MSBS - ADMINISTRATIVE CLAIM REVIEW TOOL

LEA/REC/SFEA:	Reviewer:			Date:
PARAMETER	**Yes**	**No**	**N/A**	**Comments**
1. Copy of Certified Participant List submitted to Fairbanks.				
2. Copy of payroll costs (including line item detail with job codes) for staff listed on administrative claim. Include explanation for inclusion and exclusion of any costs. (Step 1. Financial Details)				
3. Accounting records (Purchase Order reports w/line item detail and Invoices) showing payment of purchased services for contracted employees listed on administrative claim. (Step 1. Financial Details)				
4. Report showing Operational Account(s) (e.g. 11000, 27101, 25153) used to develop quarterly administrative claim. (Step 2. Allocated Costs)				
5. Allocated costs from Chart of Accounts match the amounts reported on the district's quarterly expenditure report; including district-wide Total Operational/MSBS Salaries, Benefits & Contracted Costs				
6. Detailed Explanations of Allocated Cost variances, if required.				
7. Copy of Financial Summary & Detailed Expanations, if required. (Step 3. Review Financial Summary)				
8. Cover Letter of administrative claim is printed on district letterhead				
9. Cover letter & Invoice are signed				
ADMIN CLAIMS NEEDED FOR REVIEW ARE:				

Revised 08/12/15

MSBS - COST SETTLEMENT REVIEW TOOL

LEA/REC/SFEA:	Reviewer:			Date:	Cost Report Year:
PARAMETER	**Yes**	**No**	**N/A**	**Comments**	
1. List of all staff costs reported from Certified Participant List(s)provided by Fairbanks.					
2. Verification of appropriate staff licensure for all direct service providers categorized in Cost Pool 1. District should provide a spreadsheet with all provider license #, issue and expiration dates. Licensure will be verified via NM RLD & PED websites and Medicaid enrollment verified.					
3. Copy of payroll costs (YTD Payroll Journal including line item detail with job codes) for district employed direct service providers listed on Participant List. Accounting records (YTD Purchase Order reports w/line item detail and Invoices) showing payment of purchased services for contracted employees listed on Participant List. Include explanations for inclusion and exclusion of any costs.					
4. General Ledger Report and supporting documentation for allowable Direct Medical Supplies, Materials & Other Costs.					
5. Verification of IEP indication of need for students for whom Transportation Services are being claimed. This includes a copy of the Transportation Page of the child's IEP that indicates transportation is required as a related service, including the specification of a special modification to the bus. Bus logs that indicate presence on the modified bus should also be provided.					
6. General Ledger Report(s) for allowable transportation costs.					
7. Verification of 80 Day Count #s reported. Reported #s will be cross checked with PED.					
8. Certified Public Expenditure (CPE) statement is signed by authorized district employee.					
9. Check for any over-payment of FFP is remitted with cost settlement report (if nescessary).					

MSBS - SITE REVIEW TOOL

LEA/REC/SFEA:	Reviewer:			Date:
PARAMETER	**Yes**	**No**	**N/A**	**Comments**
1. Name, title and telephone number of the school district employee designated as the MSBS Coordinator and back-up coordinator. What is the process when the MSBS Coordinator is not available?				
2. Who does your MSBS Direct Service Billing?				
3. 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.				
4. Documentation is kept in a secure location and confidentiality is maintained.				
5. Copy of the current the MSBS - GSA with HCA/MAD is available to coordinator.				
6. Original/copy of all Regulation and Licensing Department and Public Education Department licenses, professional licenses, registrations, or certificates for all present and past employed and contracted service providers.				
7. Written procedure regarding clinical supervision of providers in accordance with program policy, including date, time, and frequency of supervision.				
8. Site and Individual Medicaid provider numbers on file and process to ensure providers recertify with Medicaid Fiscal Agent (Conduent) every 3 years				
9. How are Direct Service and Admin Claim (if applicable) reimbursements tracked, and how do you collaborate with your district's Finance Department to ensure that the reimbursements are being placed in the correct account?				
Administrative Claiming/Cost Report Questions				
1. Job description for each employee included in the time study (RMTS)				
2. Copy of excel spreadsheet showing student 80-day count submitted to Medicaid and the matched file from Medicaid				
3. Copies of the completed and approved quarterly administrative claims and annual cost reports, including supporting documentation, are available.				