



School-Based Services

Medicaid and Other Medical Assistance Programs

This publication supersedes all previous School-Based Services handbooks. Published by the Montana Department of Public Health & Human Services, August 2003.

Updated October 2003, December 2003, January 2004, April 2004, August 2004, April 2005, May 2005, August 2005, January 2006, April 2006, February 2007, April 2008, June 2011.

CPT codes, descriptions and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.

My NPI:

Table of Contents

Key Contacts	ii.1
Key Websites	ii.4
Introduction.....	1.1
Manual Organization	1.1
Manual Maintenance.....	1.1
Rule References	1.1
Getting Questions Answered	1.2
Claims Review (MCA 53-6-111, ARM 37.85.406)	1.2
Program Overview	1.2
Covered Services	2.1
General Coverage Principles	2.1
Services for children (ARM 37.86.2201–2221)	2.1
Services within scope of practice (ARM 37.85.401).....	2.2
Provider requirements.....	2.2
IEP requirements.....	2.2
Client qualifications.....	2.3
School qualifications.....	2.3
Physician order/referral.....	2.4
Documentation requirements.....	2.4
Noncovered services (ARM 37.85.207 and 37.86.3002)	2.6
Importance of fee schedules	2.6
Coverage of Specific Services	2.6
Assessment to initiate an IEP.....	2.6
Comprehensive School and Community Treatment (CSCT)	2.6
Therapy services	2.10
Private duty nursing services	2.11
School psychologists and mental health services	2.11
Personal care paraprofessional services.....	2.12
Special needs transportation	2.13
Audiology	2.14
Authorization requirements summary	2.14
Other Programs	2.15
Children’s Mental Health Services Plan (CMHSP).....	2.15
Healthy Montana Kids (HMK).....	2.15
Passport and Prior Authorization	3.1
What Are Passport, Team Care and Prior Authorization (ARM 37.86.5101–5120).....	3.1
How to Identify Clients on Passport	3.2
How to Obtain Passport Approval	3.2
Passport and Indian Health Services.....	3.3

Getting questions answered3.3
 Prior Authorization3.3
 Other Programs3.4

Coordination of Benefits4.1
 When Clients Have Other Coverage.....4.1
 Identifying Other Sources of Coverage4.1
 When a Client Has Medicare4.1
 Medicare Part B crossover claims4.2
 When Medicare pays or denies a service.....4.2
 When Medicaid does not respond to crossover claims.....4.2
 Submitting Medicare claims to Medicaid.....4.2
 When a Client Has TPL (ARM 37.85.407)4.3
 CSCT services.....4.3
 Billing for Medicaid covered services when no IEP exists4.3
 Billing for Medicaid covered services under an IEP4.4
 Exceptions to billing third party first.....4.4
 Requesting an exemption.....4.5
 When the third party pays or denies a service4.5
 When the third party does not respond4.6

Billing Procedures.....5.1
 Claim Forms5.1
 Timely Filing Limits (ARM 37.85.406)5.1
 Tips to avoid timely filing denials5.1
 When Providers Cannot Bill Medicaid Clients (ARM 37.85.406).....5.2
 Client Cost Sharing (ARM 37.85.204 and 37.85.402)5.2
 Billing for Clients with Other Insurance.....5.2
 Billing for Retroactively-Eligible Clients.....5.2
 Service Fees5.3
 Coding Tips.....5.3
 Using modifiers.....5.4
 Multiple services on same date5.5
 Time and units5.5
 Place of service5.6
 Billing for Specific Services5.6
 Assessment to initiate an IEP.....5.6
 Comprehensive School and Community Treatment (CSCT)5.7
 Therapy services5.7
 Private duty nursing services5.7
 School psychologists and mental health services5.7
 Personal care paraprofessional services.....5.7
 Special needs transportation5.8
 Audiology5.8
 Submitting Electronic Claims.....5.8
 Billing Electronically with Paper Attachments5.9

Submitting Paper Claims	5.9
Claim Inquiries	5.9
The Most Common Billing Errors and How to Avoid Them	5.10
Other Programs	5.11
Completing a Claim Form	6.1
CMS-1500 Agreement	6.4
Avoiding Claim Errors.....	6.5
Other Programs	6.5
Remittance Advices and Adjustments	7.1
The Remittance Advice	7.1
Electronic RA	7.1
Paper RA.....	7.1
Credit balances.....	7.5
Rebilling and Adjustments.....	7.5
How long do I have to rebill or adjust a claim?.....	7.5
Rebilling Medicaid	7.5
Adjustments	7.6
Mass adjustments	7.9
Payment and the RA	7.9
How Payment Is Calculated.....	8.1
Overview.....	8.1
Certification of State Match	8.1
CSCT services included in IEP.....	8.1
CSCT services not included in IEP.....	8.1
Requirements for matching expenditures	8.3
Restrictions for matching expenditures	8.3
How to document expenditures used to certify match.....	8.3
Payment for School-Based Services	8.3
Speech, occupational and physical therapy services.....	8.3
Private duty nursing	8.4
School psychologist	8.4
Personal care paraprofessionals	8.5
CSCT Program.....	8.5
How payment is calculated on TPL claims	8.5
How payment is calculated on Medicare crossover claims	8.5
Appendix A: Forms	A.1
Montana Medicaid/MHSP/HMK Individual Adjustment Request.....	A.2
Montana Medicaid Claim Inquiry Form	A.3
Audit Preparation Checklist.....	A.4
Request for Private Duty Nursing Services	A.5
Paperwork Attachment Cover Sheet.....	A.6

Appendix B: Personal Care Paraprofessional Services DocumentationB.1
Child Profile..... B.2
Child Profile Form B.6
Task/Hour Guide Instructions..... B.7
Task/Hour Guide..... B.9

Appendix C: CSCT Program.....C.1
CSCT Program Endorsement..... C.2
CSCT Program Audit Checklist C.3
Sample Certification of March Statement C.5

Definitions and Acronyms.....D.1

Index.....E.1

Covered Services

General Coverage Principles

Medicaid covers health-related services provided to children in a school setting when all of the following are met:

- The child qualifies for Individuals with Disabilities Education Act (IDEA).
- The services are written into an Individual Education Plan (IEP).
- The services are not free. Providers may not bill Medicaid for any services that are generally offered to all clients without charge.
- For CSCT services, children must have a serious emotional disturbance (SED) diagnosis as specified under ARM 37.87.303.

Refer to the IEP requirements in this chapter and the *Coordination of Benefits* chapter regarding billing services included/not included in a child's IEP.

This chapter provides covered services information that applies specifically to school-based services. School-based services providers must meet the Medicaid provider qualifications established by the state and have a provider agreement with the state. These providers must also meet the requirements specified in the *School-Based Services* manual and the *General Information for Providers* manual. School-based services provided to Medicaid clients include the following:

- Therapy services (physical therapy, occupational therapy, speech language pathology)
- Audiology
- Private duty nursing
- School psychology and mental health services (including clinical social work and clinical professional counseling)
- Comprehensive School and Community Treatment (CSCT)
- Personal care (provided by paraprofessionals)
- Other diagnostic, preventative and rehabilitative services
- Specialized transportation

Services for children (ARM 37.86.2201–2221)

The Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) is a comprehensive approach to health care for Medicaid clients ages 20 and under. It is designed to prevent, identify, and then treat health problems before they become disabling. Under EPSDT, Medicaid eligible children may receive any medically necessary covered service, including all school-based services described in this manual. All applicable prior authorization requirements apply (see the *Prior Authorization* chapter in this manual).

Services within scope of practice (ARM 37.85.401)

Services provided under the school-based services program are covered only when they are within the scope of the provider’s license.

Provider requirements

Most school-based services must be provided by licensed health care providers. The exception is that activities of daily living services may be provided by personal care paraprofessionals. Medicaid does not cover services provided by a teacher or teacher’s aide; however, teachers or teacher aides may be used to assist in the development of child care planning. School-based services must be provided by only those providers listed in the table below.

Provider Type	Provider Requirements
Private duty nursing services provided by: <ul style="list-style-type: none"> • Licensed registered nurse • Licensed practical nurse 	Nurses must have a valid certificate of registration issued by the Board of Nurse Examiners of the State of Montana or the Montana Board of Nursing Education and Nurse Registration.
Mental health services provided by: <ul style="list-style-type: none"> • Credentialed school psychologist • Licensed psychologist • Licensed clinical professional counselor • Licensed clinical social worker 	Mental health providers must be licensed according to Montana’s state requirements. School psychologist services are provided by a professional with a Class 6 specialist license with a school psychologist endorsement.
Therapy services provided by: <ul style="list-style-type: none"> • Licensed occupational therapist • Licensed physical therapist • Licensed speech language pathologists 	These therapists are required to meet appropriate credentialing requirements as defined by the Montana Licensing Board.
Audiology	Must meet credentialing requirements as defined by the Montana Licensing Board
Personal care paraprofessional	No licensing requirements
Comprehensive School & Community Treatment (CSCT)	Must be provided by a licensed mental health center with a CSCT endorsement

It is the responsibility of the school district to assure appropriately licensed providers perform all Medicaid covered services. Each school district must maintain documentation of each rendering practitioner’s license, certification, registration or credential to practice in Montana. Medicaid providers who have had their license suspended by a state or federal government entity may not provide school-based services.

IEP requirements

Services provided to Medicaid clients must be covered by Medicaid and documented in the client’s Individualized Education Plan (IEP), unless otherwise specified. School-based providers may bill Medicaid for Medicaid-covered health-related services provided to children with those services written into the IEP, even though the services may be provided to non-Medicaid children for

Services provided to Medicaid clients must be documented in the client’s IEP.



free. However, if a child is covered by both Medicaid and private insurance, the private insurance must be billed prior to Medicaid. Exception to billing other insurance: Blue Cross and Blue Shield of Montana and HMK.

Medicaid does not cover health-related services that are not included in an IEP unless all of the following requirements are met:

- Youth is enrolled in Medicaid.
- Services are medically necessary.
- A fee schedule is established for health-related services (can be a sliding scale to adjust for individuals with low incomes).
- The provider determines if each individual who receives services has insurance coverage or will be billed on a private-pay basis.
- The provider bills all individuals and/or the insurance carrier for the medical service provided.

Client qualifications

To qualify for Medicaid school-based services, the client must be a Medicaid client and meet all the following criteria:

- Be Medicaid eligible on the date of service.
- Be between the ages 3 and 20.
- Be entitled to school district services under the Individuals with Disabilities Education Act (IDEA).
- Have Medicaid reimbursable services referenced in his or her Individual Educational Plan (IEP). This shows that Medicaid covered services are recommended by the school district.
- In the case of CSCT services, the client must have an SED diagnosis and services may or may not be included in the client's IEP.

School qualifications

Only public school districts, full-service education cooperatives and joint boards of trustees may enroll in the Montana Medicaid school-based services program. To qualify, the district, cooperative or joint board must receive special education funding from the state's Office of Public Instruction general fund for public education. School districts include elementary, high school and K–12 districts that provide public educational services. Full-service education cooperatives and joint boards include those cooperatives eligible to receive direct state aid payments from the Superintendent of Public Instruction for special education services.

Schools that employ medical service providers

- Schools who employ all or most of their medical service providers for whom the school submits bills can be enrolled with a single NPI for all services.



Cooperatives, joint boards, and non-public schools that do not receive state general funds for special education can not participate in the Medicaid program as a school-based provider.

- Schools may use this single NPI to bill for any Medicaid covered service provided by a licensed provider.
- Schools that wish to have separate NPIs for each provider type (e.g., speech therapists, occupational therapists, and physical therapists) can request separate NPIs from the National Plan and Provider Enumeration System (NPPES).

Schools that contract with external medical service providers

- Schools that contract with all or most of their providers must have the provider of service bill for each service they provide with their own individual NPI.
- Providers and schools can arrange with the Department for payments to be made to the school. If payments are assigned to the school, the school will also have the responsibility to collect third party liability payments on behalf of the service providers.

For more information on enrollment, visit the Provider Information website or contact Provider Enrollment (see *Key Contacts*).

Physician order/referral

Medicaid does not require physician orders or referrals for health-related services that are documented in the client's IEP. The exception is private duty nursing services and personal care assistant services, which require a written order for private-duty nursing or physician signature for personal care assistance services. Other health-related services can be authorized by a licensed school practitioner meeting the State of Montana provider requirements to secure health-related services under an IEP.

Documentation requirements

School-based services providers must maintain appropriate records. All case records must be current and available upon request. Records can be stored in any readily accessible format and location, and must be kept for six years and three months from the date of service. For more information on record keeping requirements, see the *Surveillance/Utilization Review* chapter in the *General Information for Providers* manual. Medical documentation must include the following:

- Keep legible records.
- Date of service and the child's name.
- The services provided during the course of each treatment and how the child responded.
- Except for CSCT, the services for which the school is billing Medicaid must be written into the child's IEP.
- If the service is based on time units, (i.e., 15 minutes per unit), the provider of service should indicate begin and end times or the amount of time spent

for each service. A service must take at least 8 minutes to bill one unit of service if the procedure has “per 15 minutes” in its description.

- Providers must sign and date each record documented on the day the medical service was rendered. Provider initials on daily records are acceptable providing their signature is included in other medical documentation within the child’s record.
- Documentation must, at least quarterly, include notes on client progress towards their goals.
- The service provider must keep sufficient documentation to support the procedures billed to Medicaid. If a service is not documented, it did not happen.
- Documentation must not be created retroactively. Providers are responsible for maintaining records at the time of service.
- CSCT services are not required to be included in the IEP because often clients that require these services do not fit the special education requirements. The clinical assessment must document the medical necessity and the clinical treatment plan must demonstrate how the CSCT services will address the medical necessity. In addition to the above requirements, CSCT documentation must also include:
 - Where services were provided;
 - Result of service and how service relates to the treatment plan and goals;
 - Progress notes for each individual therapy and other direct service;
 - Monthly overall progress notes; and
 - Individual outcomes compared to baseline measures and established benchmarks.

The Montana Medicaid School-Based Services Program is subject to both state and federal audits. As the Medicaid provider, the school certifies that the services being claimed for Medicaid reimbursement are medically necessary and furnished under the provider’s direction. Both fiscal and clinical compliance are monitored. In the event of adverse findings, the district/cooperative (not the mental health provider) will be held responsible for any paybacks to Medicaid. If school districts have included a program area for CSCT in their accounting system, then the district can book revenue received from third party insurers or parents that paid privately for CSCT services, providing audit documentation (see the *Comprehensive School and Community Treatment* section in this chapter). To assist in document retention for audit purposes, see the *Audit Preparation Checklist* in *Appendix A: Forms*.

Non-covered services (ARM 37.85.207 and 37.86.3002)

The following is a list of services not covered by Medicaid.

- A provider's time while attending client care meetings, Individual Educational Plan (IEP) meetings, individual treatment plan meetings, or client-related meetings with other medical professionals or family members
- A provider's time while completing IEP related paperwork or reports, writing the CSCT individualized treatment plans or documenting medical services provided
- CSCT services provided without an individualized treatment plan for this service
- Services considered experimental or investigational
- Services that are educational or instructional in nature
- Services that are not medically necessary. The Department may review for medical necessity at any time before or after payment.

Importance of fee schedules

The easiest way to verify coverage for a specific service is to check the Department's school-based services fee schedule. In addition to being listed on the fee schedule, all services provided must also meet the coverage criteria listed in the *Provider Requirements* chapter of the *General Information for Providers* manual and in this chapter. Use the current fee schedule in conjunction with the more detailed coding descriptions listed in the current CPT-4 and HCPCS Level II coding books. Take care to use the fee schedule and coding books that pertain to the date of service. Current fee schedules are available on the Provider Information website (see *Key Websites*). For disk or hard copy, contact Provider Relations (see *Key Contacts*).

Coverage of Specific Services

The following are coverage rules for specific school-based services.

Assessment to initiate an IEP

Medicaid covers medical evaluations (assessments) to develop an IEP as long as an IEP is subsequently established and health-related needs are identified.

Comprehensive School and Community Treatment (CSCT)

Comprehensive School and Community Treatment (CSCT) is a very intense service designed for youth who are in immediate danger of out-of-home placement and/or exclusion from school or community. CSCT provides a comprehensive, planned course of outpatient treatment provided primarily in the school to a child with a serious emotional disturbance (SED). These services are provided through a program operated by a public school district that is a licensed mental health center or a school district that has a contract with a licensed mental health center. CSCT services include, among other services, individual, group and family therapy and behavioral interventions.



Use the current fee schedule for your provider type to verify coverage for specific services.



The CSCT Program must follow *free care rules* (see *Definitions*).

CSCT requirements

A licensed mental health center must have a CSCT endorsement issued by the Quality Assurance Division, Licensing Bureau. For more information on how to apply for program endorsement, contact the Montana Department of Public Health and Human Services (see *CSCT Program* in *Key Contacts*). For information on CSCT Program requirements, see *Appendix C: CSCT Program*.

- ***Services provided by a Mental Health Center.*** Services under the CSCT program must be provided by a school that is a licensed mental health center or a licensed mental health center that has contracted with the schools. Schools are required to lead the program management and are specifically required to meet all of the requirements described in this chapter.
- ***Program endorsed before providing services.*** Program endorsement must be obtained by the licensed mental health center prior to the service implementation in order for school districts or cooperatives to implement CSCT programs.
- ***Program staff requirements.*** Program staff must include at least two mental health workers and one of the two mental health workers must be a licensed psychologist, licensed clinical social worker, licensed professional counselor or in-training mental health professional (ARM 37.88.901). The Department of Public Health and Human Services Licensing Bureau will review an in-training mental health professional but approval is not required for licensed providers.
- ***Children must have serious emotional disturbances (ARM 37.87.303).*** The CSCT program is intended specifically for children who have serious emotional disturbances, regardless of whether the child is eligible for special education services. This program is not intended for children with functional limitations who require support for activities of daily living (ADL). Children that require ADL support are covered by other Medicaid services like personal care paraprofessionals.
- ***Services must be medically necessary (ARM 37.82.102 and 37.85.410).*** CSCT services must be medically necessary. See *medically necessary* in the *Definitions* section of this manual. Medicaid considers experimental services or services which are generally regarded by the medical profession as unacceptable treatment not medically necessary.
- ***Services must be available to all qualifying children.*** CSCT services must be made available to all children that meet criteria for those services, not just because the child has Medicaid benefits. In the case of school-based programs that provide services to children that do not have IEPs, Medicaid will pay for covered services if the following are in place:
 - A fee schedule is established (can be a sliding scale to adjust for individuals with low incomes).
 - The provider determines if each individual who receives services has insurance coverage or will be billed on a private-pay basis.

- The provider bills all individuals and/or the insurance carrier for the medical service provided. The exception to this policy is the services that are provided to Medicaid eligible children and the services are written into the children's IEPs (see *IEP Requirements* in this chapter).
- **Program must follow free care rule.** Everyone who receives CSCT services must be billed for the services. If a service is free for non-Medicaid clients, then it is free for all children. Medicaid billable services provided under an IEP are not subject to the *free care rule* (see *IEP Requirements* in this chapter).

Service requirements

The CSCT program must be provided through a program of services staffed by at least two mental health workers who work exclusively in the school. At least one of the two mental health workers must be a licensed psychologist, licensed clinical social worker, licensed professional counselor, or a DPHHS approved in-training mental health professional. The minimum staffing requirement for a program is one team with the capacity to provide up to 720 units per calendar month to children with SED. Part-time staff may be utilized but the billing units must be reduced proportionately.

- *Caseload* refers to the total number of units the CSCT program team may provide in a calendar month. Ideally the staff and CSCT clients should be all contained in one school. It is acceptable, however, for a CSCT program team to provide up to 720 units to be spread across no more than two schools located in close proximity of one another. Coverage by a CSCT team of more than two school campuses is not acceptable.
- The expectation is that the full-time CSCT staff will be available throughout each day to meet the needs of the CSCT clients.
- The use of an “in-training mental health professional” in a CSCT program is allowed on an infrequent and exceptional basis. It is recognized that recruitment of licensed professionals may be difficult in some parts of the state.
 - The in-training mental health professional has completed all academic work required for the license and has begun the post-degree supervised experience required for licensure.
 - A licensed professional has entered into a written agreement to provide supervision of the post degree experience required for licensure.
 - A licensure examination date (or at least an approximate date) has been selected.
 - The in-training mental health professional may serve in lieu of a licensed CSCT staff for no more than 2 years.
 - The in-training mental health professional has had relevant prior experience serving SED children.

- CSCT services must also be available for non-Medicaid clients who meet the CSCT program requirements. In addition to providing these services, districts/cooperatives must also request payment for these services. Services may be billed based on a sliding fee schedule to non-Medicaid children. Schools may contract with their CSCT provider to bill Medicaid, private-pay patients and insurance carriers.
- CSCT services not specified in the IEP must be made available and billed to **all** children who receive services.
- Providers may not bill Medicaid for any CSCT services that are generally offered to all clients without charge.
- CSCT services do not require Passport approval or inclusion in the child's IEP.
- CSCT services must be provided according to an individualized treatment plan. The treatment plan must be reviewed and approved by a licensed professional who is a CSCT staff member.

Services include

Strategies, coordination and quality improvement activities related to the individual child's treatment plans are included in the CSCT program.

- Individual, family and group therapy
- Behavior intervention
- Crisis intervention services
- Coordination with other addictive and mental health treatment services the child receives outside the CSCT program
- Access to emergency services
- Continued treatment that includes services during non-school days integrated in a manner consistent with the child or adolescent's treatment plan, and in coordination with the school's administration per the contract.

Billable services

- Face-to-face service (H0036, 15-minute increment)
- Individual therapy
- Family therapy (with child)
- Group therapy
- Behavioral interventions
- Place of service is 03 (schools) or 12 (client's home)

Services restricted

Medicaid does not cover the following services under the CSCT program (this list is not all-inclusive):

- Observation and monitoring/supervision
- Non-face-to-face service

- Watching movies
- Fieldtrips
- Time in meetings
- More than 720 units of service per CSCT team per calendar month
- Educational assistance or assisting with homework/tutoring

Therapy services

Therapy includes speech, occupational and physical therapy services. Services may be performed by a therapy assistant or therapy aide but must be billed to Medicaid under the school's supervising licensed therapist's NPI (see the *Billing Procedures* chapter in this manual).

The levels of supervision are as follows:

- General: Procedure is furnished under the licensed provider's direction and control, but the licensed provider's presence is not required during the performance of the procedure.
- Direct: The licensed provider must be present in the office and immediately available to furnish assistance and direction throughout the performance of the procedure. The licensed provider must be in the direct treatment area of the client-related procedure being performed.
- Routine: The licensed provider must provide direct contact at least daily at the site of work, within interim supervision occurring by other methods, such as telephonic, electronic or written communication.
- Temporary Practice Permit holders (new grads from occupational therapy school who are waiting for their national exam results) MUST work under ROUTINE supervision of the licensed therapist. If the exam is failed the Temporary Practice Permit IMMEDIATELY becomes VOID. Routine supervision requires direct contact at least daily at the site of work.
- Occupational and Speech Therapy Aides require personal, direct supervision by the licensed provider. This means the licensed provider must be face-to-face with the aide in the same room when procedures are being provided.
- Speech Therapy Aides:
 - Aide 1 = supervised onsite a minimum of 10% of client contact time. At the discretion of the supervising speech-language pathologist, the onsite supervision requirement may be reduced to 2% after the first year of supervision.
 - Aide 2 = shall be supervised onsite 10% of client contact time.
 - Aide 3 = shall be supervised onsite 20% of client contact time. Refer to ARM 24.222.702.
- Occupational Therapy Assistants require general supervision, meaning the licensed provider does not have to be physically on the premises at the time

of the service. However, the licensed therapist must provide face to face supervision at least monthly.

- Physical Therapy Aides/Assistants require general supervision, meaning that the licensed provider must be on the premises.
- Temporarily licensed therapists can never supervise anyone.

Services included

Covered therapy services include the following:

- Restorative therapy services when the particular services are reasonable and necessary to the treatment of the client's condition and subsequent improvement of function. The amount and frequency of services provided must be indicated on the client's IEP.
- Assessment services to determine client medical needs and/or to establish an IEP, as long as the assessment results in health-related services documented in the IEP.

Service requirements

For all therapies being billed, they must be included in the student's IEP.

Services restricted

- Montana Medicaid does not cover therapy services that are intended to maintain a client's current condition but only covers services to improve client functions.
- Therapy services are limited to 40 hours per state fiscal year (July 1–June 30) for each type of therapy. Note: Early Periodic Screening and Diagnostic Treatment (EPSDT) rules make this limit an exception to the 40 hours.

Private duty nursing services

Private duty nursing services are skilled nursing services provided by a registered or licensed practical nurse.

Service requirements

Medicaid covers private duty nursing services when all of the following requirements are met:

- When the client's attending physician or mid-level practitioner orders these services in writing
- When prior authorization (PA) is obtained (see the *Passport and Prior Authorization* chapter in this manual for PA requirements)

School psychologists and mental health services

Psychological services in schools are based on determining eligibility for inclusion in special education programming and not necessarily to determine a medical diagnosis outside of the guidelines of the Individuals with Disabilities Education Act.

Services included

Psychological and mental health services include the following:

- Individual psychological therapy.
- Psychological tests and other assessment procedures when the assessment results in health-related services being written into the IEP.
- Interpreting assessment results.
- Obtaining, integrating and interpreting information about child behavior and conditions as it affects learning, if it results in an IEP. This only includes direct face-to-face service.
- Mental health and counseling services that are documented on the client's IEP.
- Consultation with the child's parent as part of the child's treatment.

Service requirements

Medicaid covers psychological counseling services when the following two criteria are met:

- The client's IEP includes a behavior management plan that documents the need for the services
- Service is not provided concurrently with CSCT services (unless prior authorization has been obtained).

Services restricted

Montana Medicaid does not cover the following psychological services:

- Testing for educational purposes
- Psychological evaluation, if provided to a child when an IEP is not subsequently established
- Review of educational records
- Classroom observation
- Scoring tests

Personal care paraprofessional services

Personal care paraprofessional services are medically necessary in-school services provided to clients whose health conditions cause them to be limited in performing activities of daily living. That is, these services are provided for clients with functional limitations.

Services included

These activities of daily living services include:

- Dressing
- Eating
- Escorting on bus
- Exercising (ROM)

- Grooming
- Toileting
- Transferring
- Walking

Service requirements

- These services must be listed on the client's IEP.
- Approval must be given by the client's primary care provider prior to billing for Medicaid covered services. This is done by the use of the Child Profile Form located in Appendix B.

Services restricted

Medicaid does not cover the following services provided by a personal care paraprofessional:

- Skilled care services that require professional medical personnel
- Instruction, tutoring or guidance in academics
- Behavioral management

Please see *Appendix B: Personal Care Paraprofessional Services Documentation*, which includes the child profile and service delivery record. The child profile provides detailed examples of activities of daily living.

Special needs transportation

Special needs transportation includes transportation services for clients with special needs that are outside of traditional transportation services provided for clients without disabilities.

Services include

Special needs transportation services are covered when all of the following criteria are met:

- Transportation is provided to and/or from a Medicaid-covered service on the day the service was provided.
- The Medicaid-covered service is included in the client's IEP.
- The client's IEP includes specialized transportation service as a medical need.

Specialized transportation services are covered if one of the following conditions exists:

- A client requires transportation in a vehicle adapted to service the needs of students with disabilities, including a specially-adapted school bus.
- A client resides in an area that does not have school bus transportation (such as those in close proximity to a school).
- The school incurs the expense of the service regardless of the type of transportation rendered.



Personal care services are not covered when provided by an immediate family member.

Services included

Special needs transportation includes the following:

- Transportation from the client's place of residence to school (where the client receives health-related services covered by the Montana School-Based Services program, provided by school), and/or return to the residence.
- Transportation from the school to a medical provider's office who has a contract with the school to provide health-related services covered by the Montana School-Based Services program, and return to school.

Services restricted

Clients with special education needs who ride the regular school bus to school with other non-disabled children in most cases will not have a medical need for transportation services and will not have transportation listed in their IEP. In this case, the bus ride should not be billed to the Montana School-based Services program. The fact that clients may receive a medical service on a given day does not necessarily mean that special transportation also would be reimbursed for that day.

Audiology

Audiology assessments are performed by individuals possessing the state of Montana credentials for performing audiology services.

Services included

Covered audiology services include the following:

- Assessment to determine client's medical needs and/or to establish an IEP, as long as the assessment results in health-related services documented in the IEP.
- Services provided must be documented in the client's IEP.

Service requirements

Medicaid covers audiology services when the services to be provided during a school year are written into the child's IEP.

Services restricted

Medicaid does not cover the following audiology services:

- Testing for educational purposes.
- Services provided during Child Find assessments.

Authorization requirements summary

The following table is a summary of authorization requirements for school-based services that were described in each section above. For more information on how to obtain prior authorization and Passport provider approval, see the *Passport and Prior Authorization* chapter in this manual.



The school district must maintain documentation of each service provided, which may take the form of a trip log.

Authorization Requirements			
Service	Prior Authorization	Passport Provider Approval	Written Physician Order/Referral
CSCT services*	No	No	No
Therapy services	No	No	No
Private duty nursing services	Yes	No	Yes
School psychologist and mental health services	No	No	No
Personal care paraprofessional services	No	No	Yes (Child Profile Form is signed by child's physician)
Specialized transportation services	No	No	No
Audiology	No	No	No

* Outpatient mental health services provided by a private therapist or mental health professional must have prior approval when providing services concurrently with CSCT (concurrently means services provided during the same time or in combination to a youth that is receiving CSCT services).

Other Programs

This is how the information in this chapter applies to Department programs other than Medicaid.

Children's Mental Health Services Plan (CMHSP)

The school-based services in this manual are not covered benefits of the Children's Mental Health Services Plan (CMHSP) administered by the Children's Mental Health Bureau. However, the mental health services in this chapter are covered benefits for Medicaid clients. For more information on the CMHSP program, see the *Mental Health* manual available on the Provider Information website (see *Key Contacts*).

Healthy Montana Kids (HMK)

The school-based services in this manual are not covered benefits of Healthy Montana Kids (HMK). Additional information regarding HMK benefits is available by contacting Blue Cross and Blue Shield of Montana at 1-877-543-7669.



Medicaid does not cover special transportation services on a day that the client does not receive a Medicaid-covered service that is written into the IEP.

