

EPSDT Quarterly Report Checklist

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, W-4)
	Individual record reviews for each PA not Issued within 60 days. (W-3)
	Individual record reviews for each Gap in PA Authorization Period. (W-4)
	If deficiencies were found in required contacts, timelines, follow up, documentation, etc. the agency will submit a Corrective Action Plan (CAP) within 7 days and documentation that the CAP 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-5)
	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: _____

Due Date: Submit Quarterly Report by the 5th day of the month following the end of each quarter – every April 5th, July 5th, October 5th, January 5th.

Fax to SRI, Attn: Kim Willems at 225-767-0502 or e-mail to ksalling@statres.com.