MSBS - 4B/4C AUDIT TOOL

	LEA/REC/SFEA:	**Name of preparer:**				**Plan of Care: IEP ☐ Non-IEP plan ☐ No plan ☐**
Moment Type: 4B ☐ or 4C ☐	**Provider Name:**	**Provider Type:**				**RMTS Moment:**
	PARAMETER		**Yes**	**No**	**N/A**	**Comments**
4B only	1. **IEP services only** - Original/copy of the full Individualized Education Program (IEP) authorizing related services (must include all services authorized in the IEP, frequency, duration and scope of services are specified). The IEP must be active during the direct service date. IEP amendments require the original IEP to also be uploaded. Signature Page must be uploaded. *see Audit support tool for details on Nursing services within IEP					
4B only	2. **IEP services only** - Copy of evaluation performed by a direct service provider OR IEP present level of performance, whichever is relevant. Re-evaluation must show progress or lack of and identify medical necessity to continue service (Educational goals are not acceptable for IEP services); Re-evaluations require the original evaluation to also be uploaded. The evaluation/re-evaluation (3 year expiration) or present level of performance (active during IEP dates) must be active during the direct service date.					
4B only	3. **IEP services only** - Primary care provider (PCP) notification form with PCP signature OR documentation of a good faith effort (GFE). The PCP notification or Good Faith Effort must cover the direct service date. (PCP signature must be obtained annually, or when an IEP service is added/increased service time, and within 180 days of IEP completion).					If N/A selected: 4C moment ☐ Non-Medicaid ☐ Does not bill ☐ Native American Exemption ☐
4C	4. **Non-IEP services only** - Original/copy of plan of care which must be active during the date of the direct service, including a 504 plan, Behavioral Health Care Plan (BHCP), Behavioral Intervention Plan (BIP), etc. For 'otherwise medically necessary' services and crisis intervention services, no plan of care is required. **For non-IEP nursing services only -** Current copy of Individual Health Plan (IHP) and copy of PCP orders for service/mediciation, if applicable.					
4B and 4C - Nursing only	5. **Nursing Services only** - if a delegated nursing service is provided, the signed training documentation, furnished by the supervising Registered Nurse (RN). The training date occurred before the delegated nursing service was provided.					
4B and 4C	6. Student's attendance record OR list of dates of absences to verify that students for whom services were billed were present on the date of service. Includes a legend. For partial absences on the direct service date, include documentation (such as a bell schedule) to specify the time of absence.					
4B and 4C	7. Provider's licensure documentation including Board license and Public Education Department (PED) license (if applicable). The licenses are active on the date of the direct service.					
4B and 4C - if applicable	8. If the provider requires supervision, the supervising provider's Board license and PED license. The licenses are active on the date of the direct service. **Nursing Services only** - if a delegated nursing service is provided, the licence of the RN needs to be provided					
4B and 4C - Billable time only	9. **Billable Time only** - Service documentation to include: Name of the LEA/REC/SFEA, student's information (name, date of birth, Medicaid number), date, time and duration or unit of service with start time, description of service provided including treatment code and procedure code used to bill the service, and if applicable, supervisor's signature and credentials for providers requiring supervision (e.g., ASL, SLP-CF, PTA, COTA, or LMSW), this includes University Students. Documentation Note must contain the Name of the Extern/Practicum Student, Name of University and what year/semester in their Bachelors or Masters Program, State level of Supervision - Direct/Indirect and the Name/Credential of their licensed Supervisor. **These notes need to be printed out and signed by both the Supervisor and the studen**t (either handwritten or DocuSign/google sign) if using a Third-Party billing system with an electronic signature system.					
4B and 4C - Non-Billable time only	10. **Non-BillableTime only** - Non-billed service note, supporting entry of service documentation, time stamped service logs, etc.; if the service is for *nursing:* documentation of nursing service, health logs, hearing and vision logs.					
4B and 4C - if applicable	11. **Supporting Documentation if it applies** - Provider schedule/calendar that provides support for the RMTS moment and/or direct service; If the provider was *traveling*: Provider's proof of travel times (e.g., mileage logs, travel logs, calendar showing travel time); If an *evaluation* occurred: Include the evaluation report(s); *Other*: Applicable email communications or other documentanted communication to support the RMTS moment and/or direct service.					

Revised 08/2024

4B/4C Audit Support Guide

General Guidance	• **Group services** - If the Random Moment Time Study (RMTS) moment involves more than one student, **only one** student's documentation (Medicaid eligible preferred), needs to be uploaded. • **Identify the direct service date**. This will inform which documents need to be collected. The direct service date may or may not be the same as the RMTS moment. • All documentation provided needs to **cover and/or be active on the direct service date.**

1. **IEP services only** Original/copy of the full Individualized Education Program (IEP)	• **IEPs only need to be submitted for "4B" moments** and when "in accordance with" states an IEP. If the RMTS moment is a 4C moment, the IEP does not to be uploaded, even if one exists.
	  ○ For instance, the RMTS is for a 4C moment, and the plan is in accordance with a Behavioral Health Care Plan (BHCP). The student also has an IEP. The only plan of care that needs to be submitted is the BHCP.
	• **IEP(s) uploaded must cover the direct service date.**
	  ○ The direct service date may or may not be the same as the RMTS date.
	  ○ The most recent IEP may or may not be the requested IEP.
	• **Transfer IEPs** are accepted. This applies to in state and out of state transfers.
	  ○ Upload both the transfer IEP and the initial IEP at the new district, if one has been created.
	• If an **IEP amendment** is uploaded, the original IEP must also be uploaded.
	• The **full IEP** will be more than 2-3 pages. Submitting only the demographics page and schedule of services will result in a request for the complete IEP to be resubmitted.
	  ○ See NM Public Education Department's "Developing Quality IEPs," pg. 28. https://webnew.ped.state.nm.us/wp-content/uploads/2018/03/Developing-Quality-IEPs.pdf

2. **IEP services only** Copy of evaluation performed by a direct service provider OR IEP present level of performance **Nursing services listed on IEP**	• The evaluation, re-evaluation or present levels of performance must cover the direct service date. • If a **reevaluation** is uploaded, the original evaluation must also be included. • **Evaluations are the preferred** documentation to be submitted if it is available. If the evaluation is not available, the **Multidisciplinary Evaluation Team (MET) or Multidisciplinary Team (MDT) is an accepted document.** • **Re-evaluations are the preferred** documentation to be submitted if it is available. If the re-evaluation is not available, **the Review of Existing Evaluation Data (REED) is an accepted document**. • **If the present levels of performance are accepted from a transfer IEP**, and there is reference to previous present levels (e.g., "see present levels from SF school district"), the transfer IEP that contains the referenced present levels must also be uploaded. Must include PCP orders and Individual HealthCare Plan (IHP)

3. **IEP services only** Primary care provider (PCP) notification form with PCP signature OR documentation of a good faith effort (GFE)	• The PCP notification or GFE must cover the direct service date.
	• **The PCP notification or GFE are not required if** the student is non-Medicaid, billing does not occur, or if the student meets Native American student exemption status.
	  ○ You may utilize the Medicaid portal to search student's Medicaid eligibility and Native American exemption status https://nmmedicaid.portal.conduent.com/static/index.htm
	• **The PCP notification form is complete when:**
	  ○ The PCPN is for an IEP that covers the direct service date referenced in the RMTS.
	  ○ The frequency/duration of the PCP notification matches the IEP schedule of services (e.g., occupational therapy 1hour/week).
	  ○ The "I acknowledge the provision" statement is checked.
	  ○ There is a provider signature (electronic signatures are accepted).

	• **The GFE must be documented.** It is recommended the updated GFE form provided by the School Health Office (SHO) is utilized. District/Regional Education Cooperatives (REC) created GFE documentation is also accepted, if it tracks the required GFE process outlined in Appendix H. ○ The full GFE requirements have returned as of May 11, 2023. • **The PCP notification must be obtained annually**, or when an additional IEP service is added or time provision increased, and within 180 days from the IEP. If180 days has passed, the PCP notification should still be obtained. • **See updated 'Appendix H** – Notifying the PCP & Good Faith Effort' and '**Appendix O** – School Health Office Contact Information & MCO Contact Information' for more information.

4. **Non-IEP services only** Original/copy of non-IEP plan of care
 	
Non-IEP nursing only copy of individual health plan and medication prescription, if applicable
	• The Non-IEP plan of care must cover the direct service date.
	• **Accepted Non-IEP plan of cares** include: 504 plans, Behavioral Health Care Plans (BHCPs), Behavioral Intervention Plans (BIPs), and other plans of care.
	• **Accepted Non-IEP nursing services**: Individual Health Plan (IHP), Individual Health Care Plan (IHCP), or other health care plans.
	• **Hearing and Vision Screenings -** There is no plan of care. Provide a screening log and attendance of a student that had a screening. If available, supply a provider calendar showing screenings were blocked for that time of day. If carried out by a delegated nursing provider, training documentation needs to be submitted.
	• For **otherwise medically necessary** services:
	  ○ Check the follow up 'notes**'** section. If the follow up 'notes' show that a direct service was in accordance with a plan of care, then the identified plan of care must be uploaded.
	  ○ For 'was otherwise medically necessary' direct services, no plan of care will be uploaded. This is most common is for hearing and vision screenings.
	• **Crisis intervention services** will also not have a plan of care.

5. **Nursing Services only** if a delegated nursing service is provided	• **Delegated Nursing providers** - Upload signed documentation of training, that was provided by a registered nurse (RN), showing the delegated nursing provider was trained in the delivered service. The date the training occurred must have occurred **before** the delegated service was delivered. ○ For instance, a RN trained the delegated provider for two separate services. Training for both separate services need to be documented. Based on what service was selected for the audit will determine which proof of training documentation will be submitted.

6. **Student's attendance** records	• The **attendance needs to cover the date of the direct service**, this may or may not be the same date as the RMTS.
	  ○ For instance, during the RMTS (example: 7/15) the provider was documenting for direct services that they delivered the day before (example 7/14). In this case, the attendance record needs to show the student was present on the date of the direct service (7/14).
	  ○ For instance, during the RMTS time (example: 3/21) the provider was preparing documents that would be for the next day's direct service session (3/22). In this case, the attendance record needs to show the student was present on the date of the direct service (3/22).
	• **Include an attendance legend**. Each attendance record is different. The legend is used to interpret the record. Including a legend will prevent further follow up requests if an attendance symbol is unknown to the audit reviewers.
	• **For partial absences** (e.g., student shows they were present for period 1-4 but an absence during period 5) on the direct service day, include documentation (such as a bell schedule) to specify the times the student was absent. This will clarify if the student was present for the direct service.
	• **Homebound students' exception** – For homebound students in which attendance is not taken, attendance records will not be submitted. It is recommended that a signature log of the parent/guardian and direct service provider is maintained.

7.**Provider's licensure Board** license and Public Education Department (PED) license
 	
8. **Supervisor licensure** only for providers that require supervision
	• See **Appendix G MSBS Provider Licensure and Supervision Requirements** to determine which licenses are required (Board and/or PED) and which providers require supervision.
	• **Ensure the license uploaded is active on the direct service dat**e.
	• **Acceptable forms of licensure** include:
	  ○ Digital copy of license
	  ○ Photo of the physical license
	  ○ Regulation and Licensing Department (RLD) official verification
	  ○ Public Education Department (PED) official license verification
	  ○ New Mexico Board of Nursing official license verification
	• **Nonacceptable forms of licensure** include:
	  ○ Typed out (e.g., Microsoft word) or handwritten documentation of the license information.
	  ○ Licenses that are expired.
	  ○ Licenses that are missing the 'issued' and/or 'expiration' date.
	  ○ Non- official RLD online verification.
	  ○ Non- official PED online verification.
	• **For nursing licenses,** multistate compact licensure is accepted. This can include New Mexico license verification or out of state licensure that is a part of the multistate compact agreement.
	• **Supervision** – if a provider requires supervision, ensure their supervisor's licensure is also submitted, following the same guidelines for accepted licensure as above.
	• **Legal names and licensure type** - The provider's legal name needs to be reflected in the licensure (if there has been a name change, the license must be updated according to professional licensure requirements). The participant list must be the provider's legal name, not a nickname. The participant list MAC category needs to match the provider's licensure type.

9. **Billable Time** Service documentation	• Only applies if the direct service is billed. • **See the MSBS Guidebook, 'Documentation Requirements,' pg. 21,** for more information on components required for a billable documentation note. Providers that require supervision must have their billed notes signed by their supervisor. • **Third party billing** - Generally, billable service documentation notes can be pulled from the 3rd party biller (contact your third-party biller for specifications). For districts that utilize alternative billing, such as paper billing, service notes need to be pulled from maintained records. • If *preparing* to deliver a direct service, the billable service time would be *after* the RMTS time. • If p*ost-service* work (e.g., documentation), the billable service time would be *before* the RMTS time. • **MaxCapture/SSG users only** - service notes are time-stamped in Eastern Time (ET). Two hours need to be subtracted from the ET time stamp in order to reflect the New Mexico time zone, Mountain Time (MT).
10**. Non-Billable Time** Supporting entry of service	• Only applies if a direct service was not billed. • Includes non-billed service notes (if stored within a third-party biller, may be identical to a billed service note), supporting entry of service documentation, time stamped log, etc. • **For nursing**, often a service log of the health service is available. • **Non-billed notes should have sufficient information** to identify the provider, student, type of service, student name, time of service and any additional content that is in line with the provider's professional guidelines, as it applies.

11. **Supporting Docs. if it applies**	• Can apply to both 4B and 4C moments, if applicable.
	• This category covers additional documentation, in addition to billed/non-billed service documentation, to support the direct service moment and/or what was stated in the RMTS moment.
	• The most requested supporting documentation is a **provider calendar/schedule**.
	  ○ Typically requested to support a pre or post activity.
	  ○ The provider calendar may be available through your third-party biller (check with biller).
	• **Traveling** during the RMTS - mileage logs, travel log, the provider's calendar stating traveling, etc.

	• **Evaluation**, assessment, screening occurred during the RMTS moment – upload the evaluation, assessment, screening, if available. • **Other** – email communication to support what the provider was doing at the RMTS time.