What will be presented: Overview of School Based Medicaid Behavioral Intervention and Behavioral Consultation Services

Who needs this information: Special Education Directors, School Psychologist, Teachers, Medicaid Billing Staff
Developmental Disabilities
Behavioral Services
Who Qualifies for Developmental Disabilities Services

“Developmental Disability”: Chronic disability which appears before the age of 22 years and:
   The following information must be documented by a qualified provider who is able to diagnose under
   the scope of their license.

   • Age 5 through Adult: IQ of 75 or below is presumed to be an intellectual disability
   • Birth to Age 5: A delay of 30% overall functioning.
     • Approved assessments can be found at 16.03.10.503
   • Medical Diagnosis: cerebral palsy; epilepsy; or autism;

   • A “substantial” limitation in 3 or more life areas: self-care; receptive and expressive language; learning; mobility;
     self-direction; capacity for independent living; or economic self-sufficiency;

     • Age 3 through Adult: A score of 2 standard deviations below the mean creates a presumption of a functional
       limitation.
     • Birth to Age 3: The following criteria must be utilized to determine a substantial functional limitation for
       children under 3:
       a) The child scores 30% below age norm; or
       b) The child exhibits a 6 month delay; or
       c) The child scores 2 standard deviations below the mean
Behavioral Intervention & Behavioral Consultation

- The student must meet one of the educational eligibility categories

- The student must meet eligibility for Developmental Disability Services
  - A student might meet one of these Educational Eligibility Categories and still **NOT** meet the eligibility for Developmental Disabilities Services.
Must Be Medically Necessary

• It is a reasonable calculated service to prevent, diagnose, or treat conditions in the participant that endanger life, cause pain, or cause functional significant deformity or malfunction; and

• There is no other equally effective course of treatment available or suitable for the participant requesting the service which is more conservative or substantially less costly.

• Medicaid services must be of a quality that meets professionally-recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality. Those records must be made available to the Department upon request.
Definitions

DD – Developmental Disabilities
• Developmental Disabilities should not be confused with Developmental Delay. Developmental Disabilities is a Medicaid eligibility category where Developmental Delay is an Educational eligibility category.

BI - Behavioral Intervention
BC – Behavioral Consultation
FBA – Functional Behavioral Assessment
BIP – Behavioral Intervention Plan
What is Behavioral Intervention?

Consistent, assertive and continuous intervention designed to:

- Assist student to access educational environment
- Develop replacement behaviors
- Intervene and prevent maladaptive behaviors
- Instruct in tools and strategies
Who Can Provide Behavioral Intervention?

Professionals and Paraprofessionals
Behavioral Intervention Medicaid School Based Services

Qualifications

• Exceptional Child Certificate
• Early Childhood/Early Childhood Special Education Blended Certificate
• Special Education Consulting Teacher
• Habilitative intervention professional
• Individuals employed by a school as certified Intensive Behavioral Intervention (IBI) professionals prior to July 1, 2013, are qualified to provide behavioral intervention;
  • Must be able to provide documentation of one (1) year’s supervised experience working with children with developmental disabilities. This can be achieved by previous work experience gained through paid employment, university practicum experience, or internship. It can also be achieved by increased on-the-job supervision experience gained during employment at a school district or charter school.
Contracting with Community Providers
Qualifications

A paraprofessional under the direction of a qualified behavioral intervention professional or behavioral consultation, must meet the following:

i. Must be at least eighteen (18) years of age;

ii. Demonstrate the knowledge, have the skills needed to support the program to which they are assigned, and meet the requirements under the “Standards for Paraprofessionals Supporting Students with Special Needs,” available online at the State Department of Education website; and

iii. Must meet the paraprofessional requirements under the Elementary and Secondary Education Act of 1965, as amended, Title 1, Part A, Section 1119.

The professional must observe and review the direct services performed by the paraprofessional on a monthly basis, or more often as necessary, to ensure the paraprofessional demonstrates the necessary skills to correctly provide the behavioral intervention service. The school must document the professional supervision to include information from the observation and review of the service.
What is Behavioral Consultation?

Behavioral Consultation is a Medicaid billable service designed to assist IEP teams during the evaluation process and to provide ongoing support, training, and monitoring of behavioral goals and behavioral intervention plans included on a student’s IEP.

Behavioral Consultation is limited to **36 hours** per student IEP year.
What services can a Behavior Consultant provide?

– Consulting with LEA service providers
– Performing advanced assessment(s) (FBA)
– Writing BIPs
– Coordinating implementation of BIPs
– Delivering ongoing training to interventionists and other team members
Behavioral Consultant Medicaid School Based Services

Qualifications

Must be provided by a professional who has a Doctoral or Master’s degree in psychology, education, applied behavioral analysis, or have a related discipline with one thousand five hundred (1500) hours of relevant coursework or training, or both, in principles of child development, learning theory, positive behavior support techniques, dual diagnosis, or behavior analysis (may be included as part of degree program); and who meets one (1) of the following:

a. An individual with an Exceptional Child Certificate
d. An individual with a Pupil Personnel Certificate, excluding a registered nurse or audiologist
e. An occupation therapist who is qualified and registered to practice in Idaho
f. Therapeutic consultation professional

b. An individual with an Early Childhood/Early Childhood Special Education Blended Certificate
c. A Special Education Consulting Teacher
School Based Services – Behavioral Intervention

**ELIGIBILITY**
The student must meet developmental disabilities criteria using the standards under IDAFA 16.03.10, “Medicaid Enhanced Plan Benefits,” Section 201, and must exhibit maladaptive behaviors that include but are not limited to frequent disruptive behaviors, aggression, self-injury, criminal or dangerous behavior. These maladaptive behaviors impede the student’s learning or that of others.

**DEFINITION**
Behavioral intervention is used to assist the student to access the educational environment through a consistent, assertive and continuous intervention process. It includes the development of replacement behaviors with the purpose to prevent or treat behavioral conditions of individuals who exhibit maladaptive behaviors.

**PARAPROFESSIONAL**
- **Reimbursement**
  - Individual Rate - Approximately $20.00 per hour or $5.00 per 15 minute unit
  - Group Rate - Services delivered to more than one student will be billed at a group rate based on the ratio.

Limitations: The paraprofessional may not conduct assessments, establish a plan of service or develop a program implementation plan. The paraprofessional must work under the supervision of a professional.
- 1:1 for students with severe behaviors (FBA/BIP)
- Up to 1:3 for students with low intensity behaviors (IEP goal)

**PROFESSIONAL**
- **Reimbursement**
  - Individual Rate - Approximately $45.00 per hour or $11.33 per 15 minute unit
  - Group Rate - Services delivered to more than one student will be billed at a group rate based on the ratio.

Limitations: Reimbursement is available for direct service to the student. Professional rate is available when FBA and BIP are in place.
- Up to 1:2 for students with severe behaviors (FBA/BIP)
- Up to 1:3 for students with low intensity behaviors (IEP goal)

**Additional Behavioral Service Available:**
- Behavioral Consultation - The behavior consultant assists other service providers by consulting with the IEP team during the assessment process, performing advanced assessment, coordinating the implementation of the Behavior Implementation Plan and provides ongoing training to interventionist and other team members.
  - Reimbursement - Approximately $64.00 per hour or $16.00 per 15 minute unit

- Behavioral Assessment - Evaluation used to guide the formation of behavioral intervention strategies related to an IEP goal. The assessment must include a functional behavioral analysis and a professional summary that interprets and integrates the results of testing.
  - Reimbursement - Approximately $45.00 per hour or $11.33 per 15 minute unit
DD Behavioral Services Steps

- Evaluation and Assessment (Recommended)
- Behavioral Assessment (Recommended)
- IEP Goals
- Eligibility Report/Written Notice
- IEP Implementation
- Service Page
- Evaluation and Assessment (Recommended)
Evaluation and Assessment

- Team determines eligibility for special education at initial evaluation or 3 year re-evaluation, or more frequently as warranted.
- Initial and 3 yr. re-evaluation establishes Developmental Disability per Medicaid Rule.
- Obtain consent to assess per IDEA and one time parent consent to bill Medicaid.
- Obtain Physician’s Recommendation prior to conducting the assessments if going to billing Medicaid.

Behavior Assessment

- If student is demonstrating behaviors that have an adverse effect on education, team should consider evaluating behavior of student.
- In order to qualify for Medicaid BI/BC student must score at least 1.5 SD on Health & Welfare approved assessments in at least 2 domains/subtests by at least 2 different raters.

Eligibility Or Written Notice

- IEP Team documents results of evaluations/assessments on initial or 3 year reevaluation, including results of behavior assessment(s).
- If student is demonstrating behaviors that were not addressed on an initial or 3 yr., team may need to complete a behavior assessment during interim period. Results of the evaluation or assessment must be summarized on a Written Notice.
IEP Goal(s)
FBA/BIP

- If student behaviors adversely impact education, team should consider prioritizing behavior needs as an IEP Goal.
- In order to access Medicaid BI/BC student must have an IEP goal(s) addressing identified behaviors.
- It is highly recommended to complete FBA/BIP to demonstrate the need and replacement behaviors for the services.

Service Page

- Team documents needed services per district policy/procedure.
- Teams should consider use of “Optional Statement of Service Delivery” as a mechanism to specify whether documented behavior intervention services would be delivered at a Professional or Paraprofessional level and the use of Behavior Consultation Services.
- If the District is unsure if BC will be needed the Optional statement of delivery can include a statement that states that “behavioral consultation may be provided, as determined by the IEP team, based on the needs of the student.”

IEP Implementation

- Implement IEP
- Collect progress monitoring data
- In order to bill Medicaid BI/BC ensure progress monitoring data and service provision is documented according to Medicaid Rules.
One-time Consent Requirement

- YES [✓]
- NO [ ]
• Team determines eligibility for special education at initial evaluation or 3 year re-evaluation or more frequently as warranted.
• Initial and 3 yr. re-evaluation establishes Developmental Disability per Medicaid Rule.
DEVELOPMENTAL DISABILITIES ELIGIBILITY CHECKLIST SUMMARY

Name: __________________________ DOB: __________

Meets Eligibility: Yes_____ No_____ 

Staff Signature: __________________________ Date: __________

Eligible applicants must meet criteria for each of the three categories listed below, and have acquired the disability during the developmental growth stage before the age of 22. See the “Developmental Disability Determination Guidelines/Checklist” for complete interpretive guidelines.

Idaho Code, 66-402 (5): Developmental disability means a chronic disability of a person

___ which appears before the age of twenty-two (22) years of age and:
Source and Date of information: __________

___ a) is attributable to an impairment, such as
    mental retardation
    cerebral palsy
    epilepsy
    autism
    or other condition found to be closely related to or similar to one of the impairments that requires similar treatment of services, or is attributable to dyslexia resulting from such impairments; and:
Source and Date of information: __________

___ b) results in *substantial function limitations in three (3) or more of the following areas of major life activity;
    self-care
    receptive and expressive language
    learning
    mobility
    self-direction
    capacity for independent living
    or economic self-sufficiency; and:
Source and Date of Information: __________

___ c) reflects the needs for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are life-long or extended duration and individually planned and coordinated.

*Substantial functional limitations are considered to be present when scores of functional assessment in the applicable areas are two or more standard deviations below the norm. See the DD Determination Guidelines/Checklist for a full interpretive guideline.
Department of Health and Welfare
Approved Assessments

- Scales of Independent Behavior Revised
- Vineland-II Adaptive Behavior Scales
- Adaptive Behavior Scale
- Preschool & Kindergarten Behavior Scale
- Behavior Assessment System for Children, Second Edition
- Emotional & Behavior Problem Scale
- The Achenbach System of Empirically Based Assessment
- Connors; Comprehensive Behavior Rating Scales
- Conners Third Edition
- Devereux Early Childhood Assessment Clinical Form
## Adding an FBA to an Existing IEP

<table>
<thead>
<tr>
<th>Consent to Assessment</th>
<th>Request for Input</th>
<th>Written Notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify the new Assessment that might be needed</td>
<td>• A Reevaluation</td>
<td>• (a) Seeking additional information on the Identification and Needs of the Student</td>
</tr>
<tr>
<td>• FBA</td>
<td>• Seeking additional information</td>
<td>• (b) No actions were refused</td>
</tr>
<tr>
<td>• Adaptive Behavior</td>
<td></td>
<td>• (c) Explanation: Special Education Services are required in order to benefit</td>
</tr>
<tr>
<td>• Emotional/Social/Behavioral</td>
<td></td>
<td>• (d) Option: considered not to do the assessment but the students needs require the needs for additional assessments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• (e) Assessment: Current data is not adequate to make educational decisions</td>
</tr>
</tbody>
</table>
Accessing Behavioral Consultation for a new referral.

Student who is referred for a special education evaluation, meets DD criteria, and is Medicaid eligible.

IEP Team can access a Behavioral Consultant as part of the evaluation process if the team determines there are behavioral concerns related to the student.

Behavioral Consultant can conduct a FBA and/or assists with other advanced assessments.

Behavioral Consultant can be included on the IEP to provide ongoing support/training of the Behavior Goals and Objectives and/or Behavior Intervention Plan.

Behavior Goals are developed for the IEP.

Behavior Intervention Plan is developed as part of the IEP.

Behavioral Consultation hours used during the evaluation process count toward the 36 hour limit.
Obtains Consent for permission to Bill Medicaid

Obtain Physician Recommendation

Complete Assessments
Functional Behavior Assessment (FBA)

1. **Description of Problem Behavior:** (What is the inappropriate or unacceptable behavior to be targeted for intervention? Be specific about who was involved and what happened before, during, and after the event.)

2. **Document the Pattern of Behavior** (frequency, intensity, duration, environmental factors, and context in which the behavior occurred)

3. **History** (e.g., what circumstances make the behavior more likely to occur, medical or physical concerns, substance abuse issues, stressful events in the student’s life)

4. **Effectiveness of Interventions** (What have been used and were they effective?)

5. **Develop a Theory for the Function or Purpose of the Behavior**

6. **Team Members**

<table>
<thead>
<tr>
<th>Names of Team Members</th>
<th>Title/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• If student is demonstrating behaviors that have an adverse effect on education, team should consider evaluating behavior of student.

• In order to qualify for Medicaid reimbursement BI/BC student must score at least 1.5 SD on Health & Welfare approved assessments in at least 2 domains/subtest by at least 2 different raters.
• IEP Team documents results of evaluations/assessments on initial or 3 year reevaluation including results of behavior assessment(s).
• If student is demonstrating behaviors that were not addressed on an initial or 3 yr., team may need to complete a behavior assessment during interim period. Results of the evaluation or assessment must be summarized on a Written Notice.
• If student behaviors adversely impact education, team should consider prioritizing behavior needs as an IEP Goal.
• Utilize district policy/procedures to determine if a FBA/BIP is needed.
• In order to access Medicaid BI/BC student must have an IEP goal(s) addressing identified behaviors.
• It is highly recommended that a FBA/BIP be completed.
Functional Behavior Assessment (FBA)

1. Description of Problem Behavior: (What is the inappropriate or unacceptable behavior to be targeted for intervention? Be specific about who was involved and what happened before, during, and after the event.)

2. Document the Pattern of Behavior (frequency, intensity, duration, environmental factors, and context in which the behavior occurred)

3. History (e.g., what circumstances make the behavior more likely to occur, medical or physical concerns, substance abuse issues, stressful events in the student’s life)

4. Effectiveness of Interventions (What have been used and were they effective?)

5. Develop a Theory for the Function or Purpose of the Behavior

6. Team Members

<table>
<thead>
<tr>
<th>Names of Team Members</th>
<th>Title/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Description of Problem Behavior

(What is the inappropriate or unacceptable behavior to be targeted for intervention? Be specific about who was involved and what happened before, during, and after the event.)

### Document the Pattern of Behavior

(frequency, intensity, duration, environmental factors, and context in which the behavior occurred)

### History

(e.g., what circumstances make the behavior more likely to occur, medical or physical concerns, substance abuse issues, stressful events in the student’s life)
**Behavior Intervention Plan (BIP)**

<table>
<thead>
<tr>
<th>IEP Goal(s)</th>
<th>FBA/BIP</th>
</tr>
</thead>
</table>

**Student’s Name:** [Name]

**District ID:** [ID]

**State ID:** [ID]

**Grade:** [Grade]

**Sex:** [Sex]

**Native Lang:** [Language]

**Ethnicity:** [Ethnicity]

**Birth Date:** [Date]

**Age:** [Age]

**District:** [District]

**School:** [School]

1. **TARGET BEHAVIOR** (restate IEP goal that addresses behavior):

2. **PREVENTION**

<table>
<thead>
<tr>
<th>State prevention activities in observable terms</th>
<th>How Often?</th>
<th>Who Is Responsible?</th>
<th>Progress Monitoring Method</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **WHAT WILL BE TAUGHT?**

<table>
<thead>
<tr>
<th>What Will Be Taught? (What other behaviors or skills will be taught so that the student can meet his or her needs in an acceptable manner?)</th>
<th>How Often?</th>
<th>Who Is Responsible?</th>
<th>Progress Monitoring Method</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **RESPONSE TO TARGET BEHAVIOR**

<table>
<thead>
<tr>
<th>Response Management (How will adults respond when the problem behavior occurs so that their response does not (1) reinforce the student’s inappropriate behavior or (2) cause the adult greater stress?)</th>
<th>How Often?</th>
<th>Who Is Responsible?</th>
<th>Progress Monitoring Method</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Do we need to do PLOP’s and goals for Behavioral Consultation?

However…

IEP Goal(s)
FBA/BIP
Do we need to do PLOP’s and goals for Behavioral Intervention Services?

Yes!
Example Goals

• Given positive reinforcement for raising their hand, Student will decrease classroom interruptions (blurting out answers, talking out, yelling) from an average of 15 times a day to an average of 2 times a day for 2 consecutive weeks as documented in daily behavior record.

• Following one verbal cue to return to an instructional area, Student will comply without physical outburst from an average of 10 incidents a day to an average of 2 incidents per day for 2 consecutive weeks as documented in daily behavioral record.
Team documents needed services per district policy/procedure.

Teams should consider use of “Optional Statement of Service Delivery” as a mechanism to specify whether documented behavior intervention services would be delivered at a Professional or Paraprofessional level and the use of Behavior Consultation Services.

### IEP SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Position Responsible</th>
<th>Location</th>
<th>Freq.</th>
<th>M Code</th>
<th>Total Service per Week</th>
<th>Start Date</th>
<th>Anticipated Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Behavior Support</td>
<td>Special Education Teacher</td>
<td>01</td>
<td>01</td>
<td>IN</td>
<td>10 Hrs 2 Min</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive Behavior Support</td>
<td>Consulting Teacher</td>
<td>01</td>
<td>04</td>
<td>IN</td>
<td>2 Hrs 2 Min</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social and Emotional Supports</td>
<td>Special Education Teacher</td>
<td>01</td>
<td>01</td>
<td>IN</td>
<td>10 Hrs 2 Min</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Location Codes:**
- 01 Gen Ed Classroom
- 02 Sp Ed Classroom
- 03 Home
- 04 Hospital

**Frequency Codes:**
- 01 Daily
- 02 Weekly
- 03 Bi-Weekly
- 04 Monthly

**Medicaid (M) Codes:**
- IN = Individual
- HQ = Group
- HO = Professional
### 1. IEP SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Position Responsible</th>
<th>Location</th>
<th>Freq.</th>
<th>M Code</th>
<th>Total Service per Week</th>
<th>Start Date</th>
<th>Anticipated Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Behavior Prevention</td>
<td>School Psychologist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Intensive Beh. Intervention</td>
<td>Special Ed Teacher</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Location Codes:**
- 01 Gen Ed Classroom
- 02 Sp Ed Classroom
- 03 Home
- 04 Hospital
- 05 Community
- 06 Therapy Room

**Frequency Codes:**
- 01 Daily
- 02 Weekly
- 03 Bi-Weekly
- 04 Monthly
- 05 Times Per
- 06 Times Per

**Medicaid Codes:**
- IN = Individual
- HQ = Group
- HO = Professional
- HM = Parapro
- TD = Reg Nurse
- LP = LPN

### Statement of Service Delivery: 

---

**Idaho School Based Medicaid Reimbursable IEP Services**

- **Student Name:**
- **Date of Birth:**
- **Age:**
- **Grade:**
- **Sex:**

- **School District:**
- **School:**
- **Case Manager:**
- **Current IEP:**
- **Projected Annual:**
- **Current Evaluation:**
- **Projected Triennial:**

If the student is or becomes eligible for Medicaid and if they meet the requirements to receive specific evaluations or interventions, the following services and hours may be billed with parental consent:

These services are effective as of the date of the physician’s signature and services will not exceed 365 days. The below services are deemed medically necessary as recommended.

- **Physician’s Signature:**
- **Date:**

<table>
<thead>
<tr>
<th>IEP Services</th>
<th>Start Date</th>
<th>End Date</th>
<th>Description</th>
<th>Medicaid Code#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive Beh. Interv</td>
<td></td>
<td></td>
<td>Behavioral Intervention - Professional</td>
<td>96152TM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Behavioral Intervention - Professional Group</td>
<td>96153TM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Behavioral Intervention - Para Individual</td>
<td>96152HM/PM TM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Behavioral Intervention - Para Group</td>
<td>96153HM/PM TM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Behavioral Consultation</td>
<td>H2089TM</td>
</tr>
</tbody>
</table>

---

**Department of Education State of Idaho**
- Implement IEP
- Collect progress monitoring data
  - In order to bill Medicaid BI/BC ensure progress monitoring data and service provision is documented according to Medicaid Rules.
When Might You Need a Behavioral Consultant

• Student’s Behavioral Needs Exceeds IEP Team’s Expertise

OR

• Additional Expertise is needed to Address Student’s Behavioral Needs

Then

• Determine if the District has staff that meet Behavioral Consultation Qualifications
• Seek Community/Contract Professional

Develop FBA/BIP, Train Staff, and Provide Oversight
Documentation Prior to Billing

• Current IEP – indicates the need for service(s).
• Physician’s recommendation – makes recommendation or referral for Medicaid services.
Service Detail Report Must Include:

- Student’s name
- Name and title of person providing the service
- Date, time, duration for service
- Place of service
- Category of service
- Brief description of the specific areas addressed
- Students response to the intervention
Exclusion List

• Providers must check both the Idaho Medicaid Exclusion List and the HHS-OIG Exclusion List to determine whether a provider, individual, or entity is excluded and, if so, the dates of such exclusion.


• Providers are responsible for screening all employees and contractors to identify excluded individuals and are responsible for searching the HHS-OIG website and the Idaho Medicaid Exclusion List monthly to capture exclusions and reinstatements. Providers, individuals and entities are not automatically reinstated at the end of the state or federal exclusion period. If providers, individuals or entities on the state or federal exclusion list do not have a reinstatement date listed, they are not eligible to provide services. (Idaho Medicaid Exclusion List - last updated May 4, 2012)
Don’t forget…

• Districts **must be enrolled** as a Medicaid **provider** to be reimbursed for school based Medicaid services.

• Each **service** must be **identified** on the **IEP**.

• Services **cannot** be **educational**.

• Services must be **medically necessary** for the student to **access** their educational program.
www.idahotc.com

- Training Calendar
- Online Registration
- Webinars
- Learning Communities
Contact Information:

Shannon Dunstan
Early Childhood & Interagency Coordinator
Idaho State Department of Education
Division of Student Achievement and School Improvement
Division of Special Education
(208) 332-6908
sdunstan@sde.idaho.gov
Contact Information:

Frede’ Trenkle
Alternative Care Coordinator
Medicaid School-Based Services
Division of Medicaid
(208) 287-1169
TrenkleF@dhw.idaho.gov