listed in the IEP, IFSP, or ITP?	Yes	
5.2	Does the clinical service note reflect delivery of a specific billable service as identified in the physician's or other practitioner of the healing arts referral and the child's IEP, IFSP and ITP?	Yes	
5.3	Do the services rendered correspond to billing as to date of service, type of service rendered, and length of time of service delivery?	Yes	
5.4	Is the documentation sufficient to support the number of units billed to Medicaid?	Yes	
5.5	Is each clinical service note individualized and patient specific? Does each entry stand on its own and not include arrows, ditto marks, etc?	Yes	
5.6	When documenting group services, is each	Yes	

	clinical service note individualized with the student's level of participation and response to intervention?		
5.7	Is each entry dated and legibly signed or initialed by the appropriate medical professional(s)?	Yes	
5.8	Are entries filed in the child's clinical record in chronological order by discipline?	Yes	
5.9	Are errors corrected in an acceptable manner?	Yes	
5.10	Is the documentation legible?	Yes	
PROGRESS SUMMARY NOTES		MET	COMMENTS/RECOMMENDATIONS
6.1	Are summaries of progress completed every three months from the start date of treatment?	Yes	
6.2	Does each summary of progress address the child's attendance, progress made, and appropriateness of services and continued need for treatment?	Yes	
6.3	Does each summary of progress contain the therapist's signature, title and date written?	Yes	
GENERAL		MET	COMMENTS/RECOMMENDATIONS
7.1	Is the credentials file available and updated regularly?	Yes	
7.2	Are a signature sheet (if initials were used in the notes) and an abbreviation key available?	Yes	
7.3	Are services billed correctly?	Yes	