

## Section 68 Occupational Therapy Implementation and Audit Criteria

### MCBM Reference

#### 68.04 Eligibility for Care

#### Item:

Are services medically necessary rather than academic?  
Are services ordered by properly licensed practitioner of the healing arts (LPHA)?

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

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

#### Documentation

(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 \_\_\_\_\_

Sessions

B. Occupational Therapy, Licensed (OT/L)?

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

Sessions

C. Certified Occupational Therapy Assistant, Licensed (COTA/L)?

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

Sessions

D. Occupational Therapy Assistant, Licensed (OTA/L)?

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

Sessions

#### 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/ Sessions

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

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.*

## Section 68 Occupational Therapy Implementation and Audit Criteria

### MCBM Reference

### Item:

### Documentation

68.09-2 Records  
(cont'd)

**\*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:

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

Sessions

The date of service?

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

Sessions

The nature of the service performs?

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

Sessions

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

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

Sessions

Signature of the individual performing the service?

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

Sessions

Whether services was individual or group

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

Sessions

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

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