**Eastern Upper Peninsula**



 **Intermediate School District**

***Medicaid***

**School Based Service**

**Billing Reference**

**2016-2017**

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***Foreword***

The *Medicaid School Based Services Billing Reference Manual* was developed as a working guidebook for use by the Eastern Upper Peninsula Intermediate School districts. This manual contains specific technical information on the Medicaid requirements associated with seeking payment for covered services rendered in a school based setting. In addition, this manual establishes the requirements for documenting services that qualify for reimbursement under Michigan’s School Based (SBS) Medicaid Program. The information contained herein is based on the MEDICAL SERVICES ADMINISTRATION MANUAL developed by Medical Services Administration (MSA), Michigan’s Medicaid Agency, as updated to meet the HIPAA requirements effective October 1, 2003.

 For questions or assistance, please contact the Eastern Upper Peninsula Intermediate

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***Background***

Medicaid is a jointly funded cooperative insurance program between the Federal Government and states. Medicaid was established to provide adequate medical care to aged, blind, or disabled individuals and families with low incomes and resources. It was authorized under Title XIX of the Social Security Act in 1965. Within broad Federal guidelines, the Medicaid program is administered by each individual state to assist in the provision of medical care to targeted individuals. Medicaid is the largest program financing medical and health related services to the nation’s poor.

States operate their Medicaid programs within the broad parameters of Federal Medicaid laws and regulations. Within this framework, each state establishes its own eligibility standards, determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program. Each state describes its program in a state plan.

Effective October 1, 2003, the Michigan Department of Community Health (MDCH), implemented national procedure codes for the Medicaid School Based Services (SBS) Fee for Service program as required by the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. In order to meet the new coding requirements, changes in services terminology and coverage policies were required. These changes included:

* Revised services terminology and policy coverage, and
* Clarification of policy and covered benefits for the Medicaid School Based Service Fee for Service program.

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***Reimbursement Requirements***

In order for school districts to receive reimbursement under the provisions of the School Based Services (SBS) program, the services billed must:

* Be provided to a Medicaid eligible student under the age of **21**
* Be provided to a student with an active IEP/IFSP, or
* Be provided to a student who will have an IEP/IFSP within one year in the case of the IDEA Assessment service
* Be provided by a qualified practitioner based on SBS Policy
* Address a student’s physical, mental or emotional disability
* Be consistent with the intent of the IEP/IFSP identified services and planned goals.

Covered services ***do not*** require prior authorization by the Medicaid agency. However, physical therapy and occupational therapy services ***do*** require the authorization/prescription of a physician consistent with professional standards of practice. The responsibility for securing authorizations and physician referrals resides with member school districts. Speech, language and hearing services require an annual physician referral.

**Examples of Reimbursable Services:**

The following are **reimbursable** services when provided according to SBS program guidelines:

* Individual or group therapy and counseling
* Evaluations for medical services are covered when:
	+ Performed as part of the IDEA Assessment
	+ The student left and is re-entering special education or related programs
	+ At any time when initiation, development, review or revision of the student’s IEP/IFSP treatment plan will occur; and
	+ When a change or decrease in function occurs
* Personal care services
* IEP/IFSP related activities
* Developmental Testing (to determine if motor, speech, language and psychological problems exist or to detect the presence of any developmental delays)
* Designated Case Management – Arranging evaluations, linking families with services/service practitioners; follow-up on treatment and diagnostic services; maintaining case records; facilitating the IEP or IFSP
* Crisis Intervention (psychologists and social workers only)

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**Examples of services NOT reimbursable:**

* Practitioner travel to/from the place of service
* IDEA assessments that do not result in implementation of an IEP/IFSP within 1 year
* Services provided to students who do not have an IEP or IFSP
* Educational occupational, physical and speech therapies that do not have medically related goals
* Vocational and work skills services
* Art, music and recreation therapies
* Supplies or equipment utilized in service delivery are included as part of the service and are not reimbursed separately.
* Report writing related to an evaluation is not separately reimbursable
* Dispensing of medications by staff other than an RN or LPN
* Services considered observational or stand-by in nature, including “supervision” of medication administration or other medical services.
* First Aid
* Consultations or consultative services are an integral part or an extension of a direct medical service and are not separately reimbursable.

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***Record Keeping Requirements***

Documentation must be maintained which shows that services provided to or on behalf of the student and reported on a service log comply with Medical Services Administration rules. These rules state that, ***as a minimum***, the following information should be documented and maintained for seven (7) years:

* The IEP or IFSP document with goals and services identified and any addendum to the plan
* Relevant evaluations and assessments given to determine the need for services. A service record notation including the date of service, the type of service (e.g., group therapy, evaluation, counseling), the level of service intervention, and the name of the person providing the service
* The actual begin and end time of the service for services that have time-specific procedure codes
* A daily progress note describing the service rendered and the student’s response to the service or treatment. This note is expected to be written within 24 hours of the service.
* A brief monthly summary/progress note summarizing the services provided during the month using daily notes as well as the student’s progress toward the goals defined in the IEP/IFSP. Also include changes in medical or mental status and changes in treatment with rationale for change
* A physician's prescription for physical therapy/occupational therapy services, and a referral for speech, language and hearing services

Each practitioner, local school district, or intermediate school district should maintain additional documentation as necessary to support the provision of the service as required by their respective professional standards.

**Practitioners must maintain documentation verifying that dates reported on the Illuminate Education service log website accurately reflect the dates services are rendered. Practitioners must also note the dates of report writing and consultations with staff and/or family within records. This information may be used by the Department of Education for monitoring as required by SBS policy.**

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***Service Documentation and***

***Billing Procedures***

Medicaid covered services are recorded using the Illuminate Education web site. When students are identified as Special Education certified, they will be checked for Medicaid eligibility on a monthly basis. Once a student’s eligibility is verified, staff members may begin logging billable services using the Illuminate Education web site. Students who are eligible for Medicaid will be flagged on providers’ caseloads under the Special Ed tab>Medicaid>Provider Case Load in Illuminate. The Illuminate web site address is:

[**https://eup.illuminateed.com**](https://eup.illuminateed.com)

If a student has been found eligible for Special Education services, but is not found to be Medicaid eligible:

* They may not have Medicaid coverage (you can check with the EUPISD for verification)
* If the student information from your system does not match the information on Medicaid’s file, the student’s eligibility record may not be found. Appending titles such as Jr., II, etc. to student names can cause a failure to identify Medicaid eligibility. Name and date of birth input errors may also prevent Medicaid eligibility from being verified.

Our Illuminate Medicaid eligibility data is updated during the first week of every month. Note, however, that a student’s name will remain on a caseload indefinitely allowing a provider the time to back bill for covered services.

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***IDEA Assessments***

**IDEA (MET) Assessments and IEP/IFSP Development, Review and Revision**

IDEA assessments, tests and evaluations are reimbursable when the following conditions are met:

**Practitioner Qualifications:**

In order to be covered by Medicaid, the staff must have the following credentials:

* An occupational therapist currently registered in Michigan (OTR), or
* A licensed physical therapist (LPT) in Michigan, or
* A licensed audiologist, or
* A speech-language pathologist possessing a current ASHA Certificate of Clinical Competence (CCC), or
* A fully-licensed psychologist (doctoral level) in Michigan, or
* A limited-licensed psychologist (Master’s level) under the supervision of a licensed psychologist, or
* A temporary limited-licensed psychologist (Masters or Doctoral level) under the supervision of a licensed psychologist, or
* A licensed social worker, or
* A limited licensed Master’s degree social worker (under the supervision of a licensed master’s social worker)
* A Physician or psychiatrist (M.D. or D.O.) with a current State of Michigan license to practice, or
* A registered nurse (RN) with a current Michigan license, or
* A certified orientation and mobility specialist.

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**IDEA Assessment Services:**

* IDEA assessments are evaluations, tests and related activities performed to determine if an individual is eligible for special education or early intervention services under the provisions of the Individuals with Disabilities Education Act of 1990.
* These services are related to the evaluation and re-evaluation of the functioning of the individual.
* Comprehensive evaluations must occur annually, and re-evaluations are performed when a change or decrease in function occurs.
* Services are reimbursable only after they result in the implementation of an IEP or IFSP. If an IEP or IFSP is not implemented within one year of the date of service, then these services are not covered.
* Professional evaluations performed as part of the IDEA Assessment may be billed using the appropriate evaluation/assessment codes.

**IDEA Assessment/Evaluations/Tests:**

Qualified staff may bill for three distinct types of assessments/evaluations/tests. All activities,

such as meetings and written reports related to the assessment/evaluation/test, are an integral part

or extension of the service and are not separately reimbursable.

When billing for an evaluation, assessment or test, and all activities (including meetings and reports), the date of service is the date of determination of eligibility for special education or early-on services (the MET meeting date).

When billing for the IEP/IFSP treatment plan, including the evaluation, report and related meetings, the date of service is the date of the IEP meeting.

Evaluations, assessments or tests may be provided that are NOT related to the IDEA Assessment

(the MET) or the IEP/IFSP treatment plan development, review and revision. The date of service is the date the evaluation, assessment or test is completed.

**IDEA Assessment (MET):**

When billing for evaluations, assessments or tests and related meetings and documentation in preparation for (and including) the MET, the date of service is the date of determination of eligibility for special education or early on services (the MET meeting date).

**IDEA Multi-Disciplinary Team (IEP):**

When billing for the multi-disciplinary team assessment to develop, review and revise an IEP/IFSP treatment plan (the IEP/IFSP), the date of service is the date of the IEP.

**NOTE: One log is recorded per IEP and includes all preliminary evaluations, report writing, and meetings. DO NOT record evaluations for the IEP as separate/unique services.**

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***Designated Case Management***

Designated Case Management (DCM) services are a component of the IEP/IFSP treatment plan. DCM identifies and addresses special health problems and needs that affect the student’s ability to learn, assists in gaining and coordinating access to a broad range of medically-necessary services covered under the Medicaid program, and ensures that students receive effective and timely services appropriate to their needs.

DCM is covered only when:

* There are other Medicaid-covered medical services in the IEP or IFSP (the student’s IEP includes services such as Speech, Hearing, OT, PT, Psychology, Social Work, Assistive Technology or Nursing).
* Coordinating activities to assist students receiving special education or early intervention services to gain access to needed medical, social, educational and other services
* Provided by the student’s Designated Case Manager

An integral part of all case management activity is the ongoing monitoring of needed medical, social, educational and other services that are related to Medicaid-covered services, and the delivery, adequacy and satisfaction of the treatment plan for the student.

**DESIGNATED CASE MANAGER:**

The Designated Case Manager is the person responsible for the implementation of the IEP/IFSP treatment plan.

**Designated Case Manager Qualifications:**

* A bachelor’s degree with a major in a specific special education area, or
* Has earned credit in course work equivalent to that required for a major in a specific special education area

**Billing Notes:**

* There may be only ONE Case Manager per student
* Case Management is for the coordination of Medicaid covered services only – not for social, educational or behavior activities not related to the Medicaid-covered services
* Case Management may NOT be billed for students who are Learning Disabled or Cognitively Impaired only – the student must have a medically related disability for their services to be billable

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**Examples of Designated Case Management Services:**

1. Assuring that standard re-examination and follow up are conducted on a periodic basis to ensure that the student receives needed diagnosis and treatment.
2. Assisting families in identifying and choosing the most appropriate providers of care and services, scheduling appointments, and helping families maintain contact with staff and outside providers.
3. Follow up to ensure that the student receives needed diagnostic and treatment services.
4. Assuring that case records are maintained and indicate all contacts with, or on behalf of, the student.
5. Coordinating school based services and treatment with parents and the child.
6. Monitoring and recommending a plan of action.
7. Coordinating the performance of evaluations, assessments and other services that the student needs.
8. Facilitating and participating in the development, review, modification and evaluations of the IEP/IFSP.
9. Activities that support linking and coordinating needed health services for the student.
10. Summarizing provider, parent and student consultation.
11. Coordinating with staff/health professionals to establish a continuum of health and behavioral services in the school setting.

**Sample Case Management Notes:**

Reviewed speech progress report on 1-24-07. Mailed out speech progress report on 1-25-07.

Consult with speech teacher on progress on 1-29-07. Phoned parent in regards to scheduling an

IEP on 1-26-07. Sent out IEP invitation on 1-29-07.

2/1, 2/9 - OT and PT were consulted regarding programming and changes. 2/13 - Equipment was ordered to assist in reaching the goals. 2/1, 2/15, 2/28 - Records were maintained and updated.

On 1/3, began gathering reports for IEPT. Met with psychologist. On 1/22, gathered progress reports from teachers and service providers and mailed them home to the father. Met again with the SSW on 1/30. Case records were updated and filed.

November 7 - Discussed Annual IEP date and time with TCHI. November 11 - Facilitated and participated in the review and evaluation of the current IEP. November 16 - Discussed the 11/11 IEP with the school principal to arrange for classroom accommodations.

April 3 – Mother called regarding concerns about changes in medications. Arranged to meet with parents and nurse on April 6th. April 6 – Met with mother and nurse to go over schedule and responses to possible complications of medications.

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***Service Log Help Information***

* Use the Tip Sheet for your Medicaid Practitioner Type for guidance in recording services. Tip Sheets are available in Illuminate under the Control Panel Help>Lessons>Special Education>Medicaid for Service Providers>Medicaid Tip Sheets by Discipline.
* Complete and submit services for billing on a monthly basis.
* Include a daily progress note for direct services such as therapy and counseling.
* A Monthly Progress Note/Summary is required each month. Make sure your notes are complete. They are required for billing and must describe the student’s actual progress for the month. If the only services provided in a month were IEP/MET evaluations and team assessments, please indicate in the summary whether it was an initial evaluation or a one or three year re-evaluation.
* Do not record services such as testing and reports related to a MET or IEP separately from the MET or IEP itself.
* If you do not provide a service on a scheduled date, or if time spent with a student on a particular date is not billable (due to absences, staff not available, service time less than the specified minimum, etc.), do not record a service.
* Do not report services delegated to non-Medicaid qualified staff (i.e., medication administered by school administrative staff).
* Do not report on strictly academic services.
* If a student moves, drops, or services are discontinued for any reason, services may be recorded up to the move/drop date.
* There are Tip Sheets specifically designed for each practitioner type. Only those services listed on the Tip Sheet for your specific practitioner type may be submitted for reimbursement.

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* When billing for evaluations not related to a MET or IEP, the date of service is the date the evaluations are completed.
* Practitioner caseload rosters are individually managed. For assistance, contact the EUPISD Special Education Department. Student will remain on your caseload until the service is deleted. This allows time to back bill for covered services.
* Services provided by substitute staff or staff on waivers are reimbursable only if the individual providing the service meets Medicaid certification requirements.
* The Notes field may be used to supplement the student’s record or assist in clarifying the services that were provided in case of an audit.

**FEDERAL FUNDS CLARIFICATION**:

Staff fully paid with federal funds MAY NOT bill their services under Medicaid.

Services to students in federally funded Programs (in which staff themselves are not federally funded) are reimbursable by Medicaid (i.e., Head Start).

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***DAILY/MONTHLY PROGRESS NOTES***

**Daily Progress Notes:** A progress note should be written within 24 hours for all direct services such as therapy and counseling. The note should describe the goal of the service being rendered and the student’s response to that service.

**Monthly Progress Notes:** REQUIRED for all months for which services are reported. These notes should summarize the daily progress notes and indicate the student’s progress toward IEP goals for the month, changes in medical or mental status, and changes in treatment plans with rationale for change.

**Invalid Monthly Summary Notes**:

* “Goals in process or progress” – This is too generic – You should describe areas of improvement, difficulty or maintenance of the level of competence in a particular area or skill.
* “Worked with student on PC skills, reading, writing, etc.” - Academic/vocational skills are not reimbursable. Make sure the service provided correlates with a physical, mental or emotional issue outlined in the student’s IEP and that your summary note makes this correlation as well.
* “Worked with student on range of movement.” - You must indicate the student’s PROGRESS for the month.
* “IEP completed – Did not qualify” – This is unclear. If the student had previously been eligible for special education services but no longer qualifies, the final IEP evaluations and assessment are billable. If a student has an initial evaluation and does not qualify, none of the services leading up to and including the IEP team assessment are billable and should not be submitted.

**Valid Monthly Summary Notes**:

* Occupational and Physical Therapists: Student’s range of motion has shown a slight increase this month. Will continue working on stretching exercises.
* Social Worker’s and Psychologists: Having difficulty with peer relationships and anger management. Will contact parent to discuss possible family therapy.
* Speech Pathologist: Making good progress and will continue to work on s-blends
* Nurse: Student had three seizures this month. Consulted with family physician regarding increased seizure activity and possible change in medications.
* Designated Case Manager: Arranged three year reevaluation with parents on 9/21, sent invitations to parents on 9/22. MET meeting scheduled for 10/2.

If the only services rendered were MET/IEP evaluations and team assessments, please indicate in the Monthly Summary Notes if the assessment was an initial assessment or a one-year or three year re-evaluation.

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