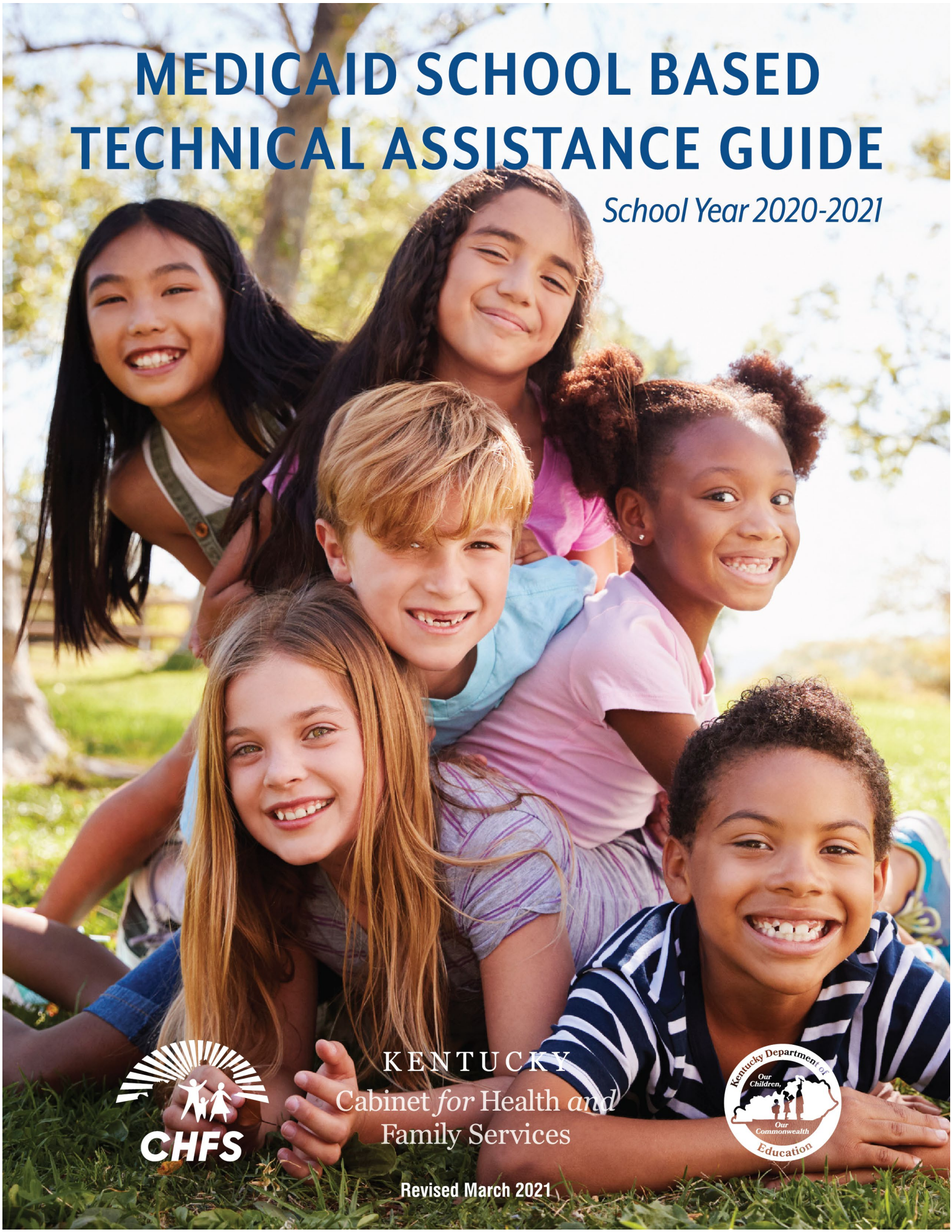
MEDICAID SCHOOL BASED TECHNICAL ASSISTANCE GUIDE

School Year 2020-2021



KENTUCKY
Cabinet *for* Health *and*
Family Services

CHFS

Kentucky Department of Education
Our Children, Our Commonwealth

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Introduction

Under the Medicaid school-based health services program, local education agencies in Kentucky are eligible to enroll as a Medicaid health service provider for all Medicaid eligible children including children who qualify under the Medicaid program ***and*** under the Individuals with Disabilities Education Improvement Act (IDEA). This manual explains the Medicaid school-based health services (SBHS) program, including "Expanded Access" Services for all Medicaid children and is intended to provide technical assistance for local education agencies participating, or wishing to participate, in the program.

Medicaid's Role in Funding School Health Services

The cost of school health services is covered by different funding streams. Federal, state and local sources of education funding cover most of the cost, while the Medicaid reimburses a smaller portion of the total healthcare costs.

Medicaid provides a significant amount of funding in almost every state for school health services, particularly for children with disabilities, although it's only a small proportion of Medicaid's overall expenditures (about 0.5 percent in FY 2016).

Since 1988, Medicaid has reimbursed states for certain medically necessary services provided in a school-based setting to children with an Individualized Education Program (IEP) and in other limited situations, providing billions of dollars of federal funding to support school health services.

States are not required to participate in Medicaid, nor are they automatically eligible to receive Medicaid payment for services provided in schools. But schools are required to provide the services listed in an IEP—whether or not Medicaid funding is available. Many states and school districts rely on federal Medicaid funding to offset the expenses of providing these medically necessary services and ease the pressure on the state education budget.

Medicaid is a federal-state partnership; states must pay a certain percentage of their state's overall Medicaid costs, known as the Federal Medicaid Assistance Percentage (FMAP). The FMAP varies from state to state, but the federal government reimburses, at a minimum, 50 percent of a state's spending on eligible services provided to Medicaid enrollees. This means states are responsible for up to 50 percent of the cost of care (otherwise known as the state's match). To raise their share of the match, states rely on many different funding sources, and most states require Local Education Agencies (LEAs) to draw from their district budget to contribute some or all of the non-federal share of school-based services.

The Centers for Medicare and Medicaid Services (CMS) reimburses states for a portion of the services that are billed, and each state passes some of the money back to schools and districts. The process for reimbursement is complicated and varies state-by-state, but one thing is clear: When a state increases the number of eligible services that are billed to Medicaid, the state gets back more money from CMS.

Not billing for otherwise eligible services that are already being provided in schools means leaving federal dollars unclaimed. When that happens, state taxpayers bear the entire cost of services. This makes Medicaid a very important source of funding for school health services—and for state health and education budgets overall.

The Role of State Medicaid Plans

Benefits and eligibility levels are outlined in each state's Medicaid state plan. This agreement between a state and the federal government describes how the state administers its Medicaid program and includes clear guidelines about *who gets covered*, *what services are covered* and *who the eligible providers are*.
In general, Medicaid will pay for covered physical and behavioral health services as long as they are medically necessary; follow local, state and federal rules; are covered by the state Medicaid program; and are delivered by a Medicaid-enrolled provider. Medicaid will also pay for certain activities that are directly related to enrollment, outreach and administration of the Medicaid program.

LEAs are not required to participate in school-based Medicaid, but those that do can seek reimbursement for eligible health services delivered to Medicaid-enrolled students, thereby recouping a portion of their spending.

Health services Medicaid covers in a school-based setting

All states are required to offer comprehensive physical and behavioral health services for children, including prevention and diagnostic services, but not all of those services are covered in a school-based setting. Services Medicaid will commonly reimburse for include in-school nursing services, physical therapy and counseling. In some states, all health services are eligible for reimbursement if they are deemed medically necessary and can be delivered by a qualified school-based provider.

Restrictions

Kentucky's state plan lists the types of providers eligible to bill for services delivered in school-based settings, as well as the scope of those services. Those providers, including both LEA and contract employees, include school nurses, counselors, school psychologists, speech-language pathologists, physical therapists and occupational therapists.

The state education department credentials providers who are employed or contracted by school districts and verifies certification/licensure requirements for school-based health providers. The credential is specific to the school setting and does not allow providers to serve students in other settings. Various state licensing boards determine requirements for providers who can treat people in community settings. The state education department may accept this type of license to provide school-based services.

The Centers for Medicare & Medicaid Services (CMS) stipulates that any provider seeking reimbursement from Medicaid be recognized as a qualified provider, as defined in the state Medicaid plan. Any provider—including those who work in a school-based setting— wishing to bill services to Medicaid must meet appropriate federal and state requirements.

SCHOOL-BASED MEDICAID AFFECTS INDIVIDUALS AND AGENCIES AT EVERY LEVEL:

- Students and families eligible to receive health services
- Teachers whose students may have health needs that interfere with their attendance and learning potential
- Superintendents who may be able to access much-needed, available funds to expand health services
- School district legal departments that must work out consent agreements and contracts
- School-based and community-based service providers
- Local public health departments and behavioral health centers that can help target services to meet student health needs
- Local and state healthcare systems and provider networks
- State public health agencies that allocate funding and resources
- State education departments, including multiple programs that work on student health

- State Medicaid agencies, including eligibility and benefit departments, as well as contracting, managed care, and other programs
- State legislatures and governors who manage state budgets
- This program is a joint effort between the Kentucky Department of Education and the Kentucky Department of Medicaid Services.

Background

In 1975, Congress amended the Education for the Handicapped Act with Public Law 94-142 to provide protections for parents and children and assist states and local education agencies with the excess cost of educating children with disabilities. Children with disabilities must be provided a free appropriate public education (FAPE) including the special education and any related services that are necessary for the children to benefit from special education. Some children require related services that may be medically necessary and reimbursable by Medicaid.

In 1988, Congress amended the Social Security Act to allow states and local education agencies to access Medicaid federal funds to assist in their efforts to educate children with disabilities (the Medicare Catastrophic Healthcare Act, Public Law 100-360). Title XIX of the Social Security Act (the Act) is a federal-state matching entitlement program (the Medicaid program) which provides medical assistance for *certain low-income individuals*. Federal and state governments jointly fund the Medicaid program with each individual state administering the program to assist in the provision of medical care to eligible recipients. States must operate their Medicaid programs within the parameters of federal Medicaid laws and regulations.

The state and the federal governments share funding for the Medicaid program, and the amount of total federal payment to states for Medicaid has no set limit. Federal Financial Participation (FFP), which is the federal government's share for states' Medicaid program expenditures and is claimed under two categories, (1) ***administration*** and (2) ***medical assistance payments***. The information in this guide applies to ***medical assistance payments*** (sometimes referred to as "*fee-for-service (FFS)*" or "*direct service*"). In Kentucky, the administrative claiming program in school districts operates as a separate program.

In 1994, the Kentucky General Assembly enacted legislation (KRS 605.115) allowing local education agencies to access Medicaid **medical assistance payments** funding if they agree to provide the ***matching state funds*** for the Medicaid covered services.

In 2019, Kentucky Medicaid submitted and received approval for a State Plan Amendment (SPA) to allow districts to bill for eligible services delivered to all Medicaid enrolled children. Commonly known as the Free Care Reversal rule, Kentucky's Expanded Access School Based Services Program, will address student medical and behavioral health needs by expanding access to services to address student health needs, improve care coordination between healthcare providers and school districts, and generate revenue for the schools.

Expanded Access Services

The History of the "Free Care" Rule

In 2014, the Centers for Medicare and Medicaid Services (CMS) issued a letter to state Medicaid directors clarifying which services Medicaid can reimburse in a school-based setting. This guidance allows school districts to expand their school-based Medicaid programs to cover more students and potentially bring in additional, sustainable federal funding for schools.

Known as the "free care" policy reversal, the letter clarified CMS policy prohibiting reimbursement for services provided to Medicaid-enrolled students if those services were provided free of charge to all students. There were some exceptions: Services could be submitted for Medicaid reimbursement if they were included in a student's Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP) or delivered through the Maternal and Child Health Block grant.

Schools can now seek reimbursement for covered services provided to all students enrolled in Medicaid if those services are available to all students at no cost—not just those with IEPs and IFSPs. The "goal of this new guidance is to facilitate and improve access to quality healthcare services and improve the health of communities."

Prior to August 1, 2019, Medicaid Covered Services were only reimbursable when provided pursuant to a student's Individualized Education Plan (IEP). Effective August 1, 2019, the program also reimburses for the provision of Medicaid Covered Services that meet Medicaid's definition of medical necessity and all other program requirements, *without* a care plan or the IEP requirement. Examples of these additional services include preventive services, mandated physical and behavioral health screenings, dental services, including fluoride varnish treatment, as well as all of the currently covered service types when medically necessary, ordered and provided by a Medicaid qualified practitioner acting within the scope of their clinical license and providing a service which requires the skill level and clinical expertise associated with that license.

***For the first year of "Expanded Access" services (ending June 30, 2020), claims will be reimbursed according to the rates on Medicaid's Physician Fee Schedule. There can be no duplication in 1905(a) services between IEP and Expanded Access Services. Practitioners who provide services to IEP students cannot bill for services provided to those Medicaid students without an IEP/IFSP. For example, Dr. Jones, Psychologist, is providing behavioral health services to a Medicaid student with an IEP, he would not be able to bill for services provided to a Medicaid student without an IEP/IFSP while in the school based setting.**

***Beginning July 1, 2020, the School Based Program will begin transitioning to a Cost-Based Program with an annual cost settlement effective in the fall of 2020. When practitioners and all "moments" (including Expanded Access) are included in the Random Moment Time Study (RMTS) and cost pool, the schools will be able to claim IEP/IFSP and Expanded Access Services for the same practitioner.**

District Information

District Benefits

These questions should help guide the district in making a decision to participate.

- How many Medicaid eligible children are in the district and/or are receiving special education and related services?
- How many children currently receive services that could be reimbursed under covered Medicaid school-based health services and what is the cost?
- How many parents of Medicaid eligible children will permit the district to access Medicaid coverage?
- What staff time demands will be required to implement the program?
- How will changes in state and local funding influence district expenditures?
- Does the distirct have services that it is already providing that could be eligible for Medicaid reimbursement?

District Participation Requirements

A school district must apply annually and be certified by the Kentucky Department of Education (KDE) to participate as a school-based health care provider. To be certified, a school district agrees to:

- Provide services to all Medicaid eligible children and services as required by IDEA as specified in an IEP developed by an admissions and release committee.
- Comply with the requirements for provision of services required by IDEA and Medicaid.
- Employ or contract with health care professionals who meet the specified qualifications.
- Develop and implement a quality assurance program approved by the KDE.
- Maintain records for a minimum of five (5) years plus any additional time required by law and submit to the KDE all required records and reports to ensure compliance with IDEA and the Medicaid School Based Health Services (SBHS) program.
- Maintain records on each Medicaid eligible student who receives services reimbursed by Medicaid. Service records must show the services performed for the child and the quantity or units of service; be signed and dated by the professional who provided or supervised the service; be legible with statements written in an objective manner; and indicate progress being made, any change in treatment and response to the treatment.
- Annually apply to the KDE for Medicaid recertification as a Medicaid SBHS provider.
- Submit the required SBHS Cost Report on or before April 1 each year, with the cost reconciliation and settlement processes completed no later than July 31. The cost reported is based on expenditures for the prior fiscal year (July 1 – June 30).
- Agree to an annual review by the KDE to ensure compliance with the standards for continued participation as a Medicaid provider and have an on-site survey completed by the KDE as necessary to determine compliance with the Medicaid SBHS program.
- Take actions specified by the KDE and/or the Kentucky Department for Medicaid Services (DMS) to correct a deficiency if found to be in non-compliance with the provision Medicaid.
- Quarterly certify expenditure of state or local funds to provide covered school-based health services to Medicaid eligible children as specified in 702 KAR 3:285.

Once the KDE determines that the school district meets criteria for enrollment in the Kentucky Medicaid Program as a provider of school-based health services, KDE notifies the DMS that a provider number shall be issued and/or activated by the school district.

District Medicaid Application Changes

An amendment to the application is to be submitted to Kentucky Department of Education (KDE) by the district within 15 days of a change in any of the information on file and approved by the KDE. The amendment shall be sent to the school-based Medicaid email address: https://schoolbasedmedicaid@education.ky.gov If an effective date is not included in the amendment request, the effective date will be the date the email was received.

Failure to submit amendments in a timely manner may result in claim denials. An amendment is needed when:

1. Practitioners are added or deleted from the approved practitioner list;
2. Practitioners change license or certification status;
3. The district needs to add or delete the services approved; or
4. Changes are necessary in the Quality Assurance Program.

A change in a practitioner's license, certification or registration may disqualify the practitioner from providing reimbursable Medicaid services. The district must maintain up-to-date information on current licensure, certification, or registration and immediately remove disqualified practitioners from the practitioner list. Medicaid reimbursement is available only for practitioners with specified qualifications. Medicaid reimbursement claims may be denied and recouped for services by practitioners who do not meet the qualifications and whom the district terminated as a provider.

School-Based Services Provider Type 21

907 KAR 1:715

Notice to Providers (LEAs):

- Provider must have an on-site inspection, upon request.

Information about the Program:

- Provider can only be an entity, not an individual.
- Provider must have a permanent physical location in Kentucky.
- Out-of-state providers may not enroll. Only Kentucky school districts.
- The Kentucky Department of Education must certify all School-Based Health Service applicants.

New Provider Application, Revalidation and Maintenance Information:

- All provider applications (new enrollment, revalidations, and maintenance items) are now completed using the KY Medicaid Partner Portal Application (KY MPPA website).

Supporting Documentation Required for New Provider Enrollment, Revalidation and Maintenance Tasks:

- Department of Education Certification letter (must be current and reflect the requested enrollment date)
- IRS letter of verification of FEIN or official IRS documentation stating FEIN.
- FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Code Verification.
- If the provider chooses to enroll in direct deposit, verification of the bank routing/accounting numbers, such as voided check or bank letter, is required.

KY Medicaid Partner Portal Application (KY MPPA):

Link to Enroll as a Kentucky Medicaid Provider:
https://medicaidsystems.ky.gov/Partnerportal/home.aspx and click Let's Get Started

Link to the Kentucky Medicaid Partner Portal Application (KY MPPA):
https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx

Where providers can:

- Register for a KY MPPA account
- Access KY MPPA training resources
- Register for or view pre-recorded webinars
- Subscribe to CHFS email for updates
- And so much more

Eligible Kentucky Medicaid Members

- Reimbursement is only available if provided to Kentucky Medicaid-enrolled members between three and 21 years of age who are eligible for federal reimbursement for non-emergency services.

- The parent/legal guardian gives consent to release records for Medicaid billing.

- Eligibility and benefit information is available to providers via the following:
    - Voice Response Eligibility Verification (VREV) available 24 hours/7 days a week at 1-800-807-1301;
    - Access KYHealth Net at **https://public.kymmis.com**;

Expanded Access Billing Requirements

Adequate documentation to substantiate the provision of services payable under Kentucky Medicaid is required. All providers must keep such records, including medical records, Direct Services records and Administrative Activities records as are necessary to disclose fully the extent and medical necessity of services provided to, or prescribed for, children under school based Medicaid, Including, but not limited to, the records described in 42 CFR §431.107. All records, including but not limited to, those containing signatures of medical professionals authorizing services must be legible and comply with generally accepted standards for recordkeeping within the applicable provider type as they may be found in laws, rules, and regulations of the relevant board of registration, professional treatises, and guidelines and other information published, adopted, or promulgated by state or national professional organizations and societies. The following data elements are required:

- **School District Name/Provider Number**
- **Student Name (complete legal name)**
- **Date of Birth**
- **Student Medicaid Number**
- **Date service is provided to the student**
- **Activity/Procedure Note- A written description of the service provided to the student and must document the extent and duration of the medical service provided**
- **Document Group or Individual Service, including group size**
- **Service Time- Quantity of service delivered to a child, recorded as an amount of time**
- **Original Ink Signature or Electronic Signature**

Billing Submission

LEAs are expected to submit bills consistent with the rules specified below:

- Claims must be submitted in electronic format in accordance with Health Insurance Portability and Accountability Act (HIPAA) guidelines using the CMS 1500 claim format or through third party contracted Vendor Direct Data Entry.
- Interim claims must be submitted within 12 months of the date of service and must include the appropriate Procedure Code and a clinically appropriate ICD-10 Diagnosis code.
- Claims must be received by Medicaid "no later than twelve (12) months from the date of service." 42 CFR 447.45(d)(1). Received is defined in 42 CFR 447.45(d)(5) as "the date the agency receives the claim, as indicated by its date stamp on the claim."
- All claims are subject to audit. LEAs are responsible for ensuring the appropriate documentation can be produced in the event of an audit or other request by Kentucky Medicaid or other state or federal compliance agency.

Expanded Access Provider Descriptions-Qualifications-Modifiers

School-based health services (SBHS) are reimbursable by Medicaid if provided by specific practitioners acting within their scope of practice as define by state law. The approved titles and credentialing requirements are contained in this chart.

DESCRIPTION	CREDINTIALS
Clinical Psychologist	Current license from the KY Board of Examiners of Psychology in accordance with KRS Chapter 319
MD/OD /Dentist	Doctoral level Per Practice Guidelines
Licensed Professional Clinical Counselor (LPCC)	**MASTERS LEVEL**-Current license from the KY Board of License Professional Counselor (KRS Chapter 335)
Licensed Professional Clinical Associate (LPCA)	**Working on MASTERS LEVEL/Student of LPCC, under the supervision of LPCC**
Licensed Psychological Practitioner (LPP)	**MASTERS LEVEL/**No supervision, Current license to practice by the KY Board of Examiners of Psychology (KRS Chapter 319)
Licensed Psychologist	**DOCTORAL LEVEL**/Current license to practice by the KY Board of Examiners of Psychology (KRS Chapter 319)
Certified Psychologist with Autonomous functioning	**MASTERS LEVEL**/Current license to practice by the KY Board of Examiners of Psychology (KRS Chapter 319)
Certified Psychologist	**MASTERS LEVEL**/Current license to practice by the KY Board of Examiners of Psychology (KRS Chapter 319)
School Psychologist	**MASTERS LEVEL-**Current school psychologist certification, only performing services in a school setting. Provider must meet the requirements of 16 KAR 2:090
Licensed Psychological Associate	**MASTERS LEVEL** Under supervision of PHD Psychologist in same building/Current license to practice by the KY Board of Examiners of Psychology (KRS Chapter 319)
Board Certified Behavior Analyst	**MASTERS LEVEL**/Current license from the Kentucky Applied Behavior Licensing Board (KRS Chapter 319C)
Board Certified Assistant Behavior Analyst	Current license from the Kentucky Applied Behavior Licensing Board as an assistant and under the supervision of BCBA (KRS Chapter 319C)
Licensed Clinical Social Worker (LCSW)	**MASTERS LEVEL**/Current license from the KY Board of Social Work (KAR 201 Chapter 23)
Certified Social Worker (CSW)	**MASTERS** Current license as a social worker by the Kentucky Board of Social Work (KAR 201 Chapter 23) and under the supervision of a LCSW Authorized by KRS 335.010 to 335.160 and 335.990.
Psychometrist	Refer to the Board of Examiners of Psychology KRS 319.
Speech-Language Pathologist	Speech Therapy services will only be performed by individuals meeting applicable requirements of 42 CFR 440.110, including the possession of a current Certificate of Clinical Competence from the American Speech Hearing Association (ASHA).
Occupational Therapist	Current license from KY Occupational Therapy Board (KAR 201 Chapter 28)

Occupational Therapy Assistant	Current license from the KY Occupational Therapy Board and under the supervision of a licensed Occupational Therapist (KAR 201 Chapter 28)
Occupational Therapist Aide	Under the direct supervision of the KY licensed Occupational Therapist (KRS 319A. 010 (5))
Physical Therapist	Current license from the KY Board of Physical Therapy or a temporary permit issued by the KY Board of Physical Therapy (KAR 201 Chapter 22)
Physical Therapist Assistant	Current license from the KY Board of Physical Therapy and under supervision of a licensed Physical Therapist (KAR 201 Chapter 22)
Physical Therapist Aide	Under the direct on-site supervision of the KY licensed Physical Therapist or Physical Therapy Assistant (201 KAR 22:053, Section 5.)
Physical Therapy Student (Intern)	Student of Physical Therapy under the supervision of a KY licensed Physical Therapist (KAR 201 Chapter 22)
Intern	Per Practice Guidelines
Advanced Registered Nurse Practitioner (ARNP)	Current license from the Kentucky (KY) Board of Nursing (201 KAR 20:057)
Registered Nurse	Current license from the KY Board of Nursing (201 KAR 20:057)
Licensed Practical Nurse	Current license from the KY Board of Nursing under appropriate supervision and delegation (201 KAR 20)
Health Aide	Under the supervision of and with training by a KY licensed ARNP or RN and being monitored by the supervising nurse in provision of the delegated and supervised nursing services (201 KAR 20:400)
Audiologist	Current license from KY Board of Speech Language Pathology and Audiology (201 KAR 17:012)
Interpreter	Effective July 1, 2003, interpreters must be licensed by the KY Board of Interpreters for the Hearing Impaired as required by KRS 309.300 to 309.319
Orientation and Mobility	Current certification by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) or the National Blindness Professional Certification Board (NBPCB)
Licensed Professional Art Therapist LPAT	**MASTERS LEVEL**-Current license from the KY Board of License Professional Art Therapists (KRS Chapter 335)
Licensed Professional Art Therapist Associate- LPATA	**MASTERS LEVEL**-Current license from the KY Board of License Professional Art Therapists (KRS Chapter 335
Marriage and Family Counselor	**MASTERS LEVEL**-Current license from the KY Board of License Professional Counselor (KRS Chapter 335)
Licensed Clinical Alcohol and Drug Counselor (LCADC)	**MASTERS LEVEL**-Current license from the KY Board of License Professional Counselor (KRS Chapter 335)

Licensed Clinical Alcohol and Drug Counselor Associate (LCADCA)	**MASTERS LEVEL**-Current license from the KY Board of License Professional Counselor (KRS Chapter 335) under supervision

EXPANDED ACCESS CODES USE "FREECARE99" FOR PA

CPT	DESCRIPTION
	BEHAVIORAL HEALTH
90785	INTERACTIVE COMPLEXITY
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MED SERV
90832	PSYCHOTHERAPY, 30 MINUTES WITH PT AND/OR FAM MEM
90833	PSYCHOTHERAPY, 30 MIN WITH PT AND/OR FAM MEM W/E&M
90834	PSYCHOTHERAPY, 45 MIN WITH PAT AND/OR FAMILY MEMBER
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service *Use in conjunction with allowable E&M codes [99203-99205, 99213-99215]*
90837	PSYCHOTHERAPY, 60 MIN WITH PATIENT AND/OR FAMILY
90838	PSYCHOTHERAPY, 60 MIN WITH PAT AND/OR FAM MEM W/E&M
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MIN
90840	EACH ADDITIONAL 30 MIN
90846	FAMILY PSYCHOTHERAPY W/O PATIENT
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)
90887	COLLATERAL THERAPY/CONSULTATION WITH FAMILY/EXPLANATION OF PSYCHIATRIC, MEDICAL EXAMS, PROCEDURES AND DATA TO OTHER THAN PATIENT
96110	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, E
96127	BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient and family member(s) or caregiver(s), when performed; first hour
96131	Each additional hour *Use in conjunction with 96130*
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
96133	Each additional hour *Use in conjunction with 96132*
96136	Psychological or Neuropsychological testing administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
96137	Each additional 30 minutes *96136, 96137 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days*
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
96139	Each additional 30 minutes *96138, 96139 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days*
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only
97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the practitioner's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing finding and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
97152	Behavior identification supporting assessment

97153	Adaptive behavior treatment by protocol
97154	Group adaptive behavior treatment by protocol
97155	Adaptive behavior treatment with protocol modification
97156	Family adaptive behavior treatment guidance
97157	Multiple-family group adaptive behavior treatment guidance
97158	Group adaptive behavior treatment with protocol modification
99406	Smoking & Tobacco Use Cessation counseling visit; Intermediate, greater than 3 and up to 10 minutes.
99407	Smoking & Tobacco Use Cessation counseling visit; Intensive, greater than 10 minutes.
99408	ALCOHOL AND/OR SUBSTANCE ABUSE SCREENING AND INTERVENTION, 15-30 MINUTES
99409	Screening, Brief Intervention, & Referral to Treatment (SBIRT)
99457	REM PHYSIOL MNTR 1ST 20 MIN
99458	REM PHYSIOL MNTR EA ADDL 20 MIN
99473	SELF-MEAS BP PT EDUCAJ/TRAIN
H0001	ALCOHOL AND/OR DRUG ASSESS
H0002	ALCOHOL AND/OR DRUG SCREENIN
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior)
H0031	Mental health assessment by non- physician
H0032	MH SVC PLAN DEV BY NON-MD
H0038	SELF-HELP/PEER SVC PER 15MIN
H0049	Alcohol and/or Drug Screening, & Brief Intervention, less than 15 minutes
H2011	CRISIS INTERVEN SVC, 15 MIN
H2012	BEHAV HLTH DAY TREAT, PER HR
H2015	COMP COMM SUPP SVC, 15 MIN
H2019	Therapeutic Behavioral Health services, per 15 minutes
H2021	COM WRAP-AROUND SV, 15 MIN
H2027	Psychoeducational Service, per 15 minutes
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (AD
S9480	INTENSIVE OUTPATIENT PSYCHIA
S9484	CRISIS INTERVENTION PER HOUR
T1007	TREATMENT PLAN DEVELOPMENT Alcohol and/or Substance Abuse Services Treatment Plan Development and/or modification.
	DENTAL
D1110	PROPHYLAXIS-14 AND OVER
D1120	PROPHYLAXIS-13 AND UNDER
D1206	FLUORIDE VARNISH
D1208	TOPICAL APLICATION OF FLUORIDE (LIMITED TO TWO PER YEAR)
D1351	SEALANT-PER TOOTH (AGES 5-20)
	INTERPRETIVE
T1013	SIGN LANG/ORAL INTERPRETER
	LABWORK/TEST
71045	X-RAY EXAM CHEST 1 VIEW
80061	LIPID PANEL
81002	URINALYSIS NONAUTO W/O SCOPE
81025	URINE PREGNANCY TEST
82274	ASSAY TEST FOR BLOOD FECAL
82947	ASSAY GLUCOSE BLOOD QUANT

82948	REAGENT STRIP/BLOOD GLUCOSE
82962	GLUCOSE BLOOD TEST
85018	HEMOGLOBIN
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL
87491	CHYLMD TRACH DNA AMP PROBE
87591	N.GONORRHOEAE DNA AMP PROB
87804	INFLUENZA ASSAY W/OPTIC
87880	STREP A ASSAY W/OPTIC
	MEDICAL
99421	OL DIG E/M SVC 5-10 MIN
99422	OL DIG E/M SVC 11-20 MIN
99423	OL DIG E/M SVC 21 + MIN
99382	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION AGE 1-4
99383	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 5 - 11
99384	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 12-17
99385	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION AGE 18-39
99392	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 1-4
99393	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 5-11
99394	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 12-17
99395	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 18-39
99201	OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 10 MINUTES
99202	OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 20 MINUTES
99203	OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 30 MINUTES
99204	OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 45 MINUTES
99205	Office or other outpatient visit for the evaluation and management of a new patient, moderate to high severity *(Requiring these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity)*
99211	OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 5 MINUTES
99212	OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 10 MINUTES
99213	OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 15 MINUTES
99214	OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 25 MINUTES
99215	OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 40 MINUTES
99354	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE FIRST HOUR
99355	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE EACH 30 MINUTES BEYOND FIRST HOUR
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL
J0696	INJ, CEFTRIAXONE SODIUM, PER 250 MG
	NURSING SERVICES
T1002	RN SERVICES UP TO 15 MINUTES
T1003	LPN/LVN SERVICES UP TO 15MIN
T1004	NSG AIDE SERVICE UP TO 15MIN
	THERAPY
96372	THER/PROPH/DIAG INJ, SC/IM
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCUL
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMP

97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)
97161	PT EVAL LOW COMPLEX 20 MIN
97162	PT EVAL MOD COMPLEX 30 MIN
97163	PT EVAL HIGH COMPLEX 45 MIN
97165	OT EVAL LOW COMPLEX 30 MIN
97166	OT EVAL MOD COMPLEX 45 MIN
97167	OT EVAL HIGH COMPLEX 60 MIN
97168	OT RE-EVAL EST PLAN CARE
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PRO
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMO
	SPEECH-LANGUAGE-AUDIOLOGY
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY
92521	EVALUATION OF SPEECH FLUENCY
92522	EVALUATE SPEECH PRODUCTION
92523	SPEECH SOUND LANG COMPREHEN
92524	BEHAVRAL QUALIT ANALYS VOICE
92551	SCREENING TEST, PURE TONE, AIR ONLY
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY
	VACCINES
90460	IM ADMIN 1ST/ONLY COMPONENT
90461	IM ADMIN EACH ADDL COMPONENT
90471	IMMUNIZATION ADMIN
90472	IMMUNIZATION ADMIN EACH ADD
90473	IMMUNE ADMIN ORAL/NASAL
90474	IMMUNE ADMIN ORAL/NASAL ADDL
90620	MENB PR W/OMV VACCINE
90621	MENB RLP VACCINE
90630	VACCINE FOR INFLUENZA FOR INJECTION INTO SKIN
90632	HEP A VACCINE ADULT IM
90633	HEP A VACC PED/ADOL DOSAGE-2 DOSE
90634	HEP A VACC PED/ADOL 3 DOSE
90636	HEP A/HEP B VACC ADULT IM
90644	MENINGOCCL HIB VAC 4 DOSE IM
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDU
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE
90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT
90650	VACCINE FOR HUMAN PAPILLOMA VIRUS (3 DOSE SCHEDULE) INJECTION INTO MUSCLE
90651	VACCINE FOR HUMAN PAPILLOMA VIRUS (3 DOSE SCHEDULE) INJECTION INTO MUSCLE
90653	FLU VACCINE, ADJUVANTED IM, 65 AND OLDER ONLY
90654	FLU VACCINE NO PRESERV ID
90655	FLU VAC NO PRSV 3 VAL 6-35 M
90656	FLU VACCINE NO PRESERV 3 & >
90657	FLU VACCINE, 3 YRS, IM
90658	FLU VACCINE 3 YRS & > IM
90660	FLU VACCINE, NASAL
90661	FLU VACC CELL CULT PRSV FREE
90662	FLU VACC PRSV FREE INC ANTIG

90670	PNEUMOCOCCAL VACC 13 VAL IM
90672	FLU VACCINE 4 VALENT NASAL
90673	FLU VACC RIV3 NO PRESERV
90674	CCIIV4 VAC NO PRSV 0.5 ML IM
90680	ROTOVIRUS VACC 3 DOSE ORAL
90681	ROTAVIRUS VACC 2 DOSE ORAL
90682	RIV4 VACC RECOMBINANT DNA IM
90685	FLU VAC NO PRSV 4 VAL 6-35 M
90686	FLU VAC NO PRSV 4 VAL 3 YRS+
90687	FLU VACC 4 6-35 MONTHS IM
90688	FLU VACC 4 VAL 3 YRS PLUS IM
90689	VACC IIV4 NO PRSRV 0.25ML IM
90696	DTAP-IPV VACC 4-6 YR IM
90697	VACCINE DTaP-IPV-Hib-HepB FOR INTRAMUSCULAR USE
90698	DTAP-HIB-IP VACCINE, IM
90700	DTAP VACCINE, < 7 YRS, IM
90702	DT VACCINE < 7 YRS IM
90707	MMR VACCINE, SC
90710	MMRV VACCINE, SC
90713	POLIOVIRUS, IPV, SC/IM
90714	TD VACCINE NO PRSRV 7/> IM
90715	TDAP VACCINE 7 YRS/> IM
90716	CHICKEN POX VACCINE SC
90723	DTAP-HEP B-IPV VACCINE, IM
90732	PNEUMOCOCCAL VACCINE 23 VAL IM
90733	MENINGOCOCCAL VACCINE, SC
90734	MENINGOCOCCAL VACCINE IM
90736	ZOSTER VACC, SC
90739	HEPB VACC 2 DOSE ADULT IM
90740	HEPB VACC ILL PAT 3 DOSE IM
90743	HEP B VACC, ADOL, 2 DOSE, IM
90744	HEP B VACC PED/ADOL 3 DOSE IM
90746	HEP B VACC ADULT 3 DOSE IM
90747	HEP B VACC ILL PAT 4 DOSE IM
90748	HEP B/HIB VACCINE IM
90750	HZV VACC RECOMBINANT IM NJX
90756	CCIIV4 VACC ABX IM

*VACCINES CODES (90620-90756) REQUIRE THE USE OF AN “SL” MODIFER IF VACCINE IS FROM THE VACCINE FOR CHILDREN’S (VFC) PROGRAM. PLEASE REFER TO **GAINWELL TECHNOLOGIES** FOR FURTHER PROVIDER BILLING INSTRUCTIONS:

Individualized Education Program (IEP) Services Summary

Plan of Care

The IEP becomes the Plan of Care for the provision of Medicaid-covered services and the student's IEP governs the health services provided to the student in the educational setting. The Admissions and Release Committee (ARC) develops an IEP consistent with requirements of the IDEA and state regulations in 707 KAR Chapter 1. The IEP and accompanying documents (i.e., evaluation reports, ARC meeting records, tests, physician reports, and other documents) support the inclusion of a health service in the IEP and document the medical necessity of the service. The IEP must contain sufficient information to determine the type of services provided and the location, amount, anticipated frequency and duration of services.

The IDEA provides some federal financial assistance to states and local school districts for special education and related services provided to children through a child's IEP. For those children identified and determined to be disabled, in accordance with the requirements of the IDEA, an IEP must be developed by a team of individuals as defined in state and federal regulations. The IEP is statutorily defined and requires specific elements.

Not all of the special education and related services required by the IDEA and included in a child's IEP are within the scope of the Medicaid program. Only those ***medically necessary*** IDEA services that are described in the federal definition of "medical assistance" can be covered as Medicaid services when furnished by qualified participating Medicaid providers.

In Kentucky, the following services are covered if provided to address a medical or developmental disability and assist the eligible student in benefiting from special education programming if it is included and provided in accordance with the child's IEP:

a) Nursing;
b) Audiology;
c) Speech and language;
d) Occupational therapy;
e) Physical therapy;
f) Behavioral health;
g) Incidental interpreter services provided in conjunction with another covered service;
h) Orientation and mobility services;
i) Respiratory therapy
j) Assistive technology devices and appropriate related evaluations; if the device is purchased by the Medicaid Program, the device becomes the property of the recipient to be used at school and at home
k) Transportation with limitations.

Medicaid covers services included in an IEP under the following conditions:

- The services are medically necessary and included in a Medicaid covered category (speech therapy, physical therapy, etc.,);
- All other federal and state Medicaid regulations are followed, including those for provider qualifications, comparability of services and the amount, duration and scope provisions; and
  - The services are included in the state's plan or available under Early & Periodic Screening, Diagnostic and Testing.

Some of the IDEA required services are specifically excluded from Medicaid reimbursement.
For example, Child Find is excluded from Medicaid reimbursement. Part B of the IDEA provides for the identification, location, and evaluation of children with disabilities within the state, and mandates that a "practical" method be developed and implemented to determine which children with disabilities should be provided services. A state is only eligible for funding under IDEA if the state demonstrates that it meets certain conditions, including conducting "child find" activities, as defined in the IDEA. These "child find" activities are undertaken to identify children in need of special education and related services. Medicaid is not responsible for covering or paying for "child find" or other activities that fulfill education mandates. Other services not covered by Medicaid reimbursement include:

- Any services not listed under covered services
- Solely educational or academic assessment
- Education-based costs normally incurred to operate a school and provide an education
- Routine group speech or language screenings
- Services provided to the school district by an educational cooperative during the normal course of business without charge to the district
- Time spent on documenting clinical service notes, treatment plans, or summaries on progress
- Information furnished to the district (i.e., the provider) by the recipient over the phone
- Cancelled visits or missed appointments or services
- Concurrent services for the same child involving similar services or procedures
- Transportation of therapist to or from the site of therapy with the exception of contract therapists.

2. Medical care not addressed in the child's IEP. However, medical care not addressed in the child's IEP **may be covered under the Expanded Access Program**

IEP Interim Billing Requirements:

LEAs must comply with the following interim billing requirements:

- Interim claims must be submitted for all services for which LEAs seek reimbursement.
- This means that every time a Medicaid qualified practitioner provides a Medicaid Reimbursable Service to a Kentucky Medicaid enrolled student, an interim claim must be submitted.
- Only claims submitted with billable procedure codes provided to eligible enrolled members will pass through MMIS. All submitted claims should meet the definition of Reimbursable Services above.

Interim Billing Submission

- LEAs are expected to submit interim bills consistent with the rules specified below:
- Claims must be submitted in electronic format in accordance with Health Insurance Portability and Accountability Act (HIPAA) guidelines using the CMS 1500 claim format or through third party contracted Vendor Direct Data Entry.
- Interim claims must include the appropriate Procedure Code. and a clinically appropriate ICD-10 Diagnosis code.
- Claims must be received by Medicaid "no later than twelve (12) months from the date of service." 42 CFR 447.45(d)(1). Received is defined in 42 CFR 447.45(d)(5) as "the date the agency receives the claim, as indicated by its date stamp on the claim."
- All claims are subject to audit. LEAs are responsible for ensuring the appropriate documentation can be produced in the event of an audit or other request by Kentucky Medicaid or other state or federal compliance agency.

Further discussion of school based medical services can be found in a guidance document issued by Centers for Medicare and Medicaid Services (formally the HCFA) entitled, "Medicaid and School Health: A Technical Assistance Guide," August 1997.https://www.dhhs.nh.gov/ombp/medicaid/mts/documents/schoolbaseduserguide.pdf

IEP Procedure Description

BEHAVIORIAL HEALTH SERVICES

CODE	IEP PROCEDURE DESCRIPTION
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION CODE
90832	PSYCHOTHERAPY WITH PATIENT WITH AND OR FAMILY 30 MINUTES
90834	PSYCHOTHERAPY WITH PATIENT WITH AND OR FAMILY 45 MINUTES
90837	PSYCHOTHERAPY WITH PATIENT WITH AND OR FAMILY 60 MINUTES
90853	**GROUP** PSYCHOTHERAPY
96153	**GROUP**/BEHAVIORAL HEALTH THERAPY

BCBA/BCABA SERVICES

CODE	IEP PROCEDURE DESCRIPTION
97151	**Individual** Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time **face-to-face/via Telehealth with patient and/or guardian(s)/caregiver(s)** administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.
97152	**Individual** Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, **face-to-face/via Telehealth, with the patient**, each 15 minutes.
97153	**Individual** Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, **face-to-face/via Telehealth, with one patient**, each 15 minutes.
97154	**Group** adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, **face-to-face/via Telehealth, with two or more patients**, each 15 minutes.
97155	**Individual** Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, **face-to-face/via Telehealth, with one patient**, each 15 minutes.
97156	**Individual** Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), **face-to-face/via Telehealth, with guardian(s)/caregiver(s**), each 15 minutes
97157	**Multiple-family group** adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present),**face-to-face/via Telehealth, with multiple sets of guardians/caregivers**, each 15 minutes.
97158	**Group** adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face/via Telehealth, with **multiple patients**, each 15 minutes.

OCCUPATIONAL THERAPY

CODE	IEP PROCEDURE DESCRIPTION
97165	OT EVAL; LOW COMPLEXITY; 30 MINUTES
97166	OT EVAL; MEDIUM COMPLEXITY; 45 MINUTES
97167	OT EVAL; HIGH COMPLEXITY; 60 MINUTES
97110	OT-**INDIVIDUAL** WHEN ONE OUTCOME IS INTENDED BY THE EXERCISE-15 MINUTES
97150	OCCUPATIONAL THERAPY – **GROUP** 15 MINUTES
97530	OT-**INDIVIDUAL** WHEN MORE THAN ONE OUTCOME IS EXPECTED- 15 MINUTES

PHYSICAL THERAPY

CODE	IEP PROCEDURE DESCRIPTION
97161	PT EVAL; LOW COMPLEXITY 20 MINUTES
97162	PT EVAL; MEDIUM COMPLEXITY 30 MINUTES
97163	PT EVAL; HIGH COMPLEXITY 45 MINUTES
97110	PT-**INDIVIDUAL** WHEN ONE OUTCOME IS INTENDED BY THE EXERCISE-15 MINUTES
97150	PHYSICAL THERAPY - GROUP 15 MINUTES
97530	PT-**INDIVIDUAL** WHEN MORE THAN ONE OUTCOME IS EXPECTED-15 MINUTES

SPEECH THERAPY

CODE	IEP PROCEDURE DESCRIPTION
92521	EVALUATION - SPEECH THERAPY
92522	EVALUATION - SPEECH SOUND PRODUCTIONS
92523	EVALUATION - SPEECH SOUND PRODUCTION/LANGUAGE COMPREHS
92507	SPEECH THERAPY - **INDIVIDUA**L
92508	SPEECH THERAPY - GROUP
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE
92551	AIR TONE CONDUCTION HEARING ASSESSMENT SCREENING

NURSING SERVICES

CODE	IEP PROCEDURE DESCRIPTION
T1002	RN SERVICES UP TO 15 MINUTES
T1003	LPN/LVN SERVICES UP TO 15 MINUTES
T1004	NURSING AIDE UP TO 15 MINUTES

CODE	IEP PROCEDURE DESCRIPTION
97533	**ORIENTATION AND MOBILITY**
A0160	**TRANSPORTATION**
E1399	**ASSISTIVE TECHNOLOGY**
T1013	**INTERPRETER**

Institutionalized Children

If your school district provides services (Nursing, Speech Language, Occupational Therapy, Physical Therapy, Behavioral Health, Incidental Interpreter, Audiology, Respiratory Therapy, Assistive Technology Devices, Orientation & Mobility, or Transportation) to institutionalized children, please be sure to contact the Kentucky Department for Medicaid Services (DMS) to determine how payment is being made. Some institutions are paid an all-inclusive rate for the children in their care, and are not eligible to bill Medicaid for the services provided by the district to these children.

Monitoring Compliance for Expanded Access and IEP Services

In accordance with an interagency agreement between the Cabinet for Health and Family Services, the Kentucky Department for Medicaid Services (DMS) and the Kentucky Department of Education (KDE), the KDE conducts program monitoring. The DMS conducts periodic quality assurance, utilization reviews or other audit procedures required by state or administration of the Medicaid program.

Upon informed consent of the parent, the district provides records and other pertinent information, to the DMS, Center for Medicare and Medicaid Services (CMS), Health Human Services (HHS), Office of the Inspector General (OIG) or any agency commissioned to audit the program. Records are to be provided upon request and at no cost to the requesting party. As requested, each practitioner provides records or copies of records relating to and substantiating services billed by the practitioner. These records are provided without charge.

The KDE conducts site visits as part of an established monitoring protocol and issues a monitoring report to the district. The focus of the monitoring of each LEA includes:

- Medicaid related criteria (as stated in KDE monitoring documents);
- Review of records of Medicaid eligible students; and
- Addressing areas or noncompliance in the Corrective Action Plans (CAPs) submitted by LEAs.

The following records are reviewed during the site visit:

- Personnel files of the service providers (staff and other practitioners) including copies of licensure, certifications, employment contracts, and in-service (professional development) participation.
- Educational records of Medicaid eligible students receiving school-based health services.
- Financial records regarding the Medicaid program.
- A list of Medicaid covered school-based health services the LEA provides.
- The Quality Assurance Plan with verification of implementation within one (1) year of outline approval.
- Records of Peer Review Committee meetings.

Parental Consent for IEP and Expanded Access Services

In addition to documenting medical necessity, it is important to have a process to obtain parental consent. Parental consent (or student consent, if the student is age 18 or older) not only confers permission to provide diagnostic and treatment services within the school, but it is also required to bill the student's health insurance plan (including Medicaid) for the services provided. Parental consent in NOT retroactive, LEA's shall only bill for services that occurred after the date of signed parental consent.

Parental consent also facilitates the sharing of information between healthcare providers and education agencies under state and federal privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and the Kentucky Family Educational Rights and Privacy Act at KRS 160.700 et. seq

- LEAs may use the below consent form at IEP or other health plan meetings. During the meeting, the LEA can ask if parents/guardians are willing to complete the form naming all children in the family.
- LEAs may include the new consent form with other required information sent home with students pursuant to Title I, information about free and/or reduced lunch applications or other similar communication.
- LEAs may include the form in annual "back to school" packets.

Parental permission for a "Release of Information" is a onetime event.
If the parent denies access and later allows access, a new consent to release information is required. The parent must be given annual written notice by the school district of the district's intent to bill all medically necessary services for all Medicaid children and services in their child's IEP. Parental consent is obtained per district and is valid as long as the student is continuously enrolled in that district, or until consent is revoked by the parent. Once the student is unenrolled, parental consent is end dated.

Does A District Have To Ask Every Parent Of IDEA Eligible Students In The District Permission To Allow Medicaid Billing?

Parent permission (i.e., consent) is needed to confer permission to provide diagnostic and treatment services within the school and allows student information to be submitted to the Department of Medicaid Services (DMS) in a claim for reimbursement pursuant to the requirements of the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and the Kentucky Family Educational Rights and Privacy Act at KRS 160.700 et. seq. In addition, parental consent is required to bill the student's health insurance plan (including Medicaid) for the services provided. Parental consent in NOT retroactive, LEA's shall only bill for services that occurred after the date of signed parental consent.

The district can be selective in their notification, but they cannot submit claims for reimbursement for students whose parents were not notified. Also, the parent must have a way to deny district access to Medicaid reimbursement. The parent may refuse to allow the district access to Medicaid at any time. However, all IEP services must still be provided as specified by the admissions and release committee (ARC).

IEP AND Expanded Access PARENTAL CONSENT LETTER
Kentucky Parental Notice for One Time Consent to Allow the School District to Access Kentucky Medicaid Benefits

School District Name: **[Insert School District Name]**
School/District Contact: **[Insert name and contact information]**

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission to release information needed to recover costs from Medicaid for eligible school-based services. Local education agencies in Kentucky have been approved to receive partial reimbursement from Kentucky's Department for Medicaid Services (DMS) for the costs of certain health-related services provided by the district to your child (or children).

With your permission, the school district will be able to seek partial reimbursement for medically necessary services to Medicaid recipients in accordance with an Individualized Education Program (IEP), an Individual Family Service Plan (IFSP), or are otherwise medically necessary.

The school district will need to share the following types of information about your child: name, date of birth, gender, social security number, IEP, Service records and any relevant information. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share information about your child without your permission. When you give permission, please be advised of the following:

1. This will allow the release of information, for the sole purpose of billing Medicaid services or auditing, to the following agencies: DMS, Kentucky Department of Education (KDE), Kentucky Department for Public Health, Centers for Medicare and Medicaid Services (CMS), any agency commissioned to audit this program and contractual third-party billing agents.

2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services.

3. This will not affect your child's available lifetime coverage or other Medicaid benefit; nor will it in any way limit your own family's use of benefits outside of school. This will not affect your child's special education services or IEP rights; and it will not lead to any risk of losing eligibility for other Medicaid or DMS funded programs.

4. You have the right to change your mind and withdraw your permission at any time.

I give permission to the school district to share with DMS information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our school seek partial reimbursement of DMS covered services.

Parent/Guardian Signature:_____ Date: _____

Child's Name:	**Date of Birth:**	**Medicaid Number:**

Medicaid Annual Parent Notification Letter

Today's Date: _____

Student's Name: _____ Current School: _____

Dear _____*(parent's name)*_____,

As of August 1, 2019_____, the _____*(name)*_____ School District is pleased to provide your child with special education and related services as stated in his or her Individual Education Program (IEP), 504 and ISPF Plan as well as any medically necessary service for any Medicaid eligible child. Your child is entitled to a free appropriate public education, which means at no cost to you.

State and federal laws allow school districts to be Medicaid service providers for Medicaid eligible children. This means that our school district can bill the Department of Medicaid for any medically necessary service.

Our school district is approved by the Department for Medicaid Services to take part in the Medicaid School-Based Health Services Program. School claims for Medicaid payment for IEP services will not affect your child's receipt of health services from your family physician or other health providers in any way.

Our school district cannot submit claims to Medicaid for your child's services if you do not want us to do so. Our district's billing Medicaid for these services will not change your child's IEP services or your right to receive Medicaid services as long as your son or daughter continues to be eligible for Medicaid services.

If you wish to deny the district's access to reimbursement from Medicaid for health services, you should do so in writing. Our school district will continue to bill Medicaid for medically necessary services unless you notify us in writing that you wish us to stop. We will remind you once a year. If you wish to stop the district from submitting claims to Medicaid for your child, send a written statement to the district's Medicaid Liaison.

If you have any questions or concerns about your child's Medicaid coverage, please contact _____*(name)*_____ at __*(phone number)*_____.

If we do not hear from you, we will begin or continue to submit claims to Medicaid for your child's medically necessary health services. I want to thank you for your support of our efforts.

Sincerely,

(Name)
Medicaid Liaison
(Phone number)

File copy of notice maintained in student folder

PEER Review

The PEER Review process, by reviewing students' records, is established by the district to verify the provision of appropriate and quality health services. During PEER Review, service logs are compared with medical records, IEPs, ARC Conference Summaries, student evaluation reports and any additional progress reports to validate that services have been provided for eligible children and within the practitioner's scope of practice.

A PEER Review team meets periodically during the school year to review records, discuss results, and recommend necessary changes. The team should conduct PEER Reviews on at least a quarterly basis but is only required one time annually. The Medicaid Liaison (or Director of Special Education) should organize the team and determine the meeting schedule. The PEER Review team is comprised of professionals who are employed or on contract with the district. The peers serving on the team should be familiar with the types of services provided to the student whose records are reviewed to validate that services have been provided as determined by the ARC and within the scope of practice of the providing practitioner. As appropriate, a PEER Review team may be organized by a Special Education Cooperative to perform PEER Reviews throughout the participating districts of the Cooperative.

The PEER Review team must have a majority of the members present in order to conduct a review. No member of the team reviews the records of a student he/she serves. At least **10** percent of the Medicaid eligible students' records are reviewed annually. The Medicaid Liaison considers these factors when selecting records for review:

- Records from a variety of service providers' professional disciplines;
- Schools where principals or other district administrators have requested the PEER Review team to review records;
- The Peer team will review each new student record before claims are submitted for reimbursement.

The Medicaid Liaison maintains the record review forms and minutes of each meeting. The minutes of each meeting include the names and titles of the reviewers, any concerns identified in the review, and the disposition of the team's recommendations. The Medicaid Liaison takes steps necessary to correct any concerns including reimbursement to the Department of Medicaid Services. The provider's immediate supervisor and other relevant administrators will be notified as deemed appropriate.

Provider Descriptions-Qualifications-Modifiers For IEP Services

School-based health services (SBHS) are reimbursable by Medicaid if provided by specific practitioners acting within their scope of practice as define by state law. The titles, credentialing requirements and practitioner modifiers are contained in this chart.

MODIFIER CODE 1	MODIFIER CODE 2	DESCRIPTION	CREDINTIALS
AH		Clinical Psychologist	Current license from the KY Board of Examiners of Psychology in accordance with KRS Chapter 319
HP		MD	Doctoral level Per Practice Guidelines
HO		Licensed Professional Clinical Counselor (LPCC)	**MASTERS LEVEL**-Current license from the KY Board of License Professional Counselor (KRS Chapter 335)
HO	HL	Licensed Professional Counselor Associate/Intern (LPCA)	**Working on MASTERS LEVEL**/Student of LPCC under the supervision of LPCC (KRS 335)
U4		Licensed Psychological Practitioner (LPP)	**MASTERS LEVEL**/No supervision, Current license to practice by the KY Board of Examiners of Psychology (KRS Chapter 319)
U4	HP	Licensed Psychologist	**DOCTORAL LEVEL**/Current license to practice by the KY Board of Examiners of Psychology (KRS Chapter 319)
U5		Certified Psychologist with Autonomous functioning	**MASTERS LEVEL**/Current license to practice by the KY Board of Examiners of Psychology (KRS Chapter 319)
U5	HO	Certified Psychologist	**MASTERS LEVEL**/Current license to practice by the KY Board of Examiners of Psychology (KRS Chapter 319)
U5		School Psychologist	**MASTERS LEVEL-**Current school psychologist certification, only performing services in a school setting. Provider must meet the requirements of 16 KAR 2:090
U4	HO	Licensed Psychological Associate	**MASTERS LEVEL** Under supervision of PHD Psychologist in same building/Current license to practice by the KY Board of Examiners of Psychology (KRS Chapter 319)
U8		Board Certified Behavior Analyst	**MASTERS LEVEL**/Current license from the Kentucky Applied Behavior Licensing Board (KRS Chapter 319C)
U8	U3	Board Certified Assistant Behavior Analyst	Current license from the Kentucky Applied Behavior Licensing Board as an assistant and under the supervision of BCBA (KRS Chapter 319C)
AJ		Licensed Clinical Social Worker (LCSW)	**MASTERS LEVEL**/Current license from the KY Board of Social Work (KAR 201 Chapter 23)

U7		Certified Social Worker (CSW)	**MASTERS** Current license as a social worker by the Kentucky Board of Social Work (KAR 201 Chapter 23) and under the supervision of a LCSW Authorized by KRS 335.010 to 335.160 and 335.990.
U9		Psychometrist	Refer to the Board of Examiners of Psychology KRS 319.
GN		Speech-Language Pathologist	Speech Therapy services will only be performed by individuals meeting applicable requirements of 42 CFR 440.110, including the possession of a current Certificate of Clinical Competence from the American Speech Hearing Association (ASHA).
GO		Occupational Therapist	Current license from KY Occupational Therapy Board (KAR 201 Chapter 28)
GO	U3	Occupational Therapy Assistant	Current license from the KY Occupational Therapy Board and under the supervision of a licensed Occupational Therapist (KAR 201 Chapter 28)
GO	UA	Occupational Therapist Aide	Under the direct supervision of the KY licensed Occupational Therapist (KRS 319A. 010 (5))
GP		Physical Therapist	Current license from the KY Board of Physical Therapy or a temporary permit issued by the KY Board of Physical Therapy (KAR 201 Chapter 22)
GP	U3	Physical Therapist Assistant	Current license from the KY Board of Physical Therapy and under supervision of a licensed Physical Therapist (KAR 201 Chapter 22)
GP	UA	Physical Therapist Aide	Under the direct on-site supervision of the KY licensed Physical Therapist or Physical Therapy Assistant (201 KAR 22:053, Section 5.)
GP	HL	Physical Therapy Student (Intern)	Student of Physical Therapy under the supervision of a KY licensed Physical Therapist (KAR 201 Chapter 22)
HL		Intern	Per Practice Guidelines
SA		Advanced Registered Nurse Practitioner (ARNP)	Current license from the Kentucky (KY) Board of Nursing (201 KAR 20:057)
TD		Registered Nurse	Current license from the KY Board of Nursing (201 KAR 20:057)
TE		Licensed Practical Nurse	Current license from the KY Board of Nursing under appropriate supervision and delegation (201 KAR 20)
U1		Health Aide	Under the supervision of and with training by a KY licensed ARNP or RN and being monitored by the supervising nurse in provision of the delegated and supervised nursing services (201 KAR 20:400)
U2		Audiologist	Current license from KY Board of Speech Language Pathology and Audiology (201 KAR 17:012)

UB		Interpreter	Effective July 1, 2003, interpreters must be licensed by the KY Board of Interpreters for the Hearing Impaired as required by KRS 309.300 to 309.319
UC		Orientation and Mobility	Current certification by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) or the National Blindness Professional Certification Board (NBPCB)
HO		Licensed Professional Art Therapist LPAT	**MASTERS LEVEL**-Current license from the KY Board of License Professional Art Therapists (KRS Chapter 335)
U4		Licensed Professional Art Therapist Associate- LPATA	**MASTERS LEVEL**-Current license from the KY Board of License Professional Art Therapists (KRS Chapter 335
HO		Marriage and Family Counselor	**MASTERS LEVEL**-Current license from the KY Board of License Professional Counselor (KRS Chapter 335)
HO		Licensed Clinical Alcohol and Drug Counselor (LCADC)	**MASTERS LEVEL**-Current license from the KY Board of License Professional Counselor (KRS Chapter 335)
U4		Licensed Clinical Alcohol and Drug Counselor Associate (LCADCA)	**MASTERS LEVEL**-Current license from the KY Board of License Professional Counselor (KRS Chapter 335) under supervision

Quality Assurance

The quality assurance documents includes activities used by the school district to monitor and evaluate the quality of covered school-based health services and document that the services were provided as indicated by program requirements. The program ensures that all Medicaid students are provided any medically necessary services and that the services are efficient, appropriate and meets prevailing standards of quality consistent with the Medicaid program. The program includes:

- Ensuring qualified staff
- Determining eligibility and developing an appropriate Individual Education Program (IEP) (Plan of Care)
- Annually notifying parents and obtaining consent to release records for Medicaid billing
- Collaborating with other Medicaid service providers
- Physician involvement
- Record keeping
- PEER review including medical necessity of services and accuracy of billing

Sanctions

The Kentucky Department of Education or Kentucky Department for Medicaid Services may impose sanctions against a provider (LEA) for any one or more of the following reasons:

1. Violations of applicable laws, regulations, or codes of ethics related to programs or conduct of Medicaid providers (LEAs) or service providers (practitioners). (Failure to meet standards required by State or Federal law for participation.)
2. Failure to correct deficiencies within specified timelines after receiving written notice of these deficiencies from the KDE. (Failure to comply with a Corrective Action Plan)
3. Obtaining funds through deception:
    a. Charging recipients for services (This does not include incidental fees charged to all students as part of the regular education program.)
    b. Presenting for payment false or fraudulent claims for services or equipment.
    c. Submitting false information to obtain greater reimbursement than that to which the LEA is legally entitled, including charges in excess of the fee schedule.
    d. Overusing the program by inducing, furnishing or otherwise causing an eligible student to receive service(s) or equipment not otherwise medically required or requested through the IEP.
    e. Submission of a false or fraudulent application for Provider status.
4. Failure to adequately or appropriately manage programs.
    a. Failure to provide and maintain services to eligible students within accepted community standards
    b. Breach of the requirements for provider participation, or failure to comply with the terms of the provider certification
    c. Engaging in a course of conduct or performing an act deemed improper or abuse. Examples of abusive acts include:
        i. Furnishing services or supplies to eligible students that are substantially in excess of the needs, harmful or grossly inferior in quality.
        ii. Solicitation or acceptance of any amount from the family of eligible child for specially designed instruction and related services specified in the IEP or is otherwise medically necessary, unless it is an incidental fee normally charged to all enrolled students as part of the regular education program.
        iii. Separate schedule of charges for services to eligible children and non-eligible students which results in higher charges for eligible students than non-eligible students.
5. Failure to disclose or make available to the KDE or DMS records of services provided to eligible students and records of payments made.

6. Conviction of a criminal offense relating to negligent practice resulting in death or injury, or misuse or misapplication of program funds.
7. Indictment for fraudulent billing practices or negligent practice resulting in death or injury to the LEA's students.

Invoked Sanctions

The following sanctions may be invoked by the KDE or the DMS against providers, based on a finding of violation consistent with Grounds for Sanctions:

1. Corrective Action Plan
2. Termination from participation in the program.
3. Suspension or withholding of payments.
4. Recoupment of funds
5. Referral to the Office of Education Accountability for investigation.
6. Referral to the appropriate licensing/certification organization for investigation and appropriate disciplinary action.

When a provider (LEA) has been sanctioned, the DMS notifies the KDE of the findings made and the sanctions imposed. If, during the course of program monitoring, the KDE finds grounds for imposing sanctions, the KDE notifies the DMS and other appropriate agencies in writing within 30 calendar days of the finding(s).

Services (Expanded Access & IEP)

Expanded Access:
Medicaid school-based health services are medically necessary health services that are provided to children who are eligible under Medicaid and offered to all students at no cost to the students.

The CMS defines medical necessity as "services that meet accepted medical standards or items reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the function of a malformed body member."**.** Documentation for medical necessity may include clinical evaluations, physician evaluations, consultations, progress notes, physician's records, records from other healthcare professionals and test reports. It is maintained by the physician and/or provider. For more information, please refer to the "Program Integrity Manual", Pub 100-08, Chapter 3, Section 3.2.3 A .

"Medical necessity is a treatment, test, or procedure that is necessary for a child's health or to treat a diagnosed medical problem".

IEP Services:
Medicaid school-based health services are medically necessary health services that are provided to children who are eligible under both Medicaid and the Individual with Disabilities Education Act (IDEA). The health services must be described in the eligible student's individual education program (IEP) by the admissions and release committee. In Kentucky, the following services are covered for Medicaid reimbursement when provided to an eligible child:

a) Assistive Technology:
b) Audiology
c) Evaluation Services
d) Incidental Interpreter
e) Behavioral/Health
f) Nursing Services
g) Occupational Therapy
h) Orientation and Mobility (O&M)
i) Physical Therapy
j) Respiratory Therapy (Nursing Services)

k) Speech-Language Therapy
l) Specialized Transportation

Medicaid requires services provided to eligible recipients to be medically necessary health services. The IDEA requires that related services must be necessary for the eligible child to benefit from special education. To meet the requirements for each program, the SBHS Medicaid program regulations have been written in such a way that medical necessity is established by the admissions and release committee, stating the service in the IEP. For a school-based health service to meet medical necessity requirements, the following conditions must be met:

- All other federal and state Medicaid regulations are followed, including those for provider qualifications, comparability of services and the amount, duration and scope provisions and the services must be:
    - Medically necessary and included in a Medicaid covered category (speech therapy, physical therapy, etc.,);
    - Be stated in the child's IEP by the admissions and release committee (ARC); and
    - Be provided in accordance with the IEP (Plan of Care).

Covered services may include ***evaluation*** and ***treatment*** components if certain conditions are met.

Services – Covered

THERAPY

EXPANDED ACCESS:
Medicaid school-based health services are medically necessary health services that are provided to children who are eligible under Medicaid and offered to all students at no cost to the students.

Treatment services are provided with the expectation that the student's condition will improve significantly in a reasonable (and generally predictable) period, or the services are necessary to maintain a safe and effective maintenance program. These services are at a level of complexity and sophistication or the condition of the student is such that the health service can only be provided by a licensed or certified practitioner, or by a trained person under the supervision of a licensed or certified practitioner.

During the course of treatment, the areas of Speech-Language, Occupational Therapy, Physical Therapy and Behavioral Health may have services delivered either in an individual or group setting.

- ***Individual*** therapy is defined by the DMS as a "therapeutic intervention provided by a qualified practitioner for the purpose of reducing or eliminating the presenting problem of the student." Individual services are provided in a face-to-face/via Telehealth, one-on-one encounter between the student and the qualified practitioner.

- ***Group therapy*** services are defined by the DMS as "therapeutic intervention provided by qualified practitioners to a group of students. ***Only services provided to a group of six or less are billable.*** Group treatment is rehabilitation services, which offer activities in a therapeutic environment that focus on the development and restoration of the skills of daily living.

- Group therapy reimbursement is limited to the following services:
    - Behavioral Health
    - Occupational Therapy
    - Speech Therapy
    - Physical Therapy

The service log documentation would then describe the service delivery and the student's response to the services provided.

***For the first year of "Expanded Access" services (ending June 30, 2020), claims will be reimbursed by Medicaid's Physician Fee Schedule and there can be no duplication in 1905(a) services between IEP and Expanded Access Services. Practitioners who are provide services to IEP students would not be able to bill for services provided to those Medicaid students without an IEP/IFSP. For example, Dr. Jones, Psychologist, is providing behavioral health services to a Medicaid student with an IEP, he would not be able to bill for services provided to a Medicaid student without an IEP/IFSP while in the school based setting.**

***Beginning July 1, 2020, the School Based Program will begin transitioning to a Cost-Based Program with an annual cost settlement effective in the fall of 2020. When practitioners and all "moments" (including Expanded Access) are included in the Random Moment Time Study (RMTS) and cost pool, the schools will be able to claim IEP/IFSP and Expanded Access Services for the same practitioner.**

IEP Services:
Approved, qualified practitioners provide treatment and therapy services in accordance with the student's IEP (Plan of Care). Treatment services are provided with the expectation that the student's condition will improve significantly in a reasonable (and generally predictable) period, or the services are necessary to maintain a safe and effective maintenance program. These services are at a level of complexity and sophistication or the condition of the student is such that the health service can only be provided by a licensed or certified practitioner, or by a trained person under the supervision of a licensed or certified practitioner.

During the course of treatment, the areas of Speech-Language, Occupational Therapy, Physical Therapy and Behavioral Health may have services delivered either in an individual or group setting.

- ***Individual*** therapy is defined by the DMS as a "therapeutic intervention provided by a qualified practitioner for the purpose of reducing or eliminating the presenting problem of the student." Individual services are provided in a face-to-face/via Telehealth, one-on-one encounter between the student and the qualified practitioner.

- ***Group therapy*** services are defined by the DMS as "therapeutic intervention provided by qualified practitioners to a group of students. ***Only services provided to a group of six or less are billable.*** Group treatment is rehabilitation services, which offer activities in a therapeutic environment that focus on the development and restoration of the skills of daily living." For IEP services, group therapy must be identified in the IEP in order to bill for this service. It is permissible to state "Individual or Small Group Therapy".

  Group therapy reimbursement is limited to the following services:
  - Behavioral Health
  - Occupational Therapy
  - Speech Therapy
  - Physical Therapy

A therapist's time providing Community Based Instruction may be reimbursed if the therapist's role is specified in the IEP The service log documentation would then describe the service delivery and the student's response to the services provided.

When a therapist exceeds service, delivery specified in the IEP for any given week, a notation must be made in the Progress Notes of the service log if the additional services are make-up sessions. The practitioner will complete the service log showing the required information. However, the practitioner must also include the statement, for example, **"Make-up session for 1/11/04."** The only time a session has to be made up, , is when the therapist is unavailable to perform the service. Therapist cannot "makeup" future sessions.

***For the first year of "Expanded Access" services (ending June 30, 2020), claims will be reimbursed by Medicaid's Physician Fee Schedule and there can be no duplication in 1905(a) services between IEP and Expanded Access**

Services. Practitioners who are provide services to IEP students would not be able to bill for services provided to those Medicaid students without an IEP/IFSP. For example, Dr. Jones, Psychologist, is providing behavioral health services to a Medicaid student with an IEP, he would not be able to bill for services provided to a Medicaid student without an IEP/IFSP while in the school based setting.

***Beginning July 1, 2020, the School Based Program will begin transitioning to a Cost-Based Program with an annual cost settlement effective in the fall of 2020. When practitioners and all "moments" (including Expanded Access) are included in the Random Moment Time Study (RMTS) and cost pool, the schools will be able to claim IEP/IFSP and Expanded Access Services for the same practitioner.**

*Assistive Technology

IEP Services (only):
An assistive technology device is an item, piece of equipment, or product system that is used to increase, maintain, or improve the functional capabilities of a child with a disability and is medically necessary to implement the health services in the child's individualized education program. The device must be stated in the IEP and is covered only when provided with another IEP service.

*Schools may procure assistive technology devices in bulk, but must ensure that the DOS (the date that the child is issued the device) and the invoice date be within the same state fiscal year (July 1 to June 30th) as the IEP/school year date.

Evaluation: The cost of the evaluation to establish medical necessity (e.g., related to an identified medical or behavioral disability, and appropriateness of the device, item or system prior to purchase or rental) is included in the assistive device or item's overall cost. Evaluations may be provided by an occupational therapist, a physical therapist, or a speech therapist. Other appropriate professionals also may provide evaluations with prior approval by the Department for Medicaid Services. An assistive device or item cannot be covered without an evaluation by the appropriate professional.

The DMS requires that the device becomes the property of the student once the district receives Medicaid reimbursement for the assistive device. Should the student outgrow the device or the student's needs require a change in devices, the old device remains the property of the student and is only released to the custodial parent. A parent can however, donate the item. There are no limitations as to the frequency of purchasing assistive devices, as long as an evaluation to determine the need for a different device has been conducted and the type of device is documented in the student's IEP.

*Audiology

Expanded Access:
Medicaid school-based health services are medically necessary health services that are provided to children who are eligible under Medicaid and offered to all students at no cost to the students.

Assessment: Assessment services may include testing or clinical observation as appropriate for chronological or mental age for one or more of the following areas of functioning, and shall yield a written report:

- auditory acuity (including pure tone air and bone conduction)
- speech detection
- speech reception threshold
- auditory discrimination in quiet and noise
- impedance audiometry, including tympanometry and acoustic reflex
- hearing aid evaluation
- central auditory function
- auditory brainstem evoked response

Treatment: Treatment may be provided individually or in groups as appropriate

Examples of treatment include:

- auditory training
- speech reading
- aural rehabilitation
- augmentative communication

Qualified Practitioners:
Audiology services must be provided by an audiologist that meets the applicable requirements of 42 CFR 440.110. A provider shall have a valid license issued by the Kentucky Board of Speech-Language Pathology and Audiology.

IEP Services:
Audiology services must be medically necessary and appear in the child's Individualized Education Plan. They are professional services involving the evaluation and treatment of impaired hearing that cannot be improved by medication or surgical treatment.

Assessment: Assessment services may include testing or clinical observation as appropriate for chronological or mental age for one or more of the following areas of functioning, and shall yield a written report:

- auditory acuity (including pure tone air and bone conduction)
- speech detection
- speech reception threshold
- auditory discrimination in quiet and noise
- impedance audiometry, including tympanometry and acoustic reflex
- hearing aid evaluation
- central auditory function
- auditory brainstem evoked response

Treatment: Treatment may be provided individually or in groups as appropriate
Examples of treatment include:

- auditory training
- speech reading
- aural rehabilitation
- augmentative communication
-

Qualified Practitioners:
Audiology services must be provided by an audiologist that meets the applicable requirements of 42 CFR 440.110. A provider shall have a valid license issued by the Kentucky Board of Speech-Language Pathology and Audiology.

*Behavioral Health

Expanded Access:
Medicaid school-based health services are medically necessary health services that are provided to children who are eligible under Medicaid and offered to all students at no cost to the students.

***Assessment*:** Assessment service may include the following:

- Testing

- obtaining information from the parents or home behavior, social and developmental history and parents' perceptions of the problems may be included in the assessment
- clinical evaluation, observation and interviews as appropriate for chronological or mental age including, but not limited to, the following areas of functioning:

    - cognitive
    - emotional or personality development
    - adaptive behavior
    - behavior
    - perceptual or visual motor
    - developmental
    - psycho-social
    - psycho-educational
    - psycho-neurological

Treatment: Treatment services may include one of the following as appropriate:

- individual therapy or counseling
- group therapy or counseling

Examples of group therapy topics are building and maintaining healthy relationships, personal goal setting, etc. The topic of each group session shall be relative to all children participating.

Qualified Practitioners: Behavioral Health Services may be reimbursed only if provided by one of the following practitioners:

- An individual currently licensed by the Kentucky Board of Examiners of Psychology in accordance with KRS Chapter 319 as a:

1. Licensed Professional Clinical Counselor (LPCC)
2. Licensed Professional Clinical Counselor Associate/Intern (LPCCA)
3. Licensed Psychological Practitioner (LPP)
4. School Psychologist (Masters level)
5. Certified Psychologist with Autonomous functioning
6. Certified Psychologist
7. Licensed Psychological Associate
8. Board Certified Behavior Analyst (BCBA)
9. Board Certified Assistant Behavior Analyst (BCABA)
10. Licensed Clinical Social Worker (LCSW)
11. Certified Social Worker (CSW)
12. Psychometrist
13. An advanced registered nurse practitioner who has a specialty area in accordance with the American Nurses' Association Statement on Psychiatric Mental Health Clinical Nursing Practice and Standards of Psychiatric Mental Health Clinical Nursing Practice in accordance with 201 KAR 20:057.

***For the first year of "Expanded Access" services (ending June 30, 2020), claims will be reimbursed by Medicaid's Physician Fee Schedule and there can be no duplication in 1905(a) services between IEP and Expanded Access Services. Practitioners who are provide services to IEP students would not be able to bill for services provided to those Medicaid students without an IEP/IFSP. For example, Dr. Jones, Psychologist, is providing behavioral health services to a Medicaid student with an IEP, he would not be able to bill for services provided to a Medicaid student without an IEP/IFSP while in the school based setting.**

***Beginning July 1, 2020, the School Based Program will begin transitioning to a Cost-Based Program with an annual cost settlement effective in the fall of 2020. When practitioners and all "moments" (including Expanded Access) are included in the Random Moment Time Study (RMTS) and cost pool, the schools will be able to claim IEP/IFSP and Expanded Access Services for the same practitioner.**

IEP Services:
Behavioral health services are services required to sustain behavioral or emotional goals or to restore cognitive functional levels that have been impaired. Children who are at risk for developing or who require treatment for maladaptive coping strategies or who present a reduction in individual adaptive and coping mechanism or who demonstrate an extreme increase in personal distress may require behavioral health services to benefit from special education. Covered services may include assessment, treatment, and collateral services.

***Assessment*:** Assessment service may include the following:

- comprehensive psychological evaluations
- testing
- Obtaining information from the parents or home behavior, social and developmental history and parents' perceptions of the problems may be included in the assessment.
- clinical evaluation, observation and interviews as appropriate for chronological or mental age including, but not limited to, the following areas of functioning:

    - cognitive
    - emotional or personality development
    - adaptive behavior
    - behavior
    - perceptual or visual motor
    - developmental
    - psycho-social
    - psycho-educational
    - psycho-neurological

Treatment: Treatment services may include one of the following as appropriate:

- individual therapy or counseling
- group therapy or counseling

Examples of group therapy topics are building and maintaining healthy relationships, personal goal setting, etc. The topic of each group session shall be relative to all children participating.

Qualified Practitioners: Behavioral Health Services may be reimbursed only if provided by one of the following practitioners:

- An individual currently licensed by the Kentucky Board of Examiners of Psychology in accordance with KRS Chapter 319 as a:

1. Licensed Professional Clinical Counselor (LPCC)
2. Licensed Professional Clinical Associate/Intern (LPCA)
3. Licensed Psychological Practitioner (LPP)
4. School Psychologist (Masters level)
5. Certified Psychologist with Autonomous functioning

6. Certified Psychologist
7. Licensed Psychological Associate
8. Board Certified Behavior Analyst (BCBA)
9. Board Certified Assistant Behavior Analyst (BCABA)
10. Licensed Clinical Social Worker (LCSW)
11. Certified Social Worker (CSW)
12. Psychometrist
13. An advanced registered nurse practitioner who has a specialty area in accordance with the American Nurses' Association Statement on Psychiatric Mental Health Clinical Nursing Practice and Standards of Psychiatric Mental Health Clinical Nursing Practice in accordance with 201 KAR 20:057.

***For the first year of "Expanded Access" services (ending June 30, 2020), claims will be reimbursed by Medicaid's Physician Fee Schedule and there can be no duplication in 1905(a) services between IEP and Expanded Access Services. Practitioners who are provide services to IEP students would not be able to bill for services provided to those Medicaid students without an IEP/IFSP. For example, Dr. Jones, Psychologist, is providing behavioral health services to a Medicaid student with an IEP, he would not be able to bill for services provided to a Medicaid student without an IEP/IFSP while in the school based setting.**

***Beginning July 1, 2020, the School Based Program will begin transitioning to a Cost-Based Program with an annual cost settlement effective in the fall of 2020. When practitioners and all "moments" (including Expanded Access) are included in the Random Moment Time Study (RMTS) and cost pool, the schools will be able to claim IEP/IFSP and Expanded Access Services for the same practitioner.**

*Evaluations

Expanded Access:
Medicaid school-based health services are medically necessary health services that are provided to children who are eligible under Medicaid and offered to all students at no cost to the students.

Evaluation means procedures used to determine whether a child has a disability and the nature and extent of the special education and related services that the child may need. Evaluation includes assessment, evaluation, tests and related activities performed under state and federal requirements in KAR Chapter 1 and IDEA. The ARC determines the evaluation or assessments necessary for each individual student and only assessment of covered components are reimbursable by Medicaid. *No academic assessments are reimbursable*.

A medical *diagnostic code* is needed to bill for Medicaid services. Therefore, assessment needs to provide information sufficient for a medical diagnosis and reasons for providing a specific related health service. Qualified practitioners provide appropriate diagnosis information and diagnostic codes within their scope of practice. The practitioners determine the diagnosis and diagnostic code based on the evaluation information that is completed for initial or continued eligibility for IDEA. Medical diagnostic codes are found in the ***International Classification of Diseases (ICD-10) manual. (See Appendix page 41)***

If assessment of more than one Medicaid covered service is conducted, the costs for each Medicaid covered assessment are billable if the conditions are met.

Assessment results are documented in a report. The district may be reimbursed for the time approved practitioners spend conducting assessments and the amount of time required to analyze and write the evaluation reports (*Please note, dictating the report for clerical transcription is not a billable service*).

*Medicaid will allow therapists to use snow days, District Professional Development days and Planning and Flex days to be used for writing evaluations and analyzing the evaluation data. This does not include after school regular hours and holidays or weekends.

In the instance where the **Behavioral health practitioner** contacts the parent or guardian by telephone to collect evaluation information, such as the social-developmental history of the student, the time spent on the telephone collecting the information may be billed as part of the evaluation if service log documentation supports the claim.

The Medicaid covered evaluations are billable even if the results determine the student is no longer eligible or requires the covered services.

***For the first year of "Expanded Access" services (ending June 30, 2020), claims will be reimbursed by Medicaid's Physician Fee Schedule and there can be no duplication in 1905(a) services between IEP and Expanded Access Services. Practitioners who are provide services to IEP students would not be able to bill for services provided to those Medicaid students without an IEP/IFSP. For example, Dr. Jones, Psychologist, is providing behavioral health services to a Medicaid student with an IEP, he would not be able to bill for services provided to a Medicaid student without an IEP/IFSP while in the school based setting.**

***Beginning July 1, 2020, the School Based Program will begin transitioning to a Cost-Based Program with an annual cost settlement effective in the fall of 2020. When practitioners and all "moments" (including Expanded Access) are included in the Random Moment Time Study (RMTS) and cost pool, the schools will be able to claim IEP/IFSP and Expanded Access Services for the same practitioner.**

IEP Services:

Evaluation means procedures used to determine whether a child has a disability and the nature and extent of the special education and related services that the child may need. Evaluation includes assessment, evaluation, tests and related activities performed under state and federal requirements in KAR Chapter 1 and IDEA. The ARC determines the evaluation or assessments necessary for each individual student and only assessment of covered components are reimbursable by Medicaid. *No academic assessments are reimbursable*.

A medical *diagnostic code* is needed to bill for Medicaid services. Therefore, assessment needs to provide information sufficient for a medical diagnosis and reasons for providing a specific related health service. Qualified practitioners provide appropriate diagnosis information and diagnostic codes within their scope of practice. The practitioners determine the diagnosis and diagnostic code based on the evaluation information that is completed for initial or continued eligibility for IDEA. Medical diagnostic codes are found in the ***International Classification of Diseases (ICD-10) manual. (See Appendix page 41)***

An assessment or evaluation conducted prior to the development of an IEP is covered if the IEP is subsequently developed and implemented. Following the evaluation, if the Medicaid eligible student is determined eligible for IDEA, the assessment results in ***at least one*** Medicaid covered service stated in the IEP, and IDEA and Medicaid requirements have been met, Medicaid covers reimbursement for practitioners conducting assessments.

If assessment of more than one Medicaid covered service is conducted, the costs for each Medicaid covered assessment are billable if the conditions are met. For example, the ARC requires assessments in the areas of Speech-Language, Behavioral Health and Physical Therapy. The ARC reviews the completed evaluation and determines the student needs services only in the area of Speech-Language. The ARC includes the Speech-Language services in the IEP based upon the evaluation information. The district may submit claims for all three areas evaluated, including the time spent by each practitioner analyzing and writing the evaluation reports.

Assessment results are documented in a report. The ARC uses evaluation reports to determine the student's disability and need for special education and related services, including medically necessary health related services. Following evaluation, if the Medicaid eligible student is determined eligible for IDEA services and at least one Medicaid covered service is included in the student's IEP, the associated costs of the evaluation services (including report-writing time) is Medicaid reimbursable. The district may be reimbursed for the time approved practitioners spend conducting assessments and the amount of time required to analyze and write the evaluation reports (*Please note, dictating the report for clerical transcription is not a billable service*).

*Medicaid will allow therapists to use snow days, District Professional Development days and Planning and Flex days to be used for writing evaluations and analyzing the evaluation data. This does not include after school regular hours and holidays or weekends.

In the instance where the **Behavioral health practitioner** contacts the parent or guardian by telephone to collect evaluation information, such as the social-developmental history of the student, the time spent on the telephone collecting the information may be billed as part of the evaluation if service log documentation supports the claim.

Re-evaluations conducted in response to an ARC's decision to determine the student's continued eligibility for IDEA services are billable services. The current IEP and ARC decision to re-evaluate a student allows the district to seek reimbursement of the covered evaluations. The Medicaid covered evaluations are billable even if the results determine the student is no longer eligible or requires the covered services.

Screening: Group or mass screening is not billable. However, if an individual screening is conducted by a covered practitioner as part of the individual evaluation requested by an ARC, it may be billed.

***For the first year of "Expanded Access" services (ending June 30, 2020), claims will be reimbursed by Medicaid's Physician Fee Schedule and there can be no duplication in 1905(a) services between IEP and Expanded Access**

Services. Practitioners who are provide services to IEP students would not be able to bill for services provided to those Medicaid students without an IEP/IFSP. For example, Dr. Jones, Psychologist, is providing behavioral health services to a Medicaid student with an IEP, he would not be able to bill for services provided to a Medicaid student without an IEP/IFSP while in the school based setting.

***Beginning July 1, 2020, the School Based Program will begin transitioning to a Cost-Based Program with an annual cost settlement effective in the fall of 2020. When practitioners and all "moments" (including Expanded Access) are included in the Random Moment Time Study (RMTS) and cost pool, the schools will be able to claim IEP/IFSP and Expanded Access Services for the same practitioner.**

*Interpreter (Incidental)

Not covered under Expanded Access

Medicaid school-based health services are medically necessary health services that are provided to children who are eligible under Medicaid and offered to all students at no cost to the students.

Incidental interpreter services are interpreter services that are necessary to allow the child to benefit from other covered school-based health services. Incidental interpreter services are Medicaid reimbursable when provided ***with*** another covered service.

An interpreter might be required as an incidental service in order for the school psychologist to administer a portion or all of a behavioral health assessment to a child who is hearing impaired. Interpreter services are billable when the interpreter is interpreting during a Medicaid reimbursable therapy service, such as Speech, Therapy, OT and PT.

Qualified Practitioners: Effective July 1, 2003, interpreters must be licensed by the Kentucky Board of Interpreters for the Hearing Impaired as required by KRS 309.300 to 309.319;

IEP Services:

Medicaid school-based health services are medically necessary health services that are provided to children who are eligible under Medicaid and offered to all students at no cost to the students.

Incidental interpreter services are interpreter services that are necessary to allow the child to benefit from other covered school-based health services. Incidental interpreter services are Medicaid reimbursable when provided ***with*** another covered service.

These services must be stated in the student's IEP and cannot be the only covered service needed. An incidental interpreter may be needed during the ARC meeting where a parent is in need of an interpreter in order to understand and participate in the meeting. There must be at least one Medicaid covered service stated in the IEP in order for the interpreting services provided to a parent during an ARC meeting to be Medicaid reimbursable. An interpreter might be required as an incidental service in order for the school psychologist to administer a portion or all of a behavioral health assessment to a child who is hearing impaired. Interpreter services are billable when the interpreter is interpreting during a Medicaid reimbursable therapy service, such as Speech, Therapy, OT and PT.

Qualified Practitioners: Effective July 1, 2003, interpreters must be licensed by the Kentucky Board of Interpreters for the Hearing Impaired as required by KRS 309.300 to 309.319;

*Nursing

Expanded Access: A Medicaid school-based health service is a medically necessary health service that is within the scope of licensure of the appropriate ordering supervising provider and is provided to children who are eligible under Medicaid and offered to all students at no cost to the students.

Direct nursing services shall be provided face-to-face/via Telehealth and on a one-to-one basis. Extended nursing care for a technology-dependent child who relies on life-sustaining medical technology to compensate for the loss of a vital body function and requires ongoing complex hospital level nursing care to avert death or further disability.

Assessment: Assessment includes monitoring of eligible students with chronic medical illnesses in order to assure that medical needs are being appropriately identified, addressed and monitored.

Treatment: Examples of covered nursing services include but are not limited to:

- Assessments including referrals based on results
- Suctioning
- Emergency interventions
- Individual health counseling and instructions
- Medication administration and management including observation for adverse reactions, response or lack of response to medication
- Oxygen administration via tracheostomy and ventilator care
- Positioning
- Gastrostomy tube feeding
- Glucose monitoring
- Ileostomy and colostomy care
- Respirator dependent
- Catheterization and management and care of specialized medical equipment such as colostomy bags, nasal gastric tubes, and tracheotomy tubes
- Supervision of the health aide by the delegating nurse

Examples of Health Aid services:

- Handling and positioning
- Wheelchair care and monitoring
- Bowel care
- Skin care and monitoring
- Gastrostomy tube feeding
- Shunt monitoring, catheterization and postural drainage; and
- Changing tracheotomy ties, oxygen supplementation.

Certain emergency services may be provided on an as needed basis. The practitioner's documentation (services log) must explain the treatment provided. An example of an emergency service is the administration of an inhalation treatment to a child who is having an asthma attack.

Treatment services, considered observation or standby in nature, ***are not covered***.

Qualified Practitioners:
A nursing service must be provided by:

- An advanced registered nurse practitioner with a current license from the Kentucky Board of Nursing;
- A registered nurse with a current license from the Kentucky Board of Nursing;
- A licensed practical nurse with a current license issued by the Kentucky Board of Nursing, under appropriate supervision and delegated authority; or

***For the first year of "Expanded Access" services (ending June 30, 2020), claims will be reimbursed by Medicaid's Physician Fee Schedule and there can be no duplication in 1905(a) services between IEP and Expanded Access Services. Practitioners who are provide services to IEP students would not be able to bill for services provided to those Medicaid students without an IEP/IFSP. For example, Dr. Jones, Psychologist, is providing behavioral health services to a Medicaid student with an IEP, he would not be able to bill for services provided to a Medicaid student without an IEP/IFSP while in the school based setting.**

***Beginning July 1, 2020, the School Based Program will begin transitioning to a Cost-Based Program with an annual cost settlement effective in the fall of 2020. When practitioners and all "moments" (including Expanded Access) are included in the Random Moment Time Study (RMTS) and cost pool, the schools will be able to claim IEP/IFSP and Expanded Access Services for the same practitioner.**

IEP Services:
Direct nursing services shall be provided face-to-face/via Telehealth and shall be generally provided on a one-to-one basis. Extended nursing care for a technology-dependent child who relies on life-sustaining medical technology to compensate for the loss of a vital body function and requires ongoing complex hospital level nursing care to avert death or further disability shall be limited to the IEP services provided during normal school hours.

Assessment: Assessment includes monitoring of eligible students with chronic medical illnesses in order to assure that medical needs are being appropriately identified, addressed and monitored.

Treatment: Examples of covered nursing services include but are not limited to:

- Assessments including referrals based on results
- Suctioning
- Emergency interventions
- Individual health counseling and instructions
- Medication administration and management including observation for adverse reactions, response or lack of response to medication
- Oxygen administration via tracheostomy and ventilator care
- Positioning
- Gastrostomy tube feeding
- Glucose monitoring
- Ileostomy and colostomy care
- Respirator dependent
- Catheterization and management and care of specialized medical equipment such as colostomy bags, nasal gastric tubes, and tracheotomy tubes
- Supervision of the health aide by the delegating nurse

Examples of Health Aid services:

- Handling and positioning
- Wheelchair care and monitoring
- Bowel care
- Skin care and monitoring
- Gastrostomy tube feeding
- Shunt monitoring, catheterization and postural drainage; and
- Changing tracheotomy ties, oxygen supplementation.

Certain emergency services may be provided on an as needed basis. The need for an emergency as required nursing service should be stated in the student's IEP. The practitioner's documentation (services log) must explain the treatment provided. An example of an emergency service is the administration of an inhalation treatment to a child who is having an asthma attack and who has an IEP requiring the service.

Treatment services, considered observation or standby in nature, ***are not covered***.

Qualified Practitioners:
A nursing service must be provided by:

- An advanced registered nurse practitioner with a current license from the Kentucky Board of Nursing;
- A registered nurse with a current license from the Kentucky Board of Nursing;
- A licensed practical nurse with a current license issued by the Kentucky Board of Nursing, under appropriate supervision and delegated authority; or
- A health aide if:
  - The aide is under the supervision of a specific registered nurse or advanced registered nurse practitioner;
  - A registered nurse or advanced registered nurse practitioner has trained the aide for the specific nursing service for the specific recipient; and
  - A supervising registered nurse or advanced registered nurse practitioner has verified in writing that the aide has appropriate training and skills to perform the specific service in a safe, effective manner.

***For the first year of "Expanded Access" services (ending June 30, 2020), claims will be reimbursed by Medicaid's Physician Fee Schedule and there can be no duplication in 1905(a) services between IEP and Expanded Access Services. Practitioners who are provide services to IEP students would not be able to bill for services provided to those Medicaid students without an IEP/IFSP. For example, Dr. Jones, Psychologist, is providing behavioral health services to a Medicaid student with an IEP, he would not be able to bill for services provided to a Medicaid student without an IEP/IFSP while in the school based setting.**

***Beginning July 1, 2020, the School Based Program will begin transitioning to a Cost-Based Program with an annual cost settlement effective in the fall of 2020. When practitioners and all "moments" (including Expanded Access) are included in the Random Moment Time Study (RMTS) and cost pool, the schools will be able to claim IEP/IFSP and Expanded Access Services for the same practitioner.**

*Occupational Therapy

Expanded Access: Medicaid school-based health services are medically necessary health services that are provided to children who are eligible under Medicaid and offered to all students at no cost to the students.

Occupational therapy services are services to develop, improve, or restore functional abilities related to performance of self-help skills, adaptive behavior and sensory, motor, postural and emotional development. Services involve the use of purposeful activity, interventions, and adaptations to enhance functional performance.

Assessment: Assessment services include testing or clinical observation as appropriate for chronological or mental age for one or more of the following:

- Activities of daily living
- Sensory or perceptual motor development
- Neuromotor function (e.g., balance, coordination, muscle tone, postural control, reflexes, and developmental stages)
- Musculo-skeletal function (e.g., muscle strength, joint range of motion, endurance)
- Gross and fine motor function
- Adaptive equipment assessment

Treatment: Treatment services may include one or more of the following and be provided individually or in a group as appropriate:

- Activities of daily living
- Sensory or perceptual motor skills
- Neuromotor function
- Musculo-skeletal function
- Gross and fine motor skills
- Feeding or oral motor skills
- Adaptive equipment needs (design, selection, fabrication, use)

Qualified Practitioners: Occupational therapy service providers must meet the applicable requirements of 42 CFR 440.110. Service providers must also meet the following requirements:

(a) An occupational therapist with a current license from the Kentucky Board of Licensure for Occupational Therapy;
(b) An occupational therapy assistant who is:
1. Licensed by the Kentucky Board of Licensure for Occupational Therapy to assist in the practice of occupational therapy; and
2. Under the supervision of an occupational therapist; or

(c) An unlicensed occupational therapy aide who:
1. Provides supportive services to occupational therapists and occupational therapy assistants; and
2. Is under the direct supervision of a licensed occupational therapist.

***For the first year of "Expanded Access" services (ending June 30, 2020), claims will be reimbursed by Medicaid's Physician Fee Schedule and there can be no duplication in 1905(a) services between IEP and Expanded Access Services. Practitioners who are provide services to IEP students would not be able to bill for services provided to those Medicaid students without an IEP/IFSP. For example, Dr. Jones, Psychologist, is providing behavioral health services to a Medicaid student with an IEP, he would not be able to bill for services provided to a Medicaid student without an IEP/IFSP while in the school based setting.**

***Beginning July 1, 2020, the School Based Program will begin transitioning to a Cost-Based Program with an annual cost settlement effective in the fall of 2020. When practitioners and all "moments" (including Expanded**

Access) are included in the Random Moment Time Study (RMTS) and cost pool, the schools will be able to claim IEP/IFSP and Expanded Access Services for the same practitioner.

IEP Services:
Occupational therapy services are services to develop, improve, or restore functional abilities related to performance of self-help skills, adaptive behavior and sensory, motor, postural and emotional development. Services involve the use of purposeful activity, interventions, and adaptations to enhance functional performance.

Assessment: Assessment services include testing or clinical observation as appropriate for chronological or mental age for one or more of the following:

- Activities of daily living
- Sensory or perceptual motor development
- Neuromotor function (e.g., balance, coordination, muscle tone, postural control, reflexes, and developmental stages)
- Musculo-skeletal function (e.g., muscle strength, joint range of motion, endurance)
- Gross and fine motor function
- Adaptive equipment assessment

Treatment: Treatment services may include one or more of the following and be provided individually or in a group as appropriate:

- Activities of daily living
- Sensory or perceptual motor skills
- Neuromotor function
- Musculo-skeletal function
- Gross and fine motor skills
- Feeding or oral motor skills
- Adaptive equipment needs (design, selection, fabrication, use)

Qualified Practitioners: Occupational therapy service providers must meet the applicable requirements of 42 CFR 440.110. Service providers must also meet the following requirements:

(a) An occupational therapist with a current license from the Kentucky Board of Licensure for Occupational Therapy;
(b) An occupational therapy assistant who is:
3. Licensed by the Kentucky Board of Licensure for Occupational Therapy to assist in the practice of occupational therapy; and
4. Under the supervision of an occupational therapist; or
(c) An unlicensed occupational therapy aide who:
3. Provides supportive services to occupational therapists and occupational therapy assistants; and
4. Is under the direct supervision of a licensed occupational therapist.

***For the first year of "Expanded Access" services (ending June 30, 2020), claims will be reimbursed by Medicaid's Physician Fee Schedule and there can be no duplication in 1905(a) services between IEP and Expanded Access Services. Practitioners who are provide services to IEP students would not be able to bill for services provided to those Medicaid students without an IEP/IFSP. For example, Dr. Jones, Psychologist, is providing behavioral health services to a Medicaid student with an IEP, he would not be able to bill for services provided to a Medicaid student without an IEP/IFSP while in the school based setting.**

***Beginning July 1, 2020, the School Based Program will begin transitioning to a Cost-Based Program with an annual cost settlement effective in the fall of 2020. When practitioners and all "moments" (including Expanded**

Access) are included in the Random Moment Time Study (RMTS) and cost pool, the schools will be able to claim IEP/IFSP and Expanded Access Services for the same practitioner.

Orientation and Mobility (O&M)

Expanded Access Not a covered benefit:

IEP Services:
Orientation and mobility services include assessment and instruction services to correct or alleviate movement deficiencies created by a loss or lack of vision.

Assessments may include the following:

- visual functioning
- sensory awareness
- gross or fine motor skills
- concept development
- pre-cane and cane skills
- protective and navigational techniques
- sighted guide techniques
- community awareness
- public transportation
- vocational training

Treatment services include using cognitive and physical skills enabling a child to establish his/her position and relationship in the environment in a safe, efficient and purposeful manner. Treatment services may be provided individually or in a group as appropriate.

Qualified Practitioners: Orientation and mobility services shall be provided by an orientation and mobility specialist certified by the:

- Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP); or
- National Blindness Professional Certification Board (NBPCB).

***For the first year of "Expanded Access" services (ending June 30, 2020), claims will be reimbursed by Medicaid's Physician Fee Schedule and there can be no duplication in 1905(a) services between IEP and Expanded Access Services. Practitioners who are provide services to IEP students would not be able to bill for services provided to those Medicaid students without an IEP/IFSP. For example, Dr. Jones, Psychologist, is providing behavioral health services to a Medicaid student with an IEP, he would not be able to bill for services provided to a Medicaid student without an IEP/IFSP while in the school based setting.**

***Beginning July 1, 2020, the School Based Program will begin transitioning to a Cost-Based Program with an annual cost settlement effective in the fall of 2020. When practitioners and all "moments" (including Expanded Access) are included in the Random Moment Time Study (RMTS) and cost pool, the schools will be able to claim IEP/IFSP and Expanded Access Services for the same practitioner.**

*Physical Therapy (PT)

Expanded Access: Medicaid school-based health services are medically necessary health services that are provided to children who are eligible under Medicaid and offered to all students at no cost to the students.

Physical therapy services are services to prevent, alleviate, or compensate for movement dysfunction and related functional problems. Services involve the use of physical agents and methods and mechanical means for remedial treatment and restoration of normal bodily function.

Assessment: Assessment services may include testing or clinical observation as appropriate for the chronological or mental age for one or more of the following areas of functioning, and shall yield a written report:

- Neurometer function (e.g., balance, coordination, muscle tone, postural control, reflexes, and developmental stages)
- Musculo-skeletal function (e.g., muscle strength, posture, joint range of motion, endurance, mobility assessment, gait and wheelchair use)
- Cardio-pulmonary function
- Activities of daily living
- Feeding or oral motor function
- Adaptive equipment assessment
- Gross and fine motor function
- Soft tissue assessment
- Pain assessment
- Cranial Nerve assessment
- Clinical electromyography assessment
- Latency and velocity assessment

Treatment: Treatment services may include one or more of the following and may be provided individually or in a group as appropriate:

- Manual Therapy techniques
- Therapeutic exercise
- Functional Training
- Facilitation of motor milestones
- Sensory motor training
- Cardiac training
- Neurometor function
- Musculo-skeletal function
- Mobility training
- Cardio-pulmonary function
- Activities of daily living
- Feeding or oral motor assessment
- Adaptive equipment skills (includes design, selection, fabrication, use)
- Gross and fine motor development
- Hydrotherapy

Qualified Practitioners: Physical therapy services must be provided by providers who meet the applicable requirements of 42 CFR 440.110 and***:***

- A physical therapist with a current license from the state Board of Physical Therapy;
- A physical therapist assistant with a current license from the state Board of Physical Therapy under the supervision of a licensed physical therapist;
- A physical therapist with a temporary permit issued by the state Board of Physical Therapy under the supervision of a licensed physical therapist;
- A student of physical therapy under the supervision of a licensed physical therapist; or
- A physical therapy aide under the direct on-site supervision of a:

- Licensed physical therapist; or
- Licensed physical therapist assistant in accordance with the provisions of 201 KAR 22:053, Section 5.

IEP Services:
Physical therapy services are services to prevent, alleviate, or compensate for movement dysfunction and related functional problems. Services involve the use of physical agents and methods and mechanical means for remedial treatment and restoration of normal bodily function.

Assessment: Assessment services may include testing or clinical observation as appropriate for the chronological or

***For the first year of "Expanded Access" services (ending June 30, 2020), claims will be reimbursed by Medicaid's Physician Fee Schedule and there can be no duplication in 1905(a) services between IEP and Expanded Access Services. Practitioners who are provide services to IEP students would not be able to bill for services provided to those Medicaid students without an IEP/IFSP. For example, Dr. Jones, Psychologist, is providing behavioral health services to a Medicaid student with an IEP, he would not be able to bill for services provided to a Medicaid student without an IEP/IFSP while in the school based setting.**

***Beginning July 1, 2020, the School Based Program will begin transitioning to a Cost-Based Program with an annual cost settlement effective in the fall of 2020. When practitioners and all "moments" (including Expanded Access) are included in the Random Moment Time Study (RMTS) and cost pool, the schools will be able to claim IEP/IFSP and Expanded Access Services for the same practitioner.**

*Speech-Language

Expanded Access: Medicaid school-based health services are medically necessary health services that are provided to children who are eligible under Medicaid and offered to all students at no cost to the students.

Speech-Language services must be medically necessary. These are professional services involving the assessment and treatment of speech and language disorders that are not amendable to medication or surgical treatment.

Assessment: Assessment services may include formal or informal testing, medical history interviews, or clinical observation, as appropriate for chronological or mental age for all the following areas of functioning, and shall yield a formal evaluation report. Examples assessment services include but are not limited to:

- Receptive and expressive language
- Auditory processing, discrimination,
- Perception, and memory
- Augmentative communication
- Vocal quality
- Resonance patterns
- Speech sound production and use (phonetic and phonologic)
- Pragmatic language
- Rhythm or fluency
- Oral mechanism
- Swallowing assessment
- Hearing screening
- Feeding assessment

Reimbursement is not be allowed for routine or group screenings

Treatment: Treatment services may include one or more of the following areas as appropriate and may be provided individually or in a group as appropriate:

- Articulation therapy
- Language therapy
- Receptive and expressive language
- Augmentative communication treatment or instruction
- Auditory processing dysfunction
- Disorders of fluency
- Voice therapy
- Oral motor dysfunction; swallowing therapy

Qualified Practitioners: Speech and language services must be provided by:

A speech-language pathologist:

a) Meeting applicable requirements of 42 CFR 440.110, including the possession of a current Certificate of Clinical Competence from the American Speech Hearing Association (ASHA).

***For the first year of "Expanded Access" services (ending June 30, 2020), claims will be reimbursed by Medicaid's Physician Fee Schedule and there can be no duplication in 1905(a) services between IEP and Expanded Access Services. Practitioners who are provide services to IEP students would not be able to bill for services provided to those Medicaid students without an IEP/IFSP. For example, Dr. Jones, Psychologist, is providing behavioral**

health services to a Medicaid student with an IEP, he would not be able to bill for services provided to a Medicaid student without an IEP/IFSP while in the school based setting.

***Beginning July 1, 2020, the School Based Program will begin transitioning to a Cost-Based Program with an annual cost settlement effective in the fall of 2020. When practitioners and all "moments" (including Expanded Access) are included in the Random Moment Time Study (RMTS) and cost pool, the schools will be able to claim IEP/IFSP and Expanded Access Services for the same practitioner.**

IEP Services:
Speech-Language services must be medically necessary and appear in the child's Individualized Education Plan. These are professional services involving the assessment and treatment of speech and language disorders that are not amendable to medication or surgical treatment.

Assessment: Assessment services may include formal or informal testing, medical history interviews, or clinical observation, as appropriate for chronological or mental age for all the following areas of functioning, and shall yield a formal evaluation report. Examples assessment services include but are not limited to:

- Receptive and expressive language
- Auditory processing, discrimination,
- Perception, and memory
- Augmentative communication
- Vocal quality
- Resonance patterns
- Speech sound production and use (phonetic and phonologic)
- Pragmatic language
- Rhythm or fluency
- Oral mechanism
- Swallowing assessment
- Hearing screening
- Feeding assessment

Reimbursement is not be allowed for routine or group screenings

Treatment: Treatment services may include one or more of the following areas as appropriate and may be provided individually or in a group as appropriate:

- Articulation therapy
- Language therapy
- Receptive and expressive language
- Augmentative communication treatment or instruction
- Auditory processing dysfunction
- Disorders of fluency
- Voice therapy
- Oral motor dysfunction; swallowing therapy

Qualified Practitioners: Speech and language services must be provided by:

A speech-language pathologist:

b) Meeting applicable requirements of 42 CFR 440.110, including the possession of a current Certificate of Clinical Competence from the American Speech Hearing Association (ASHA).

***For the first year of "Expanded Access" services (ending June 30, 2020), claims will be reimbursed by Medicaid's Physician Fee Schedule and there can be no duplication in 1905(a) services between IEP and Expanded Access Services. Practitioners who are provide services to IEP students would not be able to bill for services provided to those Medicaid students without an IEP/IFSP. For example, Dr. Jones, Psychologist, is providing behavioral health services to a Medicaid student with an IEP, he would not be able to bill for services provided to a Medicaid student without an IEP/IFSP while in the school based setting.**

***Beginning July 1, 2020, the School Based Program will begin transitioning to a Cost-Based Program with an annual cost settlement effective in the fall of 2020. When practitioners and all "moments" (including Expanded Access) are included in the Random Moment Time Study (RMTS) and cost pool, the schools will be able to claim IEP/IFSP and Expanded Access Services for the same practitioner.**

*Transportation (IEP CHILDREN ONLY)

Transportation costs incurred by the district to provide special transportation for a child to receive a Medicaid covered related service may be billed to Medicaid if the following criteria are met. Special transportation includes special arrangements, special equipment or a special vehicle.

- Transportation must be prior approved by KDE as a service to be provided
- The child must be Medicaid eligible;
- The child qualifies for special education, related services and special transportation;
- The ARC qualifies the child's need for special transportation and determines what transportation is appropriate for the child's disability. **The need and type of special transportation must be identified in the child's IEP**.
- The child must receive at least one Medicaid reimbursable related service on the day transportation is billed.
- Only one round trip per day may be billed even if the child receives several billable related services. If the child is transported to a different location to receive a second billable service on the same day, mileage may be combined to make a single round trip.
- Detailed transportation logs (attendance logs) are maintained and signed by the bus driver.
- The transportation must meet the specifications established by KRS 156.153, 702 KAR 5:060, and 702 KAR 5:130.
- Transportation cost originally paid from *federal* funds such as IDEA cannot be billed to Medicaid.
- Group billing cannot be used to determine mileage. If more than one child is transported at the same time, the exact mileage for each child must be calculated. *Specially adapted vehicles may have riders who are not eligible for Medicaid or who are not eligible for school based transportation on a given day. However, only claims that are pro-rated (see example below) for the portion of the ride allocated to the Medicaid beneficiary receiving the specialized transportation, are reimbursable by Medicaid.*
  Example: If one (1) general education child rides the specially adapted vehicle with one (1) Special Education/physically disabled child, that has a medical service and transportation in the IEP on the date of service, the cost of the ride must be divided by the two (2) children, If there are two (2) general education students plus the physically disabled child, the cost must be divided by three (3). Additional children riding the specially adapted bus must be calculated accordingly.
- Mileage may not be claimed when a member of the child's household provides transportation if that person is not an employee of the school district.

  Mileage may be claimed:
  - From the child's *residence* to and from the school building where the child receives the reimbursable related service.
  - From the child's *residence* to and from the office of a medical provider or clinic where the child receives the reimbursable related service.
  - From the child's residence if the child is a home-bound student and receives general education services at home

To calculate a claim amount, use the district's actual cost per mile to transport the child times the number of miles transported round trip. The actual cost per mile for special transportation is available from the Pupil Transportation Director at your district or you may use MapQuest, Yahoo or other online mapping service.

Services Not Covered

Services ***not covered*** by Medicaid reimbursement include:

- Any service not listed under covered services
- Educational or academic assessment
- Education-based costs normally incurred to operate a school and provide an education
- Combined billing for same day services
- Services provided to a school district by an educational cooperative during the normal course of business without charge to the district
- Time spent on documenting clinical service notes, treatment plans, or summaries on progress
- Information furnished to the district (i.e., the provider) by the recipient over the phone
- Cancelled visits or missed appointments or services
- Concurrent services for the same child involving similar services or procedures
- Transportation of therapist to or from the site of therapy

Service Records Requirements

Medicaid requires records to be maintained on each Medicaid eligible recipient (student) who receives services that are reimbursed by Medicaid. These records must:

- Substantiate the services billed to Medicaid by identifying the student, the services performed, the quantity or units of service, and the medical necessity of the services
- Indicate progress being made, any change in treatment, and response to the treatment
- Must be signed and dated by the professional who provided or supervised the service
- Must be legible with statements written in an objective manner are maintained for a minimum of five (5) years plus any additional time required by law to provide a clear audit trail. However, the Kentucky Public School District Records Retention Schedule should be consulted to determine if longer retention periods are required. https://kdla.ky.gov/records/recretentionschedules/Documents/Local%20Records%20Schedules/PublicSchoolDistrictRecordsRetentionSchedule.pdf, If service logs are also being used for Due Process documentation, the log must be kept in accordance with Due Process procedures.

Entries in a service log are required by each practitioner providing covered services billed to Medicaid.

Telehealth

Effective 7/1/2019, Kentucky's Telehealth regulation expanding service locations and allowable providers became effective. Until further notice, Kentucky Medicaid will allow the use of two letter modifiers to capture the location of both the telehealth provider of service and the location of the recipient. As the modifier combinations Kentucky Medicaid chose are not HIPAA compliant and/or are out of the Industry Standard, claims could deny due to this error, DMS is postponing the two-letter modifier requirement and will allow claims to be processed without them. Providers will still be required to place the "02" place of service modifier so that the claim will be adjudicated as a Telehealth claim. Further information will be forthcoming as the Telehealth Program develops.

LEAs

It is the responsibility of the LEA to maintain adequate records and documentation to ensure the delivery of quality care and post-
payment review by the KDE or KDMS. Each record should be legible and contain the signature and the title of the practitioner. Delegated services and services provided by persons under the supervision of a practitioner should include the name and title of the supervisory person.

Insufficient documentation may result in rejection of claims, development of corrective action plans, and/or financial penalties. Continued noncompliance may result in removal from the Medicaid School-Based Health Services Program.

In the absence of proper and complete records, claims may be denied and previous payments may be recovered. Each LEA must maintain:

- Verification that the services being claimed for reimbursement are listed in the student's IEP or are medically necessary. A sample form "IEP Services Summary" is included in this manual. The use of this form may be beneficial in establishing medical records.
- Professional service logs reflect the date, type, diagnosis code, procedure code and description of the service(s) provided to the student. Progress reports are included as part of the treatment notes. These progress reports are used to measure the student's progress toward the goals defined in the IEP (Plan of Care). Any alterations to documents must be signed and dated. No white-out is permitted. A minimum, the service log includes:
    - Name of the student.
    - Date the child was seen
    - The length of time spent with the child in 15 minute increments.
    - The description of the service provided and result(s)
    - The procedure code
    - The diagnosis code
- Verification of the attendance of both the child and the service provider for claims submitted.

Frequently Used Acronyms

Throughout this document, there are references to the services students receive in schools to support their physical and behavioral health. These services are referred to as "physical and behavioral health services" or simply "health services." In each instance, the phrasing refers to the multitude of services that students need to achieve their health care outcomes.

The terms local educational agency (LEA) and school district (or district) are used interchangeably.

Admissions and release committee or "ARC" means a group of individuals required by 707 KAR 1:320 and 34 C.F.R. 300.344 who are responsible for developing, reviewing, and, as necessary, revising the individualized education program for a child with a disability.

Assistive technology device means an item, piece of equipment, or product system that is used to increase, maintain, or improve the functional capabilities of a child with a disability; and medically necessary to implement the health services in the child's individualized education program.

Audit means checking the district's documentation and procedures to determine if claims were consistent with Medicaid and IDEA program requirements.

Claim means the form or electronic request for reimbursement submitted by the provider (the school district) to the Department of Medicaid Services.

CMS means the Centers for Medicare and Medicaid Services, which is the federal agency that is responsible for administering the Medicaid program

Certification means the process used for the Kentucky Department of Education to recommend approval to the Department of Medicaid Services for a school district to become a health services provider in Kentucky.

Consent means that the parent was informed of all information relevant to the activity for which consent is sought, in his or her native language or other mode of communication, and the parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought. The signed consent describes that activity and lists the records that will be released and to whom. The parent understands that the granting of consent is voluntary and may be revoked at any time.

CPE – Certified Public Expenditure

CPT Code - Current Procedural Terminology is a standardized code established by the American Medical Association that is used by Kentucky Department for Medicaid Services to document and identify a particular service performed by a qualified practitioner.

DOS-Date of Service means the actual date that the covered service was provided.

IDEA means the Individuals with Disabilities Education Improvement Act, 20 U.S.C. Chapter 33.

Denial means that Medicaid refuses a claim for reimbursement.

Direct supervision means that the licensed or certified practitioner is physically present as required by Kentucky statute, regulation or the Kentucky board issuing the practitioner's license or certification.

EPSDT – Early and Periodic Screening, Diagnostic and Treatment

Expanded Access- means a medically necessary, Non-IEP Medicaid-covered service for any Medicaid eligible child.

FAPE - Free appropriate public education is defined in the IDEA as special education and related services (1) provided to children with disabilities at public expense; (2) under public supervision and direction, and without charge; (3) meet the standards of the state education agency; and (4) are provided in conformance with an Individualized Education Program (IEP) that is developed consistent with the federal regulations

FERPA – Family Educational Rights and Privacy Act, 20 USC § 1232g; 34 CFR Part 99
FMAP – Federal Medicaid Assistance Percentages

FQHC – Federally Qualified Health Center

IEP - Individualized Education Program means a written plan for a child with a disability that is developed, reviewed and revised in accordance with 707 KAR 1:320

HIPAA – Health Insurance Portability and Accountability Act

IDEA-Individuals with Disabilities Education Act requires public school system to make a free appropriate public education available to all disabled children by responding to their individual needs, regardless of the nature or severity of their disabilities.

Incidental interpreter services mean those interpreter services that are necessary to allow the child to benefit from other covered school-based health services.

IFSP – Individualized Family Service Plan

LEA – Local Educational Agency

MCO – Managed Care Organization

Practitioner means the covered professional or other approved individual providing the covered heath service.

Progress note means a dated, signed or initialed entry on the service log detailing the service provider's encounter with the student and the student's response to the encounter.

Provider means the local school district, the Kentucky School for the Deaf or the Kentucky School for the Blind providing covered health services under the Medicaid school-based health services program.

Provider agreement means a contract between the school district (provider) and the Kentucky Department of Medicaid Services that states the conditions of participation the Medicaid SBHS program.

Provider number means the number assigned by the Kentucky Department of Medicaid Services to the provider (i.e., the approved participating school district, Kentucky School for the Blind (KSB) or Kentucky School for the Deaf (KSD)).

Recipient means a Medicaid-eligible child under the age of twenty-one (21), including the entire month in which the child becomes twenty-one (21).

Reimbursement means the amount of money remitted to the provider from the Department of Medicaid Services**.**

Related services are defined at 34 CFR 300.24 as "transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education." This includes:

- Counseling services;
- Early identification and assessment of disabilities;
- Medical services for diagnostic and evaluation purposes;
- Occupational therapy;
- Orientation and mobility services;
- Parent counseling and training;
- Physical therapy;
- Psychological services;
- Rehabilitation counseling services;
- School health services;
- Social work services in schools; and
- Speech-language pathology and audiology services

RMTS – Random Moment in Time Study

School-based health services (SBHS) means medically-necessary health services provided for in 907 KAR 1:034 for any Medicaid eligible child as well as services specified in an individualized education program for a child determined to be Medicaid eligible and eligible under the provisions of the Individuals with Disabilities Education Improvement Act, 20 U.S.C. Chapter 33, and 707 KAR Chapter 1.

Service log means the documentation, which supports the district's claims that are submitted to Medicaid for reimbursement. Service logs:

- Identify the student and the approved individual providing the service;
- Show the time, date, and units of service provided;
- Contain legible statements written in an objective manner that describe the services performed and the progress being made, any change in treatment, and response to the treatment; and
- Are signed and dated by the professional who provided or supervised the service.

SPA – State Plan Amendment – A formal, written agreement between the state Medicaid program and CMS that outlines the operational and policy decisions that determine who is eligible for Medicaid, what services and providers are covered and how payments are made.

Special Education is defined in federal regulations (34 CFR 300.26) to mean specially designed instruction, which meets the unique needs of the child and includes instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings and instruction in physical education.

Unit means a (15, 30 or 45) minute block of time. Medicaid reimburses school districts for the cost of services in units. For example, a school district would bill for Medicaid for two units of a practitioner's cost if the practitioner provided a covered service that runs concurrently.

FAQ

Why are schools billing Medicaid?

The Individuals with Disabilities Education Improvement Act (IDEA) allows some Individual Education Program (IEP) services or medically necessary services to be covered by Medicaid. School districts optimize the use of financial resources by billing Medicaid when possible.

How do schools use the money they receive from Medicaid?

Money that school districts receive is applied to that system's general fund and can be used as that local school board determines.

Do schools need parental consent to bill Medicaid?

Yes. Schools are required to receive consent for treatment and the Family Educational Rights and Privacy Act (FERPA), 20 USC § 1232g; 34 CFR Part 99, and the Kentucky Family Educational Rights and Privacy Act at KRS 160.700 et. seq., require parental consent before disclosing information about a student. This includes providing information to Medicaid.

Will my school bill my private insurance as well?

No. Schools do not bill private insurance.

If schools bill Medicaid for IEP services, will Medicaid services that I receive outside of school be affected?

No. Schools are required to provide all IEP services even if the school cannot bill Medicaid. Medicaid services received outside of school and the child's IEP are authorized separately. If outside services have been affected, families are encouraged to share concerns with the district and Department of Education.

Additional sources of information include:

Email: schoolbasedservices@ky.gov

Kentucky Department of Education

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BILLING

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