Orientation and Mobility (O&M) Services

Office of Medicaid Services

2025-2026

SOUTH CAROLINA
DEPARTMENT OF EDUCATION

Purpose of Training

- To provide a better understanding of the Medicaid policy requirements and procedures specific to Orientation & Mobility (O&M) Services.

- This training does not replace Medicaid policy and therefore, district staff are responsible for reviewing the LEA Provider manual in its entirety for a comprehensive overview of policy requirements and expectations.

Orientation & Mobility (O&M) Service

- O&M service is the use of systematic techniques designed to maximize development of a visually impaired student's remaining sensory systems to enhance the student's ability to function safely, efficiently and purposefully in a variety of environments.
- O&M services enable the student to improve the use of technology designed to enhance personal communication and functional skills such as the long cane, pre-mobility and adapted mobility devices, and low vision and electronic travel aids.
- The service must be provided for a defined period of time for the maximum reduction of physical or mental disability and restoration of the individual to his or her best possible functional level.

Orientation & Mobility (O&M) Service (Cont.)

- O&M services may include training in environmental awareness, sensory awareness, information processing, organization, route planning and reversals, and training in balance, posture, gait and efficiency of movement.
- O&M services may also involve the student in group activities to increase their capacity for social participation or provide adaptive techniques and materials to improve functional activities such as eating, food preparation, grooming, dressing and other living skills.

Eligibility Requirements for O&M Services

To be eligible to receive Medicaid-reimbursable orientation and mobility (O&M) services; an individual must meet all the following requirements:

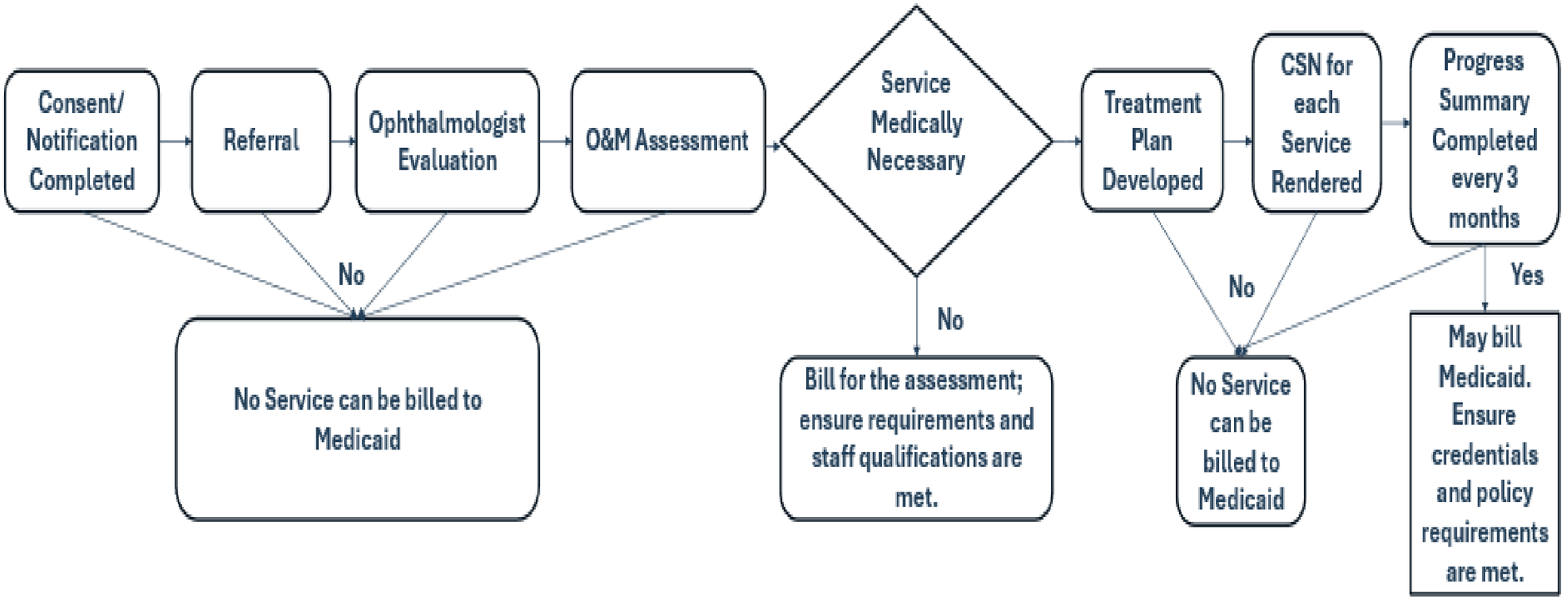
- Be a Medicaid beneficiary under the age of 21 years whose need for services is identified through a current and valid IEP, IFSP or ITP.
- Have a vision report completed by an optometrist or ophthalmologist that verifies visual impairment or blindness. The report must be stored in the student's file.

Qualified Staff

An O&M Specialist is an individual who holds a current and valid certification in orientation and mobility from:

- The Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) or
- The National Blindness Professional Certification Board (NBPCB).

Documentation Sequence



Consent

Consent is the act of providing express permission, in writing, for some particular action to take place. To comply with legal requirements and the guidelines established by Health Insurance Portability and Accountability Act (HIPAA), Individuals with Disabilities Education Act (IDEA), and the Family Educational Rights and Privacy Act (FERPA), the person providing written consent must be fully informed of all information, in his or her native language, relevant to the activity for which consent is sought and understand the activity for which consent is sought.

For the purposes of Medicaid, consent refers to express permission to medically assess/evaluate, provide treatment, share information to a third party, and bill Medicaid and/or third-party insurance providers for covered services within the guidelines established by the State Medicaid program, HIPAA, IDEA, and FERPA.

Consent (Cont.)

- A consent form must be signed by the parent/guardian on behalf of the child.
- The General Consent form can be found at the Office of Medicaid Services (OMS) webpage.
- The Medicaid Notification of use of Public Benefits or Private Insurance to Pay for Services Under IDEA form must be provided once a year prior to requesting consent to bill Medicaid and/or any third-party insurer for services that the District will provide in the future.

Release of Information

Release of information policy requirements:

- A Release of Information form must be signed and dated by the student if 18 or older, the student's parent or guardian and be present in the clinical record.
- A Release of Information form authorizes the release of any medical information necessary to process Medicaid claims.
- The release may be incorporated in a consent form.
- The release has been incorporated into the OMS' Medicaid General Consent form.

Orientation & Mobility Referrals

Referrals must be made by a licensed provider working within the scope of his or her licensure. The following licensed practitioners of the healing arts (LPHA) may refer for services:

- Licensed Physician,
- Medical Doctor (M.D.),
- Doctor of Osteopathy (D.O.),
- Licensed Advanced Practice Registered Nurse (APRN),
- Licensed Physician Assistant (P.A.), and
- Licensed Independent Social Worker – Clinical Practice (LISW-CP).

The health professional must be currently licensed in South Carolina and located within the South Carolina Medicaid Service Area (SCMSA).

Referral Requirements

The referral must be:

- present in the student's file and cover the year in review.
- signed, titled, and dated by a LPHA.
- completed by a LPHA other than the direct provider of service.
- dated prior to the assessment/reassessment.
- dated prior to the annual IEP/IFSP/ITP.
- dated prior to the first date of service rendered in the year in review.

Orientation & Mobility Assessment/Reassessment

Assessment

An O&M assessment is a comprehensive evaluation of the student's level of adjustment to visual impairment and current degree of independence with or without assistive/adaptive devices, including functional use of senses, use of remaining vision, tactile/Braille skills and ability to move safely, purposefully and efficiently through familiar and unfamiliar environments.

An assessment must include a review of available medical history records, diagnostic testing and assessment, and written report with recommendations.

Reassessment

An O&M reassessment is an evaluation of the student's progress toward treatment goals and determination of the need for continued services.

A reassessment may consist of a review of available medical history records and diagnostic testing and assessment but must include a written report with recommendations.

Reassessments must be completed at least annually, but more often when appropriate.

Assessment and Reassessment Requirements

The assessment/reassessment must:

- include an Optometrist or Ophthalmologist report that verifies visual impairment or blindness and be included in the student's file.
- include a review of medical history, include the required diagnostic testing to justify the need for O&M services, and a written report with recommendations.
- include the name, title, date and signature of the O&M Specialist.
- be dated prior to the IEP/IFSP/ITP.
- be dated prior to the first date of service.

Treatment Plan (IEP, IFSP, ITP)

- For Medicaid purposes, the Individualized Education Program (IEP), Individualized Family Service Plan (IFSP) and Individualized Treatment Plan (ITP) serve as a written document that mandate the provision of specific services to students with disabilities.
- The IEP, IFSP and ITP detail the medical plan to administer medically necessary assessments, treatment, procedures, medications, and/or other covered services
- The IEP, IFSP, and ITP should be reviewed and updated according to the level of progress. If a determination is made during treatment that additional services are required, the services should be added to the treatment plan.

Treatment Plan Requirements

The treatment plan must:

- be present in the student's file and cover the year in review.
- be signed, titled and dated by the O&M Specialist.
- be dated prior to the first date of service in the year in review.
- list O&M services and specify problems to be addressed.
- have long term goals that address the physical and/or functional impairment, deficit, limitation or clinical condition.
- list short-term objective(s) (only applicable when the ITP is used as the treatment plan and for SC-ALT students).
- list the type of intervention(s) to be utilized.
- document the amount, type, frequency and duration of services to be provided.
- list the criteria for achievement.

Clinical Service Note (CSN)

CSN Requirements

CSNs must be documented in a narrative of each treatment session, with the purpose of recording the nature of the student's treatment. CSNs must capture the Medicaid services provided as related to the treatment plan goals, summarizing the student's response and participation in treatment.

Each CSN must:

- be present in the student's file and support all billed claims.
- be sufficient to support the number of units billed to Medicaid.
- be signed, titled, and dated by the provider of service.
- reflect a Medicaid billable service that is identified in the student's treatment plan.
- include the date of service.
- be individualized and student specific.
- describe the activities that take place during the session.
- include the student's response to treatment/activities.
- document a Medicaid reimbursable activity related to the goals formulated on the treatment plan.

Progress Summary

- The progress summary is a written note outlining the student's progress that must be completed by the service provider at least every three months from the start date of treatment, or when medically necessary.
- The purpose of the progress summary is to record the longitudinal nature of the student's treatment.
- The progress summary must be written by the provider and be filed in the student's clinical record.
- The progress summary may be developed as a separate document or may appear as a clinical service note (CSN).
- If a progress summary is written as a CSN, the entry must clearly be labeled "progress summary".

Progress Summary Requirements

Progress Summaries must:

- be completed at least every three months from the start date of treatment.
- be signed, titled, and dated by the rendering provider.
- describe the student's attendance at therapy sessions.
- document the student's progress toward treatment goals.
- establish the need for continued treatment.

Clinical Records and Maintenance

- LEAs are required to maintain a clinical record on each Medicaid-eligible student that includes documentation of all Medicaid-reimbursable services to justify Medicaid payment.
- Clinical records must be current, meet documentation requirements and provide a clear descriptive narrative of the services provided and progress toward treatment goals.
- Records are key documents for post payment review. In the absence of appropriately completed clinical records, previous payments may be recovered be SCDHHS.
- It is essential that an internal records review be conducted by each LEA to ensure that the services are medically necessary and appropriate both in quality and quantity, and that service delivery, documentation and billing comply with Medicaid policy and procedure.

Clinical Records and Maintenance Requirements

Medicaid policy requirement for clinical records and maintenance are as follows:

- Each clinical entry must be written in ink.
- Clinical records must be arranged logically.
- All clinical entries must be filed in the student's clinical record.
- A signature sheet must be available that identifies the staff's name, signature, and initials.
- An abbreviation and symbols key must be available.
- Each entry must stand on its own and not include arrows, ditto marks, same as above, etc.
- Errors must be corrected according to policy (i.e., draw one line through the error, enter the correction and add signature/initials and date next to the correction).

Electronic Signatures

The South Carolina Department of Health and Human Services (SCDHHS) Electronic Signature policy guidelines:

- SCDHHS will accept electronic signatures on Medicaid documentation when an electronic health record/system is being utilized.
- Please review the SCDHHS Provider Administrative and Billing Manual to review/identify the requirements and standards specific to electronic signatures.

Note: The electronic signatures must be clearly seen on all documents and must include the provider's name, title, and date.

Personnel Records

School districts are responsible for verifying the staff's credentials via the following authorities:

- The Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP), or
- The National Blindness Professional Certification Board (NBPCB).
- A copy of the Orientation & Mobility Specialist's certification must be kept in the credential file or student's Medicaid record.

Questions

Please send all emails to your district's respective Education Associate and/or to medicaidservices@ed.sc.gov.

ed.sc.gov