

## MEDICAID SELF AUDIT COVER PAGE

### Student

Date	Medicaid ID
Student ID	DOB
Student Name	

### Services

Date	Procedure	Units	Provider First	Provider Last	Notes	Progress	Signed
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Providers

Provider First	Provider Last	Medicaid ID	License	First Aid	CPR	Other
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Documentation

Documentation	Yes	No	Status	Yes	No
Evaluation – Eligibility determination	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
IEP – Present levels	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
IEP – Goals	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
IEP – Services page	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
IEP – Qualified signature	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid – Pre-approval	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid – Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Student – Attendance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Student – Parent/Guardian Consent	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Provider – License	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Provider – Other documentation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
District – Electronic signature	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
District – Records access	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>

### Audit

Result	Pass <input type="checkbox"/> Finding <input type="checkbox"/>
Notes	

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date