

## PA SBAP SELF-AUDIT RECORD REVIEW INSTRUCTIONS

To complete an LEA self-audit, the reviewer selects a particular billing month and date of service. If possible, the review should entail a variety of types of service billed to MA. Documentation related to the selected MA billed students is gathered in preparation of the self-audit. Needed for the review are:

- Student IEPs
- Service Description Slips, if used
- Service Provider Logs
- Parental Consent Forms
- Medical Practitioner Authorization Forms
- LEA List of SBAP Service Providers
- Service Provider Licensure/Certification Documents
- Student Attendance Records
- Service Provider Attendance Records

An individual *Self-Audit Record Review Document* should be used for each student and type of service and date of service included in the review. Instructions for completion of the form follow:

<b>Student Name:</b>	Enter the student's name.
<b>DOB:</b>	Enter the student's date of birth.
<b>Service:</b>	Enter the type of service being reviewed.
<b>Service Date:</b>	Enter the date of service being reviewed.
<b>LEA Reviewer:</b>	Enter the name of the LEA reviewer.
<b>Date of Review:</b>	Enter the date of the LEA review.

### 1. Parental Consent Form:

- Student-specific, signed & dated: If the Parental Consent Form is student-identifiable, signed and dated, circle yes. If not, circle no.
- IEP meeting date referenced: If the IEP meeting date is referenced, circle Yes. If not, circle No.
- Permission for billed service: If the parent/guardian of the student gave permission to bill, circle yes. If permission was denied, circle no. If no box was checked, circle No.
- School referenced: If the Local Education Agency (LEA) is referenced, circle Yes. If not, circle No.
- Duration of services referenced: If the duration of services is referenced, circle Yes. If not, circle No.

## 2. IEP:

- IEP: If an IEP exists for the student, circle yes. If not, circle no.
- Billed service listed: If the service under review is listed in the IEP, circle yes. If not, circle no.
- Frequency: If the frequency of the reviewed service is listed in the IEP, circle yes. If not, circle no.
- Duration: If the duration of the reviewed service is listed in the IEP, circle yes. If not, circle no.

## 3. Medical Authorization:

- Authorization for billed service: If medical authorization exists for the service under review, circle yes. If not, circle no.
- Date of service covered by authorization: If the date of the reviewed service is covered by the authorization, circle yes. If not, circle no.
- Frequency/Duration matches IEP: If the frequency/duration on the Medical Authorization matches the frequency/duration in the IEP, circle Yes. If not, circle No.

## 4. Service Provider Log:

- Student specific: If the service provider's log is student identifiable, circle yes. If not, circle no.
- Diagnosis or description of symptom: If a diagnosis or a description of why the provider is seeing the student is recorded on the service provider's log, circle Yes. If not, circle No.
- Date of service: If the reviewed date of service is recorded on the service provider's log, circle yes. If not, circle no.
- Type of service: If the reviewed type of service is recorded on the service provider's log, circle yes. If not, circle no.
- Length of service: If the length of the reviewed service is recorded on the service provider's log, circle yes. If not, circle no.
- Collateral services, if billed: If collateral services for the reviewed service date are listed on the service provider's log, circle yes. If not, circle no.

- Daily progress indicator: If one of the four progress indicators was recorded for the reviewed service date, circle yes. If not, circle no.
- Monthly progress statement: If a monthly progress statement was recorded on the service provider's log, circle yes. If not, circle no.
- Service provider signature and title: If the service provider's signature and title appear on the service log, circle yes. If not, circle no.
- Supervisor signature, if needed: If a supervisor signature is required and appears on the service log, circle yes. If required and missing, circle no.
- Legibility of log: If the service provider's log is legible, circle yes. If not, circle no.

### **5. Attendance Records:**

- Student in attendance on date service billed: If the student was in school on the reviewed service date, circle yes. If not, circle no.
- Service Provider in attendance on date service billed: If the service provider was present on the date of the reviewed service, circle yes. If not, circle no.

### **6. Practitioner List:**

- Service Provider registered with Leader: If the service provider is on the LEA's service providers' list and registered with Leader, circle yes. If not, circle no.
- License/Certification number: If a license/certification number for the service provider rendering the reviewed service is present on the LEA's service provider list, circle yes. If not, circle no.
- License/Certification current: If the service provider's license/certification is current, circle yes. If not, circle no.

### **7. Corrective Action Needed:**

Enter any corrective action needed to meet record keeping requirements.

### **8. Additional Comments:**

Enter any additional comments concerning the review.