

<b>Audiological Services Quality Assurance Checklist</b>			
<b>Review Period: 2022-2023</b>		<b>Date:</b>	
<b>Student:</b>		<b>Medicaid #:</b>	
<b>District:</b>		<b>Reviewer:</b>	
<b>Provider (Staff Name):</b>		<b>Provider (Staff Name):</b>	
<b>Supervisor:</b>		<b>Supervisor:</b>	
<b>CONSENT(S)</b>		<b>MET</b>	<b>COMMENTS/RECOMMENDATIONS</b>
<b>Reference – LEA Manual, Part I, Chapter 6: Reporting/Documentation – Clinical Records.</b>			
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, the student’s parent or guardian authorizing the release of any medical information necessary to process Medicaid claims on behalf of the student?		
<b>REFERRAL(S)</b>		<b>MET</b>	<b>COMMENTS/RECOMMENDATIONS</b>
<b>Reference – LEA Manual, Part I, Chapter 6: Reporting/Documentation - Referrals</b>			
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 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?		
<b>EVALUATION/RE-EVALUATION</b>		<b>MET</b>	<b>COMMENTS/RECOMMENDATIONS</b>
<b>Reference – LEA Manual, Part I, Chapter 4: Covered Services and Definitions - Evaluations</b>			
3.1	Is there an evaluation/re-evaluation to cover the year in review?		
3.2	Does the evaluation/re-evaluation include title, date, and signature (electronically or handwritten) of the Audiologist?		

3.3	Does the evaluation include a comprehensive audiometry threshold test record that identifies the need for rehabilitative therapy services?		
3.4	Does the evaluation include a written report with recommendations?		
3.5	Is the evaluation/re-evaluation dated prior to the IEP/IFSP/ITP?		
3.6	Is the annual evaluation/re-evaluation dated prior to the first date of service rendered in the year in review?		
<b>TREATMENT PLAN (IEP/IFSP/ITP)</b>		<b>MET</b>	<b>COMMENTS/RECOMMENDATIONS</b>
<b>Reference – LEA Manual, Part 1, Chapter1: Individuals with Disabilities Education Act and Medicaid; Chapter 4: Covered Services and Definitions – Individualized Education Program or Individualized Family Service Plan/Individual Treatment Plan.</b>			
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 Audiologist?		
4.3	Is there a supplemental excusal statement signed (electronically or handwritten) by the Audiologist in the file (if the Audiologist did not attend and sign the IEP/IFSP/ITP)?		
4.4	Is the annual IEP/IFSP/ITP dated prior to 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 on the IEP/IFSP/ITP?		
4.8	Does the IEP/IFSP/ITP specify the problems to be addressed?		
4.9	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.		
4.10	Are there 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.)		
4.11	Is the type of interventions to be utilized listed on the IEP/IFSP/ITP?		

4.12	Are the criteria for achievement listed on the IEP/IFSP/ITP?		
<b>CLINICAL SERVICE NOTES (CSNs)</b>		<b>MET</b>	<b>COMMENTS/RECOMMENDATIONS</b>
<b>Reference – LEA Manual, Part I, Chapter 6: Clinical Records – CSN</b>			
5.1	Are there CSNs present to support all billed claims?		
5.2	Is each CSN titled, dated, and signed (electronically or handwritten) by the provider?		
5.3	Do the CSN(s) reflect 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	Is each CSN individualized and student specific?		
5.7	Do the CSN(s) document a Medicaid reimbursable activity related to the IEP/IFSP/ITP goals?		
5.8	Do the CSN(s) include the child’s response to treatment?		
<b>PROGRESS SUMMARY NOTES</b>		<b>MET</b>	<b>COMMENTS/RECOMMENDATIONS</b>
<b>Reference – LEA Manual, Part I, Chapter 3: Eligible Providers – Supervision of Staff; Chapter 6: Reporting/Documentation – Progress Summary Notes.</b>			
6.1	Are progress summaries completed at least every 90 days from the start date of treatment or when medically necessary?		
6.2	Is each progress summary dated, titled, and signed (electronically or handwritten) by the rendering provider?		
6.3	Are the progress summaries co-signed (electronically or handwritten) by the SCLLR licensed supervisor (if applicable)?		
6.4	Does each progress summary describe the student’s attendance at therapy sessions?		
6.5	Does each progress summary document the student’s progress towards treatment goals?		
6.6	Does each progress summary establish the continued need for treatment?		
<b>PERSONNEL RECORDS</b>		<b>MET</b>	<b>COMMENTS/RECOMMENDATIONS</b>
<b>Reference – Provider Administrative and Billing Manual, Chapter 1: General Information and Administration – Verification of Provider License, Certifications and/or Credentials.</b>			
7.1	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).		
7.2	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.)		
7.3	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.)		
<b>CLINICAL RECORDS AND MAINTENANCE</b>		<b>MET</b>	<b>COMMENTS/RECOMMENDATIONS</b>
<b>Reference – LEA Manual, Part I, Chapter 6: Reporting/documentation – Clinical Records, - Records Maintenance.</b>			
8.1	Is the documentation typed or legibly handwritten in dark ink?		
8.2	Are errors corrected according to Medicaid policy and procedure (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 key available and on file?		
8.4	Is there a signature sheet available that identifies staff's name, signature, and initials in the file?		
<b>Third-Party Liability (TPL) Requirements</b>		<b>MET</b>	<b>COMMENTS/RECOMMENDATIONS</b>
<b>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).</b>			
9.1	Is there an Eligibility Verification completed with date stamp during the year in review that identifies a third-party insurer?		
9.2	Is there an Explanation of Benefits (EOB) in the record to reflect payment or denial?		
9.3	Is there a TPL letter present in the record which states a third-party insurer does not cover the service?		