

# **Medicaid Certified School Match Quality Review Checklist**

*Documents submitted must support the review period  
Originals cannot be accepted*

**Providers must submit the following documentation (in this order):**

## For Therapy Services (OT/PT/ST):

\_\_\_\_ Service documentation supporting the date of service for the sampled claim (session/progress notes)

\_\_\_\_ Current IEP (and POC, if applicable) that encompasses the date being reviewed – entire IEP must be submitted, including signature pages and any applicable attachments

\_\_\_\_ *Previous* IEP/POC (prior to the current IEP/POC for the review date) or *subsequent* IEP/POC if IEP that encompasses the date being reviewed is the *initial* IEP – entire IEP must be submitted, including signature pages and any applicable attachments

\_\_\_\_ Most recent therapy evaluation (e.g., include PT evaluation for a PT claim)

\_\_\_\_ Any applicable prescriptions or medical referrals

\_\_\_\_ Professional licenses/certificates for all treating providers related to claim service type requested for review (e.g., include licenses for OTA who provided the service, supervising OT who signed off on session notes, OT who signed IEP/POC, and evaluating OT)

*\*Please see MCSM Monitoring Tools for additional information on Wheelchair Evaluations and AAC documentation requirements or request assistance from the AHCA quality monitor*

## For Behavioral Services:

\_\_\_\_ Service documentation supporting the date of service for the sampled claim (session notes and/or evaluative reports)

\_\_\_\_ IEP that encompasses the date being reviewed – entire IEP must be submitted, including signature pages and any applicable attachments

\_\_\_\_ Recommendation for behavioral services signed by a qualified provider who is licensed/certified with a master's level or higher degree (if not included in IEP)

\_\_\_\_ Most recent psychological evaluation and any applicable documentation/observation notes

\_\_\_\_ Professional licenses/certificates for all treating providers related to claim service type requested for review (e.g., Psychologist who evaluated the student, LCSW who signed the IEP, and Counselor who is providing the service)

### For Nursing Services:

\_\_\_\_ Service documentation supporting the date of service for the sampled claim (nursing service notes/medication logs)

\_\_\_\_ IEP that encompasses the date being reviewed – entire IEP must be submitted, including signature pages and any applicable attachments

\_\_\_\_ Recommendation for nursing services signed by a registered nurse, an advanced registered nurse practitioner, physician, or physician's assistant (if not included in IEP)

\_\_\_\_ Any applicable prescriptions or medical referrals

\_\_\_\_ Professional licenses/certificates/course completion for all treating providers related to claim service type requested for review (e.g., Health Aide who provided the service, supervising RN who signed off on session notes, and RN who signed IEP/nursing recommendation)

### For Transportation Services:

\_\_\_\_ Transportation trip log supporting the date of service for the sampled claim

\_\_\_\_ Documentation for medical service provided the same day as transportation – following requirements for services as listed above (e.g., session notes, plans, and provider credentials for therapy, behavioral, or nursing services)

\_\_\_\_ IEP that encompasses the date being reviewed – entire IEP must be submitted, including signature pages and any applicable attachments

### In addition to student-specific records:

\_\_\_\_ Contract or agreement with local health department (if applicable)

\_\_\_\_ Contract or agreement with local behavioral services organization (if applicable)

\_\_\_\_ District or vendor/consultant electronic signature policy

### Organization for paper submissions:

*Please do not staple or affix sticky notes/tabs to documents, as all records will be scanned into our system for records retention purposes (district may use highlighter to mark pertinent sections of records). Organize all documentation by student/claim (including provider licenses).*

### Organization for electronic submissions:

*Please use the directions for paper submissions and scan each student record as one PDF (if possible). Electronic records must be encrypted/password protected or shared through an approved secure file transfer (e.g., Microsoft OneDrive or district FTP). For questions or additional assistance, please reach out to the AHCA quality monitor.*