

District Self-Assessment Summary

District:

District Self-Assessment Date:

Review Year: 2024-2025

Report Date:

Summary

The **(name)** School District completed the District’s Self – Assessment for this academic year. Please review the information located in each section of this report to ensure that you are aware of our district’s deficiencies and strengths. A review of Medicaid services rendered by our district has been conducted and the findings of the review have been identified in this report. All deficiencies noted will be addressed with a corrective action plan (CAP). It is the district’s intention that deficiencies noted will be corrected immediately and will no longer be carried forward. Should you have any questions or concerns regarding the information included within this report, please reach out to the district’s Medicaid Coordinator immediately.

Discrepancies

Please review our district’s findings listed below. Each discrepancy will be addressed with a corrective action plan (CAP).

Number	Discrepancies	District contact (staff)
1.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	
2.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	
3.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	

4.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	
5.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	
6.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	
7.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	
8.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	

9.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	
10.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	
11.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	
12.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	
13.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	

14.	Service Checklist:	Item #:	Student:	
	Discrepancy:			
	CAP:			
15.	Service Checklist:	Item #:	Student:	
	Discrepancy:			
	CAP:			
16.	Service Checklist:	Item #:	Student:	
	Discrepancy:			
	CAP:			
17.	Service Checklist:	Item #:	Student:	
	Discrepancy:			
	CAP:			
18.	Service Checklist:	Item #:	Student:	
	Discrepancy:			
	CAP:			

19.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	
20.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	
21.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	
22.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	
23.	Service Checklist: Item #: Student:	
	Discrepancy:	
	CAP:	

24.	Service Checklist:	Item #:	Student:	
	Discrepancy:			
	CAP:			
25.	Service Checklist:	Item #:	Student:	
	Discrepancy:			
	CAP:			
26.	Service Checklist:	Item #:	Student:	
	Discrepancy:			
	CAP:			
27.	Service Checklist:	Item #:	Student:	
	Discrepancy:			
	CAP:			
28.	Service Checklist:	Item #:	Student:	
	Discrepancy:			
	CAP:			

29.	Service Checklist:	Item #:	Student:	
	Discrepancy:			
	CAP:			
30.	Service Checklist:	Item #:	Student:	
	Discrepancy:			
	CAP:			

Proof of Implementation
Please see attached proof of implementation. Upload proof of implementation to support each discrepancy.

Requests and Assistance

Please find our districts request(s) to the Office of Medicaid Services (OMS).

Number	Request
1.	
2.	
3.	
4.	
5.	

Comments

Conclusion

If you have any questions or concerns regarding our district’s report, please consult with our district’s Medicaid Coordinator immediately.

Submitted by:	Title:	Submission Date:
Signature:		
Review year: 2024-2025		