

**MEDICAID CERTIFIED SCHOOL MATCH PROGRAM
MONITORING INSTRUMENT
AAC EVALUATIONS, FITTINGS, ADJUSTMENTS AND TRAINING**

Student Name		Medicaid ID Number	
School District		Review Period (Service Date)	
Diagnosis Code			
Procedure Code(s)			

PROVIDER QUALIFICATIONS

Reference	Standard	Met	Not Met	N/A	R	Comments
MSCM handbook, page 7-4	1. Is the most recent ACC evaluation present in the student's record?					Date of evaluation:
	2. Was an interdisciplinary team formed with SLP as lead?					

DOCUMENTATION

Team Approval of the evaluation:						
MSCM handbook, page 7-3	3. Does the IEP or IFSP or an attachment reference a need for AAC or SLP services?					
MSCM handbook, page 7-7	4. Is the evaluation:					
	a. Legibly signed?					
	b. Are the signatures titled?					
	c. Is the documentation dated?					

MSCM handbook,
page 7-4

5. Did an SLP lead the team?						
6. Did the team also have one other professional staff member?						
7. Does the district understand that team member must not have a financial relationship with the AAC manufacturer?						
Provider Name:					Title:	License #:
Provider Name:					Title:	License #:

Evaluation:

MSCM handbook,
page 7-4

8. If an evaluation was billed, does it include:					
a. Student's name?					
b. Significant treatment information/medications?					
c. Medical prognosis?					
d. Motor skills?					
e. Cognitive skills?					
f. Sensory/perceptual abilities?					
g. Language comprehension?					
h. Expressive language capabilities?					
i. Oral motor speech status?					
j. Use of communication and present communication abilities and needs?					

	k. Writing impairments, if any?					
	l. Environment?					
	m. AAC recommendation?					
	n. Individual Action Plan/Plan of Care?					
MSCM handbook, page 7-4	9. Did all the team members:					
	a. Legibly sign the evaluation?					
	b. Are the signatures titled?					
	c. Are the signatures/document dated?					
Re-Evaluations:						
MSCM handbook, page 7-11	10. Was there a description of the session with the student and AAC device?					
AAC Fitting, Adjustment and Training:						
MSCM handbook, pages 2-10 and d3-9	11. Does the AAC fitting documentation include:					
	a. Student's name?					
	b. Date of service?					
	c. Length of time?					
	d. Description of service?					
	12. Is the documentation:					
	a. Legibly signed?					
b. Are the signatures titled?						

	c. Is the documentation dated?					
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REIMBURSEMENT

Billing/Reimbursements:						
MSCM handbook, page 7-12	13. Were AAC fitting, adjustment and training sessions limited to no more than eight claims per device?					
MSCM handbook, pages 6-7 and 6-8	14. Were AAC fittings, adjustment and training sessions face-to-face and individualized?					
MSCM handbook, page 7-11	15. Were more than 2 re-evaluations billed for dates of service during the same calendar year?					

SUMMARY/RECOMMENDATIONS

The provider must be 100% compliant to avoid possible recoupment of funds

**MEDICAID CERTIFIED SCHOOL MATCH PROGRAM
MONITORING INSTRUMENT
BEHAVIORAL SERVICES**

Student Name		Medicaid ID Number	
School District		Review Period (Service Date)	
Diagnosis Code			
Procedure Code(s)			

DOCUMENTATION

References	Standards	Met	Not Met	N/A	R	Comments
Documentation: Student Record						
MSCM handbook, pages 6-5 and 6-9	1. Is the most recent evaluation present in the student's record?					
	2. Does the IEP, IFSP, or an attachment recommend behavioral services?					
	3. If electronic documentation and signatures are used, are security procedures in place to prevent unauthorized use?					
MSCM handbook, pages 2-3	4. Does the record include a narrative or checklist description of method used to treat student pertaining to at least one objective found on the IEP/POC?					
	5. Is the documentation:					
	a. Legibly signed?					

MSCM handbook, page 6-9	b. Is the signature titled?					
	c. Is the signature dated?					
	d. Is the documentation dated?					
Documentation: Evaluations, Testing, Assessment, Consultations and Referrals						
MSCM handbook, pages 1-5	6. Behavioral evaluation is present:					
MSCM handbook, page 6-9; also see Medicaid's Provider General Handbook, Page 2-62	7. Provider Name:					
	8. Title:					
	9. License No.:					
	10. If any of these services were billed, did the documentation include:					
	a. Student's name?					
	b. Date of service?					
	c. Description of the testing, assessments, evaluation and consultative and referral activities?					
	d. Actual length of time of service(s)?					
	11. Are the evaluations, testing, assessments, consultations and/or referrals:					
	a. Legibly signed?					
	b. Is the signature titled?					
c. Is the documentation dated?						
d. Is the signature dated?						

Documentation: Treatment Services						
MSCM handbook, pages 6-7 and 6-10	12. Provider name:					
	13. Title:					
	14. License No.:					
	15. If therapy or counseling was billed, did the documentation include:					
	a. Student's name?					
	b. Date of Service?					
	c. Description of the therapy or counseling session?					
	d. Description of the student's progress toward any established goals, if appropriate (can be weekly)?					
e. Identify if group or individual therapy service was rendered?						
f. Length of time the service was performed?						
MSCM handbook, page 6-9	16. Are the behavioral treatment services:					
	a. Legibly signed?					
	b. Is the signature titled?					
	c. Is the signature dated?					
	d. Is the documentation dated?					
MSCM handbook, page 6-7	17. If a group session, was the group size a minimum of two students with a maximum of 10 students?					

REIMBURSEMENT

MSCM handbook, pages 6-7 and 6-8	18. Has the district been made aware of the limitation of 32 units of service per day for each staff member?					
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SUMMARY/RECOMMENDATIONS

The provider must be 100% compliant to avoid possible recoupment of funds

**MEDICAID CERTIFIED SCHOOL MATCH PROGRAM
MONITORING INSTRUMENT
NURSING AND MEDICATION ADMINISTRATION SERVICES**

Student Name		Medicaid ID Number	
School District		Review Period (Service Date)	
Diagnosis Code			
Procedure Code(s)			

DOCUMENTATION

Reference	Standard	Met	Not Met	N/A	R	Comments
Documentation: Student Record						
MSCM handbook, pages 8-3	1. Is there documentation that the healthcare staff is credentialed?					
MSCM handbook, pages 8-4	2. Does the IEP, IFSP or an attachment reference nursing services or medication administration services?					
Provider General Handbook, July 2012	3. If electronic documentation and signatures are used, are security procedures in place to prevent unauthorized use?					
MSCM handbook, pages 8-4	4. Is a recommendation for the service included as part of the IEP or IFSP with (a) signature of nurse, title, and date; or (b) a separate document as a recommendation for nursing services (dated prior to the billing date) that includes: signature, properly titled and dated?					
Documentation: Treatment Services						

MSCM handbook, pages 8-8	5. If nursing services (excluding medication administration) was billed, did the documentation (narrative descriptions or logs acceptable) include the following information:					
	a. Student's name?					
	b. Date of Service?					
	c. Length of time service was performed?					
	d. Description of the service?					
	e. Student's reaction to the service (do not answer if service billed as consultation)?					
	f. Nurse's or health aide's signature (weekly if log format with initialed for each entry), title, and date?					
MSCM handbook, pages 8-9	6. If medication administration was billed, did the documentation (narrative descriptions or logs acceptable) include the following information:					
	a. Student's name?					
	b. Date of Service?					
	c. Name of medication?					
	d. Time medication was given?					
	e. Dosage and route?					
	f. Nurse's or health aide's signature (weekly if log format with initialed for each entry), title, and date?					

MSCM handbook, pages 8-3	7. If services were provided by a school health aide or LPN, were the services performed under the direction of a licensed registered nurse? Supervisor's Name: _____					
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REIMBURSEMENT

MSCM handbook, pages 8-6	8. Has the district been made aware of the limitation of 32 units of service per day for each staff member?					
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SUMMARY/RECOMMENDATIONS

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The provider must be 100% compliant to avoid possible recoupment of funds

MEDICAID CERTIFIED SCHOOL MATCH PROGRAM MONITORING INSTRUMENT THERAPY SERVICES

Student Name		Medicaid ID Number	
School District & School Name		Review Period (Service Date)	
Diagnosis Code			
Procedure Code(s)		Type of Therapy (check one box)	PT <input type="checkbox"/> OT <input type="checkbox"/> Speech <input type="checkbox"/>

DOCUMENTATION

Documentation: Student Record						
Reference	Standard	Met	Not Met	N/A	R	Comments
MSCM handbook, pages 2-2, 3-2, 4-2	1. Is the most recent evaluation present in the student's record?					Date of the Evaluation:
MSCM handbook, pages 2-3, 3-3, 4-4	2. Does the IEP, IFSP, or an attachment reference therapy services?					
Provider General Handbook, July 2012	3. If electronic documentation and signatures are used, are security procedures in place to prevent unauthorized use?					

Documentation: Therapy Session						
	4. Provider Name:					
	5. Title:					
	6. License No.:					
	7. Does documentation of therapy session include:					
	a. Student's name?					
	b. Date of service?					
	c. Type of service?					

MSCM handbook, pages 2-10, 3-9, 4-8

d. Length of time therapy/treatment was performed?					
e. Daily initials and weekly signatures by service provider (if weekly therapy and progress notes used)?					
f. Description of therapy, activity, or method used?					
g. Student's progress toward established goals?					
8. Does the therapy session billed address at least one objective found in the IEP/IFSP/POC?					
9. Is the therapy session note:					
a. Legibly signed?					
b. Is the signature titled?					
c. Is the signature dated?					
d. Is the documentation dated?					
10. With the sessions, including group, is the minimum of 15 minutes of direct contact met?					
11. If the service billed was a group therapy session, was the group size limited to a maximum of: four (4) students for physical & occupational therapy? eight (8) students for speech therapy?					
12. Is there documentation or evidence that supervision is taking place by the licensed therapist?					

MSCM handbook, pages 2-4, 3-4, 4-5

Certified School Match Program - Therapy

Documentation: Splints and Cast Services

MSCM handbook, pages 2-7 and 3-6 to 3-7

13. Provider Name					
14. Title					
15. License number					
16. Is the splint or cast service included in the Plan of Care?					
17. Has it been rendered by a licensed PT or OT?					
18. Has the service been prescribed by a licensed physician, ARNP, or PA?					

Documentation: Wheelchair Evaluations and Fittings

MSCM handbook, pages 2-8

19. Provider Name:					
20. Title:					
21. License number:					
22. Has the evaluation been developed by a therapist meeting the Medicaid requirements and qualifications?					

23. Does the evaluation report contain:

a. Student's name?					
b. Student's physical condition that makes it necessary for a wheelchair?					
c. Justification of all accessories and add-on components?					

MSCM handbook, pages 2-7 to 2-8 and 3-7 to 3-8

24. Is the documentation for the wheelchair evaluation or fitting:

a. Legibly signed?					
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Certified School Match Program - Therapy

b. Is the signature titled?					
c. Is the documentation dated?					
d. Is the signature dated?					
25. Are copies of both reports retained in the student's record for the follow-up?					

REIMBURSEMENT

Reimbursement: Evaluation

MSCM handbook, pages 2-2, 3-2, 4-3	26. If an evaluation was billed, did the documentation include:				
	a. Student's name?				
	b. Diagnostic testing and assessments?				
	c. Written report with needs identified?				

MSCM handbook, pages 2-10, 3-9, 4-4	27. Is the therapy evaluation:				
	a. Legibly signed?				
	b. Is the signature titled?				
	c. Is the signature dated?				
	d. Is the documentation dated?				

Reimbursement: Plan of Care (IEP or IFSP if used as the POC)

MSCM handbook, pages 2-3, 3-3, 4-4	28. Has a plan of care been developed by a therapist meeting the Medicaid requirements and qualifications?				
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MSCM handbook, pages 2-2, 3-1, 4-3 Certified School Match Program - Therapy DRAFT - December 2014	29. Does the plan of care include:				
	a. Student's name?				
	b. Description of the student's medical condition?				
	c. Therapy that was provided (individual or group)				

	d. Achievable, measurable, time-related goals & objectives?					
	e. Frequency and duration of treatment?					
MSCM handbook, pages 2-10, 3-9, 4-8	30. Is the plan of care:					
	a. Legibly signed?					
	b. Is the signature titled?					
	c. Is the signature dated?					
	d. Is the documentation dated?					
MSCM handbook, pages 2-4, 3-4, 4-5	31. Has the Plan of Care been updated at least annually or more often due to progress?					
MSCM handbook, pages 2-4, 3-4, 4-5	32. If service billed as a physical therapy session, is there a prescription or referral on file for physical therapy services?					
Reimbursement: Therapy Sessions						
MSCM handbook, pages 67 and 6-8	33. Has the district been made aware of the limitation of 32 units of service per day for each staff member?					
Provider General Handbook, July 2012	34. Are documented units of service for the date of service in agreement with the paid claim?					
Reimbursement: Wheelchair Evaluations and Fittings						
MSCM handbook, page 2-8	35. Did the same therapist who performed the initial wheelchair evaluation also perform the follow-up evaluation?					
MSCM handbook, pages 2-7 to 2-8 and 3-7 to 3-8 Certified School Match Program	36. Does the wheelchair follow-up evaluation contain:					
	a. Student's name					
DRAFT December 2014	b. Description of adjustments and fittings made?					

SUMMARY/RECOMMENDATIONS

The provider must be 100% compliant to avoid possible recoupment of funds

**MEDICAID CERTIFIED SCHOOL MATCH PROGRAM
MONITORING INSTRUMENT
TRANSPORTATION SERVICES**

Student Name				Medicaid ID Number	
School District				Review Period (Service Date)	
Diagnosis Code					
Procedure Code(s)					

DOCUMENTATION

Reference	Standard	Met	Not Met	N/A	R	Comments
Documentation: Reference for the Specialized Transportation:						
MSCM handbook, page 5-3	1. Does the IEP or IFSP reference specialized transportation services?					

REIMBURSEMENT

Reimbursement: Medicaid Reimbursable Service on the Same Day:						
MSCM handbook, pages 5-4	2. Was a Medicaid-reimbursable service (other than specialized transportation service) provided on the date of service specialized transportation was billed (either at school, off school campus, or both)?					
	3. Was the Medicaid reimbursable service (other than specialized transportation) referenced in the IEP or IFSP?					

DOCUMENTATION

Documentation	Documentation Trip Logs
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MSCM handbook, pages 5-5	4. Does the trip log contain the student's name?					
	5. Does the trip log contain the date of service of transportation?					
	6. Does the trip log contain the bus driver's or attendant's initials verifying the student was transported?					
	7. In an alternate method of documentation was used instead of a trip log, was the method used in lieu of a trip log approved by the proper officials?					



REIMBURSEMENT

Reimbursement: Trip Logs

MSCM handbook, pages 5-4	8. Were no more than 2 one-way trips (to school from home, to home from school, to off-campus from school, or to school from off-campus) billed on this day?					
	9. If 4 one-way trips were billed on this day, was a service provided at school and a different Medicaid-covered service provided off-campus on the same day?					

SUMMARY/RECOMMENDATIONS