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, IFSP, 504 or other plan of care
- Frequency, duration and scope of services are specified in IEP, IFSP, 504 or other plan of care
- 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.
- 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 treatment 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, IFSP, 504 or other plan of care 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)
- Current and past licensures of rendering providers/supervisors
- 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 and historical 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 are enrolled and will ~~recertify~~ reverify with ~~Medicaid Fiscal Agent every 2 years~~ YesNM Provider Enrollment

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 timecards 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 Health Care Authority Medical Assistance Division to participate in the MSBS program
- Districts, RECs and SFEAs must maintain written procedures for the clinical supervision of providers, in alignment with program policy. These procedures must include the required date, time and frequency of supervision, as outlined in the MSBS Site Review Tool (Appendix R2)

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