



School-Based Services

Medicaid and Other Medical Assistance Programs

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My NPI:

- 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).

- Speech Therapy Aides require personal, direct supervision by the licensed provider in accordance with the following guidelines:
- 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.

The levels of supervision for Occupational and Physical Therapy aids and assistants 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 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)