

Medicaid School-Based Services

Transportation Services

Interpretive Services

EPSDT

(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.



Transportation Services

- **Transportation.** Transportation must be provided by an individual who has a current Idaho driver's license and is covered under vehicle liability insurance that covers passengers for business use.
- The student requires special transportation assistance, a wheelchair lift, an attendant, or both, when medically necessary for the health and safety of the student and recommended by a physician or other practitioner of the healing arts; **AND**
- The transportation occurs in a vehicle specifically adapted to meet the needs of a student with a disability; **AND**
- The student requires and receives another Medicaid reimbursable service billed by the school-based services provider, other than transportation, on the day that transportation is being provided; **AND**
- Both the Medicaid-covered service and the need for the special transportation are included on the student's plan; **AND**
- The mileage, as well as the services performed by the attendant, are documented. See Section 855 of these rules for documentation requirements.



Interpretive Services

- Interpretive Services. Interpretive services needed by a student who is deaf or does not adequately speak or understand English and requires an interpreter to communicate with the professional or paraprofessional providing the student with a health-related service may be billed with the following limitations:
 - Payment for interpretive services is limited to the specific time that the student is receiving the health-related service; documentation for interpretive service must include the Medicaid reimbursable health-related service being provided while the interpretive service is provided.
 - Both the Medicaid-covered service and the need for interpretive services must be included on the student's plan; and
 - Interpretive services are not covered if the professional or paraprofessional providing services is able to communicate in the student's primary language.

16.03.09.853.n

EPSDT

- Early and Periodic Screening, diagnostic, and Treatment
- EPSDT are State plan medically necessary services that are necessary to correct or ameliorate defects, physical and mental illness, and conditions discovered by the screening services as defined in Section 1905 (r) of the Social Security Act.
 - This means if there are services that have a limitation on hours (IE: PCS, behavioral consultation) and if determined that the student requires additional services, the school can apply for EPSDT benefits. Once the Department receives the request they will determine if the service meets the medical necessary standards identified in IDAPA
 - EPSDT also allows providers to request a state plan service that is not currently identified in Idaho's state plan. (IE: Orientation and Mobility)
- If the school chooses to apply for EPSDT for an individual student they can do this by filling out the EPSDT request found at:
www.sbs.dhw.idaho.gov

16.03.09.880

Requirements

All Medicaid Reimbursable
Services



Background checks

❖ Idaho Code 33-130

❖ Criminal history checks for 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 (link

 - ❖ <https://exclusions.oig.hhs.gov>

 - ❖ <http://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/IdahoMedicaidExclusionList.pdf>



Substitute Teacher/Multiple District Assignment Form for School Personnel

(revised 01/12/15)

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

Employee Name (Please Print Clearly): _____

DOB: _____ EDUID Number: _____

<p>This section is to be used only for employees working as a substitute teacher</p> <p>Directions: Please check if substitute teaching</p>			
<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.

<p>Directions: Please check all that apply to current assignments:</p>			
<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)

YES

NO



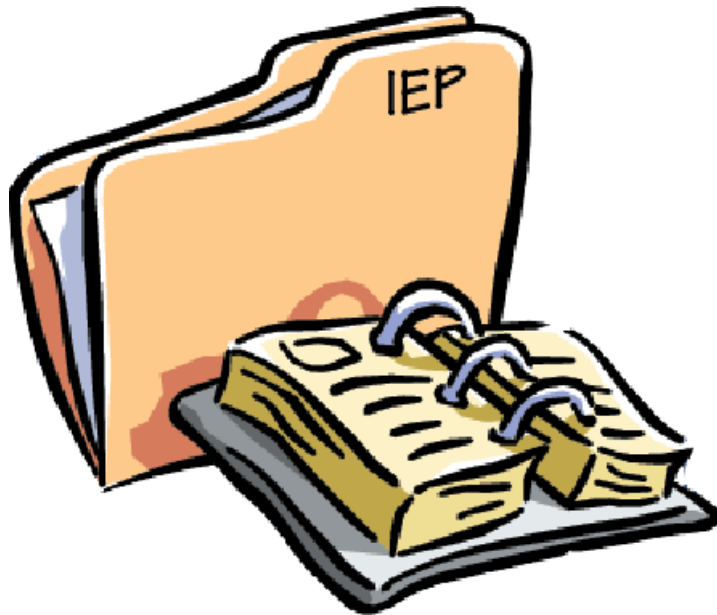


Recommendation Requirements

- * 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



IDAPA 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

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.



Requirements for All Services

(Cont.)

- Maintain documentation of Qualifications of Providers.
- Examples of this documentation are:
 - 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
- Idaho Training Clearinghouse website: www.idahotc.com
(Topics, School-Based Medicaid)
- Molina: www.idmedicaid.com (Provider handbooks, Information Releases, Fee schedule links, ICD-10 information, etc.)
- Children's Developmental Disability Services website: www.childrensddservices.dhw.idaho.gov (Habilitation Intervention criteria)

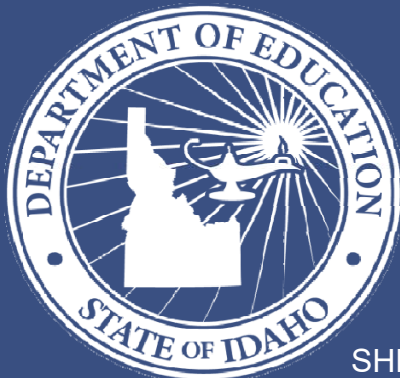


IDAHO DEPARTMENT OF

HEALTH & WELFARE

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

(208)287-1169



SUPPORTING SCHOOLS AND STUDENTS TO ACHIEVE

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