Kentucky Department of Education

School Based Medicaid: Expanded Access Monitoring Review Form

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| **Provider (School District Name)**  | **Medicaid Number** |
| **Provider Number** **(School District Medicaid number)** | **Service Date****(Date the service was preformed)** |
| **Claim Number:** **(ICN #)** | **Service Units Billed****(Ex: 1 unit= 7.5- 15 mins)** |
| **Client Name (Students Name)** | **Service Type** **(Ex: Group Speech)** |
| **Audit Requirement** | **Score** |
| **Criteria**  |
| 1. Is there documentation provided that declares medical necessity? Pass/Fail
 |  |
| 1. Has the parent or guardian signed a Parental Consent/Release of Information form? Pass/Fail
 |  |
| 1. **Service Treatment Log Criteria**
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| 1. Does the log list the service date? Pass/Fail
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| Does the log reflect the type of therapy services provided? 5 Pass/Fail |
| 1. If the session is group, does the log list the group size? Pass/Fail
 |  |
| 1. Does the log identify where the service was provided? Pass/Fail
 |  |
| 1. Does the documentation reflect the duration of service, and does this correspond to the units billed? Pass/Fail
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| 1. Is the log signed by the person who delivered the service? Pass/Fail
 |  |
| **Monthly Progress Note Criteria**  |  |
| 1. Does the service documentation provide a clear understanding of the service provided? Pass/Fail
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| **Staff Credentialing Criteria**  |
| 1. Is the staff credentialed for the service provided and were they on the approved practitioner list submitted to KDE? Pass/Fail

List Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Attendance Records**  |
| 1. Student was in attendance on the date of service. Pass/Fail
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| **Staff Pool List and Financial Data**  |  |
| 1. Is staff listed in appropriate staff pool? Pass/Fail
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|  Was Staff Pool List and Financial Data submitted on time? Pass/Fail |  |
| 1. Does financial data match MUNIS reports? Pass/Fail
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| 1. Did the district meet the 85% compliancy for the periods reviewed? Pass/Fail
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| 1. Did the district submit peer review documentation? Pass/Fail
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**Reviewer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**