

Quality Assurance Checklist for Medicaid School-Based Services Providers

Local educational agencies (LEAs), regional educational cooperatives (RECs) or other state-funded educational agencies (SFEAs) that participate in the Medicaid School-Based Services (MSBS) program must implement and follow quality assurance standards and may use this checklist as a guide. Records may be subject to both state and federal audits.

Medical Necessity and Service Authorization

- Signed Doctor's order on file for medication administration and/or nursing procedures
- All services are authorized in the IEP
- Frequency, duration and scope of services are specified in IEP
- PCP signature obtained for medical service(s) listed on IEP or documentation of attempts to obtain a signature from PCP in accordance with program policy. A current PCP signature serves as the physician's order for physical, occupational, speech and mental health therapies.
- Attendance records to verify that students for whom services were billed were not absent on the date of service

Documentation of MSBS Direct Medical Services on Progress Note/Billing Document

- Name of the LEA, REC or SFEA
- Student's name, date of birth, and Medicaid or unique identification number
- Date, time and location of service
- Description of service provided, including diagnosis code and level of service
- Duration (or unit) of service, with start time documented
- Procedure code used to bill the service to Medicaid
- Original/copy of health evaluation(s) and re-evaluation(s) (Full evaluation every 3 years; re-evaluations annually or as needed) or present level of performance, whichever is current
- Original/copy of IEP authorizing related service(s)
- Individual service provider's progress notes/billing documents signed and dated by the provider for each date of service and list the provider's credentials*
- Documentation of the provision of supervision for those providers requiring supervision (e.g. ASL, PTA, COTA, LBSW, LMSW, LPN)
- Documentation showing that transportation services were billed on a day when a MSBS-covered direct health service was also provided

* LEAs, RECs, SFEAs using a third party biller are not required to have progress notes or billing logs signed by provider and/or supervisor because the electronic logs are password protected and therefore considered an electronic signature.

Documentation of Direct Medical Services Cost Settlement Report

- Annual Medicaid matched 80-day students with related services & transportation counts sent to School Health Office
- Payroll reports for staff listed on cost settlement report
- Records showing payment of purchased services for contracted employees, including vendor invoices
- Documentation for Direct Medical Supplies, Materials & Other Costs, including PO reports and detailed invoices, if applicable
- Expenditure reports for transportation costs, if applicable
- Any other information used to substantiate the cost settlement report

Provider Qualifications

- Records on file of current Public Education Department (PED) license, professional licenses, registrations or certificates for all employed or contracted service providers
- Written procedure regarding supervision of providers in accordance with program policy
- Site and provider Medicaid numbers, including NPI, if applicable, on file
- Process to ensure providers will recertify with Medicaid Fiscal Agent every 2 years

Documentation of Medicaid School-Based Services Administrative Claim

- Annual Medicaid matched 80-day student counts sent by School Health Office
- Job description of each employee included in time study and copies of time cards or verification of attendance of staff who participated in the time study.
- The quarterly claim approved for payment
- Payroll reports for staff listed on administrative claim
- Records showing payment of purchased services for contracted employees, including vendor invoices
- Any other information used to substantiate the administrative claim

Financial/Accounting Records

- Pertinent financial books and records concerning direct and administrative services claimed under the MSBS program are maintained, including but not limited to:
 - Paper claims, if used
 - Remittance Advices

Other Documentation

- Name, title and telephone number of the school district employee designated as the MSBS Coordinator and back-up coordinator. Process describing when back-up coordinator will be utilized.
- Name, title and telephone number of the school district employee designated as the MSBS billing contact
- Copy of the current Governmental Services Agreement (GSA) with the Human Services Department/Medical Assistance Division to participate in the MSBS program

Documentation Retention Requirements

- All MSBS supporting documentation is kept for at least six years from the date of service, or until resolution of an audit, whichever is longer
- All supporting documentation is secure and confidentiality is maintained
- All supporting documentation is accessible in the event of a review or audit