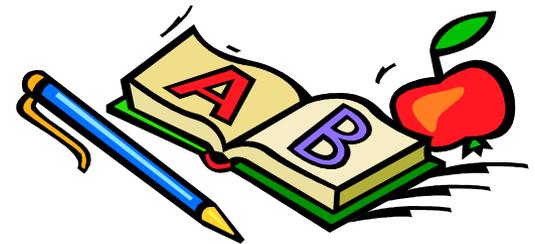


School-Based Services

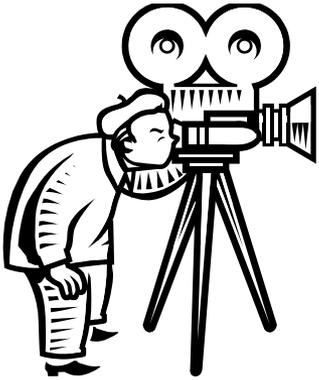
Department of Public Health and
Human Services

Rena Steyaert
Program Officer





A View of Medicaid in Schools



- Schools have been able to provide and obtain reimbursement from Medicaid for health-related services provided to school since the early 1990s.



Important parts allow this to happen

- Title XIX of Social Security Act
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) – ensures that periodic checkups and early detection will find and prevent children's health problems.
- Medicare Catastrophic Coverage Act of 1988 – contains provisions that allow state Medicaid programs to provide reimbursement to medical services provided as part of an IEP.



- **Individuals with Disabilities in Education Act (IDEA)** – provides the provision of related services that may be health related to support the education of students with disabilities.

**Important source of funding
for schools.**





Federal Medical Assistance Percentage (FMAP)

- Calculated every year for every state. Based off per capita income and the need for federal assistance then fluctuates.
- This is used when calculating the actual reimbursed dollars for every service provided in a school setting.



Three Medicaid Programs Available

- Medicaid Administrative Claiming (MAC)
- Direct Services or Direct Care through an IEP
- Comprehensive School & Community Treatment (CSCT) Mental Health Program (now administered by Children's Mental Health Bureau)



Medicaid Administrative Claiming (MAC)

- Allows school districts & co-ops to be reimbursed for some of the costs associated with administration of school-based health services as well as outreach activities, which are not claimable under the Medicaid Direct Services program.
 - Types of Activities:
 - Locate, identify, and refer individuals needing medical, dental, or mental health-related services after the initial IEP is developed.



MAC

Key focus of MAC is the EPSDT program, which is used to ensure a comprehensive, preventative health care program for Medicaid eligible children ages 3–20.

* Uses a time study process and random moment sampling to help quantify the amount of time that participants (you) spend completing activities that are reimbursable through the MAC program.



Department of Public Health
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Random Moment Study (RMS) Form

Measures the work effort of the entire group of staff involved in the districts or schools medical and health-related services by sampling and analyzing the work efforts of a cross section of the group. Provides a **statistically valid** means of determining what portion of the group of staffs workloads are spent performing activities that are reimbursable by Medicaid through this program.



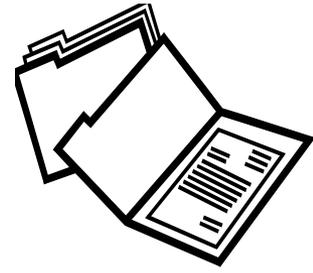
MAC RMS Forms

- The state department develops each quarter's RMS forms and the coordinator prints them off from the WEBRMS site.
- The forms are collected from participants and the data from the forms is entered into the WEBRMS site by the MAC coordinator.
- The state department will review the data entered and approve the quarter after all RMS forms have been entered.



Participant List – What Is It and Why Use It

- Your MAC coordinator develops this list and submits one for the 1st, 2nd, and 4th quarters.
- The list is used to develop the RMS forms (distributed by each MAC coordinator).
 - How you are chosen:
 - May be a direct employee, a contract employee, a part-time employee, or other receiving pay from the school.
 - Do you perform any of the activities on the list? (14 activities)
 - Staff who are 100% compensated from federal funds are not eligible.
 - Parents and volunteers who receive no compensation are not eligible.



Financial Data or Cost Data Report

- MAC coordinator fills out a quarterly financial data report listing each participant and their **salaries and benefits** for one quarter and sends it to the state department.
- Also included in the report is district wide **expenditure** amounts.
- These elements are used in conjunction with data collected from all the **RMS forms** to produce an invoice of dollars to be reimbursed to your school.



The invoice is then turned into a check and sent back to your school.

Once received, there are no rules attached to its use. Many schools use this to pay the salary for needed staff that a district can't otherwise afford.

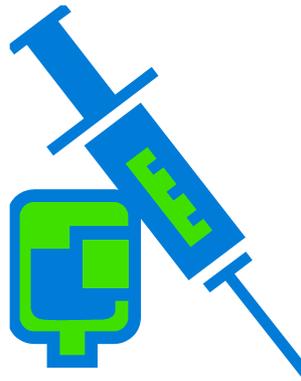


???QUESTIONS???

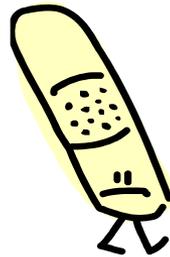
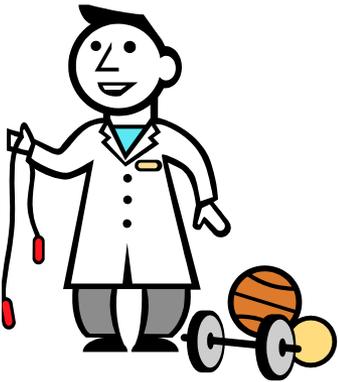
NEW

ICD-10 Diagnosis Coding

-  ICD-10 will be necessary on claims to Medicaid starting **October 1, 2014**, or the claim will be denied.
-  Will need to convert or map the ICD-9 codes used now into ICD-10 codes.
-  Free website:
<http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html>
-  Look for the General Equivalence Mappings (GEMS) tools.



Direct Care Services or Services from an IEP





Reimbursement for Services

- Submit CMS-1500 claims to Xerox for payment of Medicaid eligible students.
- School-Based Services uses the Federal Matching Assistance Percentage (FMAP) in its payment methodology, currently at 66.11% through 9/30/2012.
- Claims are processed and either paid or suspended or denied with a code (reason & remark code).
- Receive Explanation of Benefits either by paper or by electronic remittance advice (can be done weekly).
- Work through EOB and resubmit denied claims with corrections needed.
- A limit of 365 days to submit a clean/correct claim for processing.
- Direct deposit to county account is usual means of receiving dollars.



Direct Care or IEP Services

Services directed out of an IEP

- Private Duty Nursing – T1000
- Personal Care Assistance – T1019
- Psychotherapy – 90853
- Psychotherapy Testing – 96101
- Speech Therapy – 92506, 92507, 92508
- Comprehensive Hearing Test – 92557
- Evoked Auditory Test – 92587



IEP Services

- Tympanometry – 92567 (measures ear membrane)
- Specialized Transportation – T2003
- Physical Therapy – 97001, 97002
- Occupational Therapy – 97004, 97005
 - Both therapies also use 97150 and 97530
(Bill one unit for 97530 as it is a per occurrence code and not a timed code.)
- ***CSCT can be in an IEP but doesn't have to be
- Orientation & Mobility Specialist – 97533 and 97535 **NEW**



Requirements of Direct Care Program

- Member/Child qualifies for IDEA.
- Services are written into the IEP.
- Member/Child must be Medicaid-eligible on date of service.
- Member/Child must be between ages 3–20.
- HIPPA & FERPA forms should be in student's file.



CONSENT TO BILL MEDICAID

STUDENT INFORMATION

Student's Name	Initials	Birth Date	Age	Gender	Grade	Today's Date
Parent/Guardian Name	Parent/Guardian Address					
School District	School			Teacher		

NOTIFICATION OF RIGHTS REGARDING MEDICAID BILLING

This notice is to inform you of your rights as a parent of a child with a disability regarding the ability of the school district to access your student's public benefits or public insurance program (i.e., Medicaid) for covered health-related services in your student's Individualized Education Program (IEP). These rights include:

- The services listed in your child's IEP must be provided at no cost to you;
- You have the right to refuse your consent or withdraw your consent at any time; and
- The services listed in your child's IEP must be provided whether or not you give consent for the school district to bill Medicaid.

Giving your consent to access Medicaid for covered health-related IEP services does not relieve the school district of its responsibility to comply with state and federal laws related to the provision of special education services.

WRITTEN CONSENT TO BILL MEDICAID

This consent form allows the school district to bill Medicaid for covered health-related services in your child's Individualized Education Program (IEP) and to release information to the school district's Medicaid Billing Agent for that purpose. It is important to know that granting this permission to bill Medicaid does not reduce your ability to seek other Medicaid reimbursable services outside of the school setting. Medicaid does not have a maximum number of eligible visits for services to children nor does Medicaid have a lifetime maximum for services. Signing this approval to bill Medicaid will not interfere with your access to other health care services that are reimbursable by Medicaid. I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may receive copies of records disclosed pursuant to this authorization;
- Services listed in the IEP must be provided at no cost to me;
- I have the right to withdraw consent at any time;
- Services listed in my child's IEP must be provided whether or not I give consent to bill Medicaid; and
- The school district must give me annual written notification of my rights regarding this consent.

I give permission for the school district identified above to release information to Medicaid billing agents and for the district to access Medicaid insurance for the health-related services in my child's IEP.

I deny permission for the school district identified above to release information to Medicaid billing agents and for the district to access Medicaid insurance for the health-related services in my child's IEP.

Parent/Guardian/Adult Student Signature

Signature

Date

As a parent of a child with a disability you have certain protections under the Procedural Safeguards of the Individuals with Disabilities Education Act (IDEA). You may obtain a copy of the pamphlet "Procedural Safeguards in Special Education" online at: <http://www.opi.mt.gov/Programs/SpecialEd/Index.html> or by requesting a copy from the school district.

For assistance in understanding the provisions of the Individuals with Disabilities Education Act (IDEA) you may contact your child's school, the Office of Public Instruction at (406) 444-5661, or Parents, Let's Unite for Kids at (800) 222-7585.

March 2013



Montana
Office of Public Instruction
Denise Juneau, State Superintendent

opi.mt.gov

ANNUAL NOTICE REGARDING MEDICAID BILLING

STUDENT INFORMATION

Student's Name	Initials	Birth Date	Age	Gender	Grade	Today's Date
Parent/Guardian Name	Parent/Guardian Address					
School District	School			Teacher		

ANNUAL NOTIFICATION OF RIGHTS REGARDING MEDICAID BILLING

You previously gave your consent to the school district listed above to bill Medicaid for covered health-related services in your child's Individualized Education Program (IEP) and to release information to the school district's Medicaid Billing Agent for that purpose. It is important to know that granting this permission to bill Medicaid does not reduce your ability to seek other Medicaid reimbursable services outside of the school setting. Medicaid does not have a maximum number of eligible visits for services to children nor does Medicaid have a lifetime maximum for services. This approval to bill Medicaid will not interfere with your access to other health care services that are reimbursable by Medicaid. It is important to understand that:

- This consent will not impact my child's/my Medicaid coverage;
- Upon request, I may receive copies of records disclosed pursuant to this authorization;
- Services listed in the IEP must be provided at no cost to me;
- I have the right to withdraw consent at any time;
- Services listed in my child's IEP must be provided whether or not I give consent to bill Medicaid; and
- The school district must give me annual written notification of my rights regarding this consent.

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For assistance in understanding the provisions of the Individuals with Disabilities Education Act (IDEA) you may contact your child's school, the Office of Public Instruction at (406) 444-5661, or Parents, Let's Unite for Kids at (800) 222-7585.



Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program

- Is a comprehensive approach to health care for Medicaid eligible members age 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 covered medically necessary service including all school-based services.



Services Requiring Prior Authorization

- **Private Duty Nursing (PDN)** – along with a physician's order, this service needs to be authorized by Medicaid. Call Mountain-Pacific Quality Health at **1-800-262-1545 x5850**.
- **Personal Care Assistants** – this needs the Child Profile Form to be filled out and signed by the physician.



School Psychology and Mental Health Services

Service Requirements

- Must be included on student's IEP
- Not the same as CSCT

Provider Requirements

- Psychologist must have Class 6 Specialist license
- School Endorsement required by ARM
10.57.434

Reimbursable Services

- Evaluation/Assessment with results written into IEP
- Counseling/Individual & Group
- Consultations with parents as part of child's treatment
- Interpreting assessment results
- See codes on fee schedule.



Therapy Services

Service Requirements

- Services must be included on the student's IEP
- **Coding** on claims may require a "59" modifier

Exclusions

- **Not covered** if maintaining student's current condition
- Because of EPSDT, service is not limited to 40 hours per SFY.

Reimbursable Services

- Assessment services to determine medical needs and/or establish IEP
- Restorative therapy – Speech, Physical & Occupational
 - See codes on fee schedule.





Private Duty Nursing



Service Requirements

- Student's physician or mid-level practitioner orders these services in writing.
- Prior Authorization **is required** from Mountain-Pacific Quality Health, 1-800-262-1545 x150, and number received needs to be put on claim.

Exclusions

- Services do not include instruction, tutoring or guidance in academics

Reimbursable Services

Skilled Nursing Services



Audiology

Service Requirements

- Services must be included in student's IEP services.

Reimbursable Services

- Assessment services to determine student's need and/or establish IEP
- Services performed must be documented in the IEP.
- Speech/Hearing evaluations and therapy or tests
 - See codes on fee schedule.

Exclusions

- Testing for educational purposes is not covered.
- Services done during Child Find assessments





Personal Care Assistance

T1019

Service Requirements

- Services must be included in the student's IEP.
- Passport approval is no longer required.

Exclusions

- Services can be provided by family member but will not be Medicaid-reimbursed.
- **Does not include instruction, tutoring or guidance in academics.**

Reimbursable Services

- Grooming
- Dressing
- Transferring
- Mobility/Ambulation
- Eating
- Toileting
- Exercise/Not Therapy
- Bus Escort



Personal Care Paraprofessional Services Documentation

- Found in *School-Based Services* manual in Appendix B.
- Child Profile – to provide an instrument for collecting and documenting essential information needed to establish the Medicaid child's functional limitations and abilities to perform activities of daily living (ADLs).
- Child Profile Form
- Task/Hour Guide



Orientation & Mobility Specialist

97533 & 97535

Service Requirements

- Services must be included in the student's IEP.
- In-school services for low vision and blind students.

Provider Requirements

- Specialists must be certified with 1 of 2 national organizations.

Reimbursable Services

- Sensory integrative techniques to enhance sensory processing, direct one-on-one service
- Self-care home management training (e.g., ADLs) direct one-on-one training.



Specialized Transportation

T2003

Service Requirements

- Transportation is provided to and/or from a Medicaid-covered service.
- Service listed in IEP as a medical need.

Criteria to Be Met

- Requires transport in vehicle with adaptations.
- School incurs this expense and can bill Medicaid for service.

Exclusions

- Students with special needs who normally ride the school bus with non-disabled students to and from school have not met the medically necessary criteria for Medicaid to pay for their transportation and will not have this listed in their IEP.



Comprehensive School & Community Treatment (CSCT)

H0036

- Mental Health service is provided by a Mental Health agency with a contract to your school.
- Program requires 2 mental health workers:
 - **Licensed professional** can be psychologist, social worker, or counselor.
 - **Behavioral specialist** – some training or background is needed; usually up to the agency and then approval by the state's licensing bureau.



CSCT



- Child must be diagnosed with a Serious Emotional Disturbance (SED).
- Service must be medically necessary.
- Must be available to all qualifying children and not just Medicaid-eligible ones.
- HMK/CHIP & CMHSP (Children's Mental Health Services Plan) do not cover school-based CSCT program. HMK does have some limited mental health coverage.
- Most agencies will do their own billing.



Services that CSCT would provide include:

- Individual, family, and group therapy
- Behavior intervention
- Crisis intervention
- Continued treatment during non-school days (coordinate with school administration per their contract)



Schools' Responsibility for the CSCT Program

- Receive the money from Medicaid and use it to pay contract(s) with your school and the Mental Health agency.
- **Two pieces** of documentation at the end of a calendar year:
 - Verification of reimbursements that passed through to the Mental Health agency.
 - Match statement completed through OPI's MAEFAIRS website.



Department of Public Health
and Human Services



Effective July 1, 2012, CSCT program is managed by the Children's Mental Health Bureau in the Disability Services Division.

Program Officer, Children's Mental Health:

Sally Tilleman

406-444-6962

stilleman2@mt.gov



Topics Covered Today

- Medicaid Administrative Claiming (MAC)
- ICD 10 Diagnosis Codes
- School Direct Care or Direct Service
- Comprehensive School and Community Treatment (CSCT)



Department of Public Health
and Human Services



Contact Information

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Medicaid Program Officer

School-Based Service

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