

**Iowa Department of Education
 Infant and Toddler 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 in the IFSP	
B.	Services consistent with the diagnosis	
C.	Documentation of the IFSP team process	
D.	IFSP Services	
	1. Specific services identified	
	2. Current functioning level identified	
	3. Measurable service goals and objectives	
	4. Service date, duration and frequency specified	
	5. Service delivery option specified	
E.	IFSP Reports/Review	
	1. Reports documenting progress as required by IFSP	
	2. Review of IFSP documented	
	3. Review of current level of functioning identified	
	4. Current functioning is compared to goals and objectives of previous IFSP	
	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.	Time and Date of each service encounter documented	
B.	Location and description of each service encounter documented	
C.	Identification of service provider by name and professional designation	
D.	Assessment and response to interventions and services	
E.	Diagnosis, symptoms, history, test results documented as appropriate	
F.	Service/treatment intervention revision documented as appropriate	
G.	Progress toward achieving the child's or family's action steps and outcomes as identified in the IFSP	
H.	IFSP developed by Service Coordinator includes all changes and revisions	

Comments: _____

References:

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