

**RFP #10-030**

**ATTACHMENT 4**

**SITE VISIT CHECKLIST - SAMPLE**

**NYSED  
Medicaid-in-  
Education  
Document  
Review**

**School District Name:** \_\_\_\_\_  
**Student's CIN#:** \_\_\_\_\_  
**Student's Name:** \_\_\_\_\_  
**Service Month**  
**Reviewed:** \_\_\_\_\_ **#Paid:** \_\_\_\_\_

**Speech Therapy Services - Rate Code 5326**

	<b>YES</b>	<b>NO</b>
1. The child's Individualized Education Program (IEP) for the relevant time period under review.		
2. A completed speech evaluation prior to the period under review.		
3. The service report for the speech therapy services for the period under review, documenting the services provided during the time period under review.		
4. Child and service provider attendance records for the period under review.		
5. Documentation sufficient to show whether the services provided were provided on an individual (one-on-one) basis or group basis during the relevant time period. In addition, if the speech therapy services were provided on a group basis, please provide documents sufficient to show the number of children in the group.		
6. Documentation identifying by name the service provider(s) who rendered the speech therapy services (i.e., who provided the services) to the child during the time period under review. If the service provider varied during the relevant time period, please provide documents identifying each provider and the time period that provider rendered speech therapy services to the child. In addition, with respect to each service provider identified by this documentation, please provide the following applicable to the relevant time period under review:		

<p>(a) Documents sufficient to show the professional qualifications of the service provider for the period under review, including documents showing:</p>		
<p>(i) whether the service provider was a teacher of the speech and hearing impaired/handicapped (hereinafter referred to as “speech teacher”) or a speech pathologist;</p> <p>(ii) the professional licenses and certifications held by the service provider during the relevant time period and adherence to the provider qualifications of 42 CFR 440.110(c) (for example, ASHA certification, NYS SLP license and current registration or a certification provided to a speech teacher).</p> <p>(b) The service provider’s progress note relating to the speech therapy services rendered to the child during the relevant time period.</p> <p>7. With respect to each service provider identified in response to paragraph 6 above, who was not a qualified speech pathologist, please provide documentation identifying by name the speech pathologist who “directed” the speech therapy services rendered to the child. In addition, with respect to each speech pathologist identified by this documentation, please provide the following:</p> <p>a. ASHA certification and NYS SLP license and current registration;</p> <p>b. Documents reflecting the nature and extent of the direction that a speech pathologist provided to the speech teacher. In particular, please provide the following:</p> <p>(i) any documents showing that the speech pathologist met with the child at the beginning of service and periodically thereafter with the child. If the same SLP provided speech therapy services to the child for the previous school year – please provide documentation of the last face to face meeting between the SLP and the child done during the previous school year and those done in the current school year;</p> <p>(ii) any documents showing that the speech pathologist was available for consultation to assure that speech pathology services were provided in accordance with the child’s IEP;</p>		
<p>(iii) any documents showing that the speech pathologist met with the speech teacher on a regular basis or had periodic contact with the speech teacher concerning the child;</p>		
<p>(iv) any documents reflecting the speech pathologist’s review of the speech teacher’s progress notes (especially, those documents reflecting that quarterly reviews were performed);</p> <p>(v) any documents showing the speech pathologist’s review of the child’s IEP and the speech teacher(s) schedule to confirm that the child is scheduled to receive all of the speech services recommended on the child’s IEP;</p>		

<p>(vi) any documents reflecting any assessments or evaluations performed by the speech pathologist of the child's speech impairment or disability;</p> <p>(vii) any documents showing the speech pathologist's involvement in deciding the type and extent of the speech pathology services to be provided to the child;</p> <p>(viii) any documents showing the speech pathologist's involvement in preparing the treatment plan for the child;</p> <p>(ix) documents showing the speech pathologist's involvement in monitoring or evaluating the progress of the speech pathology services being provided by the speech teacher to the Medicaid child;</p> <p>(x) any documentation of performance appraisals and evaluations by the speech pathologist of the speech teacher's services to the child;</p> <p>(xi) any documentation of the speech pathologist's observation of the speech therapy services rendered by the speech teacher to the child;</p> <p>(xii) any documentation of meetings between the speech pathologist and speech teacher (especially, those meetings in which the speech pathologist and speech teacher discussed the speech pathology services rendered or to be rendered to the child);</p>		
<p>(xiii) any Committee on Special Education (CSE) documents (including, but not limited to, CSE notes, minutes, or records of meetings) that reflect any direction by the speech pathologist to the speech teacher to assure that the appropriate speech pathology services were prescribed and provided based on the child's impairment or disability;</p>		
<p>(xiv) any other documents of any kind reflecting direction by the speech pathologist to the speech teacher to assure that appropriate speech pathology services were prescribed and provided based on the child's impairment or disability.</p> <p>8. Documentation showing that a physician, physician's assistant, nurse practitioner or qualified SLP referred the child for the most recently completed speech evaluation prior to the service period under review. Since an SLP can make the referral for the speech evaluation and also complete the evaluation – a speech evaluation completed by an SLP should be considered a self-referral.</p> <p>9. Documentation showing that a physician, physician's assistant, nurse practitioner or qualified SLP recommended the speech pathology services for the period under review. This may include the IEP if a qualified SLP was in attendance at the CSE meeting where the IEP was developed.</p> <p>10. Any external or internal written communication (e.g., correspondence, memoranda) or notes relating to the Medicaid claims for speech pathology or other school health services provided to the child.</p> <p>11. If outside contractors or service providers (such as an independent agency) were used to provide the speech pathology services, please provide a copy of the signed Provider Agreement and Statement of Reassignment.</p>		

