

Writing High-Quality IEPs That Meet Medicaid Billing Requirements. Suggested Practice & Supporting Guidance Document

This document provides suggested practice as it relates to documenting health services on an IEP so that the services may be billed to Medicaid. It is important to remember:

- Health services are determined by the unique needs of each student.
- Health services must be provided as prescribed in a student's IEP regardless of Medicaid eligibility.
- School districts are responsible for meeting both IDEA and Medicaid requirements.

SERVICES

Key Definitions and Supporting Guidance

SPECIALLY DESIGNED INSTRUCTION:

- *Specially designed instruction (SDI) means adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction-- (i) To address the unique needs of the child that result from the child's disability; and (ii) To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children. (CFR 300.39)*
- Simply put, SDI is changing the content, methodology or delivery of instruction based on the individual student's needs
- May include: reading, writing, math, behavior, transition, social/emotional, and speech/language

RELATED SERVICES:

- Includes **transportation** and such developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education, and includes **orientation** and **mobility** services, **speech** language pathology and **audiology** services, **interpreting** services, **psychological** services, **physical and occupational therapy**, recreation including therapeutic **recreation**, **school health** services and school **nurse** services, **counseling** services, including **rehabilitation counseling** services, **social work** services in school, **parent counseling and training**, school health services and medical services for **diagnostic** or **evaluation** purposes, and includes early identification and assessment of disabling conditions in children.
- For complete definition of each of the above related services, see CFR 300.34
- Above list of related services is not exhaustive. Other services not listed may qualify as an appropriate related service.

SUPPLEMENTARY AIDS AND SERVICES:

- *“Supplementary aids and services” means aids, services and other supports that are provided in regular education classes or other education-related settings and in extracurricular and nonacademic settings to enable children with disabilities to be educated with children without disabilities to the maximum extent appropriate. (CFR 300.42)*
- Accommodations are devices, practices, interventions, or procedures provided to a student with a disability that afford equal access to instruction and assessment; Accommodations do not change the learning expectations, construct, grade-level standard, and/or measured outcome.
- Modifications are devices, practices, interventions, or procedures that afford equal access to instruction or assessment; Modifications change the learning expectations, construct, grade-level standard, and/or measured outcome.
- An assistive device or service, including the teaching of the device to the student, may be listed in this section
- The aid or service should be specific and replicable; simply writing “Assistive Technology” is not sufficient. Consider and detail how amount, frequency, and when service delivery should occur.

PROGRAM MODIFICATIONS/SUPPORTS FOR SCHOOL PERSONNEL:

- The IEP team is responsible for determining what types of program modifications or supports are necessary to support staff and to specify these in the IEP.
- Examples may include: attending a conference or training related to the student’s needs, getting help from another staff member or administrative person, having an aide in the classroom, getting special equipment or teaching materials.
- Common supports such as “Consultation” and “Training” should be more clearly defined; WHO is consulting/training with WHOM, about WHAT
- Training and supervision by a registered nurse to a delegated health care aid should be listed in this section and should include amount/frequency of the interactions.
- Consultation, training, and supervision of a service by a licensed therapist (SLP, OT, PT...) should be listed in this section and include frequency and duration.

ANTICIPATED AMOUNT/FREQUENCY:

- In order for a school district to bill Medicaid for a health services identified in a student’s IEP, both the amount and the frequency must be specific and include the amount of minutes and frequency anticipated for service delivery.
- “As needed”, “Upon teacher permission”, or “When appropriate” are not acceptable because each is a subjective interpretation of student need
- When documenting amount/frequency, consider the following question: If you were handed this IEP and did not know the student, could you implement the service?
- Amount/Frequency should be based on actual time spent providing the service, and not on length of class periods or other scheduling factors
- Amount/Frequency should be based on data as described in the Present Levels
- If a student needs daily nursing service(s), then amount and frequency must be listed as min/daily.

ANTICIPATED LOCATION:

- As much as possible, the location must be clear to the student, family, and IEP team regarding where the service will be provided (general education, special education, self-contained, community, work-site, etc.);
- In some circumstances, it may be appropriate, based on individual student needs, to have a service identified as more than one location if explained in the present levels; for example, a team may identify the location as “general education/special education” to allow flexibility in providing services with minimal disruption to the student’s participation in the general education classroom.

START/END DATE:

- Should include month, day, and year
- Services may start on the day of the IEP meeting or at future date as determined by the IEP team
- Services should end the day before the next annual IEP meeting is required, although may end at a sooner date as determined by the IEP team
- Health services can only be billed when an IEP is current and not expired.

PROVIDER:

- The provider is the agency or entity providing the service.
- Typically, the LEA is the provider for instruction and services;
- In order to bill Medicaid for a service, type of medically licensed provider must be identified along with the agency providing the service. (ex. LEA-RN, LEA-DHC, LEA-OT, LEA-SLP, LEA-SLPA)

ROLE RESPONSIBLE FOR MONITORING:

- The team identifies the role of the staff member, not a specific person’s name (ex. special education teacher, general education teacher, registered nurse, speech language pathologist, teacher of the visually impaired, administrator, Occupational Therapist, autism consultant/specialist).
- This staff is responsible for monitoring implementation of the service and progress on IEP goals.
- The person responsible will vary depending on the service being provided, and should be determined by the IEP team (ex. consultation may be provided by a regional staff member, but the team may determine the special education teacher will be responsible for monitoring the implementation and progress on this service).
- If the position responsible for delivering the special education services is anyone other than a certified special education teacher or related service provider, then the certified special education teacher/related service provider must design and supervise the instruction, and monitor and evaluate the student’s progress.

Information needed for Medicaid billing:

Service	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider(s)	Role Responsible for Monitoring
<i>Description of service</i> (Nursing, Diabetic Care, OT, PT)	<i>Min / Freq.</i> (60min, 1x/ day, week, month)	Location. (Special Education Class, General Education Class)	10/2/2018	10/1/2019	Agency-Licensed Health Staff (LEA-RN, LEA-OT)	SPED Case Manager LEA-RN

Example Documentation of Services on an IEP that align with Medicaid Billing Requirements

Services highlighted in Blue are examples of documenting health service on an IEP to allow for Medicaid billing.

Specially Designed Instruction

(3) Specially designed instruction means adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction -

- (i) To address the unique needs of the child that result from the child's disability; and
- (ii) To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.

Specially Designed Instruction <i>34 CFR 300.39</i>	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring
Reading Comprehension		SPED Class	10/2/2018	10/1/2018	REGIONAL	TVI
Writing		SPED Class	10/2/2018	10/1/2018	LEA	SPED Teacher
Speech	30min/ 2x per week	SPED Class	10/2/2018	10/1/2018	LEA-SLP	LEA-SLP

Note: Speech therapy services may be identified as SDI per school district policy. All other health services (including OT, PT, Nursing, specialized transportation . . .) must be identified and documented in the "Related Services" section.

Related services

(a) General. Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training.

Related Services <i>34 CFR 300.34</i>	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider(s)	Role Responsible for Monitoring
Occupational Therapy	60 min / month	SPED Classroom	10/2/2018	10/1/2019	LEA-OT	Case Manager LEA-OT
Transportation ¹	To/From school every day	School Bus	10/2/2018	10/1/2019	LEA	Case Manager
Speech	30min/ 2x per week	SPED Class	10/2/2018	10/1/2018	LEA-SLPA LEA-SLP	LEA-SLP
Nursing service. Diabetic Care** (delegated) ²	20min / 2X per day***	Resource Room	10/2/2018	10/1/2019	LEA-RN LEA-DHC ³	Case Manager LEA-RN
Nursing service: Outlined in Student IHP ⁴	20 min / 3X per day	Resource Room	10/2/2018	10/1/2019	LEA-RN	LEA-RN
Nursing service: 1:1 nursing (delegated)	420 min per day	Resource Room	10/2/2018	10/1/2019	LEA-RN LEA-DHC	LEA-RN

Note: The above nursing services are separated to show multiple examples of how services may be entered into a student's IEP. If this was a single student's IEP, all nursing services, including those that are delegated, should be entered as a single entry that identifies total minutes of nursing per day.

¹ Transportation is billable to Medicaid only when there is a health service provided to the student per their IEP on the same day, billed to Medicaid, and federal Medicaid reimbursement is received.

² For Delegated Health Care (DHC) there should be time identified in "supports to school staff" for training and supervision by the RN.

³ A district may add multiple providers to allow coverage by another employee type when primary provider is absent.

⁴ A school district may point to a student's individualized health plan (developed by a registered nurse) for additional information not listed on the IEP.

Supplementary Aids/Services; Accommodations, Modifications, and Support for Personnel.

(4) A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child—

(i) To advance appropriately toward attaining the annual goals;

(ii) To be involved in and make progress in the general education curriculum in accordance with paragraph (a)(1) of this section, and to participate in extracurricular and other nonacademic activities; and

(iii) To be educated and participate with other children with disabilities and nondisabled children in the activities described in this section;

Supplementary Aids/Services; Accommodations <i>34 CFR 300.320(a)(4)(i)-(iii)</i>	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring
Front Row Seating	All Classes, entire class period	Gen Ed/SPED Class	10/1/2014	9/30/2015	LEA	General Education Teacher
Supplementary Aids/Services; Modifications <i>34 CFR 300.320(a)(4)(i)-(iii)</i>	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring
Materials in audio format	All reading assignments assessing or instructing fluency or decoding	Gen Ed/SPED Class	10/1/2014	9/30/2015	LEA	Special Education Teacher
Program Modifications/ Supports for School Personnel <i>34 CFR 300.320(a)(4)(i)-(iii)</i>	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring
Nurse Consultation- ⁵ Delegated Health Care training and supervision	60min, 1x/ month or 300min / year	Resource Room	10/2/2018	10/1/2019	LEA-RN	LEA-RN
SLP consult to SPED teacher	30min, 1x/ month	SPED	10/1/2014	9/30/2015	LEA-SLP	LEA-SLP
PT Consultation for SPED teacher	30min, 1x/ month	SPED	10/1/2014	9/30/2015	Regional	PT

⁵ Nurse consultation includes training and supervision of a delegated health care aid.

