

# Idaho Medicaid School- Based Services



## **NURSING AND PERSONAL CARE SERVICES (EFFECTIVE JULY 1, 2016)**

# IMPORTANT



Medicaid providers are required to provide services in accordance with all applicable federal laws and provisions of statutes, state rules, and federal regulations governing the reimbursement of services and items under Medicaid in Idaho. This training is to assist schools with understanding rules for the specific programs and is **not** all inclusive of the rules and other program notices.

The **school district** is responsible for knowing the applicable IDAPA rules, provider agreement, provider handbook and provider information releases and other program notices.

# Personal Care Services (PCS) Include:



- Basic personal care and grooming,
- Assistance with bladder or bowel requirements
- Assistance with food, nutrition, and diet activities
- Assistance with medications,
- Tube feedings
- **PCS is NOT Skilled Nursing Services.**

16.03.09.853.03.f

# **Personal Care Services Eligibility**



To be eligible for personal care services (PCS), the student must have a completed children's PCS assessment and allocation tool approved by the Department. To determine eligibility for PCS, the assessment results must find the student requires PCS due to a medical condition that impairs the physical or functional abilities of the student.

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# Personal Care Services



The registered nurse (RN) must review, or complete, the PCS assessment and develop or review, or both, the written plan of care annually. Oversight provided by the RN must include all of the following:

- Development of the written PCS plan of care;
- Review of the treatment given by the personal assistant through a review of the student's PCS record service detail reports as maintained by the provider; and
- Reevaluation of the plan of care as necessary, but at least annually.
- The RN must conduct supervisory visits on a quarterly basis, or more frequently as determined by the IEP team and defined as part of the PCS plan of care.

# PCS Assessment, Allocation Tool and Health Care Plan



- School Based PCS Assessment Tool to assess students' needs with the team
- School Based PCS Allocation Tool to determine number of hours available for student
- Write Plan of Care.
- Provides quarterly oversight.



• Nurse Assesses Student and determines eligibility for PCS



• Determine number of hours allocated to student under PCS



• Nurse writes the Plan of Care

**Children's Personal Care Services (PCS) Assessment Tool  
For Medicaid School-Based Service Providers**

Student Name:	Date of Birth:	Age:	Grade:	Sex:
School District:	School:	Case Manager:	Date:	
Current IEP:	Projected Annual:	Current Evaluation:	Projected Triennial:	
RN Signature:			Date:	

**I. General Information for Completing the Children's Personal Care Services (PCS) Assessment Tool:**

- Must be completed by a Professional Nurse (RN).
- Designed for use by school districts to assess the need for PCS services in the school setting. To be eligible for PCS the student must have a completed children's PCS Assessment, and the assessment results must find the student requires PCS due to a medical condition that impairs the physical or functional abilities of the student.
- Functional abilities are measures of the child's impairment level and need for personal assistance. The RN interprets Activities of Daily Living (ADLs) in terms of what is usually needed to safely perform the entire activity or task.
- An assessment of functional abilities is based on what the child is able to do, not what he/she prefers to do. Physical health, mental health, cognitive, or functional disability problems may show as the inability to perform Activities of Daily Living (ADL), continence, and mobility activities. A child who is mentally and physically free of impairment, has no safety risks, or chooses not to complete a task due to personal preference or choice is not eligible for personal care services.
- The measurement of each of the functional activities or tasks should be how the child usually performed the task over the past thirty (30) days.

Student Name \_\_\_\_\_

**II. Activities of Daily Living (ADL)**

<p><b>1. Grooming</b></p> <p>Refers to the child's ability to tend to personal hygiene needs (e.g. washing face and hands, hair care, shaving, oral care, fingernail and toenail care).</p>	<p><input type="checkbox"/> Able to groom self independently or not applicable due to age.</p> <p>2. Able to groom self with supervision and cueing or reminding (may include placement or assistive devices or aids). (Only applicable for ages 12 or older) Requires prompting or reminding to complete general hygiene tasks. Can brush own teeth if caregiver puts toothpaste on the toothbrush. Can brush own hair if handed brush.</p> <p>3. Dependent upon physical assistance to groom self up to 50% of the task. (Only applicable for ages 8 or older) Requires hands on assistance with some tasks up to 50% of the time. Care giver may need to finish oral care or requires caregiver may need to finish oral care or brush hair.</p> <p>4. Dependent upon physical assistance to groom self 51% or more of the task. (Only applicable for ages 8 or older) Requires hands on assistance with some tasks 51% or more of the time. Care giver may need to finish oral care or requires caregiver may need to finish oral care or brush hair or participant may tire easily or have limited ROM.</p> <p>5. Complete physical assistance is necessary (child unable to participate). (Only applicable for ages 3 or older) Physically unable or unable to follow any instructions from caregiver due to cognitive impairment or developmental disability.</p> <p>Prompts:</p> <ul style="list-style-type: none"> <li>• Who does the child's hair? (if child says they do it, ask them to raise their arms as high as they can to determine ROM).</li> <li>• Does someone have to physically help or remind the child to wash his/her hands?</li> <li>• Does the child trim his or her own fingernails/toenails?</li> <li>• Does the child brush his or her own teeth without reminding or physical assistance?</li> <li>• How does the child set up and prepare items for shaving or applying make-up?</li> </ul> <p>COMMENT: _____ _____ _____</p>
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Student Name \_\_\_\_\_

**SCHOOL-BASED SERVICES  
PERSONAL CARE SERVICES (PCS) ASSESSMENT ALLOCATION TOOL  
Ages 6 to 9 years old**

Name: \_\_\_\_\_ MID #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Instructions:**

1) Enter the number response for each question in the "Assessment Score" column. The total score will automatically calculate in the "Allocation Score" column.

2) Use the "Allocation Grid" to determine the number of hours based on the total points scored.

Weighted Score: The assessment score is weighted by 1.5 for questions 1, 4, 5, 6, 8, 9, and 10.

**STEP 1:**

	Question #	Assessment Score	Weighted	Allocation Score
Grooming	1		0	0
Dressing upper body	2		n/a	0
Dressing lower body	3		n/a	0
Toileting	4		0	0
Continence-bladder	5		0	0
Continence-bowel	6		0	0
Adaptive Devices	7		n/a	0
Transferring	8		0	0
Mobility/Ambulation	9		0	0
Eating/Feeding	10		0	0
Medication Assist	11		n/a	0
<b>Total Points</b>		<b>0</b>	<b>0</b>	<b>0</b>

**STEP 2:**

Allocation Grid	
Points	Hours
0-9	0 hrs/wk
10-15	10 hrs/wk
16-20	15 hrs/wk
21-30	20 hrs/wk
31-40	25 hrs/wk
41-50	30 hrs/wk
51+	35 hrs/wk

Points: \_\_\_\_\_ **0**  
Hours: \_\_\_\_\_ **HRS/WK**

RN Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Health Care Plan



Version 1.2 - 08/2013

## Functional Status/Limitations

### Dependence

Total       Partial

### Mobility

Immobile       Partially Immobile

### Deficits

Cognitive       Memory

### Impairments (Check all that apply)

Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Physical \_\_\_\_\_

Other \_\_\_\_\_

## Medical Information

Primary Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_

Q.I.D.P.: \_\_\_\_\_ Phone No: \_\_\_\_\_

## Activities of Daily Living (ADL)

### 1. Grooming (Personal Hygiene)

#### Hair Care

Independent       Partial Assist

Supervise/Cue       Total Assist

#### Oral Care

Independent       Partial Assist

Supervise/Cue       Total Assist

#### Hand washing

Independent       Partial Assist

Supervise/Cue       Total Assist

Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

QIDP Plan is Part of the IEP Attached - Yes \_\_\_\_ No \_\_\_\_

# Week at a Glance



Personal Care Services for Children  
 School Based Medicaid Care Plan  
 Version 2 – 06/2013

## Week-At-A Glance

Participant \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: R.N. to use for scheduling tasks. Attendant will review daily for tasks to be completed.

PROVIDER TASKS	MON	TUES	WED	THUR	FRI
Skin Care					
Oral Care					
Dressing/Undressing					
Bladder/Bowel Program					
Peri/Menses/Incontinence Care					
Catheter/Ostomy Care					
Adaptive Devices					
Transferring					
Mobility/Ambulation					
Eating/Feeding					
Assistance with Medications					
Individual Education Program					
1.					
2.					
3.					
4.					
5.					
Other					
1.					
2.					
<b>Total Hours</b>					

# PCS Provider Qualifications



- Registered Nurse or Licensed Professional Nurse (RN). A person currently licensed by the Idaho State Board of Nursing as a registered nurse or licensed professional nurse
- Licensed Practical Nurse (LPN). A person currently licensed by the Idaho State Board of Nursing as a licensed practical nurse;
- Certified Nursing Assistant (CNA). A person currently certified by the State of Idaho; or
- Personal Assistant.
  - Personal Assistant. A person who meets the standards of Section 39-5603, Idaho Code, and receives training to ensure the quality of services and meets the paraprofessional requirements under the Elementary and Secondary Education Act of 1965, as amended, Title 1, Part A, Section 1119.
  - Receives training to ensure the quality of services
  - Must be at least 18 years of age

16.03.09.855.06

# **Service Detail Report (SDR) For PCS**



(Must include all SDR requirements in rule)

- **Activities**
  - SDR must include the actual start time of the first PCS of the day and actual end time of the last PCS of the day
  - Data will support the duration of service billed to Medicaid
  - Areas of service must be individualized to each child
- **Goals**
  - SDR must include a time in/time out for each session the provider is working on each individual goal
  - Must include the student response to the service

# Example of SDR for PCS



Student Name: _____ Date: _____ Provider/Title: _____				
Actual Start time: 9:05am		Actual End time: 2:30pm		Duration: 2 hours
Place of service (If not in school): _____				
Personal Care Service:				
<b>Diaper change:</b> Wet: 11 Bowel: 111	<b>Transferring:</b> Chair to toilet: 111 Chair to floor: 11 Floor to stand: 11	<b>Mobility:</b> Stretching: 11 Reposition: 1111 Standing: 11	<b>Feeding:</b> G-Tube: 111	<b>Medication Assistance:</b> 10:00am: 1 12:30: 11
<b>Bathroom Routine Goal:</b> Time in: 9:05am Time out: 9:35am	<b><u>Bathroom Routine:</u></b> Bring Student to the restroom Use hand over hand to assist with pulling pants down Student will sit on toilet Student will get off of the toilet Student will pull pants up Student will wash hands with soap			<b>Response to the service:</b>
Comments:				

# Nursing Services



- Must be provided by a licensed nurse, within the scope of their practice
- Emergency, first aid, or non-routine medications not identified on the plan are not reimbursed
- Must have a health care plan that identifies the tasks the nurse will be providing
- Must be identified on the IEP
- **Nursing services are NOT services that can be delegated**

# **Requirements**



**ALL MEDICAID  
REIMBURSABLE  
SERVICES**

# Background Checks



- Idaho Code 33-130
  - Criminal history checks must be completed for:
    - ✦ School district employees
    - ✦ Applicants for certificates **OR**
    - ✦ Individuals having contact with students
      - (If a school contracts with community providers they need to assure that those contractors have a background check from the State Department of Education)
  - The school district is responsible for checking the Medicaid exclusionary lists (State and Federal) to assure they are not hiring a person to provide a Medicaid service who is excluded to bill Medicaid
    - ✦ <https://exclusions.oig.hhs.gov>
    - ✦ <http://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/IdahoMedicaidExclusionList.pdf>



# Background Checks



**SHERRI YBARRA**  
SUPERINTENDENT OF  
PUBLIC INSTRUCTION

650 W. STATE STREET  
P.O. BOX 83720  
BOISE, IDAHO 83720-0027

OFFICE: 208-332-6800  
FAX: 208-334-2228  
SPEECH/HEARING  
IMPAIRED: 1-800-377-3529

## Substitute Teacher/Multiple District Assignment Form for School Personnel (revised 01/12/15)

Employee Name (Please Print Clearly): \_\_\_\_\_

DOB: \_\_\_\_\_ EDUID Number: \_\_\_\_\_

This section is to be used only for employees working as a substitute teacher

Directions: Please check if substitute teaching

<input type="checkbox"/> Substitute Teacher			
District/Agency Name and Number	Printed Name of Superintendent or Designee	Signature of Superintendent or Designee	Date

This section is to be used for employees working in Multiple Districts

Please list by district name and district identification number ALL districts in which you are employed. This list will allow you to work in these districts without undergoing a Background Investigation Check (BIC) (fingerprinting) for each. It is necessary for the appropriate superintendent/designee to sign the form for each district listed. Additional districts will only be added if the BIC is less than three (3) months old. If your BIC is over three (3) months old please submit completed form with a new fingerprint card and fee.

Directions: Please check all that apply to current assignments:

<input type="checkbox"/> Summer School Teachers			
<input type="checkbox"/> Volunteer			
<input type="checkbox"/> Substitute, other than a teacher, who temporarily replaces a non-certificated employee (i.e., administrative assistant, cook, custodian, bus driver)			
<input type="checkbox"/> Driver Education			
District/Agency Name and Number	Printed name of Superintendent or Designee	Signature of Superintendent or Designee	Date

Return this completed form and the completed fingerprint card (if applicable to:

State Department of Education  
Background Records Office  
PO Box 83720  
Boise, ID 83720-0027

Contact as necessary: Shannon Haas (208) 332-6888

# One-time consent requirement (IDAPA 16.03.09.851.05)



# Recommendation Requirements



- All services (including evaluations) must be recommended by a physician or other practitioner of the healing arts.
  - (16.03.09.850.05: **Practitioner of the Healing Arts.** A physician's assistant, nurse practitioner, or clinical nurse specialist who is licensed and approved by the state of Idaho to make such recommendations or referrals for Medicaid services. )
- These recommendations must be **signed and dated** by the physician or other practitioner of the healing arts.
- These recommendations must be **obtained prior to** the provision of services
- These recommendation are effective for a period of 365 days.
  - OT/PT/SLP have additional physician order requirements. See webinar for OT/PT/SLP.

# IEP and Other Service Plans



- Type, frequency, and duration of the service(s) provided
- Title of the provider(s), including the direct care staff delivering services under the supervision of the professional
- Measurable goals, when goals are required for the service
- Specific place of service, if provided in a location other than school

16.03.09.854.01

# 120 Day Review



- A documented review of progress toward each service plan goal completed at least every 120 days from the date of the annual plan. (IDAPA 16.03.09.854.04)
- Current IEP progress reports can demonstrate compliance with this rule as long as the report includes a “review of progress” for each goal.

# Service Detail Report Must Include:



- Name of Student
- Name, title, and signature of the person providing the service
- Date, time, and duration of service
- Place of service, if provided in a location other than school
- Category of service
- Brief description of the specific areas addressed
  - \*Must correspond to the IEP goal, if applicable
- Student's response to the service when required for the service
  - \*Must correspond to the IEP goal, if applicable

16.03.09.854.03

# Requirements for All Services



- Documentation that supports the claim to Medicaid must be maintained by the school and must be retained for a period of 5 years.

16.03.09.854

# **Requirements for All Services (Cont.)**



- Documentation of Qualifications of Providers.
  - ✦ Licensures
  - ✦ Certifications
  - ✦ Fingerprints
  - ✦ Proof of qualifications
  - ✦ Resumes
  - ✦ Proof of age

**(16.03.09.854.05)**



# Requirements for All Services (Cont.)



- **Parental Notification.** School districts and charter schools must document that parents were notified of the health-related services and equipment for which they will bill Medicaid. Notification must comply with the requirements in Subsection 854.08 of this rule.
- **Requirements for Cooperation with and Notification of Parents and Agencies.** Each school district or charter school billing for Medicaid services must act in cooperation with students' parent or guardian, and with community and state agencies and professionals who provide like Medicaid services to the student.
  - **Notification of Parents.** For all students who are receiving Medicaid reimbursed services, school districts and charter schools must document that parents are notified of the Medicaid services and equipment for which they will bill Medicaid. Notification must describe the service(s), service provider(s), and state the type, location, frequency, and duration of the service(s). The school district must document that they provided the student's parent or guardian with a current copy of the child's plan and any pertinent addenda; and

16.03.09.854.07-08.a

# **Requirements for All Services (Cont.)**



School districts and charter schools must request the name of the student's primary care physician (PCP) and request a written consent to release and obtain information between the PCP and the school from the parent or guardian.

16.03.09.854.08.b

# **REMEMBER!!!**



**Schools have an obligation to provide IDEA services whether they are billing Medicaid or not.**

# Resources to Know



- Medicaid School-Based Services website: [www.sbs.dhw.idaho.gov](http://www.sbs.dhw.idaho.gov)
- Idaho Training Clearinghouse website: [www.idahotc.com](http://www.idahotc.com) (Topics, School-Based Medicaid)
- Molina: [www.idmedicaid.com](http://www.idmedicaid.com) (Provider handbooks, Information Releases, Fee schedule links, ICD-10 information, etc.)
- Children's Developmental Disability Services website: [www.childrensdds-services.dhw.idaho.gov](http://www.childrensdds-services.dhw.idaho.gov) (Habilitation Intervention criteria)



IDAHO DEPARTMENT OF  

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HEALTH & WELFARE

**Alternative Care  
Coordinator; School Based Services,  
Idaho Division of Medicaid**

**(208)287-1169**



# SUPPORTING SCHOOLS AND STUDENTS TO ACHIEVE

SHERRI YBARRA, SUPERINTENDENT OF PUBLIC INSTRUCTION

**Shannon Dunstan**

**Early Childhood & Interagency  
Coordinator**

**Idaho State Department of  
Education**

**Division of Special Education  
(208) 332-6908  
sdunstan@sde.idaho.gov**

**Charlie Silva**

**Special Education Director  
Idaho State Department of  
Education**

**Division of Special Education  
(208) 332-6806  
csilva@sde.idaho.gov**