

Documentation Checklist

It is the responsibility of each LEA to produce supporting documentation required by Medicaid upon request.

This documentation must be available for 5 years from the date of service.

- ☐ Provider number assignment letter for LEA and provider application
Location: _____
- ☐ Copy of **current** Medicaid policy for LEAs (<http://www.dhhs.state.nc.us/dma/bh/8h.pdf>)
Location: _____
- ☐ Copy of **current** license for **each** service provider at the time service was provided
Location: _____
- ☐ Copy of parental permission for **each** student, one for each year services are provided
Location: _____
- ☐ Name of student receiving services, date of birth and Medicaid identification number for **each** student, one for each year services are provided
Location: _____
- ☐ Copy of **current** IEP for **each** student, one for each year services are provided
Location: _____
- ☐ Copy of the physician's **signed** order for service (as medically necessary) for **each** student, one for each year services are provided. Must be signed and dated prior to billing for any service.
Location: _____
- ☐ Copy or original note from service provider for every billed service for **each** student
Location: _____
 - A note for each billed service, must include:
 - Record of intervention and outcome/response/progress
 - If speech session-note if group or individual session
 - Date of service
 - Duration of service, time in units
 - Signature of service provider, including title
- ☐ Copy or original IEP progress report for **each** student for all scheduled reporting periods
Location: _____
- ☐ Copy of tests performed and written evaluations for **each** student
Location: _____