Orientation and Mobility (O&M) Services Quality Assurance Checklist			
Review Period: 2025-2026		**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 if 18 or older, by the 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 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 the referral form dated prior to the assessment/reassessment?		
2.5	Is the referral form dated prior to the IEP/IFSP?		
2.6	Is the referral form dated prior to the first date of service rendered in the year in review?		

ASSESSMENT/REASSESSMENT		MET	COMMENTS/RECOMMENDATIONS
Reference – LEA Manual, Part 1, Chapter 4: Covered Services and Definitions – Assessments O&M.			
3.1	Is there an Optometrist or Ophthalmologist report that verifies visual impairment or blindness in the student's file?		
3.2	Is there an assessment/reassessment to cover the year in review signed, titled, and dated (electronically or handwritten) by the Orientation & Mobility Specialist in the student's file?		
3.3	Does the assessment/reassessment include a review of medical history?		
3.4	Does the assessment/reassessment include a written report with recommendations?		
3.5	Does the assessment/reassessment include the required diagnostic testing to justify the need for Orientation & Mobility services?		
3.6	Is the assessment/reassessment dated prior to the IEP/IFSP?		
3.7	Is the assessment/reassessment 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 O&M Specialist?		
4.3	Is there a supplemental Excusal statement signed (electronically or handwritten) by the O&M Specialist in the file if the O&M Specialist 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/IFSP/ITP?		
4.6	Is the frequency of the service listed on the IEP/IFSP/ITP?		
4.7	Is the duration of treatment listed in the IEP/IFSP/ITP?		
4.8	Does the IEP/IFSP/ITP specify the problems to be addressed?		
4.9	Are the long-term goals of treatment listed on the IEP/IFSP/ITP? Note: Goals must address the physical and/or functional impairment, deficit, limitation, or clinical condition.		
4.10	Are the short-term objective(s) listed on the IEP/IFSP/ITP? (Only applicable when the ITP is used as the treatment plan and for SC-ALT students.)		
4.11	Is the type of intervention(s) to be utilized listed on the IEP/IFSP/ITP?		
4.12	Is the criteria for achievement listed on the IEP/IFSP/ITP?		
CLINICAL SERVICE NOTES (CSN)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part I, Chapter 6: Reporting/Documentation – Clinical Service Notes, Clinical Records – CSN.			
5.1	Are CSNs present to support all billed claims?		
5.2	Is each CSN signed, titled, and dated (electronically or handwritten) by the provider?		
5.3	Do the CSN(s) reflect the delivery of a Medicaid billable service as specified in the student's IEP/IFSP/ITP?		
5.4	Do the CSN(s) include the date of service?		
5.5	Is the documentation sufficient to support the number of units billed to Medicaid?		
5.6	Do the CSN(s) document a Medicaid reimbursable activity related to the IEP/IFSP/ITP goals? Note: Do the descriptions in the CSN(s) clearly link information from		

	goals to the interventions performed and progress obtained?		
5.7	Is each CSN individualized and student specific?		
5.8	Do the CSN(s) include the student's response to treatment?		
PROGRESS SUMMARY NOTES		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part I, Chapter 6: Clinical Records – Progress Summary Notes			
6.1	Are progress summaries completed at least every three months from the start date of treatment or when medically necessary?		
6.2	Is each progress summary signed, titled, and dated (electronically or handwritten) by the rendering provider?		
6.3	Does each progress summary describe the student's attendance at therapy sessions?		
6.4	Does each progress summary document the student's progress towards treatment goals?		
6.5	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.			
7.1	Is there a copy of the Orientation Mobility Specialist certification maintained in the credential file or the students record?		
CLINICAL RECORDS AND MAINTENANCE		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part I, Chapter 6: Reporting/Documentation – Clinical Records – Records Maintenance.			
8.1	Is the documentation typed or legibly handwritten in ink?		
8.2	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)?		

8.3	Is there an abbreviation and symbols key available and on file?		
8.4	Is there a signature sheet available that identifies the staff's name, signature, and initials in the file?		