

**Case Manager Training Manual  
School-Based Health Services Program  
2010-2011 School Year**

**September 2010**



**Special Education Finance  
(802) 828-5111**

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## **Program Summary**

The Medicaid School Based Health Services Program is used by the State to generate Medicaid reimbursement for medically related services provided to eligible students. Each school district can only submit claims for the students for which the district serves as the local education agency under the federal special education law (IDEIA) and is fiscally responsible. This includes students that are tuitioned by the school district to another school district whether in or out of the state of Vermont.

### **STUDENT ELIGIBILITY**

- Student must be receiving special education services as outlined in an IEP.
- Student must be enrolled in Medicaid.
- Student must be receiving Medicaid billable services.

### **RELEASE OF INFORMATION**

- In order to bill Medicaid, consent must be obtained from the student's legal guardian. There are three consent requirements:
  - A statement on the Medicaid application (obtained by the Medicaid agency)
  - A statement on the IEP
  - A Release of Information Form
- If the legal guardian checks the "I do not give permission" statement on the IEP, refuses to sign the Release of Information Form, or signs and checks the line to refuse consent for the release of information, the school district can not bill Medicaid.
- DCF has given a blanket Release of Information for students in DCF custody.
- 18 year olds must sign their own Release of Information Form upon turning 18, unless there is a court appointed legal guardian, in which case the court appointed legal guardian would sign the Release of Information Form.
- If the student is in joint custody of two legal guardians, the signatures and approval of both guardians is required on the Release of Information Form.

### **PHYSICIAN AUTHORIZATION FORM**

- In order to bill, Medicaid requires a Physician Authorization Form, which establishes that some of the IEP services are medically necessary.
- The family physician, nurse practitioner, doctor of osteopathic medicine, a physician assistant or a consulting physician who is under contract with the school district, can sign the authorization form.
- If the school district is using a consulting physician, the legal guardian must be notified in order for the school to release the student's information to the physician. The child's physician must be used if the legal guardian refuses to have the consulting physician review the records.

### **CLAIMS FOR SCHOOL-BASED HEALTH SERVICES**

- Annual IEP – The school district is allowed to bill a set amount for the case management involved in developing the student's annual individualized education plan (Blue Form). A limit of two IEP claims in a 275-day period will be reimbursed. No reimbursement is allowed for an initial IEP unless the student was on an IFSP.
- Special Education Reevaluation – The school district is allowed to bill a set amount for the case management involved in conducting a special education reevaluation (Pink Form). A

limit of one claim in every 910-day period will be reimbursed. No reimbursement is allowed for an initial special education evaluation unless the student was on an IFSP. No reimbursement is allowed when Form 8 is completed.

- **Billable Services:**
  - Case management
  - Developmental & assistive therapy
  - Mental health counseling (if not provided by a mental health agency)
  - Rehabilitative nursing services
  - Occupational therapy
  - Physical therapy
  - Speech, language & hearing services
  - Personal care
- **Level of Care** – For each service the hours provided in the billing period are entered on the Level of Care (LOC) form in order to establish a specific level of care. Services are weighted differently according to their medical relevance, the instructional group size, and whether a licensed professional or other staff member provides the service. The weighting system creates a value for the total units of service provided, the total units are classified as a level of care group 1, 2, 3, or 4. Services in excess of 42 units per week may be billed as outlier units. A monetary value is assigned to each level of care group and outlier unit.
- **LOC Periods** – There are nine LOC billing periods –August/September, October, November, December/January, February, March, April, May/June, Extended School Year (summer services).
- **Other Billing** – If a school district is paying for a residential placement at a PNMI facility the school district may bill using the treatment portion of the PNMI rate developed for the facility. Durable medical equipment (DME) claims have a specific paper process.

### **STAFF DOCUMENTATION**

- Documentation of each occurrence of service billed on the level of care form is required.
- The log documenting this service is signed by the provider and appropriate supervisor.
- The following services require documentation:
  - Related Services (physical therapy, occupational therapy, speech, language & hearing, vision, nutrition, mental health counseling, rehabilitative nursing services)
  - Developmental and Assistive Therapy
  - Personal Care
  - Case Management
- Professional staff members are also required to complete a provider certification agreement and provide proof of their current licensure or credentials.

### **SUBMISSION OF CLAIMS**

- For each billing period, the Medicaid clerk collects all required documentation and completes the LOC form.
- Medicaid clerks submit the LOC, IEP and Evaluation claims electronically to HP Enterprise Services.
- PNMI and Durable Medical Equipment claims are submitted on paper to the Department of Education.
- HP Enterprise Services receives the claims and processes them for payment.

- For claims submitted electronically, a weekly Remittance Advice (RA) is mailed to the supervisory union showing which claims are paid, denied, adjusted, or put into suspension (for manual review).
- The deadline for submitting claims is six months (183 days) from the beginning date of service.

## **RECORDS**

A Medicaid file will be maintained for each student, which will include:

- Release of Information Form
- Physician Authorization
- IEP and Evaluation (blue and pink) forms
- IEP (cover and service page, including checked Medicaid consent paragraph)
- Amendment Paperwork (cover page, service page and amendment document)
- Level of Care Form, documentation logs, and progress notes

## **GRANTS**

- Supervisory unions receive 50% of the federal Medicaid reimbursement earned for their claims.
- Reimbursement earned for claims for State-Placed Students is retained by the State.
- The reimbursement is received through Medicaid grants issued by the Department of Education.
- Supervisory unions are required to distribute the funds to its member school districts based on how the funds were generated unless the supervisory union board has agreed to a different distribution or to operate a union wide program.

*Under 16 V.S.A. §2959a (e) school districts are required to use State funds for: ...reasonable costs of administering the Medicaid claims process, and for prevention and intervention programs in grades pre-K through 12. The programs shall be designed to facilitate early identification of and intervention with children with disabilities to ensure all students achieve rigorous and challenging standards adopted in the Vermont framework of standards and learning opportunities or locally adopted standards. A school district shall provide an annual written justification to the commissioner of education of the use of the funds. Such annual submission shall show how the funds' use is expressly linked to those provisions of the school district's action plan that directly relate to improving student performance.*

## **Release of Information**

## **Release of Information**

In order to bill Medicaid the school district must obtain consent from the student's legal guardian. There are three consent requirements:

- A statement on the Medicaid application
- A statement on the IEP
- A Release of Information form

**EACH OF THE ABOVE ARE REQUIRED BEFORE BILLING CAN OCCUR.**

### **MEDICAID APPLICATION (OBTAINED BY THE AGENCY OF HUMAN SERVICES)**

The Medicaid application contains the following language in the Rights and Responsibilities section of the form. This consent is provided annually at the time of enrollment/reenrollment for Medicaid programs.

**Consent to Bill Medicaid if Child Receives Special Education Services.** I give permission to my child's school district to bill Medicaid for the specified services listed in his/her IEP. I understand that if I refuse consent, my refusal only affects Medicaid billing of IEP services; my refusal does not relieve the school district of its responsibility to provide IEP services at no cost to me. I understand that I may revoke this consent to bill Medicaid for IEP services at any time; if I revoke this consent it will apply to billing for services from that date forward.

If a parent/guardian wishes to revoke consent on the Medicaid application, they should contact the Medicaid Coordinator at (802) 828-5111.

### **CONSENT ON IEP SERVICE PAGE**

At the time of the IEP meeting, the case manager is required to read the following Medicaid consent paragraph to the parent/guardian. This consent is obtained when an IEP is written or amended.

As parent/guardian, I give permission\_\_\_or do not give permission\_\_\_ to the school district to bill Medicaid for the services listed above and to release necessary special education records to a physician/nurse practitioner in order for him/her to reach a determination that the services are medically necessary; and individuals within the Department of Education and the Agency of Human Services charged with processing Medicaid bills for those services above that are also considered medical services under Vermont Medicaid rules. I understand that if I refuse to consent, my refusal does not affect the school district's responsibility to provide these services to my child at no cost to me. I understand that I may revoke this consent at any time; if I revoke this consent, it will apply to billing for services from that date forward.

The school district must review this provision with the parent/guardian and ask if they would like a check mark placed next to "I give permission" or "do not give permission".

### **RELEASE OF INFORMATION FORM**

Before billing can occur the supervisory union needs to obtain a signed Release of Information form. This form allows the school district to release special education records so a physician can determine medical necessity and so that the Department of Education and Agency of Human Services can process claim submissions. The Release of Information form is valid from the date that it is signed forward. A new Release of Information form would need to be obtained if the

student's legal guardian changes, if the student's name changes or the original consent is revoked.

Supervisory unions have different processes for requesting Release of Information. Best practice is to have the case manager request the Release of Information form be signed at the time of the IEP meeting. No matter what process is used, the Release of Information form should remain generic so it can be used by another supervisory union if the student moves. The Department of Education has a pamphlet available which answers the common questions a legal guardian might have about the program (see Parent Brochure).

If a Release of Information form can not be obtained at the time of the IEP meeting, the legal guardian can be contacted in writing. A sample letter is included at the end of this section. If the supervisory union is not able to obtain a signed Release of Information form, services can not be billed to Medicaid.

### **INFORMATION THAT NEEDS TO BE MAINTAINED IN THE MEDICAID FILE**

A copy of the Release of Information form and a copy of the IEP with the "I give permission" statement checked need to be maintained in the Medicaid file. The Medicaid enrollment/reenrollment application does not need to be maintained by the school district.

**No Medicaid claims can be submitted or a Physician Authorization requested for a student until the Release of Information form and copy of the IEP with the "I give permission" statement are received. If both or either of these documents are missing, no claims can be submitted to Medicaid for this student.**

The Department of Education recommends placing a "received date" stamp on the Release of Information form. This practice will alleviate questions if the signature date is missing or difficult to read.

This form only needs to be signed one time while the child is in the educational system unless the student's legal guardian changes, the child's name changes or the child turns 18. If the child transfers to a different supervisory union, copies of the student's Release of Information form and Physician Authorization form can be sent to the new supervisory union as part of the special education files.

If a supervisory union chooses to utilize a consulting physician to review/sign the Physician Authorization Form, this information should be included in the letter that is sent with the Release of Information form. Parents have the right to require that only their child's physician review the information. A sample letter can be found in this section.

### **18 YEAR OLD STUDENTS**

When a student turns 18 they are considered their own legal guardian. In order to bill services received after the 18<sup>th</sup> birthday the student would need to sign a Release of Special Education Information—18 Year Old Student. A copy of the 18-Year-Old consent form can be found in this section.

If a student, 18 or older, has a court appointed legal guardian, that individual would need to sign a Release of Information form in order for services to be billed to Medicaid. A copy of the guardianship papers are required to be in the student's Special Education file, not in the Medicaid file.

## **BLANKET RELEASE OF INFORMATION FOR STUDENTS IN THE CUSTODY OF DCF**

The Commissioner of DCF (formerly SRS) has signed a consent for the release of information for any child in DCF custody. This form serves as consent for the period that a child is in DCF custody. However, the supervisory union needs to make sure that the student is in the custody of DCF (being a State-Placed student does not mean that the student is in DCF custody). The definition of State-Placed is that the student is placed by a State agency – not just DCF. **The blanket release only applies to students in DCF custody.** Students are no longer in DCF custody once they turn 18.

Once it is confirmed that the student is in DCF custody, the Medicaid clerk makes a copy of the blanket release for the student's Medicaid file. The student's name, date of birth, Medicaid ID number, and the date the form was placed in the student's file are added to the form. This will serve as the Release of Information form until the student is no longer in DCF custody. If the student leaves DCF custody, then a Release of Information form must be on file from the student's current legal guardian. The supervisory union needs to stop submitting Medicaid claims until the Release of Information form signed by the legal guardian is obtained.

## **JOINT CUSTODY**

When requesting consent for a student in court ordered joint custody, a Release of Information form must be signed by each legal guardian before billing can occur.

## **FREQUENTLY ASKED QUESTIONS**

### **What role does the educational surrogate have in the consent process?**

Students who are in the custody of a State agency have an educational surrogate parent appointed to act as their parent during the special education process. The surrogate parent can sign the Release of Information form (although not always necessary as we have the blanket DCF letter). The surrogate would also review the Medicaid billing paragraph in the IEP.

### **When is a Release of Information form needed from an adoptive parent?**

Once the student is legally adopted, the adoptive parent must sign a Release of Information form in order for the supervisory union to submit Medicaid claims.

### **If the student, who previously had a signed Release of Information form, dropped out of school and then returns to school, is a new signed Release of Information form needed?**

NO, unless the child's legal guardian has changed or the child's name changed.

### **If a student, at the age of 16, is considered an emancipated minor, can that student then sign the Release of Information form?**

If a student has been appointed as an emancipated minor through the courts, the student must sign a Release of Information form.

**How far back can I bill once I receive a signed Release of Information form?**

If the individual signing the Release of Information form was the legal guardian, back billing can be submitted for any claim that is within the claim submission timely filing limit and on the current IEP.

**Can I bill for a student if I have a signed Release of Information form on file, but the “I do not give permission” option is checked on the consent paragraph on the IEP?**

No, billing can not be submitted when “I do not give permission” is checked on the IEP service page. The billing would stop as of the date of the IEP that has the “I do not give permission” option checked. The opposite also applies. If “I give permission” is checked, but there is no Release of Information form on file, billing can not be submitted until the Release of Information form is obtained.

**If I have a Release of Information form on file that was signed prior to September 1, 2007 is that release still valid?**

Yes, that release is valid unless the student has a change in guardianship or the student has a name change, at which time a new Release of Information form would need to be obtained.

**If a student turns 18 and no longer has a legal guardian do they need to review the consent paragraph in the current IEP and choose “I give permission” or “do not give permission”?**

No, the consent given by the parent/guardian at the time the IEP was written is still valid. If the IEP was amended after the student turns 18, they would then be the one to give or refuse consent. This also applies in situations where students are adopted or have a change in guardianship. The consent decision made by the previous guardian would be effective until there is a new IEP or amendment.

**Release of Special Education Information for  
Medicaid Billing Purposes**

**Student's Name:** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_

**Student's Medicaid Number (optional):** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Student's Physician's name:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

\_\_\_\_\_

**Physician's phone number:** \_\_\_\_\_

**I give consent to my child's school district for the release of special education evaluations, IEPs, and Medicaid claims documents to:**

- **A physician or nurse practitioner in order for him/her to reach a determination that the services are medically necessary; and**
- **Individuals within the Department of Education and the Agency of Human Services (AHS) charged with processing Medicaid bills for medical services included in my child's IEP.**

**The school district will only release the records essential for billing purposes and the above individuals will only review the documents necessary to perform their assigned tasks in the Medicaid billing process.**

Consent to the release of information is voluntary. I understand that if I refuse to give consent, my refusal will only affect the **billing** for IEP medical services to Medicaid; my refusal does not relieve the school district of its responsibility to provide IEP services at no cost to me. I understand that I may revoke this consent to release information for Medicaid billing at any time; if I revoke this consent, it will apply to billing for services from that date forward.

Check one:

\_\_\_\_\_ I **authorize** the school district to release this information.

\_\_\_\_\_ I **do not authorize** the school district to release this information.

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE--If the child is in joint custody at the time the form is requested, each legal guardian needs to sign a form before billing can occur.

**Release of Special Education Information for  
Medicaid Billing Purposes--18 Year Old Student**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medicaid Number (optional): \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

\_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

**I give consent to my school district for the release of special education evaluations, IEPs, and Medicaid claims documents to:**

- **A physician or nurse practitioner in order for him/her to reach a determination that the services are medically necessary; and**
- **Individuals within the Department of Education and the Agency of Human Services (AHS) charged with processing Medicaid bills for medical services included in my IEP.**

**The school district will only release the records essential for billing purposes and the above individuals will only review the documents necessary to perform their assigned tasks in the Medicaid billing process.**

Consent to the release of information is voluntary. I understand that if I refuse to give consent, my refusal will only affect the **billing** for IEP medical services to Medicaid; my refusal does not relieve the school district of its responsibility to provide IEP services at no cost to me. I understand that I may revoke this consent to release information for Medicaid billing at any time; if I revoke this consent, it will apply to billing for services from that date forward.

Check one:

\_\_\_\_\_ I **authorize** the school district to release this information.

\_\_\_\_\_ I **do not authorize** the school district to release this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **IEP and Evaluation Claims**

## **IEP & Evaluation Claims**

Supervisory unions are able to bill for the case management services involved in the development of subsequent IEPs and evaluations for Medicaid eligible recipients ages three to 22. A child's initial evaluation or IEP is not eligible for reimbursement

A Release of Information must be on file before an IEP or Eval claim can be submitted.

### **Claims for 3-Year Special Education Reevaluation (Pink Form)**

Supervisory unions can submit Medicaid claims for 3-year special education reevaluations. It is suggested that this form be printed on pink paper. Reimbursement for this service is limited to once every 910-day period.

A copy of the evaluation claim form can be found at:

[http://education.vermont.gov/new/html/pgm\\_finance\\_sped/medicaid\\_manual.html](http://education.vermont.gov/new/html/pgm_finance_sped/medicaid_manual.html)

### **Claims for Annual IEP (Blue Form)**

Supervisory unions can submit Medicaid claims for IEP development after the initial IEP. It is suggested that this form be printed on blue paper. The reimbursement for this service is limited to two in a 275-day period.

A copy of the IEP claim form can be found at:

[http://education.vermont.gov/new/html/pgm\\_finance\\_sped/medicaid\\_manual.html](http://education.vermont.gov/new/html/pgm_finance_sped/medicaid_manual.html)

### **Completing an IEP or Reevaluation Claim form**

The case manager needs to complete the following information on the claim form **in ink**:

1. All student information needs to be completed, such as: student's name, SS#, etc.
2. Check the appropriate box to indicate the type of IEP or Evaluation.
3. The process dates for the evaluation or IEP must be completed.
4. At least six activities must be checked, and the eligibility decision must be indicated on the evaluation claim form.
5. Sign, print name and date (mm/dd/yy) the form and submit to their Medicaid clerk.

## **QUESTIONS AND ANSWERS**

### **If a student is found ineligible for special education and then is later found eligible again, is the evaluation considered an initial evaluation?**

Yes, when a child is found eligible for special education and they are not on an IEP at the time of the eligibility determination, the evaluation is considered to be an initial evaluation. This is true even if they had received special education services at some point in the past.

### **If a student is found ineligible for special education, is the reevaluation that found the student ineligible able to be billed to Medicaid?**

Yes, when a child is found eligible for special education and then later found ineligible during a reevaluation, the reevaluation that found the student ineligible is billable.

**If a child moves to Vermont from another state and has been receiving special education services in the sending state, can we bill the first Vermont evaluation that is done for that child?**

No, the first evaluation that is done in Vermont for a student is considered an initial evaluation even if the child has already had an evaluation in another state.

**Can I bill for a Supplemental Evaluation?**

No, you may only submit one pink (reevaluation) form every 910 days.

**Can I bill for a form 8?**

No, a form 8 is not eligible for reimbursement.

**If a child moves to Vermont from another state and brings an IEP from the sending state, can a supervisory union bill the new Vermont IEP that is written for that child?**

No, the first IEP that is written in Vermont for a student is not billable. This initial Vermont IEP cannot be billed as the federal government required that this service not be billed as part of Vermont's Medicaid rate negotiations.

**How many IEPs can be submitted in a year?**

Only two IEP's (blue forms) can be submitted in a 275-day period.

**Can I bill for an amended IEP?**

No, effective for billing dates 9/1/09 or later.

## **State Plan Billing Categories**

## **Billing Categories**

The services listed below in italics are those identified in the State Medicaid Plan for the School-Based Health Services. Only services that are provided in accordance with an IEP and fall into one of these categories are billable through the School-Based Health Services Program.

### **A. Assessment and Evaluation**

*Services for the assessment and evaluation of an existing IEP/IFSP. Services provided for the purposes of evaluating an individual's treatment needs may include medical, psychiatric, psychological, developmental and/or behavioral assessment, including the administration and interpretation of psychological tests. It may be performed by one or more of the following providers: physician, psychiatrist, psychologist, clinical social worker, school nurse, specialized therapist or a licensed or certified mental health practitioner.*

### **B. Medical Consultation**

*Services provided by a licensed physician whose opinion or advice is requested in the evaluation or treatment of an individual's problem or disability.*

### **C. Durable Medical Equipment**

*Items of durable medical equipment provided pursuant to an IEP may be covered subject to prior authorization requirements established by the Office of Vermont Health Access.*

### **D. Vision Care Services**

*Covered services include visual analysis with refraction, and diagnostic and treatment services for diseases of the visual system.*

### **E. Nutrition Services**

*Evaluation and treatment services related to a child's nutritional needs, as allowed by 42 CFR 440.130(d). Nutrition services are child-specific and must be medically necessary to treat and correct problems such as eating disorders, food intake deficits, and excessive weight gain or loss which result from other medical problems, psychological issues, metabolic diseases, etc. The service includes assistance with assessments and care plan development. Services do not include coverage of general nutritional services such as those provided by a school's hot lunch program.*

### **F. Physical Therapy (PT)**

*Evaluation and treatment services for the purpose of preventing, restoring, or alleviating a lost or impaired physical function. Services are performed by or under the direction of a qualified physical therapist. A qualified physical therapist is an individual who is a graduate of a program of physical therapy approved by both the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Physical Therapy Association or its equivalent, and is licensed by the State of Vermont.*

### **G. Speech, Hearing and Language Services**

*Evaluation and treatment services related to speech, hearing or language disorders, which result in communication disabilities. Services are performed by or under the direction of a speech-language pathologist or audiologist who has a certificate of clinical competence from the American Speech and Hearing Association, or who has the equivalent education and*

*work experience, or who has completed the academic program and is acquiring supervised work experience to qualify for the certificate.*

**H. Occupational Therapy (OT)**

*Evaluation and treatment services to implement a program of purposeful activities to develop or maintain adaptive skills necessary to achieve the maximal physical and mental functioning of the individual in daily pursuits. Services are performed by or under the direction of a qualified occupational therapist who is registered by the American Occupational Therapy Association or who is a graduate of a program in occupational therapy approved by the Committee on Allied Health Education and Accreditation of the American Medical Association and is engaged in the supplemental clinical experience required before registration by the AOTA.*

**I. Mental Health Counseling**

*Evaluation and treatment services involving mental, emotional or behavioral problems, disturbances and dysfunctions. Services are individual, group, or family counseling when provided by a psychiatrist, psychologist, clinical social worker, or other licensed or certified mental health practitioner.*

**J. Rehabilitative Nursing Services**

*Services provided by a licensed nurse including medical monitoring and provision of other medical rehabilitative services.*

**K. Developmental and Assistive Therapy**

*Services provided in order to promote normal development by correcting deficits in the child's affective, cognitive, behavioral, or psychomotor/fine motor skills development, when such services are identified in the IEP/IFSP. Services include application of techniques and methods designed to overcome disabilities, improve cognitive skills, and modify behavior. Services are furnished by or under the direction of licensed professionals who meet qualifications established by the LEA, or who meet applicable state licensure or certification requirements.*

**L. Personal Care**

*Services related to a child's physical or behavioral requirements, including assistance with eating, dressing, personal hygiene, activities of daily living, bladder and bowel requirements, use of adaptive equipment, ambulating and exercise, behavior modification, and other remedial services necessary to promote a child's ability to participate in, and benefit from, the educational setting. Services are furnished by providers who have satisfactorily completed a training program for home health aides/ nursing assistants, or other equivalent training, or who have appropriate background and experience in the provision of personal or behavioral conditions and meet qualifications established by the LEA. Personal care providers must be employed by a school, school district or supervisory union. Personal care services are not covered when provided to recipients by their parents, including natural, adoptive and stepparents.*

***M. Case Management***

*Services designed to assist children in gaining access to and coordination the delivery of medical services, including interaction with providers, monitoring treatment and interaction with parents and guardians. Services are furnished by qualified providers who, based on their education, training and experience, have been designated as such by either the Agency of Human Services, Department of Education or the LEA.*

## **Non-Covered Services**

## **EXCLUSIONS FROM SCHOOL-BASED HEALTH SERVICES BILLING**

Services listed with the following terms, or services that include one of the following services are not billable to the School-Based Health Services Program:

- Art Therapy
- Career Exploration
- Co-teaching
- Dance Therapy
- Facilitated Communication
- Guidance Counseling
- Horseback Riding
- Job Training
- Large Group Services
- Missed Services due to student refusal
- Movement Therapy
- Music Therapy
- Neurodevelopmental Treatment (NDT)
- Routine School Health Services
- Sensory Integration Therapy
- Services provided to incarcerated individuals
- Services provided under a Success Beyond Six contract
- Swimming
- Title 1 Services (for the time the provider is paid by Title 1 Funds)
- Transportation
- Visual Training Therapy
- Vocational Services, such as:
  - Automotive
  - Carpentry
  - Construction
  - Culinary Arts
  - Hairdressing
  - Woodworking

If the child needs support from a paraprofessional for 100% of the school day, the paraprofessional's time is billable as personal care, **regardless of the setting**. If the child receives support for less than 100% of the school day, the paraprofessional's time may meet the criteria for developmental and assistive therapy, **regardless of the setting**.

This means that even if the student is receiving a non-covered service, such as a vocational service, the paraprofessional's time is allowable if the paraprofessional is performing personal care services. For developmental and assistive therapy, the paraprofessional's time could be billed if the service he/she is providing is covered by the developmental and assistive therapy definition (example-behavior modification).

When billing Developmental and Assistive Therapy or Personal Care in an excluded setting, the IEP activity must specify that the service provided is for behavior, safety, mobility, communication, reading support etc.

**DEVELOPMENTAL AND ASSISTIVE THERAPY CHECKLIST**

The following questions are designed as a guide to assist in determining when a service is billable as Developmental and Assistive Therapy. The exception is that services listed as “Exclusions from School-Based Health Services Billing” are never billable. This form is an optional tool and is not mandatory.

Case Manager's Name: \_\_\_\_\_

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_

IEP Initiation Date: \_\_\_\_\_

Service in Question: \_\_\_\_\_

Yes___	No___	Is the service excluded from School-Based Health Services billing? (see section G of the Medicaid Manual)
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If the answer to the above question is Yes, the service is not billable.

Yes___	No___	Is the service identified by the IEP along with the duration and frequency that the service will be provided?
Yes___	No___	Is specialized instruction being provided to the student? For example, if the service is listed as “study hall” does it actually involve someone providing specialized instruction to the student or is instruction only provided when a student requests assistance?
Yes___	No___	Does the service promote normal development by correcting deficits in the child’s affective, cognitive, behavioral or psychomotor/fine motor skills?
Yes___	No___	Is the service provided by a licensed special educator or under the direction of a licensed special educator?

If the answer to all of the above questions is “Yes”, and the appropriate documentation is in place, the service is billable as Developmental and Assistive Therapy. If any of the above answers are “No”, the service does not qualify for reimbursement.

Case Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IEP Wording**

## **IEP Wording**

Only those services required by the IEP are billable to Medicaid.

If the service description, provider type, frequency, duration or group size is left blank the service is not billable. Each of these fields must be completed in order to bill the service to Medicaid.

### **The Use of Ranges and the Words And/Or**

Medicaid only allows the lowest amount of service required by the IEP to be billed. This means that if the provider, frequency, duration or group size is listed as a range only the lowest amount required can be billed.

**Example:** if the IEP states speech and language by a SLP, 60 minutes a week, 1:1/small group, the service can only be billed on the LOC as small group service, even if the service was provided one-on-one.

**Example:** when the IEP states reading with a special educator or paraprofessional, two times a week for 30-45 minutes a session, 1:1 or small group, the service can only be billed as paraprofessional for 60 minutes small group, even if the service was provided by a special educator for 90 minutes one-on-one.

### **Access to, Up to, Available, As Needed...**

Some IEP services are not billable to Medicaid due to the wording on the IEP. When words such as: available to, access to, up to, or as needed are used on the IEP a specific amount of time is not required and therefore not billable to Medicaid.

**Example:** The IEP states "adult available to assist as needed". The IEP does not require a specific service or amount of time, only that someone be available to the student. Since the student may or may not utilize the adult's assistance there is no billable service.

**Example:** The IEP states "personal care aide, 5x a week, up to 6 hours per day". The IEP does not require an amount of time that the service be provided so the service is not billable.

**Group size 2:1 or 1:2**—Services listed on the IEP as 1:2 or 2:1 must be billed as small group.

### **Changes to an IEP**

An IEP amendment is defined as a change to an IEP based on the child's need. When an IEP is amended a form 5b, form 7a or SpedDoc Amendment page must be produced. Amendments must clearly indicate the changes and when the changes are effective. Please note that in order for a SpedDoc Amendment page to be used, there must be an indication of what team members were present at the meeting.

The following is a summary of guidance that was provided by the monitoring team in October 2007:

### **What paperwork needs to be on file for an amended IEP?**

When an IEP is amended a copy of form 5b, form 7a or the SpedDoc Amendment page must be on file clearly indicating the effective date of the amendment. A copy of the amended service and cover page must be attached to form 5b, form 7a or the SpedDoc Amendment form.

**What is a correction to an IEP?**

A correction to an IEP can be made when information was omitted or typed incorrectly on the IEP form. A correction is effective the date services were initiated. The case manager must contact the parent prior to making a correction on an IEP. If the parent has the same understanding as the case manager then the IEP can be corrected and redistributed. If the parent does not agree the amendment process would need to be followed.

**What paperwork needs to be on file for a correction to an IEP?**

If a corrected copy of the IEP is produced by the case manager, then the original IEP should be removed from the Medicaid file.

**What action is needed when the consent paragraph on the IEP is not checked?**

The IEP correction process described above should be followed. This correction is effective the date the IEP is initiated.

**Can the Medicaid clerk make a change to the IEP if the case manager tells them to?**

No, the Medicaid clerk can never make a change, handwritten or electronically, to an IEP. It is the case manager's responsibility to make corrections to the IEP

## **Documentation Logs**

## **Documentation Logs**

### **PROVIDER DOCUMENTATION FOR EACH OCCURRENCE OF SERVICES**

The School-Based Health Services Program requires service documentation for each occurrence of service. The documentation is required due to audit findings by the Office of Inspector General in its review of School-Based Health Services Programs in other states. This is a general documentation requirement of Medicaid that needs to be met for the school services billed under the LOC process.

### **GROUP SIZE**

The group size is a requirement on all of the provider documentation logs. For a professional a small group is considered a group of 2-6 students. For a paraprofessional a small group is considered a group of 2-4 students. If the group size exceeds these limits the service is considered large group and not billable to Medicaid.

### **PROVIDER CERTIFICATION**

Providers whose services are billed at the professional level must sign a Provider Certification Agreement. In addition, a copy of their valid license must be on file for all time periods billed. For a SLP this would include a copy of their CCC or equivalent documentation (see Billable Services Section). By signing a Provider Certification Agreement, providers are relinquishing their right to bill Medicaid directly for services provided in accordance with an IEP.

To complete the Provider Certification, the professional staff member enters his or her name and title then checks the professional category under which he or she qualifies. The staff member then completes either Section A or B on the back of the form based on their ability to bill Medicaid. The staff member then signs the form and gives it to the Medicaid clerk. The form remains valid as long as the staff member continues in the same position within the supervisory union or until the person has a name change. The supervisory union representative signs the form, which can be the superintendent, special education director or a designee. The Medicaid clerk maintains the signed form and the copy of the provider's license.

### **CASE MANAGEMENT ASSURANCE FORM**

The form is completed by the case manager to document the actual amount of case management provided.

#### **FORM HEADER**

- Name—enter the student's full name
- Date of Birth—enter the student's date of birth
- Diagnostic Code—enter the diagnostic code that will be billed to Medicaid
- Provider Name—enter the full name of the individual providing the service
- Name of School—enter the name of the school the child is attending
- Supervisory Union Name—enter the name of the supervisory union in which the student resides

#### **IEP SERVICES PROVIDED**

In this section enter the IEP Initiation/Amendment date for all IEP's that are in effect during the time period being billed. The IEP Hours Per Week must also be listed. If the IEP includes monthly hours instead of weekly hours, this should be indicated in the box.

### **BILLING PERIOD ASSURANCE**

Indicate the From and To date during which services were provided. These dates can not exceed the From and To dates of the billing period. The provider then records the actual amount of time that case management was provided during the time period listed. Time spent for the coordination and development of IEP or evaluation process can not be included on this form.

### **PROVIDER SIGNATURE AND DATE**

Once the form has been completed, the provider must sign and date the form. The date of the form can not be prior to the From and To date listed in the Billing Period Assurance section of the form.

### **DEVELOPMENTAL & ASSISTIVE THERAPY SERVICE DOCUMENTATION LOG**

The form is to be completed by the individual service provider to document each service that he or she is providing. If a student has more than one developmental and assistive therapy service, a form needs to be completed for each service. If the same IEP service is delivered by more than one provider, then each provider needs to complete a separate documentation log. A separate form is completed for each billing period.

### **FORM HEADER**

- Name—enter the student’s full name
- Date of Birth—enter the student’s date of birth
- Diagnostic Code—enter the diagnostic code that will be billed to Medicaid
- Provider Name—enter the full name of the individual providing the service
- Name of School—enter the name of the school the child is attending
- Supervisory Union Name—enter the name of the supervisory union in which the child resides

### **IEP SERVICE**

- IEP Activity—list the name of the service EXACTLY as it appears on the IEP. It is okay to truncate the end of the service or abbreviate words, as long as the IEP service being documented is clear.
- Individual or Group—list the actual group size that is being provided
- Minutes Per Session—list the amount of time the service is provided during each session
- Sessions Per Week—list the number of times per week the service is provided
- Hours Per Week—list the amount of time the service is provided during the week

### **SERVICE DATES**

In the calendar an X can be marked to indicate the service provided equals the amount of time and group size listed in the Minutes Per Session and Individual or Group box. It is acceptable to mark more than one X in a box if a service is provided more than once a day. If the minutes per session or group size are different than what is listed on the Developmental and Assistive Therapy log, the actual minutes per session or group size should be indicated. Providers have the option to indicate the amount of time provided instead of utilizing an X. Each provider is allowed to document services they provide as well as those provided by substitutes who fill in on a temporary basis.

## TOTAL HOURS

At the end of the billing period, the service provider calculates the hours of billable service provided during the billing period. Total hours are broken out between one-on-one and small group. Total hours must match the documentation.

## PROVIDER SIGNATURE AND DATE

Once the form has been completed, the provider must sign and date the form. The date of the form can not be prior to the last date that a service was provided. Once the form is signed, it goes to the professional who is responsible for supervising that service. The professional needs to sign, print their name and date the form. No supervisor's signature is required for staff members who are considered professionals for Medicaid billing.

## PERSONAL CARE VERIFICATION FORM

The Personal Care Verification Form is mandatory for all students whose services are being billed as Personal Care beginning with the Aug/Sept 10 LOC period. The purpose of the form is to verify that the student's services being billed meet the Medicaid definition of Personal Care. In order for a service to be billed as personal care, the student's IEP must require one-on-one services for the entire school day. This may be listed as one service on the IEP or a combination of one-on-one services that total the student's entire school day. This form should be filed with the corresponding IEP/Amendment in the student's Medicaid file.

## FORM HEADER

The top of the Personal Care Verification Form contains background information about the student and the IEP. Completion of the following elements is required:

- Student Name—enter the student's full name.
- DOB—enter the student's date of birth.
- IEP Initiation/Amendment Date—indicate the beginning date of service from the IEP that services are being provided under. For an amended IEP, indicate the original IEP initiation date with the amendment date.
  - If an IEP is amended and the services listed on the Personal Care Verification Form do not change, a new form is not needed. However, the amendment date must be added to the form.
- Time Period(s)—Enter the dates covered by this form.
  - If the service page includes multiple sets of dates, list each set of dates in this field. Example: 5/7/10-6/18/10 and 8/26/10-5/6/11
  - Multiple verification forms are needed for one IEP when:
    - the length of the student's school day changes.
    - the service activities, frequency or duration that are included on the Personal Care Verification Form change.
    - Summer services are different than the school year services.
- Does the student have 1:1 support between classes and or locations?—if the answer is no, services are not billable as personal care.
- Does the student have 1:1 support all day, including lunch and recess?—if the answer is no, services are not billable as personal care.

## STUDENT'S SCHOOL DAY

Enter the exact number of hours/minutes that the student is in school each day. Do not round, do not average, list the actual time for each day. Total the hours at the bottom of the column.

- If the personal care aide is with the student from the time school begins to the time school ends, this is the amount of time to be listed on the form.
- If the personal care aide is with the student from the time they arrive at school to the time they depart school (or go to an extracurricular activity), this is the amount of time to be listed on the form.

### **BUS HOURS**

If the student receives personal care on the bus, the total hours per week must be listed in this section. Only the time the aide is with the student on the bus can be billed. Do not list the time the aide is on the bus without the child present. Bus hours can include other types of transportation (i.e. taxi).

### **IEP SERVICES THAT COMBINE TO BE PERSONAL CARE**

Enter the service description and total weekly hours from the IEP for each 1:1 service that combine to be personal care. Total the hours at the bottom of the column.

### **OTHER 1:1 IEP SERVICES WHEN THE PERSONAL CARE AIDE IS NOT PRESENT**

Enter the service description and total weekly hours from the IEP for each 1:1 service where the aide is not present. Example: if the aide does not attend 2hrs of speech services each week, list the speech service in this section. Total the hours at the bottom of the column.

### **TOTAL SCHOOL AND BUS HOURS**

Combine the total school and bus hours and enter on the appropriate line.

### **TOTAL IEP HOURS**

Combine the total IEP hours and enter on the appropriate line.

### **WHAT TO DO WHEN THE TOTAL SCHOOL AND BUS HOURS AND THE TOTAL IEP HOURS ARE DIFFERENT**

A note must be added to the bottom of the form to explain any difference between these two numbers.

### **PERSONAL CARE SERVICES DOCUMENTATION LOG**

The form is to be completed by the individual providing the majority of the services. When a student has multiple individuals acting as the personal care aide, only one form is completed. Multiple Personal Care Service Documentation Logs can only be completed when the student has two or more full-time aides. A separate form is completed for each billing period.

### **FORM HEADER**

- Name—enter the student's full name
- Date of Birth—enter the student's date of birth
- Diagnostic Code—enter the diagnostic code that will be billed to Medicaid
- Provider Name—enter the full name of the individual(s) providing the service
- Name of School—enter the name of the school the child is attending
- Supervisory Union Name—enter the name of the supervisory union in which the child resides

### **SERVICE DATES**

The provider records the number of hours personal care was provided each day in the calendar (including bus time). The provider is allowed to document services they provide as well as those provided by substitutes who fill in on a temporary basis.

### **EXPLANATION OF DIFFERENCE**

The provider needs to include a note on the log when the services provided are different than what is listed in the IEP. Example—the student’s IEP calls for 6hrs of 1:1 support, but the student is only receiving 3 hours per day as they are transitioning back to school after a hospitalization.

### **TOTAL HOURS**

At the end of the billing period, the service provider calculates the hours of billable service provided during the billing period. Total hours must match the documentation.

### **SERVICE TYPE**

The provider must check all services that are being provided. At least one of the one through nine activities listed under the service types on the form must be checked in order for personal care to be billable.

### **PROVIDER SIGNATURE AND DATE**

Once the form has been completed, the provider must sign and date the form. If services are evenly split between two people, both individuals should sign the form. When multiple individuals provide services, the individual providing the majority of the services should sign the form. A supervisory union may choose to have all providers sign the log, however, this is not a state requirement. The date of the form can not be prior to the last date that a service was provided. Once the form is signed, it goes to the professional who is responsible for supervising that service. The professional needs to sign, print their name and date the form.

### **RELATED SERVICES DOCUMENTATION LOG**

The Related Services Documentation Log is completed for Speech, OT, PT, Mental Health, Nutrition and Vision services. Providers can use documentation records designed for their profession as long as all the required elements for Medicaid billing are included, or use the Related Services Documentation Log. A separate form is completed by each provider for each billing period.

### **FORM HEADER**

- Name—enter the student’s full name
- Date of Birth—enter the student’s date of birth
- Diagnostic Code—enter the diagnostic code that will be billed to Medicaid
- Provider Name—enter the full name of the individual providing the service
- Provider Type—enter the title of the provider. For example—SLP or SLP Aide
- SU/ School—enter the name of the supervisory union in which the child resides and the school the child is attending

### **SERVICE DETAIL**

For each day on which services are provided to the student:

- Date—enter the date the service was provided in mm/dd/yyyy format

- Activity/Procedure/Service--enter a brief description indicating what activity or service was provided. The description needs to be more detailed than the name of the related service, with the exception of counseling.
- Small Group or Individual—list the group size that was provided
- Minutes Per Session—list the amount of time the service was provided

#### **TOTAL HOURS**

At the end of the billing period, the service provider calculates the hours of billable service provided during the billing period. Total hours are broken out between one-on-one and small group. Total hours must match the documentation.

#### **PROVIDER SIGNATURE AND DATE**

Once the form has been completed, the provider must sign and date the form. The date of the form can not be prior to the last date that a service was provided. Once the form is signed, it goes to the professional who is responsible for supervising that service. The professional needs to sign, print their name and date the form. No supervisor's signature is required for staff members who are considered professionals for Medicaid billing.

When services are being provided under the direction of a PT/OT/SLP, the student's case manager needs to sign the form to verify that the services were provided. The name of the PT/OT/SLP who developed the plan must be noted on the form.

#### **PROGRESS NOTES**

Progress notes are required for all related services billed to the School-Based Health Services Program. Progress notes can be the updated goals/objectives section of the IEP, a typed or handwritten note or a description of the student's progress.

Progress notes need to be completed quarterly or to coincide with the school marking period. If a progress note is not completed, future billing for the service can not be submitted. If it is discovered that a service has been billed and progress notes were not completed, the service will need to be removed from the Level of Care Form and the claim adjusted accordingly.

## ***Case Management Assurance***

### **Student Information**

Name: \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Diagnostic Code: \_\_\_\_\_

### **Provider Information**

Provider Name: \_\_\_\_\_ Name of School: \_\_\_\_\_

Supervisory Union Name : \_\_\_\_\_

### **IEP Services Provided**

Enter below the initiation date of the student's IEP and the number of hours per week listed on that IEP for Case Management Services:

IEP Initiation/Amendment Date	IEP Hours Per Week (indicate if service is monthly)

### **Billing Period Assurance**

This assurance covers the following dates for the billing period:

From:	
To:	

I assure that I provided the following number of hours of case management during this billing period.	_____ Hours
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**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Developmental & Assistive Therapy Service Documentation Log

## Student Information

Name: \_\_\_\_\_ Date of Birth (Mo/Day/Year): \_\_\_\_\_

Diagnostic Code: \_\_\_\_\_

## Provider Information

Provider Name: \_\_\_\_\_ Provider Title: \_\_\_\_\_

Supervisory Union: \_\_\_\_\_ Name of School: \_\_\_\_\_

## IEP Service:

List the activity being provided as it appears on the IEP.

<u>IEP Activity</u>	<u>Individual or Group</u>	<u>Minutes Per Session</u>	<u>Sessions Per Week</u>	<u>Hours Per Week</u>

**Developmental & Assistive Therapy service listed above was provided to this student as shown in the calendar below:**

**Service Dates:** The numbered boxes below reflect the days of the month. Enter month and year for the month(s) of billing period. Mark an "X" for each day that the Developmental and Assistive Therapy service was provided for the minutes and group size listed above. If the minutes per session or group size are different then what is listed above, the actual minutes per session or group size should be indicated on the calendar. **For services provided in groups, only include those provided in Medicaid billable group size. For professionals, the group size must be six or less students and for paraprofessionals, the group size must be four or less students.**

DO NOT USE PENCIL OR WHITE OUT.

Month \_\_\_\_\_ Year \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

**Use this set of dates for a two-month billing period**

1	2	3	4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28
29	30	31					29	30	31				

<b>Indicate the total number of hours of billable service provided during the billing period:</b>	<b>1:1 Service</b>	<b>Hours</b>
	<b>Small Group</b>	<b>Hours</b>

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name (Printed): \_\_\_\_\_

## Personal Care Verification Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

IEP Initiation/Amendment Date: \_\_\_\_\_

Time Period(s): \_\_\_\_\_

Does the student have 1:1 support between classes and or locations?  yes  no

Does the student have 1:1 support all day, including lunch and recess?  yes  no

**(if the answer to either of the above questions is no, do not bill personal care)**

School Day	Total Hours Student is at School
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
<b>Total Hours</b>	

Does the student receive Personal Care on the bus? If "Yes", how many hours per week?	
<b>Total Bus Hours</b>	

IEP services that combine to be Personal Care	
Service Description	Weekly Hours from IEP
<b>Total Personal Care Hrs</b>	

Other 1:1 IEP services when a Personal Care Aide is <b>not</b> present	
Service Description	Weekly Hours from IEP
<b>Total Other 1:1 Services</b>	

Total School and Bus Hours \_\_\_\_\_ Total IEP Hours \_\_\_\_\_

If the Total School and Bus Hours and the Total IEP Hours are different, explain the difference.

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## Personal Care Service Documentation Log

### Student Information

Name: \_\_\_\_\_ Date of Birth (Mo/Day/Year): \_\_\_\_\_

Diagnostic Code: \_\_\_\_\_

### Provider Information

Provider Name: \_\_\_\_\_ Provider Title: \_\_\_\_\_

Supervisory Union: \_\_\_\_\_ Name of School: \_\_\_\_\_

**Service Dates:** The numbered boxes below reflect the days of the month. **Write the number of hours personal care was provided in the corresponding date box. DO NOT USE PENCIL OR WHITE OUT.**

Month _____ Year _____	Month _____ Year _____												
<b>Use this set of dates for a two-month billing period</b>													
1	2	3	4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28
29	30	31					29	30	31				
<b>Total hours personal care was provided during the billing period</b>											_____	<b>hours</b>	

If the daily hours provided are consistently different than the time the student is at school explain:

\_\_\_\_\_

\_\_\_\_\_

**Service Type:** The 1:1 personal care support for this student includes the following activities. Check all that apply (at least one of the 1 through 9 activities must be checked in order to be considered personal care).

- |  |  |   |
|--|--|---|
| 1. <input type="checkbox"/> Assistance w/Eating    | 5. <input type="checkbox"/> Behavior Management  | 9. <input type="checkbox"/> Assistive Devices |
| 2. <input type="checkbox"/> Assistance w/Toileting | 6. <input type="checkbox"/> Signing/Interpreting | 10. <input type="checkbox"/> Other: _____     |
| 3. <input type="checkbox"/> Assistance w/Dressing  | 7. <input type="checkbox"/> Medication Admin.    | _____   |
| 4. <input type="checkbox"/> Assistance w/Hygiene   | 8. <input type="checkbox"/> Mobility/Safety      | _____   |

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name (Printed): \_\_\_\_\_



**Provider Type**

**Provider Type**

When completing the level of care form and service documentation logs it is necessary to know if the individual providing the services is considered by the School-Based Health Services Program to be a professional or a paraprofessional. It is possible for an individual to be considered a professional in one category and a paraprofessional in another category. Professionals must sign a Provider Certification Form before their services can be billed and licensing information must be on file.

<u>Service Category</u>	<u>Professional Providers</u>	<u>Paraprofessional Providers (under the direction of a professional)</u>
Vision Services	Licensed Optometrist or Licensed Ophthalmologist	NA
Nutrition Services	State Certified Dietician	NA
Physical Therapy	Licensed Physical Therapist or Certified Physical Therapy Assistant	All Others
Speech, Hearing and Language Services	SLP with CCC (current or expired or the educational equivalent)	SLP without CCC All Others
Occupational Therapy	Licensed Occupational Therapist or Certified Occupational Therapy Assistant (COTA)	Occupational Therapy Assistant (OTA) All Others
Mental Health Counseling	<ul style="list-style-type: none"> <li>• Psychiatrist</li> <li>• Psychologist</li> <li>• Clinical Social Worker</li> <li>• Other licensed or certified Mental Health Practitioner</li> </ul>	NA
Rehabilitative Nursing Services	Registered Nurse or Licensed Practical Nurse	NA
Developmental and Assistive Therapy	<p>Licensed Special Educator</p> <p>The following endorsement codes are valid to be billed as professional for this category</p> <p><b>67 Teacher of the Blind and Visually Impaired</b>  <b>68 Teacher of the Deaf and Hard of Hearing</b>  <b>80 Early Childhood Special Educator</b>  <b>81 Intensive Special Needs</b>  <b>82 Special Educator</b>  <b>84 Educational Speech Language Pathologist</b>  <b>85 Consulting Teacher</b>  <b>86 Director of Special Education</b>  <b>87 Career and Tech Special Needs Coordinator</b></p> <p>For a complete list of endorsement codes and instructional levels go to:  <a href="http://education.vermont.gov/new/pdfdoc/licensing/forms/approved_endorsement_codes_1108.pdf">http://education.vermont.gov/new/pdfdoc/licensing/forms/approved_endorsement_codes_1108.pdf</a></p>	Individual with Emergency or Provisional License and all others

<u>Service Category</u>	<u>Professional Providers</u>	<u>Paraprofessional Providers (under the direction of a professional)</u>
Personal Care	NA	All Providers
Case Management	<ul style="list-style-type: none"> <li>• Licensed Special Educator/SLP</li> <li>• Individual with an Emergency or Provisional License</li> </ul>	NA

## **Contact Information**

**Contact Information**

**Medicaid Enrollment Information**

Health Access Member Services 1-800-250-8427

**Dept of Education Medicaid Program Coordinator**

Nicole Tousignant (802) 828-5111  
[nicole.tousignant@state.vt.us](mailto:nicole.tousignant@state.vt.us)

**Dept of Education Medicaid Field Representatives**

(see next page for breakdown by SU)

Jennifer LeBlanc (802) 988-9812  
[jennifer.leblanc@state.vt.us](mailto:jennifer.leblanc@state.vt.us)

Joan Materna (802) 865-5051  
Fax # (802) 658-8191  
[joan.materna@state.vt.us](mailto:joan.materna@state.vt.us)

Cheryl Moore (802) 674-5646  
[cheryl.moore@state.vt.us](mailto:cheryl.moore@state.vt.us)

Jackie Vero (802) 558-1087  
[jacquelyn.vero@state.vt.us](mailto:jacquelyn.vero@state.vt.us)

Stacy Murphy (802) 828-3714  
[stacy.murphy@state.vt.us](mailto:stacy.murphy@state.vt.us)

**Medicaid Field Representative**

Each supervisory union has a field representative assigned to provide assistance and training as needed. The assignments are as follows:

<u>Field Representative</u>	<u>Supervisory Unions</u>	
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