DISTRICT MEDICAID QUALITY ASSURANCE PROCESS/REVIEW PREPARATIONS FOR THE MEDICAID VISIT REVIEW YEAR 2026-2027 (Review Period 2025-2026)

QA Review Process

Quality Assurance (QA) reviews provide a means by which the South Carolina Department of Education (SCDE) can review the Medicaid program of the Local Education Agency (LEA) or subcontractor to evaluate quality of services, adherence to Medicaid policy and procedure, and contract compliance. QA efforts are established and conducted through the coordinated efforts of the State Department of Education, South Carolina Department of Health and Human Services (SCDHHS), and the LEAs. SCDE agrees to conduct QA reviews and submit, at minimum, annually or as requested by SCDHHS, QA results and corrective action plans (CAPs) to SCDHHS.

The Office of Medicaid Services (OMS) would like to remind districts of the QA review process for the reporting period 2025-2026. The following explains the documentation submission methods and the QA review process:

- OMS will review the documentation for the previous year July 1, 2025 - June 30, 2026.
    - All audits will be completed via **desk review**. For desk reviews, files may be obtained by the OMS using one of the following methods:
        - The district uploads the documents to the QA application, and the EA will begin the review of the documentation onsite if time permits.
            - Organize files by student name.
            - Organize student files by documentation/service type.
            - Organize additional files by the name of the file (e.g., credentials, contracts, etc.)
            - Notify your assigned EA via email or phone call when the last file/documentation set has been uploaded.
        - The district uploads the documents to file-drop, and the EA will begin the review.
        - US Mail, UPS, or FED-EX (documentation is due to the OMS on or before the review date; therefore, documentation must be mailed timely by the district, so it is received by the EA prior to the scheduled review date) addressed to:

            Department of Education
            The Office of Medicaid Services
            Attn: (Education Associate Name)
            849 Learning Lane, West Columbia
            West Columbia, SC 29172

            - Organize files by student name.
            - Organize student files by documentation/service type.

- Organize additional files by the name of the file (e.g., credentials, contract, etc.)
- Each documentation set must be clearly distinguished.

- Secure email
  - Organize files by student name.
  - Organize student files by documentation/service type.
  - Organize additional files by the name of the file (e.g., credentials, contract, etc.)
  - Notify your assigned EA via email or phone call when the last documentation set has been faxed.

- When uploading documentation please select 2026-2027 as the review year. District staff may upload multiple student files of the same document type at one time.
- If you are experiencing issues with documentation submission for the ISA or QA review, please communicate with your Education Associate prior to your scheduled review date.
- Districts will be notified of their review date in July 2026. Districts will receive the 30-day notification and student list prior to their scheduled review date.
- The OMS QA team has limited date slots for QA reviews. In cases of extreme emergencies, the school district must request rescheduling by notifying the assigned EA immediately via email after receiving the scheduled review date in July. A determination will be made, and the district will be notified via email.
- The OMS will randomly select the Medicaid students whose file(s) will be reviewed.
- A list of students' names and services to be reviewed will be provided to the district at least thirty (30) calendar days prior to the review date.
- A minimum of fourteen (14) files will be reviewed (e.g., if only nursing services are provided then fourteen (14) nursing files will be reviewed to include the two additional files that must be provided the day of the review, or if a district only provides ST, OT, & PT, four ST, four OT and four PT files will be reviewed of each service plus the two additional files that must be provided on the day of the review).
- The OMS will request the two (2) additional files 24 hours prior to the review date to be submitted on the day of the review.
- The final exit conference will be scheduled when the review is completed or on the day of review. The final exit conference will take place via Teams. If there are specific training requests, please submit those requests during the exit conference.
- QA Reviewers will provide technical assistance and follow-up on training or concerns related to the Medicaid training PowerPoints available on the SCDE OMS webpage.

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All deadlines are expected to be met. The EA will review all documentation received for the QA review. If documentation is missing, the EA will request the missing documentation. The District & Entity Information Management System (DEIMS) assigned Medicaid Coordinator will receive the missing items email notification as the missing items checklist is generated through the QA application. The school district will have 24 hours from the time of request to submit the missing documentation. The district must upload a copy of all missing documents to the QA application. Once the school district submits the files for review no additional information will be accepted and the EA will continue the review based on the original documents submitted, unless otherwise approved by the OMS Director.

District Preparation Items

Below is a list of items the district must complete, prepare, and/or provide for the OMS' QA review:

1. **QA application –**

   Internal Self-Assessment (ISA) Process

   - The district's SCDHHS Rehabilitative and Related Services contract requires each school district to complete a QA Internal Self-Assessment (ISA) at least two weeks prior to the annual QA review.
   - The district may complete the ISA as soon as the district's review date is received from the OMS in July 2026. However, the ISA must be completed at least two weeks prior to the QA review date.
   - The ISA must consist of:
     - A self-assessment of each service type for which the district bills Medicaid, using the current OMS review tool (i.e., QA Checklists) (see Article IV, A2 – A4 of the districts 'contract).
       - The self-assessment must include:
         - Examination of a random sampling of records. This sample must include at least one (1) record from each service type.
         - Examination of records related to School District Administrative Claiming (SDAC)
         - Examination of records related to Special Needs Transportation (SNT).
         - Assessment of compliance with Medicaid standards, policies, and procedures.
         - The district must use the checklists published on the OMS webpage.

  - Evaluation of credentials of staff involved in the provision of Medicaid related services.
  - Review of the Medicaid billing operation.
- Districts must update the information in the ISA section of the QA application at least two weeks prior to the QA review.
- SCDE requires each district to complete a student record review and enter any discrepancies in the "Discrepancies" tab of the QA application's ISA section. A Corrective Action Plan (CAP) addressing each discrepancy must also be included in the "Discrepancies" tab, with all required components. The district must upload the checklist completed for each student record reviewed. Districts should select "ISA Student Checklist" as the document type when uploading the ISA student's checklist.
- When uploading files, take into consideration the following system requirements regarding the naming convention for documentation:
  - Districts should refrain from using the following characters when naming documents: / \: *? " < > |
  - The character limit for titles of documents must be no greater than fifty (50) characters.
  - When adding text from an external source to the QA application (copy and paste), The "Paste as plain text" (CTRL + SHIFT + V) option should be selected instead of Paste (CTRL + V). Making this selection will prevent error messages while working within the QA application.
- The Internal Self-Assessment (ISA) and District Self-Assessment (DSA) Overview Training is posted on the OMS webpage to assist districts with completing the ISA. The OMS developed checklists for districts to utilize when completing the ISA and/or DSA. The ISA and DSA checklists serve as a resource to complete the documents accurately. The checklists are located on the OMS webpage under the Quality Assurance—Training section.

District Self-Assessment (DSA) Process (if the district does not complete the ISA within two weeks of the QA audit date)

- The district will receive a reminder email notification from the QA application stating their ISA is due within five (5) days.
- If the district does not submit the ISA by the due date, the district may not be reviewed by the SCDE OMS, and the district must conduct an internal QA review (reference Article 4, Section B of the district's SCDE contract).

District Self-Assessment Requirements

- The district must review a random sample that represents all services rendered by the district and subcontractors.

- The sample must include at least ten (10) student files per service.
- All professional staff involved in the delivery of service must be represented in the sample, which may require the review of more than 10 files per service.
- Compliance with Medicaid standards, policies, and procedures must be assessed.
- The Internal Self-Assessment must include credential checks of staff involved in the provision of Medicaid-related services.
- The SCDE approved tool (i.e., checklists) shall be utilized to complete the internal self-assessment.
- The district's Medicaid billing operation's efficiency, effectiveness, and adherence to Medicaid policy must be assessed.
- The district must hold an exit conference with their staff to discuss findings and develop a corrective action plan, if necessary.
- The student files selected for the DSA must be uploaded to the QA application.
- The checklists for all files reviewed for the DSA must be uploaded to the QA application.
- Submit a summary report (i.e., assessment of the quality of Medicaid-related services, compliance with Medicaid regulations and policies, identified discrepancies, and corrective action recommendations CAP [if applicable]). The summary report shall also indicate any technical assistance requested from SCDE. The uploaded document shall be identified as "District Self-Assessment Summary".
- Within two (2) weeks of receipt of the District Self-Assessment Summary, the EA will review the submitted summary report and CAP and provide feedback via email.
- The EA will arrange the provision of training and/or technical support, if requested.
- The district's Internal Self-Assessment which contains the District Self-Assessment Summary and CAP, if applicable, will be reported to the SCDHHS.

2. Documents for OMS Student File Review

Please only submit the records requested and organize the files/documents in chronological order and by discipline. Clinical records must be arranged so that the information can be easily reviewed, copied, and audited.

The student file to be reviewed by the OMS must include the following documents to cover all billed dates of service during the year in review:

- Consent(s),
- Referral(s),
- Prescriptions,

- Doctor's order(s) (Nursing),
- Evaluation/Reevaluation,
- Assessment/Reassessment,
- IEPs/IFSPs, IHPs, ITPs or IPOCs,
- CSNs for all services rendered during the year in review,
- Behavior Modification Plan (BMP), if applicable,
- CLIA waiver log,
- Progress summary notes,
- Signature sheets (to include name, signature, and initials) for all providers rendering Medicaid services (relative to the review),
- Abbreviation and Symbols Key for all services,
- Staff credentials (submit credentials only for the rendering and supervising provider(s) who documented in the files of students selected for review), and
- Please take into consideration that more than one referral/physician's order, evaluation/reevaluation, assessment/reassessment, IEP/IFSP/IHP/ITP/IPOC may be required to cover the entire review period (e.g., the assessment is dated 3/6/2024, dates of service end 5/6/2025, there should be an assessment/reassessment completed on or after 3/6/2025 to cover billed dates of service after 3/6/2025 for Medicaid reimbursement).

School-Based Rehabilitative Services (SBRS)

The SBRS related files must have the following information available for each member of staff in the file:

- SCLLR copies of licenses/credentials/certifications,
- SCDHHS OIG Exclusion List printed annually and date-stamped during the year in review,
- Federal OIG Exclusion Check conducted annually and date-stamped during the year in review,
- A copy of the eligibility verification document for the student (located on the SCDHHS webtool, printed annually in the year in review), and
- Explanation of Benefits (EOB) or Third-party Liability (TPL) Exclusion Letter (if applicable and/or the reasonable effort form).

Rehabilitative Behavioral Health Services (RBHS)

The RBHS related files must have the following information available for each member of staff in the file:

- Copies of licenses/credentials/certifications,
- Copies of degree from an accredited college or university,

- Employer verification of staff certification and/or licensure (completed prior to employment and annually thereafter),
- Results of Criminal background checks (no less than a 10-year search completed prior to employment and annually thereafter),
- Evidence of child abuse registry checks (completed prior to employment and annually thereafter),
- Verification of state and national sex offender registry checks (completed prior to the start of employment and annually thereafter),
- Evidence of SCDHHS and Federal OIG exclusion checks of Medicare, Medicaid Programs, or other professional sanctions (completed prior to employment and annually thereafter),
- Supervision logs, if applicable, and
- Abbreviation and Symbols Key.

School District Administrative Claiming (SDAC)

The SDAC file must consist of the following for the year in review:

- Annual SDAC Attestation Form for the SDAC Coordinator and new staff added to the participant roster for the year in review, and
- SDAC Referral Form for participants identified on the student list that documented activity code GR.

Special Needs Transportation (SNT)

The SNT file must include the following:

- Copies of Special Needs Transportation logs (standard SCDE log or an otherwise SCDE approved log) for the year in review,
- SNT Driver training attestation form for the year in review,
- Student's IEP/IFSP/ITP/IPOC that identifies special needs transportation, and
- Driver's SCDE Transportation Certification card.

3. RBHS Policies and Procedures Needed for OMS QA Review

The Rehabilitative Behavioral Health Services (RBHS) provider must maintain evidence of required policies and procedures. These policies and procedures must be maintained and updated as needed:

- Confidentiality and Protection of Health Information
- Consent for Treatment
- Record Security and Maintenance
- Record Retention

- Use of Secure Electronic Signatures, if provider uses an electronic health record or electronic medical record program
- Release of Information
- Beneficiary's Rights and Responsibilities
- Prohibition of Abuse, Neglect, and Exploitation of Beneficiaries
- Code of Ethics
- Freedom of Choice
- Limited English Proficiency
- Compliance Program (including fraud, waste, and abuse)
- Admission and Discharge of Beneficiaries
- Conditions for Termination of Beneficiaries from Services, including:
    - A list of reasons for termination,
    - Methods of averting the termination,
    - Education/consultation with beneficiary and/or family about termination (e.g., resources and options), and
    - Evidence beneficiary/family informed of termination.

4. Onsite Training

District staff will be notified of the onsite training date on July 1st of the review year. The EA will also notify the school district through the 30-Day notification letter of the onsite training date. The school district must arrange a conference room for the training that will accommodate all school district staff attending. All school district staff will need to sign the attendance sheet provided by the EA. The school district will make sure that the district IT staff are available to help set up the District computer to display the training.

- WIFI/MIFI Access
    - When the Education Associate is onsite for the Medicaid training, the Education Associate may need secure internet access via WIFI or MIFI.
    - Please ensure that IT is available to assist the Education Associate or notify the Education Associate in advance if access to WIFI and MIFI is not available to the EA.

5. Follow-up Report

Once the EA completes the review of files, an Exit conference will be scheduled and conducted via Teams for the EA to inform and discuss the discrepancies with the district. The EA will submit the Follow-up Report via the QA application. The district will receive an action email from the QA application informing the district that the Follow-

up report is ready for review. The district will have seven (7) calendar days to review and accept the follow-up report. The QA application will display the due date for the acceptance of the report. If there are any questions or concerns regarding the district's follow-up report after review, please contact your district's assigned EA immediately. If appropriate, corrections to the follow-up report will be made. Once the follow-up report is accepted, no changes will be made.

6. **Corrective Action Plan (CAP)**

After the district accepts the Follow-up report, the district must submit a Corrective Action Plan (CAP), if applicable. All discrepancies on the checklists and follow-up report are considered a CAP. The district will have thirty (30) calendar days to submit a CAP. The EA will respond to the CAP with any questions, comments, or concerns. If necessary, the district will have the opportunity to respond. The CAP must include all required components (i.e., the problem being addressed, the solution for improvement, specific procedures put in place to address the problem, formal documentation of policy and procedure changes, documentation to support changes, if applicable, date of implementation, and team and individual responsibilities). Proof of implementation must be uploaded to the QA application upon completion.

The 2025 – 2026 Corrective Action Plan (CAP) Overview training has been posted on the OMS webpage to assist districts with CAP completion. The OMS developed a checklist for districts to utilize as a resource to complete the CAP accurately. The CAP checklist serves as a guide in the development of a CAP. The CAP checklist is posted on the OMS webpage under the Quality Assurance—Training Section.