

# Medicaid Audit Preparedness System

## 1. Administrative File for School Year:

- Credentials and License number for all Qualified staff (All Covered Services)
- Evidence of supervision (or under the direction of) for all PTAs, COTAs, OTA/Ls, SLAs, and ABAs (All Covered Services)
- *\*School Calendar (Just one copy for each school district and applicable out of district placements)*
- *\*Unexpected Closings List (Just one copy for district and any applicable out of district placements)*
- *\* Hours in the regular school day*
- Salary Information (For all service providers and Random Moment Time Study participants)
- RMTS Participant Lists for Qs 2, 3 & 4
- Quarterly special education and student body rosters (July 5<sup>th</sup>, October 5<sup>th</sup>, January 5<sup>th</sup>, April 5<sup>th</sup>) with rationale and documentation for students included as 1) having Medicaid covered services in their IEPs as of each 5<sup>th</sup> day of the quarter and 2) having parent consent on file as of each 5<sup>th</sup> day of the quarter
- Out-Of-District Tuitions paid by quarter with documentation including paid date and corresponding cost allocations for only students with covered services in their IEPs that are being delivered in the out-of-district settings; any prepaid tuitions should also be documented as to periods covered

*\*While these items are not required by Massachusetts Medicaid policy, MSB recommends inclusion in the administrative file.*

## 2. Individual Student Files

Documentation:	OT	PT	SLAH	RN	BH	RC	PC	ABA
<b>IEP</b>	X	X	X	X	X	X	X	X
<b>Referral/Order (ORRF)</b>			X	X	X	X	X	X
<b>Documentation of Service Delivery</b>	X	X	X	X	X	X	X	X
<b>Additional LPHA Signature Required**</b>	x	x	X		X		X	x
<b>Parental Consent Form*</b>	X	X	X	X	X	X	X	X
<b>Annual Notification of Parental Consent Rights*</b>	X	X	X	X	X	X	X	X

*\*While these items are not required by Massachusetts Medicaid policy, MSB recommends inclusion in the student file. Parental consent/annual notification is a requirement of the IDEA.*

*\*\*When Autism Services, Speech, OT, or PT is delivered by a licensed assistant, a second signature of the qualified supervising LPHA is required within scope of practice*