Occupational Therapy (OT) Services Quality Assurance Checklist			
Review Period: 2022-2023		**Date:**	
Student:		**Medicaid #:**	
District:		**Reviewer:**	
Provider (Staff Name):		**Provider (Staff Name):**	
Supervisor:		**Supervisor:**	
CONSENT(S)		**MET**	**Comments/Recommendations**
Reference – LEA Manual, Part I, Chapter 6: Reporting/Documentation – Clinical Records			
1.1	Is there a General Consent form signed and dated (electronically or handwritten) by the student's parent or guardian authorizing treatment?		
1.2	Is there a Release of Information form signed and dated (electronically or handwritten) by the student, student's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims on behalf of the student?		
REFERRAL(S)		**MET**	**Comments/Recommendations**
Reference – LEA Manual, Part I, Chapter 3: Eligible Providers – Referrals, Chapter 6: Reporting/Documentation - Referrals			
2.1	Is there a written referral(s) form to cover the year in review?		
2.2	Is the referral form signed, titled, and dated (electronically or handwritten) by a physician or other authorized Licensed Practitioner of the Healing Arts (LPHA)? Note: Refer to the OMS LPHA Referral document on the OMS webpage.		
2.3	Is the referral form completed by an LPHA other than the direct provider of services?		
2.4	Is there referral form dated prior to the evaluation/re-evaluation?		
2.5	Is the referral form dated prior to the IEP/IFSP/ITP?		
2.6	Is the referral form dated prior to the first date of service rendered in the year in review?		
Evaluation/Re-evaluation		**MET**	**Comments/Recommendations**
Reference – LEA Manual, Part I, Chapter 4: Covered Services and Definitions - Evaluations			
3.1	Is there an evaluation/re-evaluation to cover the year in review?		
3.2	Does the evaluation/re-evaluation include the title, date, and signature (electronically or handwritten) of the Occupational Therapist?		
3.3	Does the evaluation/re-evaluation include a written report with recommendations?		

3.4	Does the evaluation/re-evaluation include diagnostic testing and assessment?		
3.5	Is the evaluation/re-evaluation dated prior to the IEP/IFSP/ITP?		
3.6	Is the evaluation/re-evaluation dated prior to the first date of service rendered in the year in review?		
TREATMENT PLAN (IEP/IFSP/ITP)		**MET**	**Comments/Recommendations**
Reference- LEA Manual, Part I, Chapter 1: Individuals with Disabilities Education Act and Medicaid, Chapter 4: Individualized Education Program or Individualized Family Service Plan/Individual Treatment Plan.			
4.1	Is there a current IEP/IFSP/ITP to cover the year in review?		
4.2	Is the IEP/IFSP/ITP signed, titled, and dated (electronically or handwritten) by the Occupational Therapist?		
4.3	Is there a supplemental excusal statement signed (electronically or handwritten) by the Occupational Therapist (OT) in the file (if the OT did not attend and sign the IEP/IFSP/ITP)?		
4.4	Is the IEP/IFSP/ITP dated before the first date of service rendered in the year in review?		
4.5	Is the Medicaid service listed in the IEP/IRSP/ITP?		
4.6	Does the IEP/IFSP/ITP specify the exact type of service the student should receive (i.e., individual or group)?		
4.7	Is the frequency of the service listed in the IEP/IFSP/ITP?		
4.8	Is the duration of treatment listed in the IEP/IFSP/ITP?		
4.9	Does the IEP/IFSP/ITP specify the problems to be addressed?		
4.10	Are there long-term goals of treatment listed on the IEP/IFSP/ITP? Note: goals must address the physical and/or functional impairment, deficit, limitation, and clinical condition.		
4.11	Are there short-term objective(s) listed on the IEP/ITSP/ITP? (Only applicable when the ITP is used as the treatment plan and for SC-ALT students.)		
4.12	Is the type of intervention(s) to be utilized listed on the IEP/IFSP/ITP?		
4.13	Are there criteria for achievement listed on the IEP/IFSP/ITP?		
CLINICAL SERVICE Notes (CSN)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part I, Chapter 6: Clinical Records – CSN.			

5.1	Are there CSNs present to support all billed claims?		
5.2	Is each CSN dated, titled, and signed (electronically or handwritten) by the provider?		
5.3	Are the CSNs co-signed (electronically or handwritten) by the SCLLR licensed supervisor (if applicable)?		
5.4	Do the CSN(s) reflect the delivery of a Medicaid billable service as specified in the student's IEP/IFSP/ITP?		
5.5	Do the CSN(s) include the date of service?		
5.6	Is the documentation sufficient to support the number of units billed to Medicaid?		
5.7	Do the CSN(s) document a Medicaid reimbursable activity related to the IEP/IFSP/ITP?		
5.8	Is each CSN individualized and student specific?		
5.9	Do the CSN(s) include the student's response to treatment activities?		
TELEHEALTH SERVICES		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – Reference – SCDHHS Medicaid Bulletins: #20-008, #20-014, #20-016 and #20-005. Note: Telehealth is defined as services rendered via a video component.			
6.1	If the service was provided via telehealth, was consent given by the parent or guardian?		
6.2	Were only individual services (as reflected on the IEP/IFSP/ITP) billed to Medicaid when rendered via telehealth?		
6.3	Did the provider utilize the GT modifier when billing to indicate that services were rendered via telehealth?		
PROGRESS SUMMARY NOTES		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part I, Chapter 3: Eligible Providers – Supervision of Staff, Chapter 6: Clinical Records – Progress Summary Notes			
7.1	Are progress summaries completed at least every 90 days from the start date of treatment or medically necessary?		
7.2	Is each progress summary dated, titled, and signed (electronically or handwritten) by the rendering provider?		
7.3	Are progress summaries co-signed (electronically or handwritten) by the SCLLR licensed supervisor (if applicable)?		
7.4	Does each progress summary describe the student's attendance at therapy sessions?		
7.5	Does each progress summary document the student's progress towards treatment goals?		

7.6	Does each progress summary establish the continued need for treatment?		
PERSONNEL RECORDS		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – Provider Administrative and Billing Manual, Chapter 1: General Information and Administration - Verification of Licenses, Certifications, and Credentials.			
8.1	Were the staff credentials checked via the SCLLR website and printed with date stamp during the school year in review? (Copies must be stored in the credential file or student's file).		
8.2	Were staff credentials checked via the SCDHHS OIG Exclusion list and printed with date stamp during the year in review? (Copies must be stored in the credential file or the student's file.)		
8.3	Were the staff credentials checked via the Federal OIG Exclusion list and printed with date stamp during the year in review? (Copies must be store in the credential file or student's file.)		
CLINICAL RECORDS AND MAINTENANCE		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part I, Chapter 5: Legibility, Chapter 6: Reporting/Documentation – Clinical Records – Records Maintenance.			
9.1	Is the documentation typed or legibly handwritten in dark ink?		
9.2	Are errors corrected according to Medicaid policy and procedures (i.e., draw one line through the error, enter the correction and add signature/initials and date next to the correction)?		
9.3	Is there an abbreviation key available and on file?		
9.4	Is there a signature sheet available that identifies the staff's name, signature, and initials in the file?		
THIRD PARTY LIABILITY (TPL) REQUIREMENTS		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – Provider Administrative and Billing Manual, Chapter 1: Extent of Provider Participation, Medicaid as Payment in Full, Health Insurance, Provider Responsibilities, Chapter 2: Billing procedures – Third Party Liability (TPL).			
10.1	Is there an Eligibility Verification completed with date stamp during the year in review that identifies a third-party insurer?		
10.2	Is there an Explanation of Benefits (EOB) in the record to reflect payment or denial?		
10.3	Is there a TPL letter present in the record which states that a third-party insurer does not cover the service?		