

Section 68 Occupational Therapy Implementation and Audit Criteria

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

Diagnosis and Plan of Service are key elements to demonstrate medical necessity.

***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.

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****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