

Speech Therapy 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, and Release of Information.			
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, student's parent or guardian authorizing the release of medical information necessary to process Medicaid claims on behalf of the student?		
REFERRAL(S)		MET	COMMENTS/RECOMMENDATIONS
Reference – LEA Manual, Part I, 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 a LPHA other than the direct provider of services?		
2.4	Is the referral form dated prior to the evaluation/reevaluation?		
2.5	Is the referral form dated prior to the annual IEP/IFSP/ITP?		
2.6	Is the referral form dated prior to the first date of service rendered in the year in review?		
EVALUATION/REEVALUATION		MET	COMMENTS/RECOMMENDATIONS
Reference – LEA Manual, Part I, Chapter 4: Covered Services and Definitions – Evaluations.			
3.1	Is there an evaluation/reevaluation to cover the year in review?		
3.2	Does the evaluation/reevaluation include the signature, title, and date (electronically or handwritten) of the Speech Language Pathologist (SLP), Speech Language		

	Therapist (SLT) or Speech Language Pathology Intern (SLP-I)? Note: Speech Language Therapists can only complete reevaluations and it must be cosigned by the Supervising Speech Language Pathologist. When an evaluation or reevaluation is completed by a SLP-I/SLP-CF, the document must be cosigned by the supervising Speech Language Pathologist (SLP).		
3.3	Does the evaluation/reevaluation reflect that a standard assessment was utilized? Note: Tests or measures described as “teacher-made” or “informal” are not acceptable for purposes of Medicaid reimbursement.		
3.5	Does the evaluation/reevaluation include diagnostic testing and assessment?		
3.5	Does the evaluation/reevaluation include a written report with recommendations?		
3.6	Is the evaluation/reevaluation dated prior to the IEP/IFSP/ITP?		
3.7	Is the evaluation/reevaluation 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 provider?		
4.3	Is the IEP/IFSP/ITP cosigned, titled, and dated (electronically or handwritten) by the supervising SLP (if applicable)? Note: For Medicaid billing purposes, if the IEP/IFSP/ITP is signed by a SLT, SLP-I, or SLP-CF, it must be cosigned by the supervising SLP.		
4.4	Is there a supplemental excusal statement signed (electronically or handwritten) by the supervising SLP in the file if the SLP did not attend and sign the IEP/IFSP/ITP?		

4.5	Is the IEP/IFSP/ITP dated prior to the first date of service rendered in the year in review?		
4.6	Is the Medicaid service listed in the IEP/IFSP/ITP?		
4.7	Does the IEP/IFSP/ITP specify the exact type of service the student should receive (i.e., individual or group)?		
4.8	Is the frequency of the service listed in the IEP/IFSP/ITP?		
4.9	Is the duration of treatment listed in the IEP/IFSP/ITP?		
4.10	Does the IEP/IFSP/ITP specify the problems to be addressed?		
4.11	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, or clinical condition.		
4.12	Are the short-term objectives listed on the IEP/IFSP/ITP? (Only applicable when the ITP is used as the treatment plan and for SC-ALT students.)		
4.13	Is the type of intervention(s) to be utilized listed on the IEP/IFSP/ITP?		
4.14	Are the criteria for achievement listed on the IEP/IFSP/ITP?		
CLINICAL SERVICE NOTES (CSNs)		MET	COMMENTS/RECOMMENDATIONS
Reference – LEA Manual, Part I, Chapter 6: 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	Are the notes cosigned (electronically or handwritten) by the SCLLR licensed supervisor (if applicable)?		
5.4	Does the CSN reflect the delivery of a Medicaid billable service as specified in the student's IEP/IFSP/ITP?		
5.5	Does the CSN include the date of service?		
5.6	Is the documentation sufficient to support the number of units billed to Medicaid?		
5.7	Do the CSNs document a Medicaid reimbursable activity related to the IEP/IFSP/ITP goals?		

5.8	Is each CSN individualized and student specific?		
5.9	Do the CSN(s) include the student's response to treatment?		
TELEHEALTH SERVICES		MET	COMMENTS/RECOMMENDATIONS
Reference – SCDHHS Medicaid Bulletins: #20-008, #20-014, #20-016, #22-005 # 24-010 Note: Telehealth is defined as services rendered via video component.			
6.1	If the service was provided via telehealth, was consent given by the parent or guardian?		
6.2	Are only individual services (as reflected on the IEP/IFSP/ITP) billed to Medicaid when rendered via telehealth? Note: Medicaid does not reimburse for group therapy provided via telehealth.		
6.3	Do the providers 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 three months from the start date of treatment or when medically necessary?		
7.2	Is each progress summary signed, titled, and dated (electronically or handwritten) by the rendering provider?		
7.3	Are the progress summaries cosigned (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 Provider License, – Certifications and/or Credentials			
8.1	Are the staff's SCLLR credentials current and present in the staff's file? (Copies must be stored in the credential file or student's file).		
8.2	Are 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	Are the staff credentials checked via the Federal OIG Exclusion list and printed with date stamp during the year in review? (Copies must be stored in the credential file or student's file).		
CLINICAL RECORDS AND MAINTENANCE		MET	COMMENTS/RECOMMENDATIONS
Reference – LEA Manual, Part I, Chapter6: Reporting/Documentation – Clinical Records			
9.1	Is the documentation typed or legibly handwritten in 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 and symbols 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 – TPL; 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?		