

**Kentucky Department of Education
School Based Medicaid Monitoring Review Form**

Provider	Medicaid Number
Provider Number	Service Date
Claim Number:	Service Units Billed
Client Name	Service Type
Audit Requirement	
IEP Criteria	Total of 35 points
1. Is there an evaluation/assessment documenting the need for IEP in the student record? 10 points	
2. Is the IEP current with the date of service? 10 points	
3. Does the IEP identify the type of service billed, if it is group service, is that documented? 10 points	
4. Has the parent or guardian signed a Parental Consent/Release of Information form? 5 points	
Service Treatment Log Criteria	
Total of 30 points	
5. Does the log list the service date? 5 points	
6. Does the log reflect the type of therapy services provided; does this match to the service as outlined in the IEP? If the service is transportation, has a related service been billed on the same day? 5 points	
7. If the session is group, does the log list the group size? 5 points	
8. Does the log identify where the service was provided? 5 points	
9. Does the documentation reflect the duration of service, and does this correspond to the units billed? If this claim is transportation, does the mapping match the miles billed? 5 points	
10. Is the log signed by the person who delivered the service? 5 points	
Monthly Progress Note Criteria	
Total of 5 points	
11. Does the service documentation reflect progress toward IEP goals? 5 points	
Staff Credentialing Criteria	
Total of 5 points	
12. Is the staff credentialed for the service provided and were they on the approved practitioner list submitted to KDE? 5 points	
List Staff Name: _____	
Attendance Records	
Total of 5 points	
13. Student was in attendance on the date of service. 5 points	
Staff Pool List and Financial Data	
Total of 20 points	
14. Is staff listed in appropriate staff pool? 5 points	
15. Was Staff Pool List and Financial Data submitted on time? 5 points	
16. Does financial data match MUNIS reports? 5 points	
17. Did the district meet the 85% compliancy for the periods reviewed? 5 points	
18. Did the district submit peer review documentation? Pass/Fail	

Reviewer _____

Date _____