

**Iowa Department of Education
Area Education Agency Medicaid Service Record Audit**

Provider (AEA): _____

Dates of Service: _____

Services Provided: _____

I. Service Necessity

Component		Score: 1 = No 2 = Yes	Score
A.	Medical necessity for service established by Interdisciplinary Team (IEP for eligible individual or student is being assessed for eligibility for special education services)		
B.	Services consistent with the diagnosis		
C.	IEP Treatment Plan		
	1. Specific services identified		
	2. Services based on professional assessment		
	3. Goals and objectives are measurable		
	4. Frequency of services specified		
D.	IEP Annual review		
	1. Annual review of IEP documented		
	2. Progress on goals documented		
	3. Review of current level of functioning identified		
	4. Current functioning is compared to goals and objectives of previous IEP		
	5. New goals and objectives developed as appropriate		
	6. Modification/continuation of type and frequency of service identified		

Comments: _____

II. Documentation of Service Encounter

Component	Score: 1 = No 2 = Yes	Score
A.	Service encounter documents	
	1. Time	
	2. Date	
	3. Duration	
	4. Location	
	5. Description of service provided	
	6. Name of person delivering service	
	7. Student's response to treatment/services documented	
	8. Documentation of behavior services includes recommendation for plan revision and weekly clinical note summary	
B.	Complaint and symptoms, history, examination findings, diagnostic test results, assessment, clinical impression or diagnosis, plan for care, date, and identity of observer, if appropriate	
C.	Information to support each item of service provided on Medicaid claim form	

Comments: _____

References:

1. General Program Policies Chapter D,
 Section IV. Records,
 A. Clinical and Fiscal Records;
2. Coverage and Limitations Area Education Agency Program, Chapter E
3. Iowa Administrative Code (IAC)
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