


School Based Medicaid Setting up a District Process



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What does it mean to be a Medicaid Provider?





Medicaid Provider Responsibilities:

- Compliance with state and federal regulations
- Medicaid Provider Agreement
- Staff Qualifications
- Service Delivery and Outcomes
- Documentation
- Medicaid Billing
- Quality Assurance







Steps to Verify Staff Qualifications

- Background Check**
 - Always complete a background check for staff and contracted individuals
- Exclusion Lists**
 - Check the Idaho Medicaid Exclusion list and HHS-OIG Exclusion List initially and quarterly for all employees and contracted individuals
- Licensure/Certification**
 - For individuals who require a license or certification, always have a copy for proof of current licensure or certification in their file
 - Have a process to verify they remain current.
- Coursework**
 - For individuals who have coursework requirements, always have a documentation, i.e., transcripts, trainings, etc.
 - Use Department coursework guidelines where appropriate




Authorization of Evaluations and Services



Steps to Obtain Authorization

- Parent Consent**
 - Obtain one time consent from the child's parents for permission to bill Medicaid and provide annual notification of parent and student rights.
- Physician Recommendation**
 - Obtain a recommendation from a physician or practitioner of the healing arts – one for evaluations, and one for services on the IEP
- Re-Authorizations**
 - Obtain a recommendation for any additional evaluations or assessments that might be needed.
 - Obtain a recommendation for IEP amendments and annual reviews.




Student Eligibility





Steps to Verify Student Eligibility

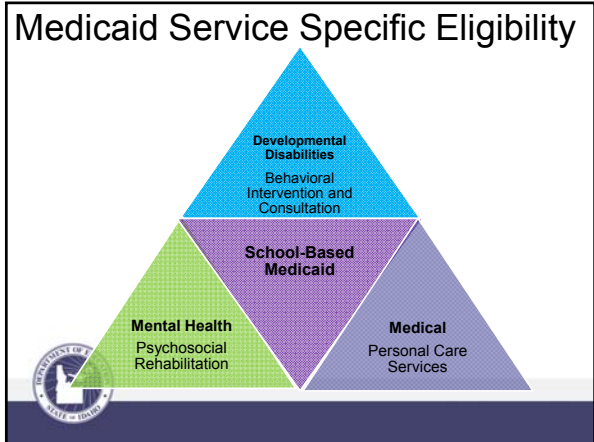
Educational Disability	<ul style="list-style-type: none"> Identified as having an educational disability under IDAPA 08.02.03, "Rules Governing Thoroughness"
Medicaid	<ul style="list-style-type: none"> Verify that the child is Medicaid eligible through Health PAS (online) or MACS (phone).
Medicaid Service Specific	<ul style="list-style-type: none"> Obtain a medical diagnosis (if applicable for the service) and complete required assessments to determine the child is eligible based on additional service specific eligibility criteria
Reassessment	<ul style="list-style-type: none"> Complete assessments at least every 3 years to re-determine eligibility, but review every year to ensure the child's status remains current

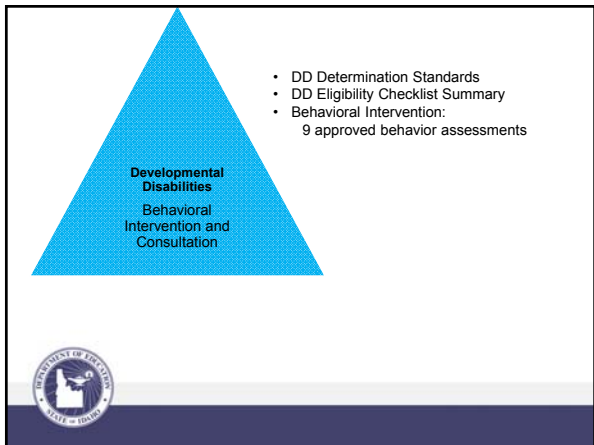
*PCS requires annual assessments

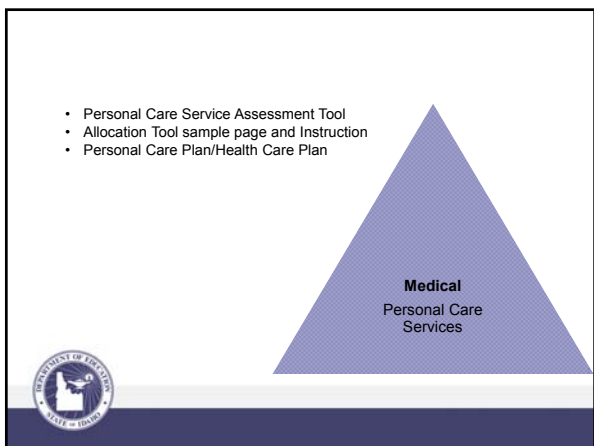


Health PAS-Online at www.idmedicaid.com









Delivering Services



Medicaid Billable Services

- Behavioral Intervention
- Behavioral Consultation
- Psychosocial Rehabilitation
- Psychotherapy and Evaluation
- OT/PT/Speech
- Nursing Services
- Personal Care Services (PCS)
- Medical Equipment and Supplies
- Transportation
- Interpretive Services



Documentation




Steps to Documentation

Evaluations

- Evaluations support the need for services and include the following:
 - Be directed toward a diagnosis
 - Recommended interventions to address each need
 - Dated signature of professional completing the evaluation

IEP

- Type, frequency, and duration of each service provided
- Title of the provider, including staff under the supervision of the professional
- Specific place of service
- Measurable goals, when goals are required for the service




Steps to Documentation

Service Detail Reports

- Name of student
- Name and title of staff providing the service
- Date, start time and end time of service, and duration of the service
- Place of service, if provided in a location other than school
- Category of Service
- Brief description of the specific areas addressed
- Student's response to the service when required for the service

Outcomes

- Services provided address the student's needs as identified by evaluations
- 120 day review of progress towards goals is completed



Service Detail Reports

SCHOOL BASED MEDICAID SERVICE DETAIL & ACTIVITY RECORD IN A SCHOOL


STUDENT NAME: Student's name DOB: _____

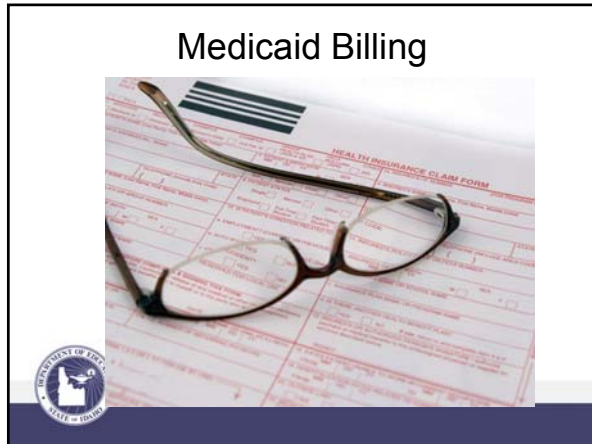
PROFESSIONAL (print): _____ DATE OF ORIENTATION/REVIEW w/para (required monthly): _____

SIGNATURE: _____ TITLE: SPED Teacher SCHOOL: _____ PLACE OF SERVICE: _____

Name and title of person providing the service	IEP Goals	Category of Service	Brief description of the specific areas addressed	Student's response to the service when required for the service	SCHOOL		Duration for service	Ind/Group
					Time in	Time out		
112 Para/Jana Smith	Decrease interruptions	DL - Para	Redirect student to raise hand	4 outbursts	8:00 a.m.	10:00 a.m.	5 units	Individual
112 H.P.P/Parer Jeanes	Increase Anticipation	H.P.P Services	"r" sounds	8 out of 10 attempts	10:00 a.m.	10:30 a.m.	2 units	Group
112 Para/Jana Smith	Unblock the toilet	PCS	Follow 4 step toiletting progr	2 out of 4 steps	10:30 a.m.	10:45 a.m.	1 unit	Individual

Example





Steps to Verifying Billing

Physician Signature	<ul style="list-style-type: none"> A signed and dated recommendation must be in place prior to seeking Medicaid reimbursement for services. Remember one for evaluations and one for the services identified on the IEP.
Allowable Units	<ul style="list-style-type: none"> Services are billed at different units according to national coding definitions. Example: Speech Therapy - 1 unit = 15 minutes Evaluation for speech fluency - 1 unit = 1 assessment
Limitations	<ul style="list-style-type: none"> Some services have specific limitations that need to be tracked. Example: Behavioral Consultation = 36 hours per year
Qualifications	<ul style="list-style-type: none"> Staff delivering the service are qualified and that the service provided is billed based on the service not the person providing the service. Example: The nurse assisted the student with toileting. Billable service = PCS (not nursing)

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Steps to Verifying Billing

Duplication	<ul style="list-style-type: none"> Check that only one service was billed at one time Exception: Check that interpretation services were billed at the same time as another Medicaid billable service Exception: Behavioral Consultation can be billed at the same time another Medicaid billable service.
Attendance	<ul style="list-style-type: none"> Check that attendance records verify student/staff was in attendance on the date of service
Educational Services	<ul style="list-style-type: none"> Check that the services were not educational. If it is questionable, follow up with the therapist for a more detailed report

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Self-Review Checklist



Medicaid School-Based Services Website:
Sign up for "Monitor this Page!"
www.sbs.dhw.idaho.gov





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