

Louisiana Believes

Handbook for School-Based Medicaid Services

A Guide for Local Education Agencies
Revised
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State Board of Elementary and Secondary Education

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Acknowledgments

Health care provided in the school setting is an efficient method of providing necessary medical care to Medicaid-eligible children and youth. From the Louisiana Department of Education's standpoint, schools present a valuable opportunity to provide medical services to beneficiaries in a setting with ideal access. For schools, the Medicaid program presents an opportunity for funding medical services provided to children both under and apart from the IDEA.

This document represents the cooperative efforts of personnel in the Louisiana Department of Education, Louisiana Department of Health: Office of Public Health and the Bureau of Health Services Financing – Medical Vendor Administration Department, and local education agency personnel. Their commitment and dedication to the children of the State of Louisiana was essential to the successful updating of this handbook.

PURPOSE OF THE GUIDE

School health services play an important role in the health care of children. Whether implemented for children with disabilities under the Individuals with Disabilities Education Act (IDEA), for routine preventive care, or for on-going primary care and treatment in the form of a school based health center, school health programs are often able to provide medical and behavioral health care efficiently and easily without extended student absences from school. Recognizing the important role school health services can provide, the Medicaid Program has been supportive of school based health care as an effective method of providing access to essential medical care to eligible children.

There are, however, challenges in the collaboration between the Medicaid Program and the school districts. Federal and State Medicaid requirements are complex. Because many school districts are unaccustomed to these requirements and the complexity of working in partnership with the medical model, understanding and negotiating Medicaid in order to receive reimbursement often has the effect of placing a considerable administrative burden on schools.

This Guide is designed to provide program information and technical assistance regarding the specific Federal and State Medicaid requirements associated with implementing a school health services program and seeking Medicaid reimbursement for school health services. This Guide does not supersede Medicaid policy, and is not to be used in lieu of Medicaid policy. The information contained in this document will be updated when needed to reflect changes made to the overall Medicaid Program.

Specifically, this Manual is written to address key issues related to the Louisiana Medicaid program, namely:

- To outline the steps required for LEAs* to enroll, implement and maintain a Medicaid reimbursement Program for services provided;
- To describe the different types of school-based services for which Medicaid reimbursement may be claimed; and
- To explain the procedures and documentation necessary to claim reimbursement for Medicaid services and to provide information related to audits that may be conducted.

By electing to enroll as Medicaid providers, local school districts will be able to supplement current special education, therapeutic and nursing expenditures by leveraging the federal match for Medicaid-covered services. While there is some additional work involved in being a Medicaid provider the increased revenue should more than adequately cover the administrative costs.

From a legislative and administrative perspective, LEAs are encouraged to participate in the Medicaid Program to recover a portion of the costs that are already being incurred to provide special education and nursing services. It is our hope that this Guide will help those involved work out the complexities.

* *For the purpose of this document, all Louisiana school districts, including public charter schools (Types 2 and 5) established as LEAs under state law, will be referred to as LEAs for simplicity.*

SECTION 1

GENERAL INFORMATION ABOUT SCHOOL BASED MEDICAID

Introduction

Louisiana Local Education Agencies (LEAs) partnered with Medicaid in the late 1980s and began receiving reimbursement for health and related services rendered to students from age three through age 20. In 2000, LEAs were approved to participate in Administrative Claiming, which allows them to draw down the federal funds for activities supporting the administration and outreach of the Louisiana Medicaid Program. In 2012, the Louisiana Behavioral Health Partnership allowed access to LEAs for behavioral health services rendered to students with emotional or behavioral issues in accordance with their Individualized Education Program (IEP).

Healthy students have a better chance of achieving academic, social and personal success than students who are singled-out by a health concern or disability that impacts their ability to participate in school. Because of their position in the daily lives of children, youth and their families, Louisiana schools are in a position to offer unique advantages and opportunities that can help families' access health information, medical and behavioral health services, and facts about Medicaid enrollment. Louisiana schools also offer key health and health-related services that are designed to integrate and maintain active learning for Medicaid-eligible children and youth with special education and health care needs.

In Louisiana, the vision for school based health services is simple: All children and youth in Louisiana schools will be healthy and successful.

The core beliefs and goals for the school based Medicaid Program are as follows:

Core Beliefs

- Children and youth must be healthy in order to be successful in school.
- Schools are a critical link to children and youth's access to health care.
- Comprehensive health focuses on the whole child and includes, but is not limited to, emotional/behavioral, dental, physical and vision health.
- When comprehensive health services are readily and locally available at school, they can increase students' and families' access to needed care and result in improved student success.
- Families are integral to the success of the Louisiana Medicaid Program.
- Public and private partnerships, collaboration and funding are necessary in order for comprehensive health services to be available at or linked through schools.
- Active participation of state agencies, families and the schools is essential for the Louisiana Medicaid Program to function successfully.

Program Goals

1. To increase children and youth's access to comprehensive health services through the Louisiana Medicaid Program.
2. To maximize the financial resources available for School-based services.
3. To increase collaboration among schools, families, community providers, and state agencies, where each partner has a defined role and demonstrates commitment and accountability to the Medicaid Program.
4. To develop and implement standards for providing or linking School-Based comprehensive health services through schools.
5. To develop and implement a long-range plan for helping to ensure sustainability of a comprehensive Medicaid Program.
6. To enroll students into the Medicaid Program.

Overview of Cost Recovery Options for LEAs

In order for Medicaid to reimburse for health services provided in the schools, the services must be included among those listed in the Medicaid statute and included in the state's Medicaid plan or be available under the Early and Periodic Screening, Diagnostic and Treatment benefit (EPSDT).

Currently LEAs can recover health and related services costs under five Medicaid Program options: EPSDT Health Services, Behavioral Health, Special Transportation, and School Nursing Services. Medicaid Administrative Claiming (MAC) is no longer a separate program since administrative reimbursements were incorporated into each of the three options in 2013.

School Based Health Centers (SBHC) are also an option for nursing services, but the Medicaid billing is usually managed independently by a public/non-public institution, due to the medical requirements.

Funding for Medicaid Programs is shared by the state and the Federal governments. Federal Financial Participation (FFP), which is the Federal government's share for the state's Medicaid Program expenditures, is generally claimed under two categories: administration and medical assistance payments. The following is a brief description of each Medicaid Program that offers LEAs in Louisiana an option for cost recovery.

- ***EPSDT Health Services (IDEA)***

EPSDT Health Services are IDEA school-based services that are provided by professional personnel for Medicaid eligible students who have an identified disability and are receiving special education services through an Individual Education Program (IEP), an Individualized Health Plan (IHP), or an Individualized Family Services Plan (IFSP). These professionals must meet qualifications set by Medicaid and the Department of Education. The district is reimbursed at adjusted and various rates, if there are state dollars available for providing the services. The state's share is matched with federal dollars at an amount that is generally between 70 and 80 percent of the total cost. The services provided under this category usually include occupational therapy, physical therapy, speech/language therapy, and audiology services.

It is important to note that these types of services are considered *Related Services* by Education professionals because they are required to assist a student with a disability to

benefit from special education. These same services are often referred to as *Direct Services* by Medicaid professionals because they are health services provided directly to a child by a health provider. Throughout this handbook you will see references to Direct Services (DS), Related Services, and IDEA Health Services. Although used interchangeably, all of these terms are referring to the Medicaid EPSDT Health Services program.

- ***Behavioral Health***

School-based behavioral health services include treatment and other measures to correct or ameliorate an identified mental health or substance abuse diagnosis. Services are provided to children who attend public school in Louisiana and are authorized by an IEP. Behavioral health services are provided by professionals that are certified by the Louisiana Department of Education (LDOE) such as a Certified School Psychologist, Certified School Social Worker and/or a Certified School Counselor. Services may also be provided by LDOE certified staff that also hold licensure through their Professional State Board such as a Licensed Clinical Psychologist, Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Master's Social Worker (LMSW) or a licensed addiction counselor.

- ***Applied Behavior Analysis (ABA)***

At the present time, the LEAs may not claim reimbursement for ABA as the current Education State Plan Amendment (SPA), dated December 1, 2015, does not recognize Licensed Behavior Analyst as one of the allowable providers under Licensed Mental Health Practitioner (LMHP). In accordance with the current Education SPA and the Louisiana Behavioral Health Partnership Service Definition Manual, Version 9, Updated 8/15/2014, the following is the list of providers meeting the qualifications as LMHPs: Medical Psychologists; Licensed Psychologists; Licensed Clinical Social Workers; Licensed Professional Counselors; Licensed Marriage and Family Therapists; Licensed Addiction Counselors; and Advanced Practice Registered Nurses. For additional information on LMHPs, please go to: http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/2014_RFP_Procurement_Library/LBHP_Service_Definitions_Manual_8.15.14.pdf

- ***Special Transportation***

Special transportation is transportation provided to Medicaid eligible students who are receiving special education services through an IEP or IFSP. The need for special transportation is documented in the IEP or IFSP and transportation is provided on the day the student receives an IEP authorized Medicaid service. Transportation must be provided by the LEA in a vehicle that is part of special transportation in the LEA's Annual Financial Report certified and submitted to the Department of Education.

- ***Nursing Services***

The goal of these services is to prevent or mitigate disease, enhance care coordination, and reduce cost by preventing the need for tertiary care. Providing these services in the school setting increases access to health care for children and youth resulting in a more efficient and effective delivery of care. School-based nursing services are provided by a registered nurse (RN) within a local education agency.

In October 2015, the Center for Medicare and Medicaid Services (CMS) approved the LDH's request to remove the IEP requirement. Therefore, beginning July 1, 2015, the LEA may claim reimbursement for allowable school based nursing services for all Medicaid eligible students in the LEA as long as all other requirements are met. (e.g. current IHP for certain codes). School nurses can also claim for EPSDT Vision and Hearing Screening Services performed according to the periodicity schedule including any inter-periodic screens for Medicaid eligible students.

- ***School-Based Health Centers***

School-Based Health Centers (SBHCs) are designed to serve and support children, providing quality comprehensive primary medical and mental health care. SBHC services include: preventive health care, physical examinations, immunizations, laboratory testing, prescription medications, and case management for chronic illnesses such as diabetes and asthma, mental health services, care for acute illness and injury, and referral services.

SBHCs are certified by the Office of Public Health-Adolescent School Health Program and enrolled in Louisiana Medicaid as SBHCs. Additional services including diagnosis and treatment may be provided and billed to Medicaid. In general, SBHCs are similar to physicians' clinics set in a school setting for the children at that school. Services are primarily provided by physicians and advanced practice registered nurses.

Note: Very few school districts have school based health centers for which the LEA has administrative and financial responsibility. When the SBHC is operated by the LEA, they typically have a separate Medicaid number that is used to bill for their services. The Medicaid billing/cost recovery for most school based health centers is managed independently by a public/nonpublic institution such as a local hospital.

- ***Medicaid Administrative Claiming***

Prior to 2013, LEAs were able to claim administrative expenditures for performing activities instead of direct medical services. This administrative claiming was unique to the LEAs and allowed them opportunities to claim for administrative expenditures for performing activities such as Medicaid outreach; facilitating Medicaid eligibility determinations; translations related to Medicaid services; program planning; policy development; and interagency coordination related to medical services; medical/Medicaid related training; referral, coordination and monitoring of Medicaid services; and scheduling referrals for medical services.

Since 2013, the administrative duties performed by LEA professionals are identified through the time studies conducted for EPSDT health services, behavioral health services, and nursing services. The administrative portion/percentage associated with each of these programs is multiplied times the costs related to the specific program to obtain the reimbursement amount.

Coordination and Collaboration Obligations

Children with special needs have access to services available in both outpatient and School-Based settings. If treatment is provided in both settings, the goals and purposes for the two must be distinct. School-based services are provided to assist a child with a disability to benefit from special education. Outpatient services are provided to optimize the child's functional performance in

relation to needs in the home or community setting and must not duplicate those provided in the school setting. Collaboration between the school and the community providers is necessary to coordinate treatment and to prevent duplication of services. This collaboration may take the form of phone calls, written communication logs, or participation in team meetings, such as the IEP/IFSP meeting.

Reimbursements

- The LEA is responsible for submitting procedure-specific claims to the state fiscal agent on a timely basis. Claim documentation must be sufficient to identify the student clearly, justify the diagnosis and treatment, and document the results accurately. Documentation must be adequate to demonstrate that the service was provided and that the service followed the student's IEP, IHP, or IFSP. In order to be reimbursed for services rendered, the LEA must submit interim claims within 12 months of the date of service.
- The LEA may either purchase software for the claims' submission function or it may utilize the services of a billing agent. The cost of this process is the responsibility of the LEA. The state's fiscal agent will assist with information regarding the required software. A contract with a billing agent to assist the LEA Coordinator to perform some of the duties required to bill Medicaid is at the discretion of the school district. However, the school district has the final responsibility for making sure that all activities are performed correctly. It is the responsibility of the LEA Coordinator to ensure accurate claim preparation within the designated timeframes, maintain documentation in support of claims, and complete the program specific invoices provided by LDH.

LDH utilizes custom-developed claims development software to provide cost/claim generation to the LEAs. All forms are sent electronically by LDH to the participating LEA. The accuracy and completeness of the submitted forms must be certified by the LEA's Business Manager.

- The National Correct Coding Initiative (NCCI) (also known as CCI) was implemented by Centers for Medicare and Medicaid Services (CMS) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. NCCI **code pair edits** are automated prepayment edits that prevent improper payment when certain codes are submitted together for covered services by a single provider. Because LEAs are recognized as single providers and often provide multiple services to students with disabilities on a single day, claims may be denied with error code 759 (CCI: Incidental –History), one of the error codes related to the mandated NCCI edits. To resolve these NCCI edits, districts must use modifier 59 on all claims when two or more services are billed for a student on the same day that were performed by separate clinical staff.

Modifier 59 indicates that a procedure or service was distinct or independent from other services performed on the same day by the same provider (the LEA). Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or student encounter, a different type of therapy or procedure performed on the same day by the same provider (LEA).

If the school district has been denied claims for multiple services provided for a single student on the same day with error code 759 or others that are specifically identified as CCI edits, it should re-submit the claims and add the modifier 59 to the second and third claims listed with the same service date.

- All LEAs must participate in the Random Moment Time Study for each of the reimbursement program options. The submission of accurate data files for the time studies are required quarterly and are essential to proper LEA reporting and reimbursement for EPSDT Health Services, Behavioral Health and Nursing Services time sampling. The time study process (including the required reporting) was completely redesigned in 2013 and is now conducted electronically. All of the sampling is completed by LEA employees on-line and as such, there is no need for a third party agent.

Specific Requirements for Behavioral Health and Transportation Reimbursements

- **Behavioral Health**
Claims for Behavioral Health Services were processed through the Louisiana Behavioral Health Partnership until July 1, 2015. The LA Department of Health received approval from CMS to allow the LEAs to submit claims for behavioral health services directly to Molina, just as they had been doing for the EPSDT services. Beginning July 1, 2015, LEAs may elect to enter all behavioral health service encounters into the LDOE Special Education Report/Related Services Medicaid (SER/RSM) system or they may elect to use a different system. The SER/RSM system includes all of the fields necessary to develop a claim and this system provides a structured approach to ensure that all needed documentation is available at the time of the audit. Third party billing agents may be used but are not necessary to claim reimbursement for behavioral health services.
- **Special Transportation**
Payments for special transportation claims are based on the most recent school year's actual cost using LDH's Cost Report for Special Transportation. A special transportation trip is considered billable on the same day that a Medicaid-eligible student is receiving IDEA services. Documentation must be adequate to demonstrate that the health/medical service was provided, that the need for the special transportation service was authorized by the student's IEP, and that the student rode the bus to and/or from the site of the Medicaid service. This requires utilization of a method to match the required elements (IEP authorization and actual service provision) with the ridership logs required for billing. Documentation for transportation reimbursement must be maintained in accordance with Medicaid guidelines. The LEA must submit a request to LDH for a copy of the Cost Report for Special Transportation as it is not disseminated statewide on an annual basis. Third party billing agents are not necessary to claim reimbursement for special transportation.

Medicaid Policies Related to Expenditure of Reimbursements

Medicaid payments from EPSDT Health Services must be spent on the provision of health related services to children, regardless of their Medicaid status. Expenditures should be prioritized for expanding service delivery through additional employed or contracted staff before allocating funds for equipment and supplies, administrative support activities, capital improvements, or meeting the individual needs of children with disabilities. ***NOTE: Medicaid funds may not be used for strictly educational or non-medical purposes. (LDH: EPSDT Health Services IDEA-Related Services, Chapter Twenty of the Medicaid Services Manual; Issued March 01, 2013)***

SECTION 2

OVERVIEW OF LOUISIANA'S MEDICAID PROGRAM

Roles and Responsibilities

Role of the Louisiana Department of Health

The Louisiana Department of Health (LDH) is the state agency responsible for administration and operation of Louisiana's Medicaid Program under Title XIX of the Social Security Act and the Louisiana Children's Health Insurance Program (LACHIP) under Title XXI of the Social Security Act. LDH administers Louisiana's Medicaid Program in accordance with the Louisiana Medicaid State Plan, which is approved by the Center for Medicare and Medicaid Services (CMS). CMS is the federal agency within the U.S. Department of Health and Human Services that is responsible for federal oversight of the Medicare, Medicaid and LACHIP programs. LDH contracts with a number of entities to perform various functions on its behalf. These include:

Molina Healthcare (Molina), the fiscal agent, is responsible for processing all fee-for-service claims. MOLINA also supports recipient eligibility verification and third party liability functions, as well as Medicaid provider enrollment and provider assistance with billing or payment issues. Provider Field Analysts are available to help you. A MOLINA Provider Field Analyst is assigned to assist providers within a specific geographic area of the state. Analysts can visit your office to provide you with detailed assistance upon request. To identify the analyst assigned to your area, go to www.lamedicaid.com and click on Provider Support/Field Analysts links.

A claims development contractor to conduct the statewide time studies using the Random Moment Sampling (RMS) methodology and produces implementation plans, reports and develops and submit the claims on behalf of the LEAs.

Role of the Louisiana Department of Children and Family Services

Louisiana's Medicaid Program provides medical coverage for needy Louisiana residents who qualify. Individuals who receive Supplemental Security Income (SSI) from the Social Security Administration (SSA) automatically get Medicaid. Families who get help from the Department of Children and Family Services, formerly known as the Office of Family Services, Economic Stability through the Family Independence Temporary Assistance Program (FITAP) also receive Medicaid. Individuals or families who do not receive SSI or FITAP cash may also qualify for Medicaid.

An individual or family who does not get SSI or FITAP must fill out and submit an application form to determine eligibility. Applying may begin with either a face-to-face or telephone interview, but an interview is not required. Applying can be done personally, by an authorized representative by mail, online, at a local Medicaid Office, or at a Medicaid Application Center. The local Medicaid Office will help applicants complete the application. They can be reached by telephone toll-free at 1-888-342-6207 or TTY 1-800-220-5404, or at the website www.medicaid.la.gov for applications or more information.

Role of the Louisiana Department of Education

The LDOE is the state agency responsible for general oversight of Louisiana's school districts' compliance with the requirements of the Individuals with Disabilities Education Act (IDEA), 20 USC § 1400 et seq. The LDOE serves as a liaison between LEAs and the Medicaid Program by facilitating implementation of Medicaid programs in schools. In this role, the LDOE also provides assistance to LDH with research, financial reporting and account reconciliation, as needed. The LDOE also initiates policy discussions with LDH on behalf of LEAs regarding the scope and coverage of Medicaid covered services.

The LDOE also has a significant role in the claims process for behavioral health. Beginning in SY 15-16, the LEAs have three options for submitting claims for behavioral health: 1. The LEA may continue to take advantage of the LDOE SER/RSM tracking system to ensure staff are in compliance with all mandated requirements for all encounters/sessions for behavioral health services. This system provides the LEA with a very creditable method of accountability for all services provided and offers a unique opportunity to recover costs without the services of a billing agent. 2. The LEA may purchase software that will interface with the SER/RSM tracking system to submit claims. Or 3. The LEA may contract with a third party billing agent.

Role of the Local Education Agency (LEA)

- The LEA must enroll as a Medicaid provider. This includes notifying Medicaid of any change in address, tax ID or other information required to keep Medicaid provider enrollment records current at all times.
- As the billing provider for School-Based EPSDT Health services, nursing services, and behavioral health services, the LEA must ensure that its schools' rendering providers (clinicians and practitioners) meet all of Medicaid's licensure, certification, and other criteria to qualify as Medicaid providers and provide services for which Medicaid reimbursement is claimed.
- The LEA must safeguard student records in accordance with the Family Educational Rights and Privacy Act (FERPA), applicable provisions of HIPAA, and Louisiana Revised Statute 17:3913 and 3914.
- School districts are required by IDEA to obtain parental consent to disclose information and bill Medicaid for services and to provide the parent or guardian with annual notice of the disclosure. The signed release and annual notice must be the 2013 version published by the LDOE. A copy of the signed consent form must be retained for IDEA compliance monitoring purposes. The form is available on the LDOE, Special Education Reporting System (SER) IEP format and in the Appendix. A Parent Information Handout explaining the purpose and benefits of Medicaid billing can also be found in the Appendix.
- If audited by the State or Federal Government or their agents, the Medicaid-participating LEA must openly disclose all Medicaid records required for audit purposes.

- The LEA must provide all services that are listed in the student’s IEP and/or IHP, regardless of whether the services are Medicaid-covered and can be billed to Medicaid.
- The LEA must ensure that errors in billing are corrected as soon as possible and that claims are resubmitted appropriately.
- The LEA must ensure that it bills only for Medicaid-covered services that are listed in the student’s IEP and/or IHP or covered nursing interventions rendered by a Medicaid-qualified provider, and provided on dates of service when the student was enrolled in Medicaid.
- The LEA must ensure that it adheres to Louisiana Medicaid Program requirements for claims submission and coding.
- The LEA must retain service documentation that supports its claims for Medicaid reimbursement and meets the minimum Medicaid requirements for seven (7) years.
- LEAs that contract with a Medicaid billing agent are strongly encouraged to draft a contract that clearly outlines the agent’s roles and responsibilities and the responsibilities of the LEA. To facilitate billing agent adherence to program requirements, the LEA is encouraged to share with its billing agent copies of Medicaid publications, such as manuals, provider bulletins, and newsletters. Publications can be accessed at www.lamedicaid.com.
- The LEA must monitor its billing practices, including those of its contracted billing agent, to ensure consistency with Medicaid Program policies and requirements. The LEA, not the billing agent, is held accountable for errors or omissions in the claims submission.
- The use of a billing agent/consultant should not substitute for LEAs establishing a close working relationship with the state Medicaid agency and the Department of Education. Both agencies can provide technical assistance to school districts and expedite problem solving on policy issues for LEAs.
- Because LDH/Medicaid is responsible for the operation of its program, it is imperative the LEAs make a concerted effort to formulate a positive relationship with staff in the Medicaid agency. If both parties can make an effort to establish a working relationship, communication will decrease confusion and foster understanding, thereby improving the provision of services to children.

Medicaid Eligibility

General Eligibility Categories Applicable to Students

Individuals are eligible for Medicaid if they fall into a categorical eligibility group and meet the financial eligibility requirements. Groups categorically eligible for Medicaid include: (a) low income families, (b) pregnant women, (c) children, and (d) aged, blind, and disabled individuals. If an individual’s income exceeds Medicaid eligibility income standards, he or she

may still qualify for Medicaid coverage on a month-by-month basis. While there is no eligibility category designated for special education students, generally, children in low-income families (with family incomes up to 200 percent of the federal poverty level) or children who are disabled qualify for Medicaid. LEAs can use this information as a guide when assisting students and families who may qualify for assistance.

Eligibility Verification Requirements

In order for the LEA to bill for Medicaid-covered IEP services and nursing interventions, the student must be eligible for Medicaid on the date the service is rendered. A re-determination of a student's Medicaid eligibility is performed every six months for students in families receiving cash assistance benefits (i.e., Temporary Assistance for Needy Families or "TANF") and for families receiving food stamps. For all other students, eligibility re-determination is completed annually. However, a change in a student's or family's circumstances may cause Medicaid eligibility to change from month to month. The LDOE SER/RSM receives monthly eligibility updates from Molina for all students receiving special education services. Verification for these students is a relatively simple process through SER/RSM. Since it is the LEAs responsibility to verify the recipient's eligibility prior to billing, the LEA should verify eligibility at least monthly. LEAs may also access eligibility information via the web-based application on the Louisiana Medicaid website, www.lamedicaid.com or by calling the Recipient Eligibility Verification System (REVS) at 1-800-776-6323. If a claim is denied because a student is not eligible, the LEA or billing agent may verify the student's eligibility status periodically to see if the student was enrolled in Medicaid retroactively. Providers have one year from the date of service to file a claim and may recheck eligibility again before the end of the one-year filing period to verify for retroactive Medicaid eligibility. The student's eligibility may have been updated during the year, and the LEA can bill for the Medicaid covered IEP and/or IHP services provided the student was retroactively Medicaid eligible for the date of the service and the service is billed to Medicaid within the one year from date of service time period.

SECTION 3

STEPS TO BECOMING A MEDICAID PROVIDER

Qualifications

General qualifications for LEAs to enroll in Medicaid are:

1. The entity must be recognized by the Louisiana Department of Education as a public LEA. Individual charter schools recognized as Type 2 or Type 5 are considered LEAs and are eligible to be Medicaid providers. Other types of charter schools, such as Types 1, 3 or 4, must claim through their fiscal agent/LEA.
2. The LEA must complete, sign, date, and submit the original provider agreement and all other required Medicaid enrollment forms. The LEA must satisfy all elements of the provider agreement, including, but not limited to, agreeing to provide services to all Medicaid-enrolled students who are eligible for and choose to receive covered services from the LEA.

Enrollment

To receive Medicaid reimbursement, an LEA must be enrolled as a Medicaid provider. All Medicaid providers are enrolled in accordance with applicable requirements for the provider's designated type and specialty.

In Louisiana, for Medicaid-covered EPSDT Health Services, Nursing Services, and Behavioral Health Services, LEAs must enroll as EPSDT Health Services, Provider Type 70 (EPSDT Health Services). Medicaid provider enrollment of LEAs is performed by Medicaid's fiscal agent, MOLINA.

For the necessary forms and enrollment assistance, contact Molina Provider Enrollment at 225-216-6370. Forms are also available from the Louisiana Medicaid website at www.lamedicaid.com following the Provider Enrollment link. Provider enrollment requires completion of a two-step process: 1) completion of the Basic Enrollment Packet for each provider type; and 2) completion of the additional Enrollment Packet applicable to each provider type (for LEAs, this is Provider Type 70 - EPSDT Health Services).

Each LEA must sign a Medicaid provider agreement to enroll in Medicaid. Please note that the Medicaid provider agreement changes periodically. Recent changes included the addition of a standard ethical statement and a requirement for all newly enrolling Medicaid providers to establish an Electronic Funds Transfer (EFT) account for bill payment.

Once the Medicaid provider enrollment process is completed, the LEA is assigned a unique seven digit Medicaid provider number that is usually referenced as the provider's Medicaid billing number. Detailed Medicaid provider enrollment requirements can be found at www.lamedicaid.com.

Claims are submitted via electronic media claims (EMC) submission to Molina/Louisiana Medicaid. With electronic media, a provider sends Medicaid claims to Molina via

telecommunications. The EMC Department of MOLINA will provide EMC specifications that contain the data and format requirements for creating EMC claims.

Annual Certifications for EPSDT Health Services and Behavioral Health

The LEA must have an Annual Certification Form on file with Louisiana Medicaid to allow ongoing submission of electronic claims. The form is submitted to MOLINA – EDI Department. Failure to submit an updated Certification form timely will result in termination of the submitter number, thus preventing the transmission of electronic claims to Louisiana Medicaid. This form must be submitted by December 31 of each year.

National Provider Identifier

The National Provider Identifier (NPI) is a federally-mandated identification number issued to health care providers. All individual and organizational health care providers that are HIPAA-covered entities must obtain an NPI to identify themselves on billing transactions.

LEAs may apply online at <https://nppes.cms.hhs.gov> or complete and submit to the National Plan and Provider Enumeration System (NPPES) the paper form (available from the above Web site). LEAs are required to provide an NPI in order to process any transaction or correspondence with Provider Enrollment (such as change of address requests, group linkages, direct deposit, and any other correspondence). As part of the NPI enumeration process, Medicaid-participating schools are asked to enter the federal tax ID number and mailing (street) address, indicate that they function as a group/organization, rather than an individual health care provider, and choose a "taxonomy code" that describes their health care provider type and specialty. When applying for an NPI, the LEA or state-operated school should select the following taxonomy code for Local Education Agency:

“Local Education Agency (LEA) 251300000X – *The term local education agency means a public board of education or other public authority legally constituted within a State to either provide administrative control or direction of, or perform a service function for public schools serving individuals ages 0 – 21 in a state, city, county, township, school district, or other political subdivision including a combination of school districts or counties recognized in a State as an administrative agency for its public schools. An LEA may provide, or employ professionals who provide, services to children included in the Individuals with Disabilities Education Act (IDEA), such services may include, but are not limited to, such medical services as physical, occupational, and speech therapy.*”

Qualifications and Enrollment for the “Rendering Provider” in the School Setting

While the LEA is the “billing provider” for Medicaid-covered services it provides to the Medicaid-eligible student, the rendering provider is the practitioner who performs the direct medical service. This section generally describes the requirements rendering providers must meet in order for LEAs to bill Medicaid for Medicaid-covered IEP and/or IHP services they perform. As the billing provider for Medicaid-covered services, the LEA is responsible for ensuring that its rendering providers (employees or contractors who perform services) meet all applicable Medicaid provider qualifications, including licensure, certification, and other academic or professional requirements.

The rendering provider must meet Medicaid-qualified provider criteria if the LEA bills Medicaid for the services he/she performs. These criteria include state licensure, and in some cases certification, registration or other professional or academic credentials. In addition, the rendering provider must be providing services within the scope of his or her licensure or certification and, if applicable, be supervised as required by professional practice acts. ***NOTE: Medicaid may impose additional requirements for supervision of non-physician practitioners. Practitioners providing IEP/IHP services must not appear on the DHHS Office of Inspector General’s “List of Excluded Individuals,” which is available online at the Excluded Parties List System (EPLS) at <http://www.epls.gov>.***

The rendering provider is an employee or contractor of the LEA. The individual practitioner/rendering provider need not be enrolled in the Medicaid Program in order for the LEA to bill for covered IEP and/or IHP services performed by that practitioner. However, the practitioner must meet all applicable Medicaid provider qualifications. It is the responsibility of the LEA to ensure that the rendering provider satisfies the Medicaid provider qualifications, as well as applicable state licensure and certification requirements for his or her discipline.

Even if the rendering provider is enrolled in Medicaid and has a provider number, the LEA provider number must be used in both the “rendering provider” and “billing provider” fields on the Medicaid claim form or electronic claim transaction when billing for Medicaid-covered IEP or health-related services.

Matching Funds

LEAs that have entered into a contract with Medicaid to provide Medicaid-covered services must certify the availability of non-federal (state/local) funds expended for these compensable services equal to the required state share match. Schools can only use state/local monies for matching Medicaid. LEAs may not use federal funds for the required match. The match calculation is based upon a formula which compares individual state income to the continental United States income in order to determine ratios the federal government will utilize in assisting each state. No state’s federal ratio will go lower than 50% or higher than 83%.

If a federal grant has a cash match requirement, the funds used for the match cannot also be used as a match for Medicaid.

Compliance with State and Federal Guidelines

The federal Center for Medicare and Medicaid Services (CMS) is charged with dispensing federal Medicaid funds to the State of Louisiana for the provision of services to Medicaid-eligible populations and the administration of Medicaid Programs. In turn, to ensure federal funding, Louisiana must abide by CMS’ guidelines and regulations including but not limited to, the flow of program dollars, reporting deadlines, quality, and service delivery.

The rules under the *Individuals With Disabilities Education Improvement Act of 2004* (IDEA) regarding the use of public benefits, such as Medicaid, require school districts to obtain consent from a parent before accessing a child’s Medicaid benefits. IDEA and the *Family Educational Rights and Privacy Act* (FERPA) also require schools to obtain parental consent before disclosing information from a child’s education records to outside parties such as Medicaid or another public health insurance agency.

When a Louisiana school system seeks Medicaid reimbursement for IEP and/or IHP related services, there is no risk of decreasing the student’s available lifetime coverage or risk of loss of eligibility for home and community-based waivers based on total health-related expenditures. However, prior to accessing a child’s Medicaid benefits, the school system must assure the parent that seeking reimbursement for these services will not result in the family paying for services that the child needs outside of school, paying out of pocket expenses such as a deductible or a co-payment, or increased insurance premiums.

Confidentiality and Records Disclosure

This section is not intended as legal advice regarding how to comply with federal confidentiality requirements. However, it lays out some of the general requirements as they apply to student records that are relevant for Medicaid billing purposes. LEAs are encouraged to work with their legal advisors to ensure compliance with these laws and regulations.

Family Education Right to Privacy Act (FERPA) is the federal law that protects the privacy of student education records and applies to all schools that receive funding from the U.S. Department of Education. It provides rights to parents of minors that transfer to the children when they reach the age of 18. This section of the Guide discusses FERPA requirements as they apply to medical records.

Under the authority of the Health Insurance Portability and Accountability Act (HIPAA), the U.S. Department of Health and Human Services promulgated regulations to protect the confidentiality of health information. These regulations provide broad exemption for health records that are part of educational records and therefore protected under the Family Educational Rights and Privacy Act (FERPA).

It is important for Medicaid-participating LEAs to understand how HIPAA and FERPA apply to student records. “Educational Records” are protected by FERPA, and records that are protected under FERPA are exempt from HIPAA requirements. However, HIPAA safeguards apply to student records transmitted electronically for Medicaid eligibility verification or claim transaction purposes. LEAs are encouraged to clarify with their legal advisors which records, under which circumstances, are and are not subject to protection under FERPA and HIPAA.

- ***Student/Parent Rights and School Responsibilities under FERPA***

Rights of parents and students; under FERPA: Parents of minor students and students 18 years old and older have the right to:

- a. Inspect and review the student's education records maintained by the LEA. LEAs are not required to provide copies of records unless it is impossible for parents or eligible students to review the records or where the adjudication of rights is implicated. LEAs may charge a fee for copies, subject to certain limitations.
- b. Request that an LEA correct records which they believe to be inaccurate or misleading. If the LEA decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the LEA still decides not to amend the record, the parent or eligible student has the right to

place a statement with the record setting forth his or her view about the contested information.

- ***Responsibilities of LEAs under FERPA***

Generally, LEAs must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under any of the following conditions:

- a. LEA officials with a legitimate educational interest.
- b. Other LEAs to which a student is transferring.
- c. Specified officials for audit or evaluation purposes.
- d. Appropriate parties in connection with financial aid to a student.
- e. Organizations conducting certain studies for or on behalf of the LEA.
- f. Accrediting organizations.
- g. To comply with a judicial order or lawfully issued subpoena.
- h. To appropriate officials in cases of health and safety emergencies.
- i. To state and local authorities, within a juvenile justice system, pursuant to specific State law.

- ***Responsibilities of LEAs under La. R.S. 17:3913 and 3914***

The LEAs are required to implement processes to protect the privacy of student information and data sharing. LEAs are able to share personally identifiable information about students with others as long as the data sharing meets one of the law's limited exceptions as described in the Policy Guidance which may be accessed at <http://www.louisianabelieves.com/docs/default-source/data-management/act837677guidance.pdf>. In accordance with the legislation, LEAs:

- a. are prohibited from requiring the collection of non-academic data about students such as political affiliation and religious practices.
- b. are permitted to share personally identifiable information under specific circumstances.
- c. are prohibited from allowing anyone to access student information that is stored by schools or LEAs except authorized stakeholders such as parents, teachers, principals, superintendents, or a person authorized by the state to audit student records.

Cost Reporting and Interim Rates

Under the School-Based EPSDT Health Services Program, the school systems certify the state match and LDH passes the federal portion of the match to the school system. To identify actual costs, the school systems must participate in a CMS approved time-study methodology and must submit a cost report at the end of the fiscal year. The cost reports ensure that the district is not paid more than its actual cost. Submittal of the cost report is required by CMS on an annual basis.

The school districts continue to bill for services throughout the year to have cash flow. However, these payments act as interim payments. At the end of the state fiscal year, when the cost report

is submitted and reviewed, LDH will determine actual cost and will cost settle and reimburse the LEA for the actual costs in the preceding year.

A cost-based approach results in higher rates than the current Medicaid fee schedule amount. The LEAs certify the state match. Therefore, the higher rates result in increased federal funding flowing into the school district to enhance healthcare services for students while remaining budget neutral for the State of Louisiana.

Note: This is a reminder that LDH will withhold 15% of the Federal Share of Medicaid reimbursement in order to cover the costs of administering the program.

Subcontracting

LEAs may choose to contract with a third party billing agent to assist with preparation and submission of their Medicaid claims for services. Although consultants are very valuable in that they can provide advice on the requirements associated with seeking Medicaid payment, the state Medicaid agency is the authority on the specific requirements associated with seeking Medicaid reimbursement in the state. Billing agents/consultants can be costly, as they can charge up to 20 percent of the LEA recovered amount. LEAs are reminded that this fee is in addition to the 15% administrative fee paid to LDH for the EPSDT Health Services Program, 5% administrative fee for the Behavioral Health Services Program and approximately 30% of the recovered amount to cover the cost of the state match.

LEAs should be mindful that the billing agent is not legally responsible for appropriate and accurate billing. This is the responsibility of the LEA. If the billing agent works in other states that have been audited, it may be helpful to review any adverse audit findings with the contractor. When contemplating this type of contractual arrangement, it may be helpful to consult other LEAs with experience in this area. LEAs are encouraged to conduct a realistic assessment of what the consultants are offering to deliver. This will ensure that the proposals formulated by the consultants will meet the necessary Federal and State standards. The LEA is solely responsible for claims submitted by its billing agent. Listed below are a few general questions to consider when entering into a billing arrangement.

- ***Suggested Questions To Ask Prospective Billing Agents:***
 1. What is the extent of the Medicaid billing agent's knowledge of special education and school practices?
 2. What is the extent of the agent's general knowledge of the Medicaid Program; of applicable federal and *Louisiana's* state laws, rules and regulations; and of School-Based Medicaid IEP services, in particular?
 3. How long has the agent been in business in Louisiana? In other states?
 4. Ask for references, and contact them.
 5. Where/how will the agent keep claims documentation and individually identifiable student data?

6. What kind of feedback will the agent provide to the LEA on the adequacy of the documentation prepared by the LEA's service providers?
 7. What kind and frequency of standardized reports will the agent provide to the LEA?
 8. What kind of feedback will the agent provide to the LEA on reasons for claims denials?
 9. What, if any, self-auditing or compliance monitoring does the billing agent perform, and will the findings be shared with the LEA?
 10. What are the agent's expectations of the LEA? For example, what data will it require from the LEA, and how often? Will school personnel choose among coding and time increment options from a menu when entering data into the agent's system, or will school personnel enter only the service and time descriptions for the agent to translate into billing codes and units/time increments, as appropriate?
 11. How will the agent charge for its services, based on Medicaid reimbursements, number of paid claims transactions, other fee structure? Are fees all-inclusive?
- ***Items to Consider When Drafting a Contract or Request for Proposals (RFP):***
 1. What are the specific responsibilities of the LEA and the billing agent?
 2. Is there a clause in the proposed contract for mutual or unilateral discontinuance?
 3. Does the LEA establish a schedule for the billing agent to submit claims or required reports? Is there a penalty for non-compliance?
 4. To what extent will the agent refund money to the district if any claims are disallowed or result in a refund to the Medicaid Program?

SECTION 4

EPSDT HEALTH SERVICES (IDEA)

The Medicaid Program can pay for certain medically necessary services which are specified in Medicaid law when provided to individuals eligible under the state plan for medical assistance. This section applies to enrolled Local Education Agencies (LEAs) and describes the coverage and reimbursement policy for the School-Based Health Services. Coverage applies to individuals up to the age of 21 who are eligible under the provisions of the Individuals with Disabilities Education Act (IDEA) as amended in 2004 and enrolled in programs that require an Individualized Education Program (IEP). The Center for Medicare and Medicaid Services (CMS) has determined that services provided in the “school” setting include services provided by qualified school staff in the “home” setting, when necessary (i.e. the student is receiving special education in the homebound setting).

The Social Security Act, as amended in 1988 by the Medicare Catastrophic Coverage Act, specifically provides for medical assistance (Medicaid) to cover “related services” which are specified in Federal Medicaid statute as medically necessary and “included in the child’s IEP established pursuant to Part B of the IDEA or furnished to a handicapped infant or toddler because such services are included in the child’s IFSP adopted pursuant to Part C of the Act.”

Although Section 504 of the Rehabilitation Act of 1973 requires local school districts to provide or pay for certain services to make education accessible to handicapped children, Medicaid reimbursement for education services is not allowed for these services. LEAs may claim Medicaid reimbursement for allowable school based Medicaid services for Medicaid eligible students also receiving services through Section 504.

Coverage is based on medically necessary Medicaid-covered services already being provided in the school setting and enables these services to be billed to Medicaid. This ensures federal participation in the funding of these Medicaid covered services. Enrollment as a Louisiana provider for services delivered in the school setting is limited to parish school districts and public non-profit charter schools established as an LEA under state law.

In October 2015, LDH received approval from CMS to change the provisions governing school-based nursing services covered in the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program to remove the Individualized Education Program requirement. As the result of this change, beginning July 1, 2015, LEAs may claim reimbursement for allowable services for all Medicaid eligible students with a current Individualized Health Plan (IHP), if required, or for other allowable school-based nursing services for all Medicaid eligible students. Additional information on allowable school-based nursing services is found in Section 7: Nursing Services.

General Guidance

The following provides general guidance for billing Medicaid for medical services authorized in a student’s IEP:

- The IEP serves as the Medicaid prior authorization for Medicaid-covered IEP services provided to a Medicaid-eligible student. *The IEP must identify the provider type, frequency,*

duration, and location of the services. Physician referrals are also required for occupational therapy and audiology services.

- *The LEA must obtain official consent from the parent(s) to bill Medicaid for covered IEP health-related services provided to the student. The parental consent to bill Medicaid form is part of the IEP process and is downloaded through the IEP system at the time of the IEP team meeting. After initial consent is obtained, the LEA must provide the parents with an annual notice regarding Medicaid reimbursements. (Sample forms in Appendix.)*
- When billing Medicaid, LEAs must use the Current Procedural Terminology (CPT) code that best describes the Medicaid-covered IEP services provided. For diagnostic purposes, the LEA must use approved DSM criteria (Diagnostic and Statistical Manual of Mental Disorders) for behavioral health or ICD 10 Codes (International Classification of (Diseases) for EPSDT services. Both the procedure codes and allowable diagnostic codes can be found in the LDOE SER/RSM system.
- LEAs must pay particular attention to *duration limits for each unit of service, as defined in the CPT code description.* There is not a default 15-minute unit for every CPT code.
- CPT codes are specific to rendering provider types and specialties. Thus LEAs *must ensure that they are billing for services for which the rendering provider is qualified.*
- LEAs are enrolled in Louisiana’s Medicaid Program as “billing providers.” The LEA’s individual rendering providers (e.g., therapists, psychologists, etc.) are not required to enroll in the Medicaid Program in order for the LEA to bill Medicaid for services they provide to Medicaid-eligible students. However, the rendering provider must meet the Medicaid provider qualifications for his/her provider type and specialty. *The LEA must enter its Medicaid provider number in both the rendering and billing provider fields on the Medicaid claim form or electronic claim transaction.*
- LEAs are required to participate in a Random Moment Sampling (RMS) for the collection of data to allocate costs for the EPSDT Program. Each LEA must designate a person to act as a liaison with LDH for the purpose of coordinating the time study. More information is provided in Section 9.
- LA Medicaid does not reimburse separately for developing or reviewing a student’s IEP.
- LEAs may only submit claims for staff whose salary comes out of state and/or local funds. If the salary comes out of multiple sources, including federal funds, the LEA may only claim the percentage of salary that comes from non-federal funds. LEAs may not claim reimbursement for the percentage of the salary that comes from federal funds.

LEAs may contact MOLINA Provider Relations at 1-800-473-2783 or 225-924-5040 for assistance with policy and billing questions or concerns. LEAs may also contact the MOLINA Provider Relations Field Analyst for their parish. The Field Analyst for each parish can be found on the Medicaid website, www.lamedicaid.com, following the Provider Support/Field Analysts links.

Verification of Medicaid Eligibility

It is the responsibility of the LEA to verify the recipient's Medicaid eligibility prior to billing. Verification of Medicaid eligibility is available for LEA providers through the Louisiana Department of Education SER/RSM Tracking System. LEAs or their billing agents may also access eligibility information via the web-based application, e-MEVS (Medicaid Eligibility Verification System) on the Louisiana Medicaid website, www.lamedicaid.com or by calling the Recipient Eligibility Verification System (REVS) at 1-800-776-6323 or (225) 216-7387.

Services Covered

Currently, under the School-Based EPSDT Health Services (IDEA) Program, LEAs may recover costs for Occupational Therapy, Physical Therapy, Speech and Language Therapy, and Audiology Therapy. Technically, Nursing services, and Behavioral Health also fall under EPSDT Health Services but are discussed separately under Sections 5 and 6.

Occupational Therapy Services

Definition	Occupational therapy includes the following services: <ol style="list-style-type: none">1. Evaluating students with disabilities by performing and interpreting tests and measurements and/or clinical observations of neurophysical, musculoskeletal, sensorimotor functions and daily living skills;2. Planning and implementing treatment strategies for students based on evaluation findings;3. Improving, developing, restoring or maintaining functions impaired or lost through illness, injury, or deprivation;4. Improving or maintaining ability to perform tasks for independent functioning when functions are impaired or lost; and5. Administering and supervising therapeutic management of students with disabilities, recommending equipment and providing training to parents and educational personnel.
Referral	Physician orders or referrals must be obtained upon initiation of service and annually thereafter. The LEA must maintain documentation of such order or referral in the student's records.
Provider Qualifications	For Medicaid reimbursement, the therapy service must be provided by: <ul style="list-style-type: none">• A Registered Occupational Therapist, an individual who has a valid license to practice occupational therapy in Louisiana in compliance with R.S. 37:3001-3014, as administered by the Board of Medical Examiners.• A Certified Occupational Therapy Assistant (COTA) acting within his/her scope of practice, under the direct, on-site supervision of the Registered Occupational Therapist as prescribed by OT practice standards.

	<p>Providers must meet all applicable state and federal laws governing Medicaid provider qualifications, licensure and practice standards and certification required by the Louisiana Department of Education.</p>
<p>Evaluations for Occupational Therapy</p>	<p>Occupational therapy evaluations determine the Medicaid-eligible student’s level of functioning and competencies through professionally accepted techniques. Additionally, occupational therapy evaluations are used to develop baseline data to identify the need for early intervention and to address a student’s functional abilities, capabilities, activities performance, deficits, and limitations.</p> <p>To be reimbursed by Medicaid, the evaluation must be conducted by a registered occupational therapist. An occupational therapy assistant may not perform an evaluation.</p> <p>The evaluation must address all of the components required by the Pupil Appraisal Handbook (Bulletin 1508) to meet the requirements of the LA Department of Education.</p> <p>Required Components</p> <p>To be reimbursed by Medicaid, documentation must meet the general requirements, which would include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Student’s name. 2. Diagnostic testing and assessment. 3. A written report with needs identified. <p>Diagnostic testing may be standardized or may be composed of professionally accepted techniques. Any available medical history records should be filed in the student’s records.</p>
<p>IEP Components</p>	<p>If an evaluation indicates that occupational therapy intervention is warranted, the licensed occupational therapist (not a COTA) must, in conjunction with the IEP team, develop and maintain an IEP. The IEP must include the following information:</p> <ol style="list-style-type: none"> 1. Student’s name. 2. Description of student’s special education and related services’ needs. 3. Achievable, measurable, time-related goals or objectives that are related to the functioning of the student and address the type of services the student will need. 4. Frequency and duration of the service. <p>An IEP must be updated annually. The IEP must be updated more frequently if the student’s condition changes. A physician’s order is needed before</p>

	<p>initiation of service on an annual basis. However, if the student’s medical condition requiring his or her therapy significantly changes, then a physician’s order may also require updating.</p> <p>A student’s IEP must be reviewed and updated according to the level of progress. If a determination is made during treatment that additional services are required, these services may be added to student’s IEP. In the event that services are discontinued, the physical therapist must indicate in the student’s record the reason for discontinuing treatment.</p> <p>Medicaid does not reimburse separately for developing or reviewing a student’s IEP.</p>
Services	<p>Occupational therapy services may include:</p> <ul style="list-style-type: none"> • Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions; • Wheelchair management/propulsion training; • Independent living skills training; • Coordinating and using other therapies, interventions, or services with the assistive technology device (ATD); • Training or technical assistance for the student or, if appropriate, the student’s parent/guardian; • Training or technical assistance for professionals providing other education services to the student receiving ATD services; • Neuromuscular reduction of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities; • Evaluating the needs of the student, including a functional evaluation of the student. ATD services are intended to directly assist a student with a disability in the selection, coordination of acquisition, or use of an ATD; or, • Selecting, providing for the acquisition of the device, designing, fitting, customizing, adapting, applying, retaining, or replacing the ATD, including orthotics.
Procedure Codes	<p>The following procedure codes are the most frequently used in school-based services. Additional codes may be used as needed.</p> <ul style="list-style-type: none"> • 97003 – Occupational therapy evaluation • 97110 – Therapeutic procedure, one or more areas, each 15 minutes. Therapeutic exercises to develop strength and endurance range of motion and flexibility • 97112 – Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

- **97530** – Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance); each 15 minutes
- **97533** – Sensory integrative activities to enhance sensory processing and promote adaptive response to environmental demands, each 15 minutes
- **97760** – Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremities, lower extremities, lower extremities and/or trunk, each 15 minutes

OT procedure codes can be found in the SER/RSM system and are updated as needed.

Medicaid reimburses only for direct, one-to-one student contact services, billed as units of time, in physical and occupational therapy.

Physical Therapy Services

<p>Definition</p>	<p>Physical therapy includes the following services;</p> <ol style="list-style-type: none"> 1. Evaluating students with disabilities by performing and interpreting tests and measurements and/or clinical observations of neurophysiological, musculoskeletal, cardiovascular, respiratory, and sensorimotor functions; 2. Planning and implementing treatment strategies for students based on evaluation findings; 3. Improving, maintaining and/or slowing the rate of regression of the motor functions of a student to enable him/her to function in his/her educational environment; and 4. Administering and supervising therapeutic management of students with disabilities, recommending equipment and providing training to parents and educational personnel.
<p>Referral</p>	<p>In accordance with SB 291, LA Physical Therapy Act, 2016, a physician’s referral for PT services is no longer required by LDH Medicaid.</p>
<p>Provider Qualifications</p>	<p>For Medicaid reimbursement, the therapy service must be provided by:</p> <ul style="list-style-type: none"> • A Physical Therapist who has a valid Louisiana license to practice physical therapy in compliance with R.S. 37:2401-2424, as administered by the Louisiana State Board of Physical Therapy Examiners. • A Physical Therapy Assistant (PTA) acting within his/her scope of practice, under the direct, on-site supervision of the Licensed Physical Therapist as prescribed by the Louisiana State Board of Physical Therapy Examiners <p>Providers must meet all applicable state and federal laws governing Medicaid provider qualifications, licensure and practice standards and certification requirements of the Louisiana Department of Education.</p>
<p>Evaluations for Physical Therapy</p>	<p>Physical therapy evaluations determine a Medicaid-eligible student’s level of functioning and competencies through professionally accepted techniques. Additionally, physical therapy evaluations are used to develop baseline data to identify the need for early intervention and to address the student’s functional abilities, capabilities, activities performance, deficits, and limitations.</p> <p>To be reimbursed by Medicaid, a physical therapy evaluation must be conducted by a licensed physical therapist. It must be based on the physical therapist’s professional judgment and the specific needs of the student. A physical therapist assistant may not perform an evaluation.</p>

<p>Evaluations for Physical Therapy continued</p>	<p>The evaluation must address all of the components required by the Pupil Appraisal Handbook (Bulletin 1508) to meet the requirements of the LA Department of Education.</p> <p>Required Components</p> <p>To be reimbursed by Medicaid, an evaluation must include the following components:</p> <ol style="list-style-type: none"> 1. Student's name; 2. Diagnostic testing and assessment; and 3. A written report with needs identified. Diagnostic testing may be standardized or may be composed of professionally accepted techniques. Any available medical history records should be filed in the student's records.
<p>IEP Components</p>	<p>If an evaluation indicates that physical therapy intervention is warranted, the licensed physical therapist, (not a PTA) must, in conjunction with the IEP team, develop and maintain an IEP. The IEP must include the following information:</p> <ol style="list-style-type: none"> 1. Student's name. 2. Description of student's special education and related service needs. 3. Achievable, measurable, time-related goals or objectives that are related to the functioning of the student and address the type of services the student will need. 4. Frequency and duration of the service. <p>An IEP must be updated annually. The IEP must be updated more frequently if the student's condition changes.</p> <p>A student's IEP must be reviewed and updated according to the level of progress. If a determination is made during treatment that additional services are required, these services may be added to student's IEP. In the event that services are discontinued, the physical therapist must indicate in the student's record the reason for discontinuing treatment.</p> <p>Medicaid does not reimburse separately for developing or reviewing a student's IEP.</p>

<p>Services</p>	<p>Physical therapy services include:</p> <ul style="list-style-type: none"> • Gait training; • Training in functional mobility skills (e.g., ambulation, transfers, and wheelchair mobility); • Stretching for improved flexibility; and • Modalities to allow gains of function, strength or mobility.
<p>Procedure Codes</p>	<p>The following procedure codes are the most frequently used in school-based services. Additional codes may be used as needed.</p> <ul style="list-style-type: none"> • 97001 – Physical therapy evaluation • 97110 – Therapeutic procedure, one or more areas, each 15 minutes therapeutic exercises to develop strength and endurance, range of motion and flexibility • 97112 – Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities • 97116 – Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing) • 97535 – Self-care/home management training compensatory training, safety procedures, and instructions in use of , each 15 minutes • 97542 – Wheelchair management/propulsion training, each 15 minutes • 97760 – Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremities, lower extremities, lower extremities and/or trunk, each 15 minutes <p>PT codes can be found in the SER/RSM system and are updated as required.</p> <p>Medicaid reimburses only for direct, one-to-one student contact services, billed as units of time, in physical and occupational therapy.</p> <p>NOTE: Per LDH Medicaid, Code 97530 is only available for OT services.</p>

Speech and Language Therapy

Definition	Speech and language pathology services include: <ol style="list-style-type: none">1. Identification of students with speech or language impairments;2. Diagnosis and appraisal of specific speech or language impairments;3. Referral for medical or other professional attention necessary for the habilitation of speech or language impairments, as appropriate;4. Provision of speech and language services for the habilitation of communication or prevention of communication impairments;5. Assessment and interventions for augmentative/alternative communication; and,6. Counseling and guidance of parents, students, and teachers regarding speech and language impairments.
Referral	Speech therapy services do not require an order from a physician. The IEP serves as the referral for the services.
Provider Qualifications	LEAs can bill Medicaid for IEP speech and language pathology services provided to a Medicaid-eligible student by a speech and language pathologist who is licensed by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology, who is providing services within his/her scope of licensure, and: <ol style="list-style-type: none">1. Has a certificate of clinical competence (C's) from the American Speech and Hearing Association;2. Has completed the academic program and is acquiring supervised work experience to qualify for the certificate; or,3. Has completed the equivalent educational requirements and work experience necessary for the certificate. <i>(Note: Number 3 would include those individuals who previously had the certificate, but opted not to maintain it, as well as those who were qualified to obtain the certificate, but chose not to obtain it.)</i> Provider must meet all applicable state and federal laws governing Medicaid provider qualifications, licensure and practice standards and certification requirements of the Louisiana Department of Education.

<p>Evaluations for Speech, Language and Hearing Therapy</p>	<p>Speech and language pathology evaluations determine a Medicaid-eligible student’s level of functioning and competencies through professionally accepted techniques. Additionally, speech and language pathology evaluations are used to develop baseline data to identify the need for early intervention and to address the student’s functional abilities, capabilities, activities performance, deficits, and limitations.</p> <p>The evaluation must address all of the components required by the Pupil Appraisal Handbook (Bulletin 1508) to meet the requirements of the LA Department of Education.</p> <p>Required Components</p> <p>To be reimbursed by Medicaid, documentation must meet the general requirements which would include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Student’s name; 2. Diagnostic testing and assessment done; and, 3. A written report with needs identified. <p>Diagnostic testing may be standardized or may be composed of professionally accepted techniques. Any available medical history records should be filed in the student’s records.</p>
<p>IEP Components</p>	<p>If an evaluation indicates that speech and language pathology treatment is warranted, the licensed speech and language pathologist must, in conjunction with the IEP team, develop and maintain an IEP or IFSP. A student’s IEP must include the following information:</p> <ol style="list-style-type: none"> 1. Student’s name. 2. Description of student’s special education and related service needs. 3. Achievable, measurable, time-related goals or objectives that are related to the functioning of the student and address the type of services the student will need. 4. Frequency and duration of the service. <p>A student’s IEP is required to be updated annually or more frequently if the student’s condition changes. Each IEP must contain all the components listed in this Section.</p> <p>In the event that services are discontinued, the licensed speech-language pathologist must indicate in student’s record the reason for discontinuing treatment.</p>

<p>Services</p>	<p>Speech and language services include:</p> <ul style="list-style-type: none"> • Group therapy provided in a group of two to eight beneficiaries • Articulation, language, and rhythm • Swallowing dysfunction and/or oral function for feeding • Voice therapy • Speech, language or hearing therapy • Speech reading/aural rehabilitation • Esophageal speech training therapy • Speech defect corrective therapy
<p>Procedure Codes</p>	<p>The following procedure codes are the most frequently used for school-based services:</p> <ul style="list-style-type: none"> • 92521 – Evaluation of speech fluency (e.g. stuttering, cluttering) • 92522 – Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria) • 92523 – Evaluation of speech sound production with evaluation of language comprehension and expression • 92524 – Behavioral and qualitative analysis of voice and resonance • 92507 – Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehab); individual. NOTE: Due to changes in Fee-For-Service Medicaid claims processing system, procedure Code 92507 must be billed ‘per visit’ rather than in multiple units.” (LDH May 2016) • 92508 – Therapeutic procedure(s), group (2 or more individuals). NOTE: Due to changes in Fee-For-Service Medicaid claims processing system, procedure Code 92508 must be billed ‘per visit’ rather than in multiple units.” (LDH May 2016) <p>Speech codes can be found in the SER/RSM system and are updated as required.</p>

Audiology Services

Definition	<p>Audiology Services are for the identification of children with auditory impairment, using at risk criteria and appropriate audiological screening techniques. These services include:</p> <ul style="list-style-type: none">• Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;• Referral for medical and other services necessary for the rehabilitation of children with auditory impairment; and,• Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services.
Referral	<p>A referral must be made by the child’s physician, preferably the primary care physician, at least annually, in accordance with federal Medicaid regulations.</p>
Provider Qualifications	<p>To be reimbursed by Medicaid, audiological services must be performed by staff qualified to provide the services that meet state and Medicaid practitioner standards regarding certification, licensure, and supervision.</p> <p>Audiologists who dispense hearing aids shall meet the coursework and practicum requirements for dispensing as specified in R.S. 37:2650-2666 et seq., and shall register their intent to do so at the time of each license renewal.</p> <p>These services must be provided by or under the direction of an audiologist or a physician in Louisiana, in accordance with the licensing standards of the State Examining Board for Audiologists or Physicians.</p> <p>The audiologist or physician must be licensed in Louisiana to provide these services. Federal regulations also require that the audiologist have one of the following:</p> <ul style="list-style-type: none">• A certificate of clinical competence from the American Speech and Hearing Association (ASHA);• Completion of the equivalent educational requirements and work experience necessary for the certification; or,• Completion of the academic program and is acquiring supervised work experience to qualify for the certificate.

<p>Evaluations for Audiological Services</p>	<p>Evaluations are formalized testing and reports conducted to determine the need for services and recommendation for a course of treatment. They must be completed by a licensed audiologist.</p> <p>Required Components</p> <p>To be reimbursed by Medicaid, documentation must meet the general requirements, which would include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Student’s name. 2. Diagnostic testing and assessment. 3. A written report with needs identified. <p>Diagnostic testing may be standardized or may be composed of professionally accepted techniques. Any available medical history records should be filed in student’s records.</p>
<p>IEP Components</p>	<p>If an evaluation indicates that audiological services are warranted, the licensed audiologist must, in conjunction with the IEP team, develop and maintain an IEP or IFSP. The IEP or IFSP must include the following information:</p> <ol style="list-style-type: none"> 1. Student’s name. 2. Description of student’s special education and related services needs. 3. Achievable, measurable, time-related goals or objectives that are related to the functioning of the student and address the type of services the student will need. 4. Frequency and duration of the service. <p>A student’s IEP is required to be updated annually or more frequently if the student’s condition changes. Each IEP must contain all the components listed in this Section.</p> <p>In the event that services are discontinued, the licensed audiologist must indicate in the student’s record the reason for discontinuing treatment.</p> <p>Medicaid does not reimburse separately for developing or reviewing a student’s IEP.</p>
<p>Services</p>	<p>Audiological services include, but are not limited to: determination of suitability of amplification and recommendation regarding the need for a hearing aid; assessment of hearing; determination of functional benefit to be gained by the use of a hearing aid; and fitting with a hearing amplification device by either an audiologist or a licensed hearing aid specialist.</p>

**Procedure
Codes**

The following procedure codes may be used to bill for audiology services:

- **92552** – Pure tone audiometry (threshold), air only
- **92553** – Pure tone audiometry (threshold), air and bone
- **92555** – Speech audiometry threshold
- **92556** – Speech audiometry threshold; with speech recognition
- **92557** – Comprehensive audiometry, threshold evaluation and speech recognition
- **92563** – Tone decay test
- **92564** – Short increment sensitivity index (SISI)
- **92565** – Stenger test, pure tone
- **92567** – Tympanometry (impedance testing)
- **92568** – Acoustic reflex testing; threshold
- **92571** – Filtered speech test
- **92572** – Staggered spondaic word test
- **92575** – Sensorineural acuity level test
- **92576** – Synthetic sentence identification test
- **92577** – Stenger test, speech
- **92579** – Visual Reinforcement Audiometry
- **92582** – Conditioning play audiometry
- **92583** – Select picture audiometry
- **92584** – Electrocochleography
- **92585** – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
- **92586** – Auditory evoked potentials for evoked response audiometry and/or testing of the CNS; limited
- **92587** – Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
- **92588** – Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
- **92590** – Hearing aid exam and selection, monaural
- **92591** – Hearing aid exam and selection, binaural
- **92592** – Hearing aid check, monaural
- **92593** – Hearing aid check, binaural
- **92594** – Electroacoustic evaluation for hearing aid, monaural
- **92595** – Electroacoustic evaluation for hearing aid, binaural

Audiology codes can be found in the SER/RSM system and are updated as required.

SECTION 5

BEHAVIORAL HEALTH SERVICES

Schools are a natural place to provide behavioral health (BH) services. Virtually every community has a school and most children spend at least six hours a day there. Schools offer an ideal context for prevention, intervention, positive development, and regular communication between school and families. School districts are eligible to receive Medicaid reimbursement for behavioral health services provided to students who have been determined eligible for IDEA Part B services and have a current individualized education program (IEP) indicating the need for behavioral health services. Reimbursement is made for allowed services rendered by a Medicaid-enrolled school provider within the Medicaid Program limitations. Billing for behavioral health services became available in 2012. The costs recovered through this program will allow districts to expand their behavioral health services program to include prevention and intervention for all students and implement new programs as needed.

Coverage is based on medically necessary Medicaid-covered services already being provided in the school setting and enables these services to be billed to Medicaid. This ensures federal participation in the funding of these Medicaid covered services. Enrollment as a Louisiana provider for services delivered in the school setting is limited to parish school districts and public non-profit charter schools (i.e. Type 2 and Type 5) established as an LEA under state law. Type 1, 3 and 4 Charter Schools, which are operated under the auspices of the LEA, may only claim reimbursement through their chartering LEA.

General Information

- School-based health services include covered BH services, treatment and other measures to correct or ameliorate an identified mental health or substance abuse diagnosis. Services are provided by or through an LEA to children who attend public school in Louisiana with or suspected of having, disabilities.
- Services provided in a school setting will only be reimbursed for recipients who are at least three years of age and less than 21 years of age, who have been determined eligible for Title XIX and IDEA, Part B services, with a current written service plan (an IEP) which contains medically necessary services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice under State law or other qualified and certified provider (school psychologist or counselor). Medicaid covers §1905(a) medical services addressed in the IEP that are medically necessary that correct or ameliorate a child's health condition. Medicaid does not reimburse for social, educational needs or habilitative services. Medicaid-covered services are provided in accordance with the established service limitations.
- A physician's referral is not required. The IEP serves as the Medicaid prior authorization for Medicaid-covered IEP services provided to a Medicaid-eligible student. *The IEP must identify the frequency, duration, and location of the services, and the type of service provider.*
- *The LEA must obtain initial consent from the parent(s) to bill Medicaid for covered IEP health-related services provided to the student. The parental consent to bill Medicaid form is part of*

the IEP process and is downloaded through the IEP system at the time of the IEP team meeting. After initial consent is obtained, the LEA must provide the parents with an annual notice regarding Medicaid reimbursements. (Sample forms in Appendix.)

- An LEA may employ unlicensed BH practitioners if requirements under the IDEA are met. Individual practitioner requirements for the Medicaid qualifications and Department of Education Bulletin 746, Louisiana Standards for State Certification of School Personnel, must be met prior to an LEA billing for any services of a clinician under Medicaid. This includes Louisiana certified school psychologists, certified school social workers and certified school counselors in a school setting.
- LEAs are enrolled in Louisiana’s Medicaid Program as “billing providers.” The LEA’s individual rendering providers (e.g., social workers, psychologists, etc.) are not required to enroll in the Medicaid Program in order for the LEA to bill Medicaid for services they provide to Medicaid-eligible students. However, the rendering provider must meet the Medicaid provider qualifications for his/her provider type and specialty.
- Evaluation services must be performed by qualified behavioral health providers, who provide these services as part of their respective area of practice.
- The assessment should be designed to provide recommendations for interventions, strategies and/or services necessary to improve the student’s education performance and should include at a minimum the following:
 - A review, analysis and determination of the appropriateness of evidence documenting the specific referral concern(s);
 - A systematic observation in the setting(s) in which the concern is manifested; and,
 - Any additional procedures judged necessary to determine if the area of concern interferes with the student’s ability to benefit from his or her educational program.
- Assessment, diagnosis and evaluation services, including testing, are services used to determine Individuals with Disabilities Education Act (IDEA) eligibility or to obtain information on the student for purposes of identifying or modifying the health-related services on the IEP. These services are not covered if they are performed for educational purposes (e.g., academic testing) or are provided to an individual who, as the result of the assessment and evaluation, is determined not to be eligible under IDEA.
- LEAs are required to participate in a Random Moment Sampling (RMS) for the collection of data to allocate cost for the Behavioral Health Services Program. Each LEA must designate a person to act as a liaison with LDH for the purpose of disseminating the moments to correct personnel participating in the time study. Additional information on Random Moment Sampling is provided in Section 8.

Billing for Services

- School districts have the option to bill under three different categories: Addiction Services, Community Psychiatric Support and Treatment, and Other Licensed Practitioner Outpatient Therapy. Each these service options has specific procedure codes and provider qualifications. The definitions, provider qualifications and limitations/exclusions are described in the

following sections. LEA practitioners whose salaries are funded entirely through federal dollars may not submit claims to Medicaid for reimbursement.

- All school district behavioral health claims are processed electronically from the data recorded in the LDOE Special Education Reporting/Related Services Medicaid Tracking system (SER/RSM). Monthly transfers from LDOE to Molina will provide districts with a monthly interim Medicaid payment for the eligible services provided by LEA staff for students with disabilities. Beginning SY 2015-16, LEAs have the option of entering all behavioral health services/encounters into the LDOE SER/RSM system, implement their own documentation system, or contract with a third party billing agent to submit behavioral health claims. The SER/RSM system includes all of the fields necessary to develop a claim, including the diagnosis codes, procedure codes, dates, time and duration of services and all other demographic information related to the student and the practitioner.
- Each procedure code has a modifier that distinguishes the level of the provider. These modifiers must be included with every procedure code in order to submit claims for school-based services.

The modifiers are:

Modifiers for Staff	Staff Level
HM	Less than Bachelors level
HN	Bachelors Level
HO	Masters Level, Licensed LCSW and LPC
HF	Substance Abuse Program for LAC
AH	Licensed Psychologist

Codes & Rates

Information contained in this document was taken from the Louisiana Behavioral Health Partnership (LBHP) Service Definitions manual published by the Department of Health. The information is intended solely as an informational and educational resource for LEA providers intending to participate in the LBHP and is updated regularly at the following site: <http://new.dhh.louisiana.gov/index.cfm/page/538>

- *Diagnostic Codes*
The SER/RSM system offers the provider a drop-down list of the behavioral health diagnostic codes that are Medicaid approved.
- *Procedure Codes*
All BH procedure codes for school-based services are contained within the SER/RSM system and are referenced in this document. Some codes are applicable only to licensed behavioral health personnel. If a needed code is not available, it can be added to the system by contacting the SER coordinator at the LDOE.
- *Rates*
Cost recovery for LEAs is accomplished through a multi-level cost reimbursement process that includes the interim rates for procedures, a random moment time study, and submission

of an annual cost report. The SER/RSM provides an opportunity for the LEA to receive monthly interim reimbursement for services rendered, but it is the cost settlement at the end of the fiscal year that finalizes the actual dollar amount recovered. Interim rates for specific procedures can be found on the LDH website, <http://new.dhh.louisiana.gov/index.cfm/page/538>.

Covered Services

Currently, under the School-Based Behavioral Health Services Program, LEAs may recover costs through claims submitted under Community Psychiatric Support and Treatment, Outpatient Therapy (Licensed Practitioner), and Addiction Services.

Community Psychiatric Support and Treatment (CPST)

<p>Definition</p>	<p>Community Psychiatric Support and Treatment (CPST) – goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the individual’s individualized treatment plan. CPST is a face-to-face intervention with the individual present; however, family or other collaterals may also be involved. A minimum of 51% of CPST contacts must occur in community locations where the person lives, works, attends school and/or socializes.</p>
<p>Service Authorization</p>	<p>The IEP serves as the authorizing document for services. The IEP must clearly identify the service, (social work services, psychological services, counseling services), provider type (social worker, certified school counselor, certified school psychologist, licensed psychologist, licensed professional counselor), and frequency and duration of the service to be provided.</p>
<p>Providers & Qualifications</p>	<p>All licensed behavioral health practitioners (licensed clinical psychologists, LCSW, LPCs), LMSWs, and LDOE certified school psychologists, certified school counselors. <i>NOTE: Licensed providers should bill under OLP.</i></p> <hr/> <p>Practitioners with a master’s degree in social work, counseling, psychology or a related human services field may provide all aspects of CPST, including counseling. Other aspects of CPST, except for counseling, may otherwise be performed by an individual with a bachelor’s degree in social work, counseling, psychology or a related human services field or four years of equivalent education and/or experience working in the human services field. Providers must have certification in the State of Louisiana to provide the service, which includes criminal, professional background checks, and be employed by a mental rehabilitation agency, LEA or licensed clinic or otherwise credentialed by the Authorized Management Organization.</p>

<p>CPST Components</p>	<p>This service may include the following components:</p> <ul style="list-style-type: none"> • Assist the individual and family members or other collaterals to identify strategies or treatment options associated with the individual’s mental illness, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances or associated environmental stressors which interfere with the individual’s daily living, financial management, housing, academic and/or employment progress, personal recovery or resilience, family and/or interpersonal relationships and community integration. • Individual supportive counseling, solution-focused interventions, emotional and behavioral management and problem behavior analysis with the individual, with the goal of assisting the individual with developing and implementing social, interpersonal, self-care, daily living and independent living skills to restore stability, to support functional gains and to adapt to community living. • Participation in, and utilization of, strengths-based planning and treatments, which include assisting the individual and family members or other collaterals with identifying strengths and needs, resources, natural supports and developing goals and objectives to utilize personal strengths, resources and natural supports to address functional deficits associated with their mental illness. • Assist the individual with effectively responding to or avoiding identified precursors or triggers that would risk his/her remaining in a natural community location, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan and/or, as appropriate, seeking other supports to restore stability and functioning. • Restoration, rehabilitation and support to develop skills to locate, rent and keep a home, landlord/tenant negotiations, selecting a roommate and renter’s rights and responsibilities. • Assisting the individual to develop daily living skills specific to managing his/her own home, including managing his/her money, medications and using community resources and other self-care requirements.
<p>IEP Components</p>	<p>If an evaluation indicates that behavioral health services are warranted, the clinician must, in conjunction with the IEP team, develop and maintain an IEP or IFSP. The IEP or IFSP must include the following information:</p> <ul style="list-style-type: none"> • Description of student’s special education and related services’ needs. • The type of service(s) • Provider type • Frequency and duration of the service. <p>A student’s IEP is required to be updated annually or more frequently if the student’s condition changes.</p>

NOTE: Medicaid does not reimburse for developing or reviewing a student's IEP.

Procedure Codes	HCPCS Code	Modifier			Coding Summary Description	Units
		HN – B.A. degree	HO – Master's degree			
	H0036	HN		Ind.	Home/Community, community psychiatric supportive treatment, per 15 minutes, bachelor's degree level.	15 min.
	H0036	HO		Ind.	Home/Community, community psychiatric supportive treatment, per 15 minutes, master's degree level.	15 min.

Other Licensed Practitioner Outpatient Therapy (OLP)

Definition	Individual, family, group outpatient psychotherapy and mental health assessment, evaluation and testing.
Service Authorization	The IEP serves as the authorizing document for services. The IEP must clearly identify the service, (social work services, psychological services, counseling services), provider type (social worker, certified school counselor, certified school psychologist, licensed psychologist, licensed professional counselor), and frequency and duration of the service to be provided.
Providers & Qualifications	<p>A licensed mental health practitioner (LMHP) is an individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance abuse, acting within the scope of all applicable State laws and his/her professional license. An LMHP includes individuals licensed to practice independently: Medical psychologists, Licensed psychologists, LCSWs, LPCs, LMFTs, and LACs.</p> <p><i>LMFTs and LACs are not permitted to render diagnosis of mental, emotional or addictive disorders, but may perform assessments within their scope of practice. NOTE: LEA staff that are certified by the LDOE as a Certified School Psychologist, Certified School Social Worker and/or Certified School Counselor, must submit claims under CPST.</i></p>
Mode(s) of Delivery	Individual , Family, Group , On-site
General Information	<p>Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. All coordination must be documented.</p> <p>Billing CPT codes with “interactive” in their description are used most frequently with children who do not have the capacity to verbalize complex concepts. However, for adults who, due to injury or disability, have impairments in the ability to communicate verbally, these codes may also be utilized.</p>
IEP Components	If an evaluation indicates that behavioral health services are warranted, the clinician must, in conjunction with the IEP team, develop and maintain an IEP or IFSP. The IEP or IFSP must include the following information:

- Description of student’s special education and related services’ needs.
- The type of service(s)
- Provider type
- Frequency and duration of the service.

A student’s IEP is required to be updated annually or more frequently if the student’s condition changes.

NOTE: Medicaid does not reimburse for developing or reviewing a student’s IEP.

Procedure Codes	Modifier	Practitioner Type	Description of Services & Modifiers AH – Licensed Psychologist HO – Master’s Level HF – Substance Abuse Program HR – Family w/student HS – Family w/o student	Units
90791	AH	Licensed Psychologist	Psychiatric diagnostic interview examination	Per evaluation
	HO	LCSW LPC LMFT APRN		
90832	AH	<i>Licensed</i> Psychologist	Individual psychotherapy; insight oriented, behavior modifying and/or supportive	Approx. 30 minutes
	HO	<i>Licensed</i> LCSW LPC LMFT APRN		
	HF	LAC	LACs must use the HF Modifier	
90834	AH	Licensed Psychologist	Individual psychotherapy; insight oriented, behavior modifying and/or supportive.	Approx. 45 minutes
	HO	<i>Licensed</i> LCSW LPC LMFT APRN		

90834 continued	HF		LAC	LACs must use the HF Modifier	
90837	AH		<i>Licensed</i> Psychologist	Individual psychotherapy; insight oriented, behavior modifying and/or supportive.	Approx. 60 minutes
	HO		<i>Licensed</i> LCSW LPC LMFT APRN		
90832+ 90785 Interactive complexity add-on code.	AH		<i>Licensed</i> Psychologist	Individual psychotherapy <i>interactive</i> This code includes specific communication factors that complicate the delivery of a behavioral health procedure. Common factors include more difficult communications with discordant or emotional family members or engagement of young and verbally undeveloped or impaired students.	Approx. 30 minutes.
	HO		Licensed LCSW LPC LMFT APRN		
90834+ 90785 Interactive complexity add-on code.	AH		<i>Licensed</i> Psychologist	Individual psychotherapy <i>interactive</i> This code includes specific communication factors that complicate the delivery of a behavioral health procedure. Common factors include more difficult communications with discordant or emotional family members or engagement of young and verbally undeveloped or impaired students.	Approx. 45 minutes
	HO		<i>Licensed</i> LCSW LPC LMFT APRN		
90837+ 90785 Interactive complexity add-on code	AH		<i>Licensed</i> Psychologist	Individual psychotherapy, <i>interactive</i> This code includes specific communication factors that complicate the delivery of a behavioral health procedure. Common factors include more difficult communications with discordant or emotional family members or engagement of young and verbally undeveloped or impaired students.	Approx. 60 minutes
	HO		<i>Licensed</i> LCSW LPC LMFT APRN		
90846	AH	HS	<i>Licensed</i> Psychologist	Family psychotherapy (without the patient present)	Per Session
	HO	HS			

90846 continued	HF	HS	<i>Licensed</i> LCSW LPC LMFT APRN LAC	LACs must use HF Modifier	
90847	AH	HR	<i>Licensed</i> Psychologist	Family psychotherapy (conjoint psychotherapy with patient present)	Per Session
	HO	HR	<i>Licensed</i> LCSW LPC LMFT LAC APRN		
	HF	HR	LAC	LACs must use HF Modifier	
90853	AH		Licensed Psychologist	Group psychotherapy (not multiple family)	Per Session
	HO		LCSW LPC LMFT APRN		
	HF		LAC	LACs must use HF Modifier	
90853+ 90785 Interactive complexity add-on code	AH		<i>Licensed</i> Psychologist	Interactive group psychotherapy (not multiple family)	
	HO		<i>Licensed</i> LCSW LPC LMFT APRN		
96101	AH		Licensed Psychologist	Psychological testing (includes psycho- diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Per Hour Eight units limited to once every 365 days

96118	AH	Licensed Psychologist	Neuropsychological testing per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report. Neuropsychological testing by technician and computer needs to be included.	Per Hour 2 unit limit 1 service per 365 days
96119	AH	Licensed Psychologist	Neuropsychological testing administered by technician face-to-face; qualified healthcare professional interpretation and report. <i>(testing – e.g. Halstead-Reitan Neuropsychological Battery, Weschler Memory Scales and Wisconsin Card Sorting Test).</i>	Per Hour
96120	AH	Licensed Psychologist	Neuropsychological testing, administered by computer, qualified healthcare professional interpretation and report.	
96150*	AH	Licensed Psychologist	Health and behavior initial assessment <i>95150-96153 apply to assessment and re-assessment of psychological, emotional, or cognitive factors related to physical illnesses. These are used if there is no psychiatric diagnosis; (e.g., working with TBIs in a rehab setting; or psychological sequelae of cancer, etc.). Examples: health-focused clinical interview, behavioral observations, physiological monitoring, health-oriented questionnaires.</i>	15 minutes
96151	AH	Licensed Psychologist	Health and behavior re-assessment (e.g., health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes, face-to-face with the patient, re-assessment	Per 15 minutes

96152	AH		Licensed Psychologist	Health and behavior intervention, each 15 minutes, face-to-face, individual	Per evaluation
96153	AH		Licensed Psychologist	Health and behavior intervention, each 15 minutes, face-to-face, group- (two or more)	Per evaluation
96154	AH	HR	Licensed Psychologist	Health and behavior intervention, each 15 minutes, face-to-face, family (with the student present)	Per evaluation
96155	AH	HR	Licensed Psychologist	Health and behavior intervention, each 15 minutes, face-to-face, family (without the student present)	Per evaluation

Addiction Services

Definition	<p>Addiction services include an array of individual-centered outpatient, intensive outpatient and residential services consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance abuse symptoms and behaviors. Services for adolescents must be separate from adult services, be developmentally appropriate, involve the family or caregiver and coordinate with other systems (such as child welfare, juvenile justice and the schools). These services are designed to help individuals achieve changes in their substance abuse behaviors. Services should address an individual's major lifestyle, attitudinal and behavioral problems that have the potential to be barriers to the goals of treatment. Outpatient services may be indicated as an initial modality of service for an individual whose severity of illness warrants this level of treatment or when an individual's progress warrants a less intensive modality of service than he/she is currently receiving. Intensive outpatient treatment is provided any time during the day or week and provides essential skill restoration and counseling services for individuals needing more intensive treatment. Outpatient, intensive outpatient and residential services are delivered on an individual or group basis in a wide variety of settings, including treatment in residential settings of 16 beds or less, designed to help individuals achieve changes in their substance abuse behaviors.</p>
Service Authorization	<p>The IEP serves as the authorizing document for services. The IEP must clearly identify the service, (social work services, psychological services, counseling services), provider type (social worker, certified school counselor, certified school psychologist, licensed psychologist, licensed professional counselor), and frequency and duration of the service to be provided.</p>
Providers & Qualifications	<p>Services are provided by licensed and unlicensed professional staff at least 18 years of age, with a high school or equivalent diploma according to their areas of competence as determined by degree, required levels of experience as defined by State law and regulations and departmentally approved guidelines and certifications.</p> <ul style="list-style-type: none">• The provider must be at least three years older than an individual under the age of 18.• Anyone who is unlicensed providing addiction services must be registered with the Addictive Disorders Regulatory Authority and demonstrate competency as defined by the Department of Health, state law (ACT 803 of the Regular Legislative Session 2004) and regulations.

<p>Providers & Qualifications continued</p>	<p>State regulations require supervision of unlicensed professionals by a Qualified Professional Supervisor (QPS). A QPS includes the following professionals who are currently registered with their respective Louisiana board: licensed psychologist; licensed clinical social worker; licensed professional counselor; licensed addiction counselor; licensed physician and advanced practice registered nurse. The following professionals may obtain Qualified Professional Supervisor credentials: masters-prepared individual who is registered with the appropriate State Board and under the supervision of a licensed psychologist, licensed professional counselor (LPC), or licensed clinical social worker (LCSW). The QPS can provide clinical/administrative oversight and supervision of staff.</p>
<p>Limitations/ Exclusions</p> <p>Program Components</p>	<p>These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid-eligible individuals with significant functional impairments resulting from an identified addiction diagnosis. Services are subject to prior approval (IEP), must be medically necessary and must be recommended by an LMHP or physician who is acting within the scope of his/her professional license and applicable State law to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.</p> <ul style="list-style-type: none"> • The activities included in the service must be intended to achieve identified treatment plan goals or objectives. The treatment plan should be developed in a person-centered manner, with the active participation of the individual, family and providers and be based on the individual’s condition and the standards of practice for the provision of rehabilitative services. The treatment plan should identify the medical or remedial services intended to reduce the identified condition, as well as the anticipated outcomes of the individual. The treatment plan must specify the frequency, amount and duration of services. • The treatment plan must be signed by the LMHP or physician responsible for developing the plan. The plan will specify a timeline for re-evaluation of the plan that is, at least, an annual redetermination. The re-evaluation should involve the individual, family and providers and include a re-evaluation of plan to determine whether services have contributed to meeting the stated goals. A new treatment plan should be developed if there is no measureable reduction of disability or restoration of functional level. The new plan should identify different rehabilitation strategy(ies) with revised goals and services.

	<ul style="list-style-type: none"> • Providers must maintain medical records that include a copy of the treatment plan, the name of the individual, dates of services provided, nature, content and units of rehabilitation services provided and progress made toward functional improvement and goals in the treatment plan. • Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. All coordination must be documented in the youth’s medical record. Components that are not provided to, or directed exclusively toward, the treatment of the Medicaid-eligible individual are not eligible for Medicaid reimbursement. • All substance abuse involving adolescents should emphasize the family component within adolescent substance abuse programs and include family involvement, parent education and family therapy. • A unit of service is defined according to the Health Care Financing Industry common procedure coding system (HCPCS) approved code set, unless otherwise specified. One session = one visit.
<p>IEP Components</p>	<p>If an evaluation indicates that behavioral health services to address substance abuse are warranted, the clinician must, in conjunction with the IEP team, develop and maintain an IEP. The IEP must include the following information:</p> <ul style="list-style-type: none"> • Description of student’s special education and related services needs. • The type of service(s) • Provider type • Frequency and duration of the service. <p>A student’s IEP is required to be updated annually or more frequently if the student’s condition changes.</p> <p>NOTE: Medicaid does not reimburse for developing or reviewing a student’s IEP.</p>

Reimbursement and Coding Summary

CPCS Code	Modifier		Description HO – Masters HR – Family with student present HN – B.A. HS – Family without student present HM – Less than B.A. HF – Substance Abuse Program	Units
	(1)	(2)		
H0001	HO		Alcohol and/or drug assessment (unlicensed individual under supervision of a licensed clinician) Masters level	one session
H0001	HN		Alcohol and/or drug assessment (unlicensed individual under supervision of a licensed clinician) B.A. level	one session
H0001	HM		Alcohol and/or drug assessment (unlicensed individual under supervision of a licensed clinician) Less than B.A.	one session
H0004	HM	HF	BH Counseling and therapy, (unlicensed individual under supervision of a licensed clinician) Less than B.A., Substance Abuse Program	one session (45 min.)
H0004	HN	HF	BH Counseling and therapy, unlicensed, (unlicensed individual under supervision of a licensed clinician) B.A. level, Substance Abuse Program	one session (45 minutes)
H0004	HO	HF	BH Counseling and therapy, unlicensed, (unlicensed individual under supervision of a licensed clinician) Masters level, Substance Abuse Program	one session (45 min.)
H0005	HN		Alcohol and/or drug services, group counseling by a clinician (unlicensed individual under supervision of a licensed clinician) B.A. level	one session (60 minutes)
H0005	HO		Alcohol and/or drug services, group counseling by a clinician (unlicensed individual under supervision of a licensed clinician) Master’s level	one session (60 minutes)
H0005	HM	HR	Alcohol and/or drug services, group counseling by a clinician (unlicensed individual under supervision of a licensed clinician) Less than B.A., Family w/client present	one session (60 minutes)
H0005	HM	HS	Alcohol and/or drug services, group counseling by a clinician, (unlicensed individual under supervision of a licensed clinician) Less than B.A. Family w/o client present.	one session (60 minutes)
H0005	HM		Alcohol and/or drug services, group counseling by a clinician, (unlicensed individual under supervision of a licensed clinician) Less than B.A.	one session (60 min.)

H0005	HN	HR	Alcohol and/or drug services, group counseling by a clinician, (unlicensed individual under supervision of a licensed clinician) B.A. level, Family w/client present	one session (60 min.)
H0005	HO	HR	Alcohol and/or drug services, group counseling by a clinician, (unlicensed individual under supervision of a licensed clinician) Masters level, Family w/client present.	one session (60 min.)
H0005	HN	HS	Alcohol and/or drug services, group counseling by a clinician, (unlicensed individual under supervision of a licensed clinician) B.A. level, Family w/o client present.	one session (60 min.)
H0005	HO	HS	Alcohol and/or drug services, group counseling by a clinician, (unlicensed individual under supervision of a licensed clinician) Masters level, Family w/o client present.	one session (60 min.)

SECTION 6

Applied Behavior Analysis Therapy

Applied behavior analysis-based (ABA) therapy is the design, implementation, and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement, and functional analysis of the relations between environment and behavior.

At the present time, the LEAs may not claim reimbursement for ABA services in the school as the current Education State Plan Amendment (SPA), dated December 1, 2015, does not recognize Licensed Behavior Analyst as one of the allowable providers under Licensed Mental Health Practitioner (LMHP). In accordance with the current Education SPA and the Louisiana Behavioral Health Partnership Service Definition Manual, Version 9, Updated 8/15/2014, the following is the list of providers meeting the qualifications as LMHPs: Medical Psychologists; Licensed (clinical) Psychologists; Licensed Clinical Social Workers; Licensed Professional Counselors; Licensed Marriage and Family Therapists; Licensed Addiction Counselors; and Advanced Practice Registered Nurses) For additional information on LMHPs, please go to http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/2014_RFP_Procurement_Library/LBHP_Service_Definitions_Manual_8.15.14.pdf

SECTION 7

SPECIAL TRANSPORTATION

General Guidance

The most important element in the eligibility area of transportation is the identification and tracking of students receiving Medicaid covered medical services and transportation services on the same day. A special transportation trip is only billable to Medicaid on the same day that a Medicaid-eligible child is receiving IDEA services. The need for special transportation as a related service must be documented in the child's IEP. The transportation must be provided in a vehicle that is part of special transportation in the LEA's Annual Financial Report certified and submitted to the Department of Education.

Summary of Payment Methodology

Payment is based on the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider. Each LEA shall determine cost annually by using LDH's Cost Report for Special Transportation (Transportation Cost Report) form as approved by CMS. Direct cost is limited to the cost of fuel, repairs and maintenance, rentals, contracted vehicle use cost and the amount of total compensation (salaries and fringe benefits) of special transportation employees or contract cost for contract drivers, as allocated to special transportation services for Medicaid recipients based on a ratio.

Documentation

Special transportation drivers shall maintain logs of all students transported on each one-way trip. These logs shall be utilized to aggregate total annual one-way trips reported by LEAs. (Sample Bus Log included in Appendix.) Each trip must be matched to a paid claim for a Medicaid health service provided.

SECTION 8

SCHOOL BASED NURSING SERVICES

General Guidance

The goal of school-based nursing services is to prevent or mitigate disease, enhance care coordination, and reduce costs by preventing the need for tertiary care. Providing these services in the school increases access to health care for children and youth resulting in a more efficient and effective delivery of care.

Eligibility	<p>School-based nursing services will be provided to those medically eligible recipients under 21, and who are enrolled in a public school:</p> <ol style="list-style-type: none">1. Are Medicaid eligible when services are provided;2. The recipient's need for treatment has been ordered by a licensed physician, when required; and3. The recipient receives the service(s) in the public school setting and the services are part of an Individualized Health Plan (IHP). <p><i>NOTE: The LDH received approval from CMS in October 2015 to change the provisions governing school-based nursing services covered in the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program to remove the Individualized Education Program (IEP) requirement. As the result of this change, the LEA may claim reimbursement for allowable services for all Medicaid eligible students including students with a current Individualized Health Plan (IHP) and other Medicaid eligible students without the IHP depending on the service code's requirements, such as EPSDT Vision and Hearing Screening services.</i></p>
Provider Qualifications	<p>RNs providing school-based nursing services are required to maintain an active RN license with the state and comply with the Louisiana Nurse Practice Act.</p>
IHP Components	<p>If an evaluation indicates that school nursing services are warranted, the school RN must develop and maintain an Individualized Health Plan (IHP). The IHP specifies the details of the nursing services and/or interventions to be provided.</p> <p>The IHP must include the following information:</p> <ol style="list-style-type: none">1. Student's name.2. Goals and Actions3. Physician's orders, when required4. Procedures and Interventions (student specific)5. Medications6. Diet

	<ol style="list-style-type: none"> 7. Special Transportation needs 8. Equipment and Supplies 9. Safety Measures 10. Student Participation in Procedures 11. Contingencies (Emergency Plan and Training Plan) 12. Required Signatures <p>An IHP must be updated annually. The IHP must be updated more frequently if the student's condition changes. A physician's order may be needed before initiation of service. However, if the student's medical condition requiring his/her nursing service significantly changes, then a physician's order must also be updated.</p> <p>A student's IHP must be reviewed and updated according to the level of progress. If a determination is made during treatment that additional services are required, these services may be added to student's IHP. In the event that services are discontinued, the school RN must indicate in the student's record the reason for discontinuing services.</p>
<p>Covered Services</p>	<p>Covered services are those medically necessary services that are directly related to an IHP and/or a physician's written order, when required. The following school-based nursing services are covered.</p> <ol style="list-style-type: none"> 1. Chronic Medical Condition Management and Care Coordination (IHP Required) <ul style="list-style-type: none"> ▪ Chronic medical conditions, ▪ Medication administration, and ▪ Implementation of physician's orders. 2. EPSDT Nursing Assessment/Evaluation Services (IHP Not Required) 3. EPSDT Program Periodicity Schedule for Screenings (vision and hearing) (IHP Not Required)
<p>Procedure Codes & Descriptions</p>	<ul style="list-style-type: none"> • T1018 Chronic Medical Condition Management and Care Coordination The child has a chronic medical condition or disability requiring implementation of a health plan/protocol (e.g. children with asthma, diabetes, or cerebral palsy). This service will only be covered when the child has an IHP which requires nursing services. The written health care plan (IHP) is based on a health assessment performed by the RN. The date of completion and the name of the person completing the plan must be included in the written plan. Each health care service required and the schedule for its provision must be described in the plan.

These services shall be provided as a result of receipt of a written plan of care from the child's physician/Healthy Louisiana provider and/or IHP/health care plan for students with disabilities.

This code also includes medication administration scheduled as part of a health care plan developed by either the treating physician or the school district LEA. There must be a written health care plan (IHP) based on a health assessment performed by the RN. Administration of medication will be at the direction of the physician and within the license of the RN and must be approved within the district LEA policies.

All services shall be documented in the student's IHP.

- **T1001 EPSDT Nursing Assessment/Evaluation**

A nurse employed by a school district may perform services to protect the health status of children and correct health problems. These services may include health counseling and triage of childhood illnesses and conditions. Consultations are to be face-to-face contact in one-on-one sessions. These are services similar to which a parent would otherwise seek medical attention at physician's office. This service is covered for all Medicaid eligible students. An IHP is not required.

- **99173 EPSDT Vision Screening**

- **92551 EPSDT Hearing Screening**

A nurse employed by a school district may perform any of these screens within their licensure for Healthy Louisiana plan members as authorized by the Healthy Louisiana plan; or, as compliant with fee-for-service for non-Healthy Louisiana individuals. The results of these screens must be made available to the Healthy Louisiana provider as part of the care coordination plan of the district. The screens shall be performed according to the periodicity schedule including any inter-periodic screens. This service is available to all Medicaid-individuals eligible for EPSDT. An IHP is not required.

SECTION 9

RANDOM MOMENT TIME STUDY PROCESS

General Guidance

In most school districts, it is uncommon to find staff whose activities are limited to just one or two specific functions. Staff members normally perform a number of activities, some of which are related to the IDEA covered services and some of which are not. Sorting out the portion of worker's activity that is related to these IDEA covered services and to all other functions requires an allocation methodology that is objective and empirical (i.e., based on documented data). The Federal Government has developed an established tradition of using time studies as an acceptable basis for cost allocation. A time study is representative and reflects how workers' time is distributed across a range of activities. A time study is not designed to show how much of a certain activity a worker performs; rather, it reflects how time is allocated among different activities.

The Louisiana Department of Health has chosen to utilize Random Moment Sampling (RMS) as its methodology for the collection of data to allocate costs. The RMS methodology is a CMS-approved methodology and is used in Louisiana for the EPSDT Health Services Program, the School-Based Nursing Program and the Behavioral Health Services Program. Although the same RMS methodology is used for each program, the sampling is completed separately but concurrently and staff selected to participate are different.

All LEAs are required to utilize the services of the state's Medicaid RMS and their claims development contractor (hereafter referred to as the LDH Contractor). In Louisiana random moment sampling is conducted through an electronic time study (ETS).

The RMS is carried out utilizing custom-developed claims development software which is integrated with scanning hardware/software and spreadsheet capabilities to create a system that automates the school district time study process. The claims development software is comprised of three components: sampling/staff pool lists, training, and cost/claim generation. The LDH Contractor conducts the statewide time studies, produces the implementation plans and reports, and develops and submits the claims on behalf of LEAs.

LEA Responsibilities

The LDH Contractor is responsible for developing training programs and materials and, along with the LEA coordinator, providing follow-up assistance as needed. For training, there are some services the LDH Contractor will provide statewide and other services that will be provided to the individual LEAs.

- ***Local LEA Coordinator***

All LEAs have a LEA Coordinator/representative who receives training that ensures a thorough understanding of his/her coordinator responsibilities, the approved time study and cost reporting activities. This individual must understand his/her role as the liaison between the Medicaid Program, the LDH Contractor, and other staff. He/she must understand and be able to convey to others the basic purpose of the program, assist the LDH Contractor with follow-up as needed, and serve as a facilitator for the LDH Contractor to "navigate" the LEA as necessary.

The LEA Coordinator is responsible for identifying personnel who will participate in each of the time sampling programs. A list of eligible participants must be generated for each program and uploaded into the ETS Coordinator Portal. Once verified and approved, employee information is loaded into the ETS for the selection process.

The LEA Coordinator is also responsible for contacting employees if the assigned moment is not completed in a timely manner.

- ***Time Study Participants***

It is essential that time study participants understand the purpose of the time studies and that their role is crucial to the success of the time study. Each employee is required to review and verify employment information submitted by the LEA Coordinator. During the sampling period participants receive notice of their moment through an e-mail and must respond within 24 hours to the notification.

Methodology

The time study design records only what the participant is doing at one moment in time. A random moment consists of one minute of work done by one employee, both chosen at random, from among all such minutes of work that have been scheduled for all designated staff statewide.

The RMS measures the work effort of each group of approved staff involved in the time study process by sampling and analyzing the work efforts of a randomly-selected cross-section of each staff pool. The RMS methodology employs a technique of polling employees at random moments over a given time period and tallying the results of the polling over that period. The method provides a statistically valid means of determining the work effort being accomplished in each program of services. The sampling period is defined as the three-month period comprising each federal quarter of the year, except for the abbreviated sample period used in the summer quarter (July through September).

The LDH Contractor will conduct the statewide time studies through ETS each quarter. This software produces random moments concurrent with the entire reporting period, which is then paired with randomly selected members of the designated staff pool population. The sampling is constructed to provide each staff person in the pool with an equal opportunity or chance to be included in each sample moment. Sampling occurs with replacement, so that after a staff person and a moment are selected, the staff person is returned to the potential sampling universe. Therefore, each staff person has the same chance as any other person to be selected for each moment, which ensures true independence of sample moments.

RMS Completion

There are two steps to completing a time study:

- In the first step, for the designated moment, the time study participant provides the answers to three questions (What are you doing? Who are you with? Why are you doing it?). These questions relate to their activities at the time of their randomly selected moment. Using the drop down menus, the questions are answered to accurately identify the activity being performed during the identified moment. If none of the responses are appropriate, the participant can select none and type in the response. All questions must be asked and answered before submission to the system can take place.

If the participant does not complete the moment within 24 hours, the ETS administrator will send reminder emails each day after the moment to both the participant and coordinator for non-completed moments.

- In the second step, the time study data is entered into the claims development software by the LDH Contractor. At the end of the sampling period after all data have been collected and tabulated, program precision tables will be produced by the LDH Contractor. These tables will verify that a sufficient number of personnel were sampled to ensure time study results that have a confidence level of at least 95% quarterly, with a precision level of +/- 2% annually.

Staff Pools

Time studies will be carried out over the following staff pools:

- **Therapy Staff** – This staff pool consists of individuals who perform direct medical services and administrative activities. This includes, Occupational Therapists, Physical Therapists, Speech Pathologists, and Audiologists.
- **Behavioral Health Staff** – This staff pool consists of individuals who provide behavioral health services and administrative activities. This includes licensed clinical psychologists, certified school psychologists, licensed social workers (LCSW & LMSW), certified school counselors, and licensed professional counselors.
- **School Nurses** – This staff pool consists of Registered School Nurses.

The RMS results identifying the percentage of claimable time are applied to the allowable correlating cost pool. All staff pools are mutually exclusive.

The sample size of each cost pool ensures a quarterly level of precision of +/- 2% (two percent) with at least a 95% (ninety-five percent) confidence level and an annual level of precision of +/- 2% (two percent) with at least a 95% (ninety-five percent) confidence level.

Valid moments are completed moments that have been received by the LDH Contractor and determined to be complete and accurate. Invalid moments are moments that are assigned to staff who are no longer in the position as selected, moments that are outside of paid work hours, and moments not returned for any other reason (including Activity Code L).

As long as the completed observation rate meets or exceeds 85%, missing observations will be dropped from all calculations. Should the completion rate fall below 85%, missing observations will be included as non-matchable.

To preserve the integrity of the RMS process and to allow for timely process flow, the LEA Coordinator is notified by email of the deadline to submit data files for the upcoming quarter. The forms must be completed by the LEA Coordinator and uploaded into the EST system. The staff pool lists must be returned as a complete file with all updates reflected. No partial staff pool list files will be accepted by the LDH Contractor.

When providing the staff pool list of those eligible to participate in the time studies, school districts must certify the list of participants and activities to be claimed to ensure that all appropriate personnel are submitted and that appropriate credentials are in place for billing Medicaid.

Therapy Staff Codes

JOB CODE	JOB DESCRIPTION	EXPANDED JOB DESCRIPTION
61001	Audiologist	Audiologist, Licensed
61021	Speech Therapist/SLP	Speech and Language Pathologist
61007	OT	Occupational Therapist, Licensed
61008	OTA	Occupational Therapy Assistant, Licensed
61009	PT	Physical Therapist, Licensed
61010	PTA	Physical Therapist Assistant, Licensed

Behavioral Health Staff Codes

JOB CODE	JOB DESCRIPTION	EXPANDED JOB DESCRIPTION
52002	Behavior Specialist	Behavioral Specialist
52007	Counselor	Certified School Counselor
	Counselor	Licensed Professional Counselor (LPC)
61011	Psychologist	School Psychologist
61013	Psychologist	Licensed Psychologist
61020	Social Worker	LCSW or LMSW

Nursing Staff Codes

JOB CODE	JOB DESCRIPTION	EXPANDED JOB DESCRIPTION
61006	Nurse, RN	Nurse, Registered (RN)

Activity Code Summary

Because school employees often perform both direct health services (e.g. medical, therapy, social services, etc.) and administrative activities (e.g. outreach and care coordination), there are activity codes within the time study which capture and clearly distinguish direct health services from administrative activities. Because the time study must capture 100 percent of the time spent by school employees, activity codes are designed to reflect all administrative activities and direct health services that may be performed in the school setting and identify which are reimbursable under Medicaid. Typically, direct services have different funding sources, claiming mechanisms, and documentation requirements related to each program or type of activity; and therefore they should not be claimed as administrative expenses. The time study methodology identifies the cost of medical and other services and ensures that those costs are not included in the claims for Medicaid administrative activities.

Listed below are 12 codes that are used for the time studies. The descriptions define each code and specific activities are provided as examples. The code assignment is based on the participant's response to the three questions. In some cases a secondary review of the response is necessary to assign a code.

Code and Description	Examples
<p>CODE A</p> <p>Medicaid Outreach</p> <p>This code will be assigned when the school district employees are performing activities which inform eligible and potentially eligible individuals about Medicaid and how to access it. Included are related paperwork, clerical activities or staff travel required to perform services that specifically address Medicaid outreach</p>	<p>Examples of activities reported under this code:</p> <ul style="list-style-type: none"> • Providing information to students and families on available Medicaid services and how to access them, including Medicaid. • Notifying families of EPSDT Health Service initiatives, such as screenings conducted at a school site; • Distributing LaCHIP brochures.
<p>CODE B</p> <p>Outreach Non-Medicaid</p> <p>This code will be assigned when school employees are performing activities that inform eligible or potentially eligible individuals about NON-Medicaid Programs (including special education services), how to access them , and the range of benefits covered under the NON-Medicaid Programs. Both written and oral methods may be used. Related paperwork, clerical activities or staff travel required to perform these services are included.</p>	<p>Examples of activities reported under this code:</p> <ul style="list-style-type: none"> • Scheduling and promoting activities which educate individuals about the benefits of healthy lifestyles and practices; • Conducting general health education programs or campaigns addressed to the general population; • Assisting in early identification of children with special medical/mental health needs through various CHILD SEARCH activities.
<p>CODE C</p> <p>Facilitating Medicaid Eligibility Determinations</p> <p>This code will be assigned when school district employees are assisting an individual in becoming eligible for Medicaid. Related paperwork, clerical activities or staff travel required to perform these services are included.</p>	<p>Examples of activities reported under this code:</p> <ul style="list-style-type: none"> • Assisting an applicant to fill out a Medicaid eligibility application; • Assisting individuals to provide third party resource information at Medicaid eligibility intake; • Verifying an individual’s current Medicaid eligibility status when occurring prior to or as a follow-up to assistance given in applying for Medicaid; • Gathering and organizing information related to the application and eligibility determination for an individual, including third party liability (TPL) information, as a prelude to submitting a formal Medicaid application;

Code and Description	Examples
<p>CODE C continued</p>	<ul style="list-style-type: none"> • Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.
<p>CODE D</p> <p>Facilitating Non-Medicaid Eligibility Determinations</p> <p>This code will be assigned when school district employees are helping an individual to become eligible for NON-Medicaid Programs such as TANF, Food Stamps, WIC, day care, legal aid, and other social or education programs and referring them to the appropriate agency to make application, e.g., when helping an individual to become eligible for these services. Related paperwork, clerical activities or staff travel required to perform these services are included.</p>	<p>Examples of activities reported under this code:</p> <ul style="list-style-type: none"> • Verifying an individual’s eligibility or continuing eligibility for Medicaid for the purpose of developing, ascertaining, or continuing eligibility for NON-Medicaid Programs; • Explaining eligibility rules and eligibility processes for TANF (formerly AFDC), food stamps, WIC, etc., to prospective applicants; • Assisting an applicant to fill out eligibility applications for such NON-Medicaid Programs as TANF (AFDC) and food stamps.
<p>CODE E</p> <p>Referral and Coordination of Medicaid Services</p> <p>This code will be assigned when school district employees are making referrals for coordinating the delivery of Medicaid covered services. Referral, coordination and monitoring activities related to services in an IEP are reported in this code. In the instance of a Medicaid-eligible student, every effort must be made for referral to a Medicaid enrolled provider. Related paperwork, clerical activities or staff travel required to perform these services are included.</p> <p><i>If a direct medical service is being provided during the moment, this code is not applicable.</i></p>	<p>Examples of activities reported under this code:</p> <ul style="list-style-type: none"> • Making referrals for and/or coordinating medical or physical examinations and necessary medical evaluations; • Providing information about Medicaid EPSDT screening (e.g., dental, vision) in the schools that will help identify medical conditions that can be corrected or improved by services through Medicaid, for example: <ol style="list-style-type: none"> 1. <i>Making referrals for and/or scheduling EPSDT screens, interperiodic screens and appropriate immunizations;</i> 2. <i>Referring individuals for necessary medical health, dental health (less than age 21 only), mental health, or substance abuse services covered by Medicaid, including EPSDT Health Services;</i> 3. <i>Gathering information that may be required in advance of these referrals or evaluations;</i> • Working with individuals, their families, other staff, and providers to identify, arrange for, and/or coordinate services covered under Medicaid that may

Code and Description	Examples
<p>CODE E continued</p>	<p>be required as the result of screens, evaluations, or examinations.</p> <ul style="list-style-type: none"> • Referring an individual to a Medicaid Program for services; • Participating in a meeting to coordinate or review a student’s needs for initial services covered by Medicaid (if a student is already receiving services, and discussion is about ongoing medical services, use code D);
<p>CODE F</p> <p>Referral and Coordination of Non-Medicaid Services</p> <p>This code will be assigned when school district employees are making referrals for, coordinating, and/or monitoring the delivery of non-Medicaid covered services. Paperwork, clerical activities or staff travel required to perform these services are included.</p>	<p>Examples of activities reported under this code:</p> <ul style="list-style-type: none"> • Making referrals for and coordinating access to social and educational services such as child care, employment, job training, and housing; • Making referrals for, coordinating, and/or monitoring the delivery of free child health screens (vision, hearing, scoliosis); • Making referrals for coordination of services that are rendered free of charge to the general public. • Making referrals to NON-Medicaid Programs such as TANF, Food Stamps, WIC, day care, legal aid.
<p>CODE G</p> <p>Medicaid Translation/Interpreting</p> <p>This code will be assigned when school district employees are assisting an individual to obtain translation or interpreting services for the purpose of accessing Medicaid services. Paperwork, clerical activities or staff travel required to perform these services are included.</p>	<p>Examples of activities reported under this code:</p> <ul style="list-style-type: none"> • Arranging for or providing translation services (oral and signing) that aid an individual or family to access and understand necessary care or treatment.
<p>CODE H</p> <p>Non-Medicaid Translation/ Interpreting</p>	<p>Examples of activities reported under this code:</p> <ul style="list-style-type: none"> • Arranging for or providing translation services (oral or signing) that aid an individual to access and understand social, educational and vocational services; or to understand state education or state-

Code and Description	Examples
<p>CODE H will be assigned when school district employees are assisting an individual to obtain translation or interpreting services for the purpose of accessing non Medicaid services. Paperwork, clerical activities or staff travel required to perform these services are included.</p>	<p>mandated health screening (e.g., vision, hearing, scoliosis) and general health education outreach campaigns intended for the student population.</p>
<p>CODE I-(1)</p> <p>Direct Medical Services – Covered as IDEA/IEP Service</p> <p>This code is assigned when school district employees provide direct student care, treatment, and/or behavioral health services in order to ameliorate a specific condition. This code includes the provision of fall IDEA/IEP medical services reimbursed through EPSDT Health Services. Paperwork, clerical activities or staff travel required to perform these services are included.</p>	<p>Examples of activities reported under this code:</p> <ul style="list-style-type: none"> • All IDEA/IEP School-based services as outlined in the EPSDT School-based services Manual, including: Audiology services, Physical Therapy services and evaluations, Occupational Therapy services and evaluations, Speech Language Therapy and evaluations, Nursing Services and Behavioral Health Services. <i>(These services are only applicable if included in the student’s IEP or on the student’s IHP for Nursing Services)</i> • Traveling to provide direct service session. • Documenting direct service encounters or sessions for Medicaid claiming • Documenting special transportation for Medicaid claiming
<p>CODE I-(2)</p> <p>Direct Medical Services – Not Covered as IDEA/IEP Service</p> <p>This code will be assigned when school district employees provide student care, treatment, or behavioral health services that are not authorized by an IEP as billable services. Paperwork, clerical activities or staff travel required to perform these services are included.</p>	<p>Examples of activities reported under this code:</p> <ul style="list-style-type: none"> • Nursing services such as administering first aid or emergency treatments; • Providing crisis intervention • Counseling for substance abuse • Making referrals for and/or coordinating medical or physical examinations and necessary medical evaluations as a result of a direct medical service; <p>Immunizations and performance of routine or education agency mandated child health screens to the student enrollment such as scoliosis screens.</p>

Code and Description	Examples
<p>CODE J</p> <p>Non-Medicaid, Other Educational and Social Services</p> <p>This code will be designated for any activities which are not health-related, such as employment, job training, and social services, as well as Non-Medicaid health related. Paperwork, staff travel, documentation and other administrative activities that directly support the delivery of these services are included.</p>	<p>Examples of activities reported under this code:</p> <ul style="list-style-type: none"> • Performing activities that are specific to instructional, curriculum, student-focused areas; • Participation in the development, writing or review of the IEP, including time traveling to an IEP meeting; • Having a parent/teacher conference about a student’s educational progress. This includes any conference during the IEP meeting; • Compiling, preparing, and reviewing reports; • Conferring with students or parents about discipline, academic matters or other school related issues; • Participating in or presenting training related to curriculum or instruction.
<p>CODE K</p> <p>General Administration</p> <p>This code will be designated when staff are engaged in general administrative activities, are on break or any form of paid leave.</p>	<p>Examples of activities reported under this code:</p> <ul style="list-style-type: none"> • Training (not related to curriculum or instruction); • Reviewing school or district procedures and rules; • Attending or facilitating school or unit staff meetings or board meetings; • Processing personnel-related documents; • Maintaining inventories and ordering supplies; • Developing budgets and maintaining records; • Providing general supervision of staff, evaluation of employee performance; • Reviewing technical literature and research articles; • Lunch.
<p>Code L</p> <p>Not Scheduled to Work and Not Paid</p>	<p>Examples of this may include:</p> <ul style="list-style-type: none"> • Participant is a part-time employee who is not scheduled to work at the selected sample time.

Code and Description	Examples
<p>Code L is designated for time study participants who are not scheduled to work and not paid on the randomly selected moment in the time study.</p>	<ul style="list-style-type: none"> • The selected sample time falls before or after the participant’s scheduled work day. • Unpaid leave of absence.

SECTION 10

SCHOOL BASED HEALTH CENTERS

General Information

The Adolescent School Health Initiative Act, R.S. 40:31.3, was enacted in 1991 under Governor Buddy Roemer. This Act authorized LDH Office of Public Health (OPH) to facilitate and encourage the development of comprehensive school-based health centers in public schools. School-Based Health Centers (SBHC) provide convenient access to comprehensive, primary and preventive physical and mental health services for public school students at the school site.

Students spend a significant portion of their day on school grounds. SBHCs are accessible, convenient, encourage family and community involvement, reduce student absenteeism, reduce parental leave from work for doctor visits, and work with school personnel to meet the needs of the students and their families.

The services provided by a SBHC are Primary and preventive health care including, comprehensive exams and sports physicals, immunizations, health screenings, acute care for minor illness and injury, and management of chronic diseases such as asthma; behavioral health services; health education and prevention programs; case management; dental services, where available; referral to specialty care; Louisiana Children's Health Insurance Program (LaCHIP) application centers.

Funding sources for SBHCs come from private foundation grants, Maternal and Child Health (MCH) Block Grants, and State Legislative Appropriations through the Louisiana Department of Health, Office of Public Health, Adolescent School Health Program (OPH/ASHP). A SBHC has a sponsoring agency that is either a public or a private non-profit institution (i.e., health center, hospital, medical school, health department, youth serving agency, school or school system) locally suited and fiscally viable to administer and operate a health center. The host school works cooperatively with its health center. District School Board approval is a prerequisite for a grant of state funds for planning or operation.

SBHC Standards

SBHCs in Louisiana follow the *Principles, Standards and Guidelines for SBHCs in Louisiana*. These guidelines are located on <http://new.dhh.louisiana.gov/index.cfm/page/565>. Parental consent must be obtained prior to seeing a student as a patient.

Adolescent School Health Initiative Act (R.S. 40:31.3)

This law authorizes the Office of Public Health to facilitate and encourage the development of comprehensive health centers in Louisiana public schools. It specifically prohibits counseling or advocating for abortion and the distribution of contraception.

Note: Few school districts have school based health centers for which the LEA has full administrative and financial responsibility. The Medicaid billing/cost recovery for most SBHCs is managed independently by a public/nonpublic institution such as a local hospital.

SECTION 11

COMPLIANCE MONITORING AND AUDIT PREPARATION

The LEA has the responsibility to ensure that students receive services identified in the IEP and/or the IHP and to assure the integrity of their services. The LEA must have adequate systems in place to monitor service delivery, claims billed and payments received and to confirm that all billing is supported by proper documentation. Louisiana Medicaid contracts with an independent auditing firm to monitor compliance with billing requirements and documentation efforts. Internal monitoring is one way to reduce the risk of adverse findings and repayments in the event the LEA is selected for a state or federal audit.

The Internal Monitoring Process

Much of the information in this section was taken from the Indiana Medicaid Billing Toolkit, 2014 with permission of the Indiana Department of Education. Some revision was necessary to comply with Louisiana requirements.

The monitoring system used by the LEA should be a combination of approaches to analyze services for program compliance. The most common internal monitoring programs concentrate on comparing the billed services to student records to ensure that supporting documentation is present, however, this method alone does not consistently identify the concerns that a Medicaid auditor will discover. Here are a few additional review methods to consider when developing a comprehensive self-monitoring process:

1. Oversight and Supervision – Assess whether individual therapists can adequately oversee the volume of cases they are assigned to supervise. Many mid-level practitioners require direct supervision by a licensed practitioner.
2. Type of Service – Compare IEP/IHP plans and frequency of services for students with similar health-related special education needs. Review all therapy services billed, to look for patterns or inconsistencies.
3. Attendance – Compare service reports/logs and attendance records to verify services were billed only for the days the student and practitioner attended school.
4. Evaluation and Treatment – Compare the IEP and IHP with the initial and subsequent evaluation results to analyze whether services billed adequately address the student's needs, whether progress is being made toward treatment goals, and if changes in the student's medical condition are identified and addressed.
5. Automated Billing System – Compare the service-related information in your billing agent's automated billing system with the actual descriptions published by Louisiana Medicaid. Verify that the code descriptions are consistent and that the system accurately reflects, for each procedure, the units of service or time increment billing basis designated in the applicable publication. Recognize that billing companies work in and systems are designed for use in more than one state. Because no two states' Medicaid programs are identical, automated systems designed for use in another state or in multiple states may need to be customized for use in Louisiana. Be familiar with Louisiana Medicaid billing and coding requirements for the types of services provided by the LEA. Finally, verify that electronic billing transactions comply with HIPAA requirements.

Medicaid Documentation Checklist for IEP/IHP Medicaid Reimbursable Services

LEAs must safeguard and be able to produce all documentation required to support claims for medical services billed to Medicaid. This documentation must be available for 7 years from the date of service.

1. ***Medical necessity and service authorization:***

- Appropriate order for service: Occupational therapy, Audiology services and select nursing services orders must be signed by a physician (M.D.)
- A copy of the signed parental consent for Medicaid billing.
- Copies of all IEPs or IHPs valid during each school year in which Medicaid services were provided and billed.

NOTE: *reevaluations, as well as frequency, duration & scope of all treatment services must be documented/authorized in the IEP(s) or the IHP.*

Evidence of medical assessment by a qualified service provider, progress notes, treatment plans, original signed and dated service logs (must include date and time of service, duration of service in minutes, service description & progress, signature and title/credentials of service provider); if applicable, maintain a key to explain abbreviations/codes used by individual practitioners to document attendance, services, progress, etc.

2. ***Direct medical service provision to a Special Education and/or Medicaid eligible student:***

- Student's name and date of birth.
- Report/copy of initial evaluation and outcome, including if applicable, reports of outside evaluations conducted prior to initial placement and considered for eligibility determination.
- Attendance records for student and providers.
- Copy of service providers' license(s)/certification(s) at time of service provision.
- File copy of service providers' signature and initials.

3. ***Financial/accounting records:***

- Copies of claims submitted to Medicaid (These records may be kept by a billing contractor).
- Copies of Medicaid Remittance Advice statements. (These records may be kept by a billing contractor).
- Copies of LEA cost reports and support documentation.

Suggested Internal Monitoring Guidelines

Claim Specific Review (evaluate documentation and compare to billing):

- 1) If documentation is paper, is service documentation legible, signed/dated by the service provider? Are the provider's credentials indicated? If not, is documentation available to verify credentials? Educate staff regarding inclusion of credentials with signature/initials.
- 2) If the procedure code billed was based on time spent providing service to the student, is the billed time verified in an electronic record? If not, is there additional documentation (e.g., service logs or service provider notes) available to verify the time spent? Educate staff on supporting documentation for time sensitive procedure codes.
- 3) Does the content of the service documentation accurately match the description of the procedure code billed?
- 4) Does the date of service billed match the date of service documented? Is there any contradiction in the file, such as cancellation or therapist/student absence noted?
- 5) If a late service entry is made (e.g., a subsequent change or addition to an existing record), is it appropriately documented and consistent with school policy?

Treatment Plan/IEP/IHP Review (evaluate each plan/IEP/IHP and compare to billing):

- 1) Was the service component of the IEP/IHP developed logically based on all the assessments/evaluations of the student?
- 2) Is there documentation in the student's file of an appropriate order for services (initial evaluation and treatment services)? Note: A physician's order is required for OT, Audiology and select nursing services.
- 3) Are the services billed to Medicaid authorized in the student's IEP or in an IHP?
- 4) Is there evidence of monitoring to ensure that the services provided are appropriate (in amount, duration and frequency) to meet the student's needs?

Assessment Review (evaluate assessment; compare assessments with IEP/IHP):

- 1) Following the initial evaluation and initiation of services, is there ongoing assessment of progress toward goals, and are changes in the student's condition noted?
- 2) Does the initial evaluation support the medical necessity of the Medicaid-billed services included/authorized in the student's IEP or IHP? Do ongoing progress notes continue to support medical necessity?

Vary the Focus of Internal Audit Reviews:

* Evaluate whether each practitioner's case load is reasonable. Can s/he adequately manage the volume of assigned cases? How does his/her performance compare with that of peers?

* Compare services billed to hours worked. Review notes and service records/logs for a specific day/week for overlapping times; verify student and provider attendance on service dates. If siblings receive services in the same school, check that claims were billed correctly for each and not duplicated.

FINAL STEP: Revise procedures, educate staff, and improve forms/protocols based on findings. Work with billing agent and school financial officer to identify incorrectly billed amounts.

The Audit Preparation Process

In preparation for an audit, the LEA must be prepared to:

1. Provide documentation that is essential to support Medicaid claims for IEP and/or IHP services for a period of seven years. This includes but is not limited to:
 - Assessments or evaluations related to the service (not determination of special education eligibility)
 - Appropriate order or referral for services provided
 - IEPs and IHPs that reference services
 - Practitioner credentials, certifications, licenses
 - Service/sessions reports/logs and therapy/nurse notes in sufficient detail to document the length of time billed for the procedure
 - Attendance records
 - Date of procedure and the start/end time of procedure
 - Student information including Medicaid eligibility
 - Maintain documentation for seven (7) years

NOTE: The LEA must have the ability to retrieve the documentation when presented with the date/time and procedure code billed by claim even if the provider is no longer employed.

2. Verify that salaries listed for employees/positions included in the Random Moment Time Study staff pool match the payroll records for the same period as the time study.
3. Verify that any other salaries and costs for supplies, etc., are of direct benefit to the employees on the relevant staff pool list and, therefore, are allocable to that staff pool cost.
4. Confirm that none of the direct costs reported were also claimed as an indirect cost, that the proper indirect cost rate was used, and the rate was applied only to costs in the base. The employees in non-standard job categories are the most likely to be considered indirect type employees. Therefore, documentation will be reviewed for these individuals.
5. Verify that no federal funds were claimed on the cost reports and that costs were not accepted for cost sharing.
6. Confirm that reported costs were actually paid, support documentation was maintained as required, and costs were properly charged to the correct accounts. The financial data reported (salaries, benefits, supplies, purchased services, and other expenditures) must be based on actual detailed expenditures from LEA payroll and financial systems. Payroll and financial system data must be applied using generally accepted governmental accounting standards and principles or applicable administrative rules. The expenditures accumulated must correlate to the claiming period.
7. Verify recipient eligibility, documentation of services in the IEP/IFSP or IHP, and provider credentials.
8. Demonstrate the system used to monitor service delivery, claim documentation, claim billing, and payments received.
9. Verify that the credentials of all clinicians are current and appropriate for Medicaid billing and that services rendered are within the scope of the clinician's practice.

SECTION 12

APPENDICES

ACRONYMS

Acronym	Meaning
AAP	American Academy of Pediatrics
APTA	American Physical Therapy Association
ATD	Assistive Technology Device
HEALTHY LOUISIANA	The State’s Primary Care Case Management (PCCM) Program, which links Medicaid Eligibles to a Primary Care Provider (PCP) as their medical home
BHSF	Bureau of Health Services Financing
CDC	Center for Disease Control
CFR	Code of Federal Regulations
CMS	Center for Medicare and Medicaid Services
COBRA	Consolidated Omnibus Budget Reconciliation Act of 1985
CPT	Current Procedural Terminology
CPTA	Certified Physical Therapy Assistant
DCFS	Department of Children and Family Services
DME	Durable Medical Equipment
EFT	Electronic Funds Transfer
EIS	Early Intervention Services
EMC	Electronic Media Claims
e-MEVS	Electronic Medicaid Eligibility Verification System
EOB	Explanation of Benefit
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
ERA	Electronic Referral Authorization
ESY	Extended School Year
ETS	Electronic Time Study
FAPE	Free Appropriate Public Education
FFP	Federal Financial Participation
FFS	Fee for Service
FITAP	Family Independence Temporary Assistance Program
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FTP	File Transfer Protocol
HIPAA	Health Insurance Portability and Accountability Act
ICD-10-CM	International Classification of Diseases, 10th Revision, Clinical Modification
IDEA	Individuals with Disabilities Education Act

Acronym	Meaning
IEP	Individualized Educational Program
IFSP	Individualized Family Service Program
IHP	Individualized Health Plan
ISIS	Integrated Statewide Information System
IT	Information Technology
LaCHIP	Louisiana Children’s Health Insurance Program
LAMI	Louisiana Automated Management Information System
LDOE	Louisiana Department of Education
LDH	Louisiana Department of Health
LINKS	Louisiana Immunization Network for Kids Statewide
LPN	Licensed Practical Nurse
LPT	Licensed Physical Therapist
LRE	Least Restrictive Environment
MAC	Medicaid Administrative Claiming
MAS	Medicaid Application System
MEDS	Medicaid Eligibility Data System
MEM	Medicaid Eligibility Manual
MEVS	Medicaid Eligibility Verification System
MMIS	Medicaid Management Information System
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MSIS	Medicaid Statistical Information System
MSW	Master of Social Work
NPI	National Provider Indicator
ODR	Officially Designated Representative
OT	Occupational Therapy
OTA	Occupational Therapy Assistant
PA	Prior Authorization
PCA	Personal Care Attendant
PCCM	Primary Care Case Management
PCP	Primary Care Physician (or Provider)
PETS	Provider Enrollment Tracking System
PE-50 FORM	Provider Enrollment Form
PT	Physical Therapy
QI	Qualified Individual

Acronym	Meaning
RA	Remittance Advice
REOMB	Recipient Explanation of Medicaid Benefits
REVS	Recipient Eligibility Verification System
RFP	Request for Proposal
RHC	Rural Health Clinics
RN	Registered Nurse
Section 504	Section 504 of the Rehabilitation Act of 1973
SER	Special Education Reporting System
SER/RSM	Special Education Reporting System/Related Services Tracking
SFTP	Secure File Transfer Protocol
SFY	State Fiscal Year
SIEVS	State Income Eligibility Verification System
SLP	Speech-Language Pathologist
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security Number
TANF	Temporary Assistance for Needy Families
TCP/IP	Telecommunications Protocol/Internet Protocol
TDD/TTY	Telecommunication Device for the Deaf/Tele Typewriter
TPA	Third Party Administrator
TPL	Third Party Liability
TRRS	Transaction Receipt and Response System
MOLINA	United Information Systems Corporation
WIC	Women, Infants & Children Supplemental Food Program

DIRECTORY

CONTACT	PHONE # FAX #	MAILING/EMAIL/WEB ADDRESS
DHHS Office of Inspector General		http://www.oig.hhs.gov
Fraud & Abuse Hotline	800-488-2917 FAX 225-219-4155	Program Integrity ATTN: Fraud Complaints Unit Louisiana Department of Health PO Box 91030 Baton Rouge LA 70821-9030
Louisiana Department of Education	877-453-2721	1201 North Third Street PO Box 94064 Baton Rouge LA 70804-9064 www.doe.state.la.us
Louisiana Department of Health	800-834-3333 225-925-6606	PO Box 91030 Baton Rouge LA 70821 www.ldh.la.gov
Louisiana Medicaid <i>Louisiana LDH</i>	888-342-6207 FAX 877-523-2987	628 N. 4 th Street Baton Rouge LA 70802 PO Box 91278 Baton Rouge LA 70821-9278 www.lamedicaid.com
Louisiana NPI Assistance	225-216-6400	LAMedicaidNPI@Molina.com
National Plan & Provider Enumeration System (<i>NPPES</i>)	800-465-3203 800-692-2326 TTY	PO Box 6059 Fargo ND 58108-6059 https://nppes.cms.hhs.gov
Recipient Eligibility Verification System (<i>REVS</i>)	800-776-6323 225-216-7387	
MOLINA Provider Enrollment	225-216-6370	MOLINA Provider Enrollment Unit PO Box 80159 Baton Rouge LA 70898-0159 www.lamedicaid.com
MOLINA Provider Relations	800-473-2783 225-924-5040 FAX 225-216-6334	PO Box 91024 Baton Rouge LA 70821
MOLINA – EDI Department	225-216-6303	PO Box 91025 Baton Rouge LA 70821-9025 www.lamedicaid.com

**Initial Notice and Consent
Regarding Medicaid Reimbursement**

NOTICE

The Louisiana Department of Health (LDH) Medicaid program allows school districts to request reimbursement for costs associated with provision of certain IEP and IHP related services. These services include occupational and physical therapy, speech pathology, behavioral health services, nursing services, and special transportation. Schools are required to provide notice and to obtain consent from a parent before accessing a child's Medicaid benefits.

_____ seeks your consent to disclose personally identifiable information about your child to Louisiana Medicaid to access reimbursement for the IEP/Medicaid covered health services that are provided at school. In order to submit claims for IEP/IHP/Medicaid covered services, the following types of records may be required: child's full name, address, date of birth, Medicaid ID, disabilities, types of services and dates of services delivered. This disclosure of information to Louisiana Medicaid and its affiliates and access to Medicaid reimbursement for the school district shall not result in any decrease in available lifetime Medicaid coverage, result in any cost to you or your family, increase any premiums or lead to the discontinuation of your child's benefits or insurance or create any risk of loss of your child's eligibility for home and community-based waivers based on total health-related expenditures.

You may withdraw this consent in writing at any time. If you refuse consent or withdraw consent to allow access to the Medicaid benefits, it will not relieve the school system of its responsibility to ensure that all required IEP services are provided at no cost to your child.

CONSENT

I hereby authorize _____ to disclose necessary information to Louisiana Medicaid in order to seek reimbursement for the IEP/IHP/Medicaid-covered health services provided to my child.

Name of Student

Date

Parent(s)/Guardian(s) Signature

Relationship to Student

Annual Notice Regarding Medicaid Reimbursements

DATE

Student's Name

You have authorized _____ to share personally identifiable information about your child with Louisiana Medicaid and to seek reimbursement for the IEP/IHP/Medicaid covered health services that are provided at school.

This disclosure of personally identifiable information to Louisiana Medicaid and access to Medicaid reimbursement for the school district shall not result in any decrease in available lifetime coverage, shall not result in any cost to you or your family, shall not increase any premiums or lead to the discontinuation of your child's benefits or insurance, and shall not create any risk of loss of your child's eligibility for home and community-based waivers based on total health-related expenditures.

You may withdraw this consent in writing at any time. If you refuse consent or withdraw consent to allow access to the Medicaid benefits, it will not relieve the school system of its responsibility to ensure that all required IEP/IHP services are provided at no cost to your child.

For assistance in this area, please contact: _____ at _____.

Louisiana Believes

SCHOOLS BILLING MEDICAID **Questions and Answers for Families**

Why do schools bill Medicaid?

The Individuals with Disabilities Education Act (IDEA) allows some health and medical services to be covered by Medicaid. When it is possible, school districts bill Medicaid and receive partial reimbursement for health services provided.

What can schools bill Medicaid for?

School districts can only bill for medically related services that are specified in the student's IEP or IHP. In general, services for which a school district may bill Medicaid are: audiology services, occupational therapy, physical therapy, speech therapy, behavioral health services, nursing services and specialized transportation.

Will my child's Medicaid benefits outside of the school be affected if the school district bills Medicaid?

No, there is no maximum on benefits for a child with a disability. Allowing the school district to bill for these services will not impact your Medicaid limits for any other services billed by a private provider. Medicaid services received outside of school and your child's IEP are authorized separately.

What do school districts do with the money they receive from Medicaid?

Money that school districts receive helps to compensate for the rising cost of health services and can be spent on hiring additional staff, health related equipment, and supplies.

Does the school district need my consent to bill Medicaid?

Yes, school districts are required by IDEA to obtain parental consent to disclose your child's information and bill Medicaid for services.

If I refuse, will my child receive his/her health related service?

Yes. School districts are required to provide all IEP services even if they cannot bill Medicaid, but remember, your consent provides the school with additional monies to enhance services provided to students with disabilities.

If my child receives healthcare services such as speech therapy from a private provider, can he receive speech therapy from the school system also?

Yes. Parents are encouraged to seek services within the school system because therapeutic interventions that are set in natural environments and embedded in the instructional program increase the effectiveness of intervention and the achievement of IEP goals. Because Medicaid will only pay one provider per day for each service, the school system will work with you in scheduling your child's therapy services to avoid any conflicts.

Sample Bus Log to Record Special Education Transportation

Bus Route Number: _____

Week 1 Ending MM/DD/YYYY

Week 2 Ending MM/DD/YYYY

Driver's Name: _____

<i>Student's Name</i>	Mon		Tues		Wed		Thur		Fri		Mon		Tues		Wed		Thur		Fri			
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out		
<i>Sample Student</i>	X		X	X	X	X							X		X	X			X	X	X	<i>Place an X in each box for each trip the student rides</i>

Monitor/Aide Name(s): _____

Certified as correct to the best of my knowledge:

Printed Name of Person
Completing This Form

Title

Signature

Date

Sample Medicaid Transportation Log

Special Education Bus # _____

Bus Driver: _____

Bus Attendant: _____

AUGUST 20 _____

STUDENT NAME	SCHOOL	8		9		10		13		14		15		16		17	
		AM	PM														

****Check indicates student rode bus. To be turned in by the fifth day of each month for the previous month.**
 If you find a student listed on the Medicaid Transportation Log form that is no longer riding the bus, draw a line through their name and indicate moved or dismissed. If you have added a new student, add their name to the end of the list.

 Bus Driver's Signature

 Bus Attendant's Signature

