



Arizona School Based Medicaid File Review/Compliance Review Questions

Q#	QUESTION	REGULATION	RECOUPMENT
WHISTLEBLOWER POLICY (ONLY APPLICABLE TO A LEA WHO BILLS AT LEAST \$5,000,000 ANNUALLY)			
1.	<p>Does the LEA have the required internal Whistleblower policy and training in place?</p> <ul style="list-style-type: none"> • Each LEA meeting the threshold, must have an internal Board approved Whistleblower policy. • Each LEA meeting the threshold must have provided training on the policy to all applicable staff. 	Section 1902(a)(68) of the Social Security Act	None
SIGN-IN / RECORD ACCESS			
2	<p>Does the student file have a sign in sheet for confidentiality?</p> <ul style="list-style-type: none"> • Each IEP must have a method of tracking who accesses the confidential information and the reason why access is requested. • HIPAA requires the records remain confidential and the student may request a list of who has accessed his or her information. 	34 CFR 99.7 42CFR 431 AMPM 710.4.e	None
MEDICAL RECORDS			
3.	<p>If errors occurred on the medical record, were they corrected properly?</p> <ul style="list-style-type: none"> • To properly correct any error, the provider must: <ul style="list-style-type: none"> ○ Line through the incorrect information ○ Write the correct information ○ Initial and date • This provides a clear picture of who is making changes, whether they are authorized to do so and what the original mistake was. Proper corrections are required for both a paper and an electronic document. 	AMPM 710.4.b-d	None
ATTENDANCE RECORDS			
4.	<p>Does the attendance record for the student support the student's attendance on the date of service?</p> <ul style="list-style-type: none"> • The LEA should be able to provide the student's attendance record for the dates of service. • If the attendance record is incorrect, the LEA can provide another official document to support the student's attendance on the date of service. 	AMPM 700.5, 710 1-2	Reviewed claim only



EVALUATION REPORT

5.	<p>Did an appropriate medical provider complete an evaluation?</p> <ul style="list-style-type: none"> • A qualified medical provider must complete an evaluation to determine the medical necessity of services to be provided. • A reevaluation must be completed in accordance with the provider’s licensure regulations. 	AMPM 710.1	Reviewed claim only
6.	<p>Does the ICD-9 code in the evaluation report support the services rendered?</p> <ul style="list-style-type: none"> • The ICD-9 or diagnosis code describes the medical reason(s) the student is receiving a service. The code(s) is then used to file claims. For example, a student has a health aide to assist in wheel chair transfers due to a Spina bifida and receives speech therapy for stuttering. The HA claims would list the diagnosis of 741.0 (Spina bifida). The speech therapist would only list the diagnosis code 307.0 and not the 741.0 because Spina bifida is not the medical reason for receiving speech therapy. • Mental Retardation (ICD-9 codes 317-319) need additional codes to identify any associated psychiatric or physical conditions See ICD-9 appropriate to the timeframe of the claim. • A LEA can utilize a medical certification from a physician for the diagnosis code or the qualified medical provider who authorized the service. 	AMPM 710.2.b	None
7.	<p>Is the student evaluation report current (within last three years)?</p> <ul style="list-style-type: none"> • The evaluation report is current and identifies the student as having a disability under IDEA to receive special education and medical services (within 3 years from the last evaluation report). 	34CFR 300.301 AMPM 700.2	All claims filed since the evaluation report expired
8.	<p>Did an appropriate medical provider authorize the service?</p> <ul style="list-style-type: none"> • The medical provider that authorizes the service must make a treatment plan recommendation. This recommendation may be in the evaluation report or in the IEP • In either documentation, the treatment plan must be signed and dated. 	AMPM 700.4	All claims back to the start of the IEP
9.	<p>If the service was an evaluation, did the evaluation lead to additional services?</p> <ul style="list-style-type: none"> • If additional covered services were not ordered after the evaluation, then the evaluation is not a reimbursable service. • The psychological testing that helps determine if the student qualifies for services, may have a non-psychological service that is reimbursed, as long as the appropriate qualified medical provider does an evaluation and services are ordered based on that evaluation. 	AMPM 700.3	Reviewed claim only



IEP

10.	<p>Is the IEP current for the dates of service on the claims?</p> <ul style="list-style-type: none"> IEPs are valid for 365 days. If the date on the IEP exceeds that timeline, it is no longer considered a valid IEP unless there is written notice to the parent. 	34 CFR 300.323 AMPM 700.2	All claims filed since the IEP expired
11.	<p>Does the IEP have a specified goal related to the service being performed?</p> <ul style="list-style-type: none"> Each service that is rendered must have a related goal. The goal must be measurable and specific. If the goal states that it will be met by only the therapist and does not specify an appropriate assistant, only the therapist can bill for that service. A health aide may not bill for reinforcement of therapy goals. <p>Note: All ADLs must be clearly defined by scope, frequency and duration in the IEP. For instance, the student needs toileting, feeding and wheelchair transfer 1 hour per day. Some ADLs may not have goals associated with them.</p>	34 CFR 300.320 AMPM 710.2.a	Reviewed claim only
12.	<p>Does the IEP list the services to be provided to the student with scope, frequency and duration?</p> <ul style="list-style-type: none"> Each service should be listed in the Related Services or Supplementary Services Section of the IEP. Each service line should have only one type of provider. For example: A physical therapist and a health aide should not be listed on the same line with only one time for both providers. There should be one service line for the physical therapy and one for the health aide with related scope, frequency and duration for each. 	42 CFR 440.230 34. CFR 300.42 AMPM 700.5	All claims back to the start of the IEP will be recouped if this standard is not met.
13.	<p>Are there progress reports?</p> <ul style="list-style-type: none"> Each progress report describes how the student is progressing toward IEP goals and if the progress is sufficient to enable the student to achieve the goals by the end of the IEP period. Progress reports are concurrent with other reporting periods for all students 	34 CFR 330.320.a.3 AMPM 710.2.c	Reviewed claim only
14.	<p>Was the service provided at the location specified in the IEP?</p> <ul style="list-style-type: none"> If the service is provided at a location other than the school, the IEP must be documented as such. Needed Transportation must be specified in the IEP. 	34. CFR 300.42 AMPM 700.6	Reviewed claim only
15.	<p>Are the services paid the same or less than the services listed on the IEP?</p> <ul style="list-style-type: none"> If the services are billed, the claims must not exceed the services listed on the IEP. 	AMPM 700.4, 700.5 & 700.77	Reviewed claim only



CLINICAL NOTES (EG: PROVIDER NOTES, THERAPY NOTES)			
16.	Are there clinical notes for each reviewed claim?	AMPM 710.2.d and 7102.4.a	Reviewed claim only
a	<ul style="list-style-type: none"> For each service provided, the provider must maintain daily notes. The notes may contain multiple services provided by a single provider. The clinical notes are the daily charting a provider keeps for the student for each specific service. For all therapists and counselors, charting on progress must meet their individual licensing regulations. NOTE: Original clinical notes must be signed by the service provider according to regulation.		

HEALTH AIDE SERVICE LOGS			
16.	Are there Health Aide Service Logs for each reviewed claim?	AMPM 710.2.d and 7102.4.a	Reviewed claim only
b	<ul style="list-style-type: none"> For each service provided, the Health Aide must maintain service logs. These logs are the daily charting of ADL services provided and may contain multiple ADLs provided to a student by the Health Aide. . NOTE: Original service logs must be signed by the Health Aide in blue or black ink.		

CLINICAL NOTES OR HEALTH AIDE SERVICE LOGS (SERVICE LOGS ARE ONLY ALLOWED FOR HEALTH AIDE SERVICES)			
17.	Does the clinical note/service log identify the child as the same child claimed? The clinical note/service log must contain the child's legal name. Since the notes/logs are considered part of the medical record, they must not include nicknames unless noted as such.	AMPM 710.2	None
	<ul style="list-style-type: none"> The clinical note/service log must contain another identifier for the student such as date of birth or student ID number. 		
18.	Did the provider sign and date the clinical note/service log?	AMPM 710.2.d-e	Reviewed claim only
	<ul style="list-style-type: none"> Since the clinical notes/service logs are considered part of the medical record, the provider must sign the notes/logs. 		
19.	Does the claim date match the clinical note/service log?	AMPM 710.1-2 DSC Handbook 9.0.1	Reviewed claim only
	<ul style="list-style-type: none"> The claim date must match the date of the clinical note/service log. 		



BUS LOGS

20.	<p>Do the claim dates match the bus log and include mileage?</p> <ul style="list-style-type: none"> • The claim date must match the bus log. • The bus log must include mileage. Upon request, the LEA must provide verification of mileage at the time of the audit. 	<p>34 CFR 300.34 AMPM 720 - Transportation</p>	<p>Reviewed claim only</p>
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PROVIDER QUALIFICATION DOCUMENTATION

21.	<p>Did provider have the appropriate certification/licensure at time of service?</p> <ul style="list-style-type: none"> • For bus drivers, appropriate certification/licensure means current Commercial Drivers Licenses (CDL) and the Arizona Public Safety Certification. Since the State regulates school bus drivers under Arizona Administrative Code R17-9-102, if a bus driver has a current CDL for the time of service, it will be accepted that the bus driver met all requirements listed in R17-9-102. The LEA must furnish upon request any of the requirements of this Administrative Code. • For all other providers, the LEA is required to keep the documentation of appropriate certification/licensure. However, the claims system will not pay claims for providers whose licensure is not current. 	<p>34CFR 300.156 AMPM 700.1, 720</p>	<p>All claims for the student that were billed back to the last valid certification or CDL</p>
22.	<p>Did the provider have the appropriate training (Health Aides)?</p> <ul style="list-style-type: none"> • The health aide must be trained in the specific needs of the student that are prescribed in the IEP by a qualified provider. For instance, health aides must have CPR and first aid to provide ADLs • Training is documented. 	<p>AMPM 700.1, 720 - Nursing Services – School Based Health Aides</p>	<p>Reviewed claim only</p>
23.	<p>Did the provider bill the service performed?</p> <ul style="list-style-type: none"> • The documentation of the service provided must substantiate the CPT code billed. • The provider must bill group therapy if the service was provided for a group of students and individual therapy only when the therapist was working solely with an individual student. • A health aide must not bill for the same time that a therapist is working with a student unless there is additional documentation for the medical necessity of two providers. 	<p>AMPM 700.5</p>	<p>Reviewed claim only</p>

MAXIMUS reserves the right to audit any regulation or requirement. Questions are subject to change.