

## Section 68 Occupational Therapy Implementation and Audit Criteria

| MCBM Reference  | Item:  |   | Documentation   |
|---|--|---|-----------------|
| 68.04   | <b>Eligibility for Care</b>                          | Are services medically necessary rather than academic?  | Y _____ N _____ |
|   |  | Are services ordered by properly licensed practitioner of the healing arts (LPHA)?  | Y _____ N _____ |
| 68.09-1   | <b>Qualified Professional Staff</b>                  | Is there written evidence from appropriate governing body that the professional staff is conditionally, temporarily, or fully licensed? | Y _____ N _____ |
|   |  | Are services delivered by one or more of the following:   |                 |
|   |  | A. Occupational Therapist, Registered, Licensed (OTR/L)?  | Y _____ N _____ |
|   |  | B. Occupational Therapy, Licensed (OT/L)?   | Y _____ N _____ |
|   |  | C. Certified Occupational Therapy Assistant, Licensed (COTA/L)?   | Y _____ N _____ |
|   | D. Occupational Therapy Assistant, Licensed (OTA/L)? | Y _____ N _____   |                 |
| 68.09-2   | <b>Records</b>                                       | Is there an individual record for each eligible student?  | Y _____ N _____ |
|   |  | A. Does the record include Name, DOB, Medicaid ID #?  | Y _____ N _____ |
|   |  | B. Is there social and medical history information?   | Y _____ N _____ |
|   |  | C. Is there an appropriate evaluation and medical <b>diagnosis</b> ?  | Y _____ N _____ |
|   |  | D. Is there a personalized <b>plan of service</b> * which includes:   |                 |
|   |  | 1. Type of OT needed?   | Y _____ N _____ |
|   |  | 2. How the service can be delivered and by whom?  | Y _____ N _____ |
|   |  | 3. Frequency and duration of services?  | Y _____ N _____ |
| 4. Long and short range goals?***   | Y _____ N _____                                      |   |                 |
| 5. Plans for coordination w/ other agencies for service delivery?                       | Y _____ N _____                                      |   |                 |
| 6. Practitioner of the Healing Arts order   | Y _____ N _____                                      |   |                 |
| 7. The signature of the LPHA who developed it?***                                       | Y _____ N _____                                      |   |                 |
| <i>Diagnosis and Plan of Service are key elements to demonstrate medical necessity.</i> |  |   |                 |

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MCBM Reference  
Records  
68.09-2 (cont'd)

Item:

Documentation

***\*Crosswalk information from DHHS indicates that the IEP contains all but two elements of the Plan of Service for OT Services:***

***\*\*The MaineCare Documentation Form can be used for short term goals and sign off by LPHA developing the plan of service.***

*Procedural recommendation: Therapist should make a copy of his/her service page in the IEP and staple it to the MaineCare Documentation form;*

*write in short term goals in the plan of care section on the MCDF; and sign, date, and credential the form at the top to coincide with IEP start date.*

***\*\*\*While a signature of the LPHA is not specifically required in 68.09-2, the MCDF is included in the Chapter III explanation of a TM modifier.***

***MCDF guidance requires the signature of the LPHA that developed the plan of service on the form.***

Is there a written progress note showing:

The date of service?

Y \_\_\_\_\_ N \_\_\_\_\_

Lumea

The nature of the service performs?

Y \_\_\_\_\_ N \_\_\_\_\_

Lumea

Start time, stop time, total time spent delivering the services?

Y \_\_\_\_\_ N \_\_\_\_\_

Lumea

Signature of the individual performing the service?

Y \_\_\_\_\_ N \_\_\_\_\_

Lumea

Whether services was individual or group

Y \_\_\_\_\_ N \_\_\_\_\_

Lumea

Full account of unusual condition/unexpected event?\*\*\*\*

Y \_\_\_\_\_ N \_\_\_\_\_

Lumea

\*\*\*\*The account should include the date and time when the unusual condition/unexpected event was observed and the name of the observer