

Webinar 3 FAQ: Nov. 18, 2024 | Medicaid Expansion: Individual Plans of Care (IPOC) Best Practices and New Requirements for Documenting Covered and Expanded Services

Background: Medicaid requires supporting documentation for reimbursement provided to education agencies (EAs) for medically necessary and medically appropriate Medicaid-covered services provided in the education setting.

The Oregon Health Authority (OHA) has introduced the Individual Plan of Care (IPOC) for School Based Health Services (SBHS) services to ensure services are medically necessary and medically appropriate and in alignment with a student's educational needs and Medicaid guidelines. IPOC covers a variety of plans and does not replace the Individual Education Plan (IEP) or the Individualized Family Service Plan (IFSP). The IEP or IFSP may serve as an IPOC. Elements required to bill Medicaid are identified in the table below and may be found between the IPOC and supporting documentation combined.

Elements required to bill Medicaid

IPOC	SUPPORTING DOCUMENTATION
<ul style="list-style-type: none">Effective date	<ul style="list-style-type: none">Date, location, and duration of service
<ul style="list-style-type: none">Education Agency (EA) name	<ul style="list-style-type: none">Education Agency (EA) name

IPOC	SUPPORTING DOCUMENTATION
<ul style="list-style-type: none"> Child or young adult's first and last name 	<ul style="list-style-type: none"> Child or young adult's first and last name (number in group, when applicable) Child or young adult's Medicaid ID Child or young adult's diagnosis code
<ul style="list-style-type: none"> Health service type 	<ul style="list-style-type: none"> Medical need for the service
<ul style="list-style-type: none"> Nature, extent, or units of service 	<ul style="list-style-type: none"> Name of individual providing the service
<ul style="list-style-type: none"> Therapeutic value of service 	<ul style="list-style-type: none"> Name of individual supervising the service (when applicable) Signed parent/guardian consent Licensed Practitioner Recommendation

IPOC questions

What changes need to be made to 504 plans, and will ODE be providing updated templates?

Recommended practice is to link the healthcare plan containing Medicaid required elements to the Section 504 plan and reference it in the Section 504 plan. For example, for a student with a Section 504 plan for diabetes management, the Section 504 plan would be in place but the additional prescriptive elements for the IPOC would be contained in the linked nursing plan of care and supporting documentation (log notes, evaluations/assessments, written recommendation).

What information needs to be included in a student's IEP to be eligible to bill for Medicaid-covered health services?

EAs may bill for Medicaid-covered health services provided by medically qualified practitioners when written into an IEP as related services, supplementary aids and services, and program modifications and supports for school personnel. IEPs contain frequency, duration, and location and have a start and end date for services.

Are education agencies (EAs) allowed to bill Medicaid for services provided by a speech-language pathologist (SLP) as part of Response to Intervention (RTI) and if so, is an IPOC required?

EAs may bill Medicaid for RTI services provided by an SLP if the services are provided and documented per practitioner licensing board rules and regulations and are supported by an IPOC and other supporting documentation (see required elements in the table on pages 1 and 2).

How should practitioners include units of services in IPOCs?

IEPs and IFSPs already contain units of service. For other plans of care, recommended practice is to update existing practitioner healthcare plans to include units of service or identify the nature and extent of service. Service provision is documented in minutes in practitioner's log notes and must be validated against the IPOC.

How should EAs develop IPOCs for students who do not have an IEP or 504 plan? And will OHA or ODE be providing a template?

OHA developed a table (see above) of IPOC required elements for EAs to use for Medicaid compliance. Medically qualified practitioners, within their respective scope of practice and licensing board requirements, may develop IPOCs. This includes, but is not limited to, nurse treatment plans of care, occupational therapy service plans, physical therapy plans of care, and behavioral health service plans.

Can an IPOC alone demonstrate the need for medically necessary and appropriate? Or does there have to be a special statement separate from the IPOC to substantiate the medical need?

A practitioner written recommendation is used to indicate the service is necessary and appropriate. The written recommendation is a separate document from the IPOC.

Is Medicaid billing only allowed for special education students or for the general population as well?

Medicaid reimbursement is allowed for each student, general or special education, with an Individual Plan of Care (IPOC) which includes Medicaid-covered services on IEPs and IFSPs, as well as other plans of care such as a behavioral health service plan or nursing plan of care.

If a medically qualified individual provides services to a student in excess of the frequency and duration established on an IEP, can those minutes be billed to Medicaid?

Specifically on an IEP (the prescriptive document), the frequency and duration specified is the amount of service that can be billed. Services that may be billed outside of the frequency and duration on an IEP include evaluations, IEP meeting time specific to the medically qualified practitioner's scope of practice, and care coordination for episodic occurrences for new chronic conditions (i.e. seizures, allergies, asthma) not yet specified on the IEP.

Does the Nursing Care Plan as the IPOC need to provide a maximum number of minutes and frequency that can be billed for reimbursement? If so, what happens if the student requires a 4th blood sugar check that isn't written into the frequency and duration on the plan of care?

It depends on how the IPOC is written (e.g. frequency and duration may be written very specific vs. broad). For example, a specific frequency and duration of 60 min/1 x per/month for Nurse services would restrict Medicaid billing to 60 minutes one time per month. In contrast, if the frequency and duration in the nursing plan of care is less specific, such as, up to 4 times daily following meals, the plan of care would allow more flexibility in billing.

Where within the IPOC (IFSP) is the written recommendation for medical care to be documented?

The written recommendation by the practitioner is a separate document from the IPOC. A written recommendation by the practitioner indicates services recommended are medically necessary and medically appropriate (see OAR 410-150-0001). The written recommendation must be valid, within 12 months of the date of service and align with the effective dates of the IPOC.

How do we incorporate the ICD-10 code into a Section 504 plan?

The ICD-10 code may be identified on the therapy logs, treatment notes or a practitioner's written recommendation. The Section 504 plan should not be altered to include the ICD-10 code.

Documentation questions

Are documentation requirements different for students on the Individuals with Disabilities Education Act (IDEA) vs. non-IDEA?

There are no differences in the documentation requirements for medically qualified practitioners for IDEA vs. non-IDEA services.

Is parent consent only required to be obtained once and is written notification required to be obtained annually?

Education agencies must provide written notification prior to obtaining parent consent before disclosing information about a student to access Medicaid reimbursement. The written notification must then be provided on an annual basis thereafter. There are exceptions to the rule of obtaining parent consent once, but in general, it is considered a one-time consent.

Does written documentation need to indicate the student's ICD-10 code?

Written documentation (e.g. therapy logs/treatment notes) must include the ICD-10 code. This information is necessary for claims submission. It is important for medically qualified practitioners to use the most specific code possible. However, it is allowable

to use signs and symptoms codes per a medically qualified practitioner's scope of practice in the absence of a formal diagnosis.

What health care practitioner in the school setting is allowed to complete a written recommendation indicating services rendered and billed to Medicaid are medically necessary and appropriate?

The practitioner written recommendation must be provided by the medically qualified individual rendering and documenting the service(s) within compliance of their respective scope of practice and board rules and requirements. In some instances, a physician's statement/orders may serve as the written recommendation by the practitioner (see [OAR 410-133-0040 \(64\)](#)). A complete list of medically qualified practitioners can be found at OAR 410-133-0120.

Is there a new procedure code to use when billing for services on other plans of care outside of the IEP? For example, when billing for time spent with a diabetic student on a 504 plan, is there a procedure code outside of T1018 to use now?

New procedure codes have not been turned on yet for use by school medical providers in the Oregon Medicaid Management Information System (MMIS). OHA's SBHS Medicaid team is currently working to establish a list of procedure codes that will be available for billing non-IDEA services.

Medicaid billing program questions

Are Medicaid-covered services rendered in the education setting and billed to Medicaid protected under Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA)?

In general, school health services are protected by FERPA. However, in a few limited circumstances, an educational agency or institution subject to FERPA can also be subject to HIPAA. Please refer to Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and

Accountability Act of 1996 (HIPAA) to Student Health Records and/or discuss with legal counsel.

When Medicaid is expanded to include Teacher Standards and Practices Commission (TSPC) licensed school psychologists, counselors and social workers will TSPC be the respective healthcare board?

TSPC is the board that defines scope of practice for TSPC licensed school psychologists, counselors, and social workers. OHA is in the process of determining what services are covered by Medicaid for TSPC licensed providers.

