

<b>Medicaid School-Based Claiming</b>	<b>June 2020</b>
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Medicaid School-Based Claiming (MSBC) is a joint federal and state program that offers reimbursement for both the provision of covered medically necessary school-based services and for the costs of administrative activities, such as outreach activities to identify eligible students and enroll them in the program, that support the Medicaid school-based program. Schools may provide a wide range of health care and related services to their students, which may or may not be reimbursable under the Medicaid program.

Many children receive covered Medicaid services through their schools. Medicaid will reimburse schools for documented medically necessary services that are provided to children who are both Medicaid eligible and who have been identified as eligible under the Individuals with Disabilities Education Act (IDEA), 34 CFR §300.306. Currently, schools can receive reimbursement for:

- Audiology Services
- Behavioral Health Services
- Nursing Services
- Occupational Therapy Services
- Personal Care Services
- Physical Therapy Services
- Specialized Transportation Services
- Speech Therapy Services

These activities are considered “direct medical services,” and reimbursements for these services are handled through the Direct Service Claiming (DSC) program. The purpose of the DSC program is to allow public education agencies (PEAs) to receive reimbursement for the cost of providing Medicaid-covered medical services to Title XIX (Medicaid) eligible students.

There are **three components** that must be included in the IEP for each of the activities:

- **Need/ Scope** – explain why the service is necessary and how the service will be delivered. *(Documented in PLAAFP Form B)*
- **Frequency** – describe how often and how much time it will take to complete the service. Indicated in minutes per day/week/month. *(Documented on Service Page Form I)*
- **Duration** – describe the length of the service. Typically, the beginning date of services and end date of the IEP. *(Documented on Service Page Form I)*

## Documentation in the IEP

### Form B: PLAAFP 4-5

#### Establishing Scope/Need for Transportation

- Document the need for specialized transportation on an adapted vehicle due to a physical, emotional, or behavioral need in the appropriate area of the PLAAFP (i.e. Social Emotional and Behavior, Physical)

#### Establishing Scope/Need for Activities of Daily Living (ADLs)

- Document the need for the self-care, communication and mobility skills required for independence in everyday living in Functional Activities of Daily Living:
  - **Toileting** – Assisting with bowel and bladder elimination. e.g. Use of toilet/sink, ensuring cleanliness following elimination, feminine hygiene, diapering, prompting to complete toilet routine. **NOTE: Catheter insertion and Catheter/Ostomy care may only be reimbursed when done by a RN or LPN.**
  - **Eating/Feeding** – Assistance with eating to maintain subsistent nutritional intake. e.g. Food preparation, setting up food, spoon feeding food choices, washing hands and face, cleaning up after one's self.\*\*\* Do not include G-Tube feeding in this area. Please address under health concerns even if Paraprofessional/Health Aide will perform the task.\*\*\*
  - **Mobility** – Assisting with moving between locations. e.g. Accompany/assist a student to bus, class, between locations, assist with wheel chair or walker.
  - **Dressing** – Assisting with dressing or undressing. Includes any transfers, mobility or positioning that needs to be done during the process. e.g. Assistance with eyeglasses, hearing aids, insertion of contact lenses and buttoning/ zipping clothes.
  - **Grooming**- Assisting with personal hygiene. e.g. Combing/brushing hair, keeping hair hands and teeth clean.
  - **Use of assistive devices** - Assisting students when using or operating an assistive device – e.g. standers, lifters, braces and communication devices (assist with operation/use to communicate needs and wants).
  - **Transferring**- Assisting with moving between positions. e.g. Assisting with moving to a chair/wheelchair, moving from one chair to another, moving from a piece of equipment to another, may require use of equipment, (Hoyer lift, sliding board, etc.).
  - **Positioning** – Assisting with aligning the body. e.g. Turning a student from back to side, using a wedge to keep student on their side, using a bolster to relieve pressure on a student's back, elevating the leg rests on a wheelchair, putting a pillow behind the head of a students in a wheelchair, providing necessary care and comfort.

#### Establishing Scope/Need for Nursing

- Document the need for specialized nursing care in Functional Activities of Daily

Living

- Specifically identify which activities will be met by a nurse, versus which activities will be met by a health aide/paraprofessional
- If daily service from the Nurse is required, indicate need on Form C (Considerations)

**Establishing Scope/Need for Audiology Services, Behavioral Health Services, Occupational Therapy Services, Physical Therapy Services, or Speech Therapy Services**

- Document the need for these services in the appropriate area of the PLAAFP (e.g. Social Emotional and Behavior, Physical, Communication, etc.)

**Form I: Env. & Services – Supplementary Aids/Assistive Technology and Services For Students**

- **Establishing Frequency & Duration**
  - Complete all boxes in the grid and report total time to complete ADLs in minutes.

Sped Service	Location	Start Date	Frequency	Provider	End Date
ADL/Personal care	Sped classroom	IEP Service Start Date	Total mins. to complete ADLs	Health Aide/Para	IEP End Date

\*Clarification is not needed if service time is only for ADLs.

**Form I2: Medicaid Services**

This information is captured for use in IEP reports and Medicaid reimbursement.

**A1. Assistance with Personal Care/Daily Living Skills / Activities of Daily Living**

Select appropriate areas of assistance

- **Scope of Health Aide Services - Personal Care/ADL**  
Select the range for the maximum number of minutes the student is expected to need assistance with personal care

If Nursing, Counseling, or Transportation services are required, complete appropriate sections.

**Medicaid DSC Parent Consent**

IDEA requires that public agencies:

- Obtain a **one-time written consent** from the parent, after providing the written notification described below, *before* accessing the child's or the parent's public benefits or insurance for the first time. This consent must specify (a) the personally identifiable information that may be disclosed (e.g., records or information about the services that

may be provided to a particular child); (b) the purpose of the disclosure (*e.g.*, billing for services); and (c) the agency to which the disclosure may be made (*e.g.*, Medicaid). The consent also must specify that the parent understands and agrees that the public agency may access the child's or parent's public benefits or insurance to pay for services.

- Provide **written notification** to the child's parents *before* accessing the child's or the parent's public benefits or insurance for the first time and prior to obtaining the one-time parental consent and annually thereafter. The written notification must explain all of the protections available to parents under Part B, as described in 34 CFR §300.154(d)(2)(v) to ensure that parents are fully informed of their rights before a public agency can access their or their child's public benefits or insurance to pay for services under the IDEA. The notice must be written in language understandable to the general public and in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.

### **Qualified Medicaid Providers (QMP)**

Qualified Medicaid Providers are direct service providers who are recommending/ prescribing ADLs to support or better a condition or disability. QMPs typically recommend/ prescribe ADLs within their scope of service. In order for the district to receive reimbursement for services, a QMP must participate/consult in the development of the IEP and participate on must be documented by signature on the IEP. The following are considered QMPs:

- Nurse, must be RN or LPN
- Occupational Therapist
- Physical Therapist
- Speech-Language Pathologist, must be CCC-SLP
- Licensed Psychologist, (not school psychologist)
- Licensed Professional Counselor (LPC or LMFT; not school counselor)
- Licensed Clinical Social Worker (LCSW)

In order for QMPs to begin documenting services in the DSC Program, they must:

1. Send a copy of professional license (i.e. AzDHS license, Arizona Board, Arizona State Departments, etc.) to CUSD Medicaid Tech.
2. If provider does not have NPI number, begin the application process by going to <https://nppes.cms.hhs.gov/NPPES/Welcome.do>  
If you encounter problems, contact them via: [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)
3. When provider has an NPI number, contact CUSD Medicaid Tech. You will be given an AHCCCS ID APPLICATION and SW User Name with Password (for DSCtop).
4. You can then enroll for a regularly scheduled webinar to learn how to use DSCtop.

Billing is to be confirmed by the 15<sup>th</sup> of the month for each previous month's claims (i.e. August claims will be confirmed by September 15<sup>th</sup>).

Supervisors are required to confirm billing of those whom they supervise each month at this time as well.

*34 CFR 300.154(d)*