|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question: | Policy | Yes | No | Comment |
| Is there a current IEP present? | 538.1 |  |  |  |
| Does the IEP identify the service? | 538.1 |  |  |  |
| Is there a Physician, PA, or APRN order for the evaluation | 538.2 |  |  |  |
| Is the date of service documented? | 538.1 |  |  |  |
| Was the evaluation completed while IEP was valid? | 538.1 |  |  |  |
| Is the location of the service documented? | [538.11,.12,.13,15](file:///C:\Users\E22334\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\RN9FKJVA\538.11,%20538.12,%20538.13,538.15) |  |  |  |
| Is there a purpose for the evaluation? | 538.2 |  |  |  |
| Is there a presenting problem? | 538.2 |  |  |  |
| Is there a duration and frequency of symptoms documented? | 538.12 |  |  |  |
| Is there a diagnosis per current ICD methodology? | 538.12 |  |  |  |
| Is there a rational for the diagnosis? | 538.12 |  |  |  |
| Are the recommendations appropriate and consistent with the findings of the evaluation? | 538.12 |  |  |  |
| Did the evaluator sign the evaluation/documentation/plan of care? | 538.11  538.12 |  |  |  |
| Are the evaluator’s credential present? | 538.1 |  |  |  |
| Are the credential appropriate? | 538.1 |  |  |  |
| Report/documentation completed within period. | 538.11,.12,.13,.15 |  |  |  |
| Are the start and stop times documented? | [538.11,.12,.13,.15](file:///C:\Users\tbarnhart\Desktop\538.11,%20538.12,%20538.13,538.15) |  |  |  |
| Members Health Care plan documented? | [538.11.9](file:///C:\Users\E22334\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\RN9FKJVA\538.11.9) |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question | Policy | Yes | No | Comment |
| **Nursing Services**   * Date of service; * Start and stop times * Location of service; * Nurse’s signature with credentials; * Member’s Plan of Care (POC); * Documentation of individual service; * If telehealth is utilized documentation must reflect such: and Appropriate recommendations consistent with the findings of the assessment/evaluation | 538.10 |  |  |  | |
|  |  |  |  |  |
| **PSYCHOLOGICAL SERVICES** presenting illness noted. | 538.13.3.4 |  |  |  |
| Is the duration and frequency of symptoms listed? | 538.13.1.1 |  |  |  |
| Is current and past medication efficacy and compliance listed | 538.13.1.1 |  |  |  |
| Psychiatric history related to behavioral health condition listed. | 538.13.1.1 |  |  |  |
| Is there a mental status exam provided? Does it list appearance, behavior, attitude, level of consciousness, orientation, speech, mood and affect, thought process/form and thought content, suicidality and homicidally and insight and judgement listed? | 538.13.1.1  538.13.2.2 |  |  |  |
| Psychological testing completed. If YES, was the member present for the evaluation? | 583.13.2  583.13.3 |  |  |  |
| Does the testing report contain results (score and category) of the administered tests/evaluation? | 583.13.2.1 |  |  |  |
| Does the test/evaluation contain interpretation of the administered tests/evaluations? | 583.13.2.1 |  |  |  |
| Question | Policy | Yes | No | Comment |
| **PHYSICAL THERAPY AND OCCUPATIONAL** THERAPY (P.T AND O.T) |  |  |  |  |
| Is physical and /or Occupational therapy diagnoses listed? | 583.115.1 |  |  |  |
| Did student receive recent P.T. and/or O.T? | 538.15.1 |  |  |  |
| Is prior level of functioning listed? P.T./O.T. | 538.15.1 |  |  |  |
| Is there a P.T. and/or O.T. plan of care listed? | 538.15.1 |  |  |  |
| Is there a P.T. and /or O.T. profile and context listed? | 538.15.1 |  |  |  |
| Tolerance to instrumental Activities of Daily Living (ADLS) listed. | 538.15.1 |  |  |  |
| Tolerance level for activities of the student listed. | 538.15.1 |  |  |  |
| Are splints and/or orthoses use listed? | 538.15.1 |  |  |  |
| What are the weight bearing activities for O.T. | 538.15.2 |  |  |  |
| P.T. and/or O.T recommendations listed. | 538.15.1,.2 |  |  |  |
| Prognosis for P.T. and/or O.T treatment listed. | 538.15.2 |  |  |  |
| Physical therapy re-evaluation; is there a change of P.T. diagnosis, Change in frequency or duration of P.T. and prognosis toward established goals, member compliance, and updated tolerance to IADLs listed? | 538.15.3 |  |  |  |
| Occupational therapy re-evaluation; is there a change of O.T. diagnosis, Change in frequency or duration of O.T. and prognosis toward established goals, and member compliance listed? | 538.15.4 |  |  |  |
| Question | Policy | Yes | No | Comment |
| **Speech Therapy**  • The plan of care which must include, but is not limited to:   1. Date POC was developed given; 2. Diagnosis given; 3. Short and Long term functional goals given; 4. Measurable treatment objectives given; 5. Frequency and duration of treatment given; 6. Was education (in speech therapy or hearing devices) for the member or their legal representative to obtain maximum rehabilitation completed; 7. Prognosis given; 8. Date, and signature and title of the individual providing treatment; and 9. Was an audiology evaluation with audiometric results completed; 10. Was evaluation completed in the 6 months   prior to dispensing the hearing aid ? | 538.12 |  |  |  |
|  |  |  |  |  |
| **Personal Care Service**  shared by more than one aide |  |  |  |  |
| Separate documentation by each aide providing care |  |  |  |  |
| Question | Policy | Yes | No | Comment |
| **TARGETED CASE MANAGEMENT**; Family members, legal representative, medical providers, significant others involvement listed? | 538.16 |  |  |  |
| Is there a Case management needs assessment and reassessment? | 538.16 |  |  |  |
| Is there a development and revision of service plan? | 538.16 |  |  |  |
| Referral and related activities, or monitoring and follow up of activities listed? | 538.16 |  |  |  |
|  |  |  |  |  |
| **NON-EMERGENCY TRANSPORT WITH AIDE** | 538.17.1 |  |  |  |
| Is there documentation of the purpose for the transport, type of vehicle used for transport, place of departure and arrival? | 538.17.1 |  |  |  |
| Signature of providing staff with credentials, and actual time spent providing the service by listing start and stop times. | 538.17.1 |  |  |  |
| **NON-EMERGENCY TRANSPORTATION WITHOUT AIDE** |  |  |  |  |
| Is the purpose for the transport, type of vehicle used for the transport, place of departure and arrival, date of service, signature of the providing staff (along with their credentials), and actual time spent providing the service by listing the start-and-stop times.  Utilized interventions | 538.17.2 |  |  |  |

Reviewer’s initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_