

EPSDT Quarterly Report Checklist

Fax to SRI, Attn: Kim Willems at 225-767-0502 or e-mail to ksalling@statres.com by the 5th day of the month following the end of each quarter (4/5, 7/5, 10/5, 1/5).

SC Agency	
Region	
✓	Form
	1. Quarterly Report (Print Out from LSCIS)
	Number of trackable service needs matches number of service needs being tracked.
	Number of trackings without a date of choice of provider is zero or documentation and explanation is attached,
	2. Quarterly Report of CPOC Revisions (Appendix W-2)
	Service Needs Changes Report attached (<i>the report does not need to be written onto Appendix W-2; just attached</i>)
	3. Record Reviews (Appendix W-3)
	For all PAs not Issued within 60 days
	For all Gaps in PA Authorization Periods
	If deficiencies were found in required contacts, timelines, follow up, documentation, etc. the agency will submit a Corrective Action Plan within 7 days and documentation that the Corrective Action Plan was carried out within 14 days. <ul style="list-style-type: none"> • CAP Due Date: _____ • Documentation of CAP completed Due Date: _____
	4. Training Log (Appendix W-4)
	For all new hires or new EPSDT Supervisors for the quarter

Your signature below indicates that the packet has been reviewed by your agency for completeness and that all required information is being submitted for review.

Signature of SCA Representative: _____ Date: _____