

School-Based Health Services and Education Medicaid Telemedicine during Continuity of Learning Frequently Asked Questions

See also: [Virtual Special Education Services Reimbursable through Medicaid Frequently Asked Questions](#) (3/30).

File Requirements

1. **What documents are required to be in a Student Medicaid File for Telemedicine services to be billed to Medicaid?**
 - a. Original IEP
 - b. Completed Distance Learning Plan (DLP) or Amended IEP with updated service page
 - c. Written Evidence of Parental Consent (signed 5b, separate written document)
 - d. Service Details listed for each service being billed in the DLP or IEP – including service description, frequency, duration, service provider, group size, mode of delivery of service
 - e. Completed Documentation log(s) per program requirements for each service being billed

IEP/DLP and Service Detail Questions

2. **If our district chooses to do a 5b, amend the IEP services page, and do a DLP, is this acceptable for Medicaid billing?**
 - a. Yes, if your district is doing all the above and has a copy of each document filed in the Student Medicaid file. The DLP should state clearly which services are to be provided during the Continuity of Learning (COL) from 4/13/20- end of school year 2020.
3. **If our district chooses to create a Distance Learning Plan (DLP), can we bill for services which are outlined in the DLP, provided the services state that Who is providing the service, how often, durations, group size, contact method, and of course what the specific service is.**
 - a. Yes – this is the ‘prescription’ required to bill a Medicaid claim for our program under the Level of Care billing guidelines. Essentially, each service must be listed as it would on an IEP services page. The information is required for a claim to be valid – if even one piece is missing – the service would not be considered billable.

Contact Information:

If you have questions about this document or would like additional information please contact:
Jessica Robinson, Medicaid Unit Administrator, at jessica.robinson@vermont.gov

4. **If our district uses a DLP to list services for students, do we need to have an amended IEP services page?**
 - a. No, you would not need an amended IEP services page IF the services details are all listed in the DLP.
5. **Does this mean you are expecting the services section of the DLP to "look" like the services page of an IEP?**
 - a. Yes, it needs to have all elements of the IEP service page - service, duration, frequency, group size, provider, method of delivery– for example: "Math 30 min, 2x/week 1:1 with Special Educator, Google Hangouts". It doesn't matter what order the information is in. Having the services in list or paragraph form is fine, but all that information (service, duration, frequency, group size, provider, method of delivery) must be listed for each service.
6. **Can the DLP refer to services in the IEP that are 'to continue during the COL period'?**
 - a. Yes, if the DLP states that a specific service is to continue as stated on the IEP. However, *the IEP initiation date and any IEP amendment* dates must also be listed for that service in the DLP. The change/update in method of delivery of the IEP service during the COL period should also be included in the DLP.
7. **Will we be able to bill a combination of IEP and DLP? For example, case management from the IEP and math from the DLP?**
 - a. Yes. You will need to have all the services you are providing during COL (4/13- end of year) listed in one place. If you are using a DLP to list services, you will want everything listed on that document for easy reference. For example:
 - i. Math Instruction/Support, 30 mins, 2x a week, 1:1, Special Educator, Zoom
 - ii. Case Management per IEP (initiation date 9/1/19, Amended 10/5/19)
 - iii. Writing support, 20 min, 4x a week, 1:1, paraprofessional, virtual delivery platform
 - iv. Reading Support, per IEP (initiation date 9/1/19, (10/5/19), skype\
8. **Will logs need to match the exact wording from the DLP? For example, the IEP says "Math Instruction/Support" and DLP says "Math"?**
 - a. Which document will you be using for billing, the IEP service detail or the DLP service detail? The IEP or DLP is considered the prescription for services – use the language of the service you are billing – see examples from Question #6.
 - i. If you are billing a service that is found in the IEP (Math Instruction/Support) - the log language will need to match the service language on the IEP (Math Instruction/Support).
 - ii. If you are using a service listed in the DLP – (Math) – the logs will have to match the DLP language.
9. **Our first round of DLPs had some language around duration and frequency that was ambiguous - "up to" "as needed" "as requested by parent". Will that be an acceptable service detail to support billing for that service on DLPs?**
 - a. No, please refer to the School-Based Health Services Manual, page 84. School-Based Health Services claims require specific information. If a specific amount of time is

not required per the IEP or DLP (prescription) for a service, then the service is not considered billable.

10. When reading through DLP's there seem to be non-specific information about the delivery platform/method of services. Language such as "virtual delivery platform", "online meetings", and "Chromebook and internet". Will any of these services be billable?

- a. Yes, if... The DLP must reference that any direct services will be provided through some mode of real-time contact with the student. *The name of the method/mode/platform of service delivery MUST be listed on the Documentation Log for the service being provided.* For instance, if the DLP lists "Math -virtual delivery platform" – The Math documentation log must list the platform of delivery (Zoom, etc) on the log. If the real-time contact platform is not listed on the log; the service cannot be billed.

Parental Consent Questions

11. What is considered adequate proof of parental consent for a service on the DLP to be billed to Medicaid? Does the SU need a parent signature?

- a. No, the Medicaid file parental consent statement does not require a parent signature.
- b. A form 5b can serve as proof of parental consent
- c. The Medicaid file needs to have written proof that the parent is agreeing to the services in the DLP. For instance, when was contact made and DLP reviewed? When was the DLP or Amended IEP agreed to? What communication method was used to discuss?
 - i. "On 4/7/20 Telephone between Jess Robinson (CM) and Jen LeBlanc (parent) – Jen LeBlanc gave verbal consent to DLP for {Student Name}". OR
 - ii. "on 4/6/20 CM Jess Robinson contacted parent Jen LeBlanc with a copy of the DLP for [student name] including changes to services. On 4/7/20 CM Jess Robinson had a Zoom call with parent Jen LeBlanc to review the DLP for [student name]. Jen LeBlanc gave her verbal consent for the DLP and services on 4/7/20 and a copy of the document was mailed to Jen's home address."
- d. The above examples would be considered adequate proof, but the AOE clarifies that SU's should also to do a quick screen shot of a text message, copy of an email, or get a parental digital signature when possible. If not, the LEA rep or case manager can include a 'written document' such as the example above with specific details about how they obtained the parental consent.

12. If the DLP template has a 'created' date, can that be used as proof of parental consent?

- a. No, the DLP template itself does not provide proof of parental consent for the Medicaid file for services listed within to be billable.

13. Can the Case Manager just add language to the DLP that the parent has given verbal permission or does the parental consent statement need to be in a separate document?

- a. For Medicaid billing purposes the statement of parental consent can be found within the DLP – with specific details as listed in Question #10 OR in a separate document.

The important part is that there is proof of parental consent in the Student Medicaid File – acknowledging that the parent or guardian consented to DLP services.

Telemedicine Questions

14. What is telemedicine?

- a. According to the VT Department of Health Access (DVHA) website, telemedicine is real-time, audio-video communication tools that connect providers and patients in different locations when possible¹.

15. What kind of real time audio-video communication tool/platform can we use to deliver eligible Special Education Services that we intend to bill to Medicaid?

- a. DVHA has temporarily waived the need for these tools to be HIPAA compliant, we strongly encourage you to use a free platform like Doxy.me (<https://doxy.me>). However, Skype or Zoom would also be an acceptable tool for real time audio-video communication.

16. In your guidelines you refer to both students and ‘patients’, what is the difference?

- a. For the purposes of the School-Based Health Services Program and Education Medicaid; Students and ‘Patients’ are the same thing. The SBHS program provides Medicaid reimbursement for medically necessary services and follows Medicaid rules. All Medicaid and Department for Vermont Health Access (DVHA) guidance will use the term ‘patients’ for any Medicaid beneficiary; if the AOE pulls information from DVHA guidance you will see ‘patients’ used – students and patients are the same.

17. Can you provide some examples of billable vs. non-billable Telemedicine communication platforms?

- a. Here is a list of known tools/platforms that provide real-time audio or real-time audio-video communication; these platforms could be used to provide direct service(s) to a student during COL. This is not a full list, please contact the Education Medicaid Unit Administrator if you have questions about a specific service delivery platform.

Direct Service - Billable	Non-Billable
Google Hangouts/Meets	Google Chats/classroom
Zoom	Text message
Skype	Facebook Messenger
Facetime	SeeSaw
Doxy	Distance Learning Packet work

Direct Service - Billable	Non-Billable
Theraplatform	Emails
Telephone	Student-Driven online programs with no provider direct instruction during use (Epic, Mathseeds, Prodigy, Kahn Academy, Schoology).

18. What if a student doesn't have internet access or a computer at their home?

- a. DVHA guidance has come out stating that "medically necessary, clinically appropriate" services can be delivered by telephone. If an eligible Special Education service is being provided directly to a student over the telephone, this service can be reimbursed. Please see the Billing section for specific information on how to submit a claim for services delivered by telephone.

Billable Services Questions

19. Will there be any changes to how we submit claims for Telemedicine Services to DXC?

- a. Yes, please do not bill any April Telemedicine services at this time. The AOE is working to provide specific instructions on changes to how claims are submitted in the DXC billing software. There will be changes to place of service (POS) and potentially a new modifier that will have to be used for telephone services. This is not confirmed at this time.

20. What is considered a billable Telemedicine direct service?

- a. Any real time audio (telephone) or real time audio-visual communication (Zoom, Skype) that a provider has direct interaction with the student. This means that the student is participating and interacting with the provider at the time services are given.
- b. Providers, case managers, and Medicaid Clerks can also use the AOE Telemedicine Eligibility Checklist to aid with determining if a service is billable under telemedicine.

21. Below are some examples of services that are being seen in Distance Learning Plans. Can you please clarify which of the services would be billable?

- a. If the below services are listed in a DLP along with service description, duration, frequency, group size, provider, and mode of delivery for each service; then the below table can be used:

Service	Billable?	Notes
Putting together a Distance Learning Student Packet	No	no direct services were provided
Phone Contact with Parent to review therapy strategies?	Yes, if	the student is also present participating with the parent/provider during the call
Making an instructional video for a student to post on See-Saw or Google Classroom?	No	no direct services were provided
Communication with Student on therapy activities via a post on Google Classroom or See-Saw?	No	no direct services were provided
Coordination with other service providers for a student's distance learning program?	Yes,	Case Management IF case management is written into the DLP
Behavioral Management Services through telephone or audio-video methods	Yes, if	written into the DLP and if the student is receiving the service directly from a provider
Social/Emotional Development services <i>to be billed as Personal Care</i> ; the student's full school day is only 2 hours. Or any other form of Personal Care.	No	<i>personal care is not billable</i> for the COL period (4/13/20-end of year)
Zoom session scheduled but the student does not log on or attend	No	no direct services were provided
Paraprofessional support for student requested by the teacher (para leading a Zoom instructional session).	Yes, if	the service is written into the DLP with the paraprofessional as the provider and the student receives direct service through the Zoom session.
If the parents have chosen to provide the service to their child, and the special educator has instructed the parents, can that be billed as a direct service?	No	parent time working a student is not billable to the SBHS program
Telephone communication directly with a student regarding Math as in the DLP	Yes	billable as written in the DLP
Parents working with student on paper instructional packet; professional provider has a Zoom meeting with parents and student 1x a week.	Yes, but	Only the time the provider spends checking in through Zoom with the parent and the student – as long as the student is present during the Zoom meeting.

Documentation Log Questions

22. What information is needed on a Documentation log for the virtual/remote service to be billable to Medicaid?

- a. The SBHS program uses a bundled or case rate system. This means that all documentation logs during COL (4/13/20-end of year) for services provided virtually or remotely must have the follow elements noted ON the log. Examples of each are provided.
 - i. Who attended or was present during direct services (provider, student, parent, paraprofessional)
 - ii. The method of communication (Zoom, Skype, Telephone, Google Meet)

iii. Location of the provider and student (home, in the school building)

23. Why do we have to note the location of the provider and student if all of Vermont is “Stay Home, Stay Safe”? Can’t we assume the locations will be “home” through the end of the school year?

a. Noting the location of the provider and student is a requirement for a telemedicine service to be billed. The expectation is that there could be a chance that providers may be allowed back into school buildings prior to the school year being over. This means that the provider could potentially be providing services from a location other than their home. Please make a note of the locations of both the provider and student on the documentation log.

24. What if for a billing period, a service was provided directly to a student over the telephone, Zoom, and Google Meet?

a. If multiple delivery methods were used to deliver real time audio or real time audio-video services throughout a billing period; *then a note must be made for WHICH days each of the delivery methods were used.*

i. For Example - Telephone: 4/21, 4/28, 5/1 AND Zoom 4/22 AND Google Meet 4/27 and 4/30.

b. If a single method of delivery was used for the entire billing period – only one note “All service through Zoom” is enough.

25. What if the SU does not get parental consent for DLP services? Or parents refuse services? Can we bill a Case Management only claim?

a. No, you cannot bill a case management only claim for a student who did not access direct academic services at the Supervisory Union or School District. For a case management only claim to be billed, there must be an IEP service being billed to Medicaid by another agency.

26. What if a student did not access or attend planned virtual real time direct service instruction sessions for a whole billing period? Can we bill a Case Management only claim?

a. No, you cannot bill a case management only claim for a student who did not access direct academic services at the Supervisory Union or School District. For a case management only claim to be billed, there must be an IEP service being billed to Medicaid by another agency.

Provider Digital Signature Questions

27. Guidance has been provided by the AOE that paraprofessionals can now digitally sign documentation logs. Can they sign any logs digitally for the FY19-20 school year? Like December/January and March logs?

a. No, paraprofessionals can only digitally sign documentation logs for April 2020 and forward. *Unless a system was in place for electronic signatures for paraprofessionals PRIOR to March 18th and the dismissal of schools due to COVID-19.*

b. This is a statewide program decision due to the large amount of service and program changes SU’s have been asked to make.

- c. All logs for FY20 Summer through March 2020 are expected to have an ink signature for paraprofessionals

28. Our SU does not want to give paraprofessionals access to sign documents digitally in DocuSped? What does the AOE recommend for a digital signature solution?

- a. The AOE does not recommend any solution. If your SU needs help to create and implement a process to get paraprofessional signatures please contact you Education Medicaid Specialist or the Education Medicaid Unit Administrator
- b. If your SU explores alternative options for getting digital signatures please read the School-Based Health Services Program manual sections regarding confidentiality, student data (p.22), and accessibility of information on documentation logs (p. 76-80)

29. Now that there are two electronic signature boxes on each log (provider and supervisor), which box should professionals check if they are both the provider and supervisor?

- a. Just like a hand-signed log. If the log header states that the provider is a professional (Special Educator) then that provider only needs to sign the provider line – the log would not need a supervisor signature.