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G. Level of Care Billing

Vermont uses a bundled rate system, which allows supervisory unions to group IEP services, and submit one claim for a specified billing period. The Level of Care form is the paper document from which an electronic Medicaid claim is generated for most services provided to students ages 3 through 21. The following section outlines how to complete the LOC form and calculate the amount to be billed.

FORM HEADER

The top of the LOC form contains background information about the student and the claim.

Completion of the following elements is required:

- **Student's Name**--enter student's full name.
- **Medicaid ID/S.S.#**--enter ID number.
- **School District**--enter name or code of school district that is responsible for the student's education i.e., the student's local education agency (LEA). The list of school district codes by supervisory union can be found in the directory section.
- **School Attending**—enter the name the child is attending.
- **Supervisory Union**--enter name of supervisory union that the responsible school district is a member of.
- **Diagnostic Code**--fill in the medical diagnostic code. See diagnosis code chart in the electronic claims section.
- **IEP Initiation Date**--indicate the beginning date of service from the IEP that services are being provided under. When billing services for more than one IEP, list the initiation dates of **all** IEPs. For an amended IEP, indicate the original IEP initiation date and amendment date(s). Example 1/11/09 (amended 3/26/09).
- **Date of Birth**--enter the student's date of birth.
- **From Date of Service**---enter the actual beginning date of service for the student for the billing period. Refer to page 3 for more details.
- **To Date of Service**--enter the actual ending date of service for the student for that billing period. Refer to page 3 for more details
- **Case Manager**--enter the case manager's name.
- **School Days**--enter the actual number of school days in the billing period. Refer to page 3 for more details.
- **Weeks**--this cell is automatically calculated based on the number of school days.

BILLING PERIODS

There are nine possible billing periods during the year:

1. Extended School year—July/August (summer services)
2. August/September
3. October
4. November
5. December/January
6. February
7. March
8. April
9. May/June

DATES OF SERVICE

The dates of service on the LOC must match the dates that are billed to HP Enterprise Services (with the exception of summer services). Best practice is to bill for the first day of the month through the last day of the month regardless of weekends/holidays/vacations. For the Aug/Sept billing period, the dates of service should be the first date of school through Sept 30th. For the May/June billing period, the dates of service should be May 1st through the last day of school.

Example: School ends June 11th. The to date of service should be June 11th, not the 30th.

Dates of service must fall within the dates listed on the IEP(s) and Physician Authorization(s).

Example: the first day of school is 8/27/08, and the IEP begins 9/1/08. The dates of service on the LOC should be 9/1/08 through 9/30/08. The partial billing period form must be used in this scenario.

If a student enters special education at any time during a billing period, the date he/she enters through the last day of the billing period must be billed. If a student exits special education at any time during a billing period, the first day of the billing period through the exit date must be billed.

If the student moves out of the supervisory union mid billing period, the dates of service should be the first day of the billing period through the date the student exited. See page 12 for more information on students exiting in the middle of a billing period.

If it becomes necessary to bill a date other than the first or last day of the billing period, the partial billing period form must be used and only services provided during those dates can be billed. Refer to Partial Billing Periods section on pages 11 and 12 of this section for more information.

SCHOOL DAYS

At the top of the LOC form the number of student school days in the **entire billing period** is entered onto the form. The number of school days is defined as the number of student school days in the billing period. This may vary within school districts. For a student placed outside of the school district use the calendar of the school where the student is receiving services, except for a Case Management only claim where the LEA calendar should be used. **In-service days, snow days, school closings, etc. do not count as a school day.** A missed day due to student/provider absence does count as a school day.

The following example uses this school calendar:

September 2008						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	(2)	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

() first day of school

X vacation days

Example: for the Aug/Sept 08 billing period, a particular school district opens the school year on September 2nd and school was scheduled each weekday through the end of the month. However, the water main broke on Sept. 19th so school was closed for the day. The number of school days for this school district was 20.

For students receiving EEE services, the number of school days is based on the elementary school calendar not on the number of days for the EEE program.

Example: an EEE student received developmental & assistive therapy twice a week for 2.5 hours per session starting Sept. 18, 2008 and was part of the school district in the example above. If the hours of service actually provided to the student were 8 for the whole billing period, the level of care billing would be based on the 20 school days.

The number of school days is always determined based on the number of school days in the entire billing period, even if the student exited the district part way through the billing period or entered special education part way through the billing period. If a student moves from one district to another in the middle of a billing period, the district providing services at the beginning of the billing period has the right to bill Medicaid, unless other arrangements are made.

The Department of Education will collect a copy of the school district calendar(s) each fall. During the year, unscheduled school closings must be reported to the Department of Education.

PROVIDER TYPE

The "Provider Type" column is a drop down menu. Select either professional or paraprofessional from the list.

For a service to be listed as a Medicaid Professional Service, it must meet all three of these requirements:

1. Service must be listed in the student's IEP as being provided by a professional
 - a. For Developmental and Assistive Therapy services the provider needs to be listed as a "Professional" or as one of the Department of Education special education licensing endorsements, such as "Consulting teacher" or "Intensive Special Needs teacher". The only two non-licensing terms that will be accepted are "Learning Specialist" and "Integration Facilitator" as these were special educator licensure programs at UVM.
 - b. A provider on an emergency or provisional license must be billed at the paraprofessional level.
2. Service must actually be provided by a professional; and
3. The individual providing the service must be considered a professional for that type of service under the Medicaid State Plan. See directory.

If a service does not meet one of the above three criteria, it may be billable at the paraprofessional level. For those Medicaid service categories where a paraprofessional can provide the service, it is acceptable to bill the service at the paraprofessional level, even if the IEP stated the service was to be provided by a professional.

GROUP SIZE

The "Group Size" column is a drop down menu. Select either 1:1 or Small Group from the list.

For services provided to a group of students, the service can only be billed if the group size is within the limits allowed.

- professional small group = 2-6 students
- paraprofessional small group = 2-4 students

When a service is listed on the IEP as 1:1, it is acceptable to bill the service as 1:1 or small group.

When a service is listed on the IEP as large group, the service is not billable.

Services listed as 2:1 or 1:2 must be billed as small group.

Services listed or provided in a co-teach setting are **not** billable.

MEDICAID SERVICE CATEGORY

The "Medicaid Service Category" column is a drop down menu. The drop down menu contains the following list:

- Case Management
- Developmental and Assistive Therapy
- Mental Health Counseling
- Nutrition
- Occupational Therapy
- Personal Care
- Physical Therapy
- Rehabilitative Nursing
- Speech, Language and Hearing Services
- Vision Care

The definitions for these service categories are contained in Section E.

DESCRIPTION (OPTIONAL)

Best practice is to match the service being billed to the IEP and documentation log. This is an optional column.

Example: the IEP and Developmental and Assistive Therapy documentation log state "reading support" as the service. The words "reading" or "reading support" are entered into the Description column on the LOC.

HOURS PROVIDED FOR THE BILLING PERIOD

The "Hours Provided for the Billing Period" is based on the number of hours noted on the documentation log(s).

The hours billed on the LOC can not include services provided on days that school was not in session.

When entering the hours of service on the LOC form, use the decimal equivalent to convert the minutes into hours. For example, 15 minutes equals .25 hours; 20 minutes equals .33 hours; 30 minutes equals .5 hours; 45 minutes equals .75 hours.

BILLABLE HOURS PER WEEK

This column is automatically calculated based on the hours provided for the billing period and the number of school days in the billing period.

To calculate the Hours Per week:

$$\frac{\text{Hours Provided during Billing Period}}{\text{Number of Weeks in Billing Period (School Days/5)}} = \text{Hours per Week}$$

If information is entered into the Hours Per Week (from IEP) or Monthly Hours (from IEP), the electronic LOC will not allow the Billable Hours Per Week to exceed the amount listed in these columns. The Billable Hours Per Week will not calculate if information is entered into both the Hours Per Week and Monthly Hours on the same line. If these columns are left blank, the electronic LOC will complete the above calculation and the Medicaid clerk will need to assure that the hours per week do not exceed the IEP.

CONVERSION FACTOR

In order for this field to correctly calculate, the Provider Type, Group Size and Medicaid Service Category columns **MUST** be completed. The conversion factors are as follows:

Provider Type	Group Size	Medicaid Service Category	Conversion Factor
Professional	1:1	Case Management Speech Language PT OT Rehabilitative Nursing Mental Health Counseling Nutrition Vision Care	3
		Developmental and Assistive Therapy	1.5
		Small Group	Speech Language PT OT Rehabilitative Nursing Mental Health Counseling Nutrition Vision Care
	Small Group	Developmental and Assistive Therapy	0.5

Provider Type	Group Size	Medicaid Service Category	Conversion Factor
Paraprofessional	1:1	Speech Language PT OT Personal Care	1
		Developmental and Assistive Therapy	0.5
	Small Group	Speech Language PT OT	0.33
		Developmental and Assistive Therapy	0.165

HOURS PER WEEK (from IEP)

This is an optional field. Best practice is to enter the hours per week allowed by the IEP for each service that will be billed. When calculating the Billable Hours Per Week the LOC is set-up to automatically reduce the Billable Hours Per Week based on this column when necessary.

MONTHLY HOURS (from IEP)

This is an optional field. Best practice is to enter the maximum hours for monthly services allowed by the IEP. When calculating the “Billable Hours Per Week” the LOC is set-up to automatically reduce the Billable Hours Per Week based on this column when necessary.

For Aug/Sept, Dec/Jan and May/June billing periods, the LOC will automatically calculate the maximum based on doubling the monthly hours. For these billing periods, the time provided during both months should be entered into the “Actual Hours Provided” column.

QUARTERLY/ANNUAL SERVICES

Quarterly or annual services need to be billed in the billing period in which they occur. The clerk will need to manually determine the time billed does not exceed the IEP.

UNITS/CALCULATION OF LOC

When all billable services have been entered on the LOC form, the total units are calculated by multiplying the hours per week by the conversion factor. Once the total units are computed, the Level of Care is assigned as follows:

Units Per Week	LOC
5.99 or fewer	1
6 to 11.99	2
12 to 23.99	3
24 or More	4
Units in excess of 42 are entered as outliers	

OUTLIER UNITS

If the total units are over 42.00, each additional .5 unit or higher can be billed as an outlier unit. When billing for outliers, a level of care 4 claim (U4) is billed and a separate claim is billed for the outliers by billing a U5 and listing the number of outliers in the units field.

A partial unit of .5 or more can be billed as one outlier unit. Rounding rules apply, .5 or higher is rounded up and .49 or lower is rounded down. For example: if the total units for a student for a billing period was 47.5, the student would be billed as a level 4 and for 6 outlier units (47.5 - 42 = 5.5 units rounded up to 6).

NOTES

The notes section of the LOC form is used when submitting a case management only claim. For a case management only claim, enter the name of the agency or other organization that is directly billing Medicaid and the IEP service being billed to Medicaid.

SIGNATURE

After the LOC form has been completed, it must be signed and dated by the Medicaid clerk. The Medicaid clerk’s signature certifies that the information contained on the LOC form meets Medicaid billing requirements.

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"> ● Psychiatrist ● Psychologist ● Clinical Social Worker ● Other licensed or certified Mental Health Practitioner 	NA

<u>Service Category</u>	<u>Professional Providers</u>	<u>Paraprofessional Providers (under the direction of a professional)</u>
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>67 Teacher of the Blind and Visually Impaired 68 Teacher of the Deaf and Hard of Hearing 80 Early Childhood Special Educator 81 Intensive Special Needs 82 Special Educator 84 Educational Speech Language Pathologist 85 Consulting Teacher 86 Director of Special Education 87 Career and Tech Special Needs Coordinator</p> <p>For a complete list of endorsement codes and instructional levels go to: http://education.vermont.gov/new/pdfdoc/licensing/forms/approved_endorsement_codes_1108.pdf</p>	Individual with Emergency or Provisional License and all others
Personal Care	NA	All Providers
Case Management	<ul style="list-style-type: none"> ● Licensed Special Educator/SLP ● Individual with an Emergency or Provisional License 	NA

DETERMINING WHICH LOC FORM TO USE

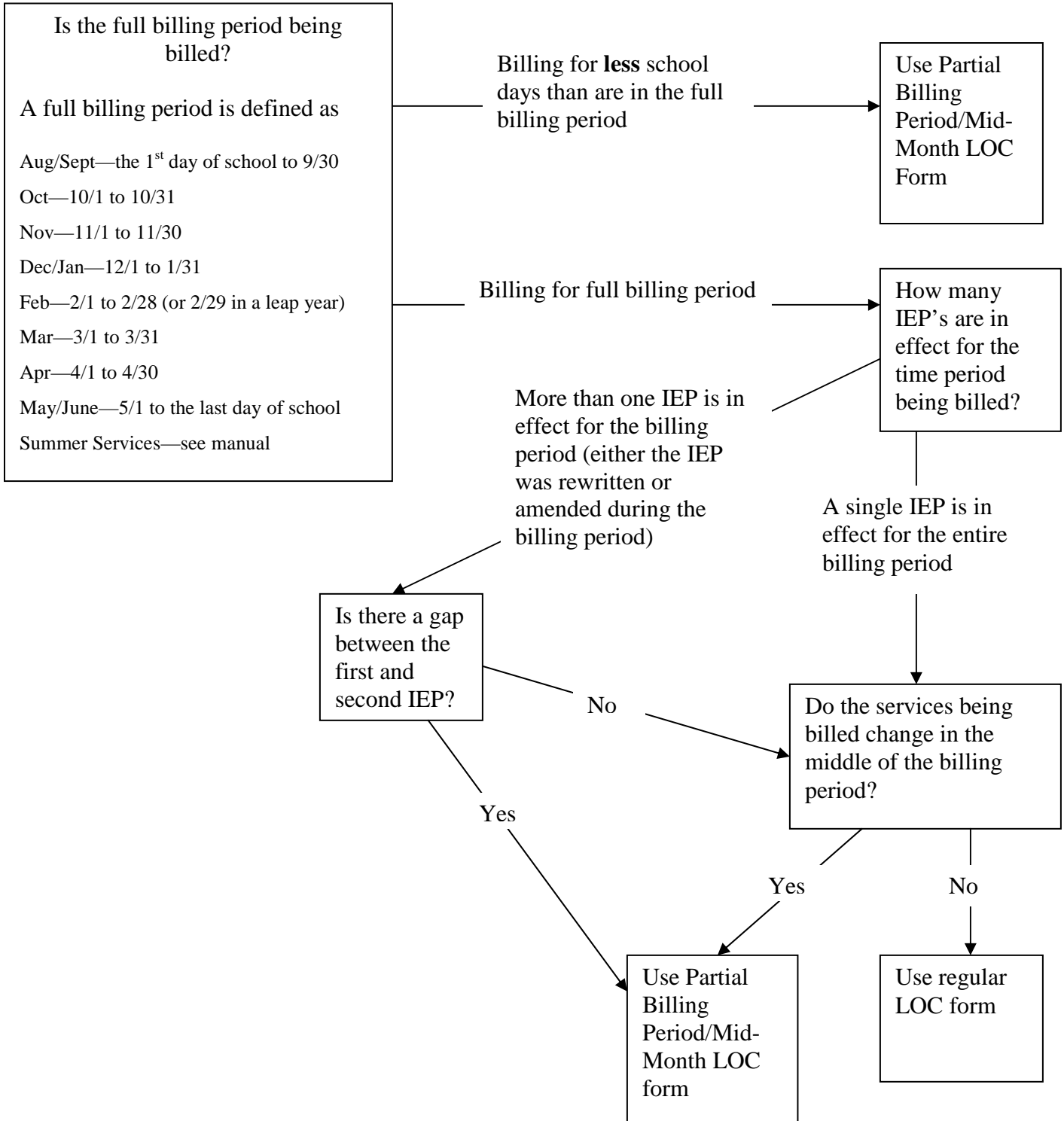
The regular LOC may be used when:

- A single IEP is in effect for the entire billing period.
- An IEP is amended during a billing period, but the amendment does not change information on the services page.
 - **Example:** an IEP is amended to modify only the child’s goals.
- An IEP is amended during a billing period, but the changes do not impact the current services.
 - **Example:** an IEP is amended 4/15/08 to add summer services.
- An IEP is amended but the changes do not impact the services being billed.
 - **Example:** an IEP is amended to change vocational services.
- A new IEP is written, there is no gap between the first and second IEP, and the services being billed do not change.

The Mid-Month/Partial Month LOC **must** be used when:

- The services being billed change in the middle of the billing period.
- Any time the full billing period is not being billed.

How to Determine Which LOC Form to Use



MID-MONTH IEP CHANGES

When billing for a mid-month IEP change, use of the Mid-Month IEP/Partial Billing Period LOC form is required. When information is entered onto this form it will automatically calculate the correct level of care.

Enter the following information just as you would on the regular LOC: Student Name, Medicaid ID/S.S. #, School District, School Attending, Supervisory Union, Diagnostic Code, IEP Initiation Date, Date of Birth, From Date of Service, To Date of Service, Case Manager and number of school days in the billing period.

Enter the Provider Type, Group Size and Medicaid Service Category for each of the services to be billed on the LOC.

Enter the number of school days that each IEP/amendment was in effect during the billing period under IEP 1, 2, 3, 4, 5, and 6. It is possible for the number of days to be **less** than the total billing period (i.e. there is a gap between the two IEP's or Physician Authorization). It is not possible for the total number of days in IEP 1, 2, 3, 4, 5 and 6 to be **more** than the number of school days in the billing period.

Enter the "Actual Hours Provided" based on the documentation logs (only include time from the doc logs for the dates being billed on the LOC) and the "Hours Per Week (from IEP)" or "Monthly Hours (from IEP)" into the appropriate columns of the IEP 1, 2, 3, 4, 5, or 6 sections. The LOC will then automatically complete the "Hours Provided for the Billing Period" and "Billable Hours Per Week" columns of the LOC.

The LOC will print on multiple pages. The first page will be the LOC form and the remaining pages will be the worksheet information entered for each of the IEP's. **All completed pages need to be filed in the Medicaid file.** The worksheet pages do not need to be signed.

PARTIAL BILLING PERIODS

When billing for a partial billing period, use of the Mid-Month IEP/Partial Billing Period LOC form is required. When information is entered onto this form it will automatically calculate the correct level of care. Information is only entered into the IEP 1 section.

When billing for a partial billing period:

- Only the hours of service **actually provided** during the "From" and "To" date on the LOC can be billed.
- The number of school days on the first page of the LOC must be the number of school days in the **entire** billing period.
- The school days entered under IEP 1 will be the number of days being billed.

Reminder--when billing for the Aug/Sept and May/June billing periods, the dates billed on the LOC must not be before or after the dates on the IEP.

Example: The initiation dates on the IEP are 10/1/08 to 6/15/09. Due to snow days school is now scheduled to end on 6/19/09. The end date on the LOC needs to be 6/15/09 and services provided after 6/15/09 cannot be included on the LOC.

STUDENT CHANGES SUPERVISORY UNIONS MID-BILLING PERIOD

The School-Based Health Services program needs to ensure that services for students are not billed to HP Enterprise Services by more than one supervisory union. There is potential for over billing by supervisory unions when a student moves during a billing period. To eliminate the potential duplicate billing, a student can only be billed by one supervisory union for each billing period. This means that if a student moves from one supervisory union to another during the middle of a billing period, only one of the supervisory unions can submit a LOC claim.

The rule is that the supervisory union that was providing services to the student at the beginning of the billing cycle can bill the LOC claim for the period that they provided service. The supervisory union that began providing services in the middle of the billing cycle can begin billing the first day of the next billing cycle. **The only exception would be if the supervisory unions involved agree to a different arrangement.**

Example: A student moves from Burlington to Bennington on December 15th. The Medicaid billing rights go to Burlington and only Burlington. Burlington should bill for the student's IEP services. However, if the student missed a majority of their services at Burlington, Burlington could agree to allow Bennington to bill instead.

STUDENT BILLED BY SUPERVISORY UNION ACTING AS LOCAL EDUCATION AGENCY (LEA)

A supervisory union can only bill for those students for whom it is legally responsible or for whom it acts as the local education agency under Individuals with Disabilities Education Improvement Act (IDEIA). This includes students who reside in a school district within the supervisory union whether they are legal residents or placed by a Vermont State agency. This also includes resident students even if they are attending public school in another state as long as the student is enrolled in Vermont Medicaid and has a Vermont IEP (it is acceptable for students in grades 7-12 residing in the town of Norwich to have a New Hampshire IEP).

Pursuant to 16 V.S.A § 1075(c) A state-placed student, other than one placed in a 24-hour residential facility, shall be educated by the school district in which the pupil is living, unless an alternative plan or facility for the education of the pupil is agreed upon by the commissioner of education.

LOC FORMS FOR CASE MANAGEMENT ONLY

In order for a case management only claim to be billed, there must be an IEP service being billed to Medicaid by another agency.

There are four rules to remember when billing a case management only claim:

1. A school employee must actually be providing case management for the student, **other than coordinating and developing the IEP or Evaluation process**, during the billing period.
2. Medicaid is being billed for an IEP service through another agency.
3. In the notes section of the LOC, enter the name of the agency or other organization that is directly billing Medicaid and the IEP service being billed to Medicaid.
4. Calculate the school days based on the local education agency calendar.

The following are a couple of examples of when it is acceptable for a supervisory union to submit a case management only claim.

- DCF places a student at a residential facility with an approved PNMI rate. DCF bills Medicaid for the treatment services provided at the PNMI facility. The IEP includes the treatment services provided at the PNMI facility and case management. The school district case manager monitors the student progress and participates in treatment meetings. The school district bills their case management service as a LOC case management only claim.
- A student's IEP lists mental health counseling and case management. The student's mental health counseling is provided at a community mental health center and billed directly to Medicaid. The school district case manager assists by communicating issues raised by student's regular education teachers, his parents and the mental health service provider. The school district bills their case management service as a LOC case management only claim.

SUMMER SERVICES

In order to bill for summer services they must be included in the IEP. The IEP must include a service description, frequency, duration, group size and provider type in order to be billable. Per guidance from the IEP monitoring team, the extended school year dates must also be listed on the cover page or the service page of the IEP in order to be billable.

For summer services, the number of school days is based on the number of weekdays, excluding holidays, within the summer period being billed. There are only two allowed billing periods for summer services, a four-week period (20 school days) and a six-week period (29 school days). If a student is provided speech services during the summer for eight weeks for two hours a week and all the billing requirements were met, the service can be billed for a six week period, based on the number of hours provided during the eight weeks as listed in the IEP.

In some cases, it is not possible to determine the type or amount of summer services that are needed at the time the IEP is written. If summer services are added to the IEP through an amendment it is important to remember that the service dates must appear on the cover page or service page of the IEP and the service description, frequency, duration, group size and provider type must be included.

If the services being provided during the summer are different or more than the services provided during the school year, a new Physician Authorization will need to be obtained to bill the summer services.

When a child receives services during the summer (Extended School Year), those services can be billed on the LOC form. One LOC form is completed for the summer billing period. The actual "From" and "To" dates of service are listed on the LOC form. However, when submitting the claim, the dates of service need to be entered as 7/1 to 8/14 for a program that is greater than four weeks and 7/15 to 8/14 for a program that is four weeks or less. This will ensure that the school receives the correct reimbursement rate for the summer program. For partial billing periods please contact your field representative. They will provide a tool, which will help determine the dates and school days to bill for a partial summer billing period.

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

Case Manager's Signature: _____

Date: _____

IEP WORDING

Only services required by the IEP are billable to Medicaid. The IEP must list for each service: the provider type, frequency, duration and group size.

If the service description, provider type, frequency, duration or group size is left blank the service is **not billable**.

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, access to, up to, as needed etc. 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 "individual aide, 5x a week, up to 6 hours per day". As the IEP does not state an amount of time that the service must be provided, 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

PRE-BILLING CHECKLIST

In order for a student's IEP services to be billed through the LOC claims process, all of the following must be in place:

1. Verify the student is enrolled in Medicaid.
2. Obtain a Release of Information form signed by the current legal guardian (parent, court appointed legal guardian(s), 18 year old student or blanket DCF consent).
3. Verify that the legal guardian has "given permission" on the IEP service page to bill Medicaid. Maintain a copy in the Medicaid file.
4. Obtain physician authorization for the IEP services being provided.
5. Maintain a current copy of the IEP cover page and service page in the student's Medicaid file.
6. Obtain a signed Provider Certification Form and copy of licenses/appropriate documentation from all professionals working with the student whose services are Medicaid billable or an Out-of-District Provider Certification Agreement.

LOC BILL SUBMISSION

The Medicaid clerk completes the LOC form, signs and dates the form and submits the claim electronically. The Medicaid clerk needs to ensure that the services are listed on the appropriate lines so that the Level of Care is correctly computed. The clerk uses the LOC rate sheet to determine the claim amount. The clerk submits the claims electronically or submits the claims on paper by contacting their field representative. Once the LOC claims are paid, they must be filed in the student's Medicaid file.