

School Based Health Services (School Medicaid) Training



State School Medicaid Team

Oregon Department of Education

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Agenda

- Welcome and Opening
- Program Overview
- Covered Services and Billable Practitioners
- Enrollment 101
- Documentation
- Service Examples
- Questions and Answers



Program Overview



Benefits of Pursuing School Medicaid Reimbursement



School health services are a critical component of the health care safety net for students and support improved lifetime outcomes for students.



EAs can obtain partial reimbursement for costs incurred for services already provided.



School Medicaid reimbursement is a flexible funding stream that may be used to increase access to comprehensive school health and behavioral health services.

School Based Health Services (Medicaid)



Medicaid is a state and federal partnership focused on funding health and medical services for enrolled beneficiaries.



Medicaid reimburses education agencies for medically necessary and appropriate Medicaid-covered services provided to children and young adults (birth-21) to include unplanned services and those pursuant to an Individual Plan of Care (IPOC).

Types of School-Based Health Services



Medicaid Administrative Claiming (MAC)

- Care Coordination
- Health Services Program
 Planning & Policy Development
- Referral
- Monitoring
- Outreach

Medicaid Direct Services

- Care Coordination
- Health Services
- Evaluations & Assessments
- Unplanned Services & Screenings

School Based Health Services (Medicaid)



Oregon's SBHS Medicaid Program is a partnership between the Oregon Health Authority (OHA) and the Oregon Department of Education (ODE) that supports increased student access to school health services by helping schools and early childhood programs get reimbursed for health services provided to Medicaid-enrolled children and young adults (birth–21), while ensuring alignment, compliance, and sustainability across health and education systems.

Requirements for Direct Service Billing

An education agency (EA) may bill Medicaid for health services provided to a child or young adult (birth-21) when:

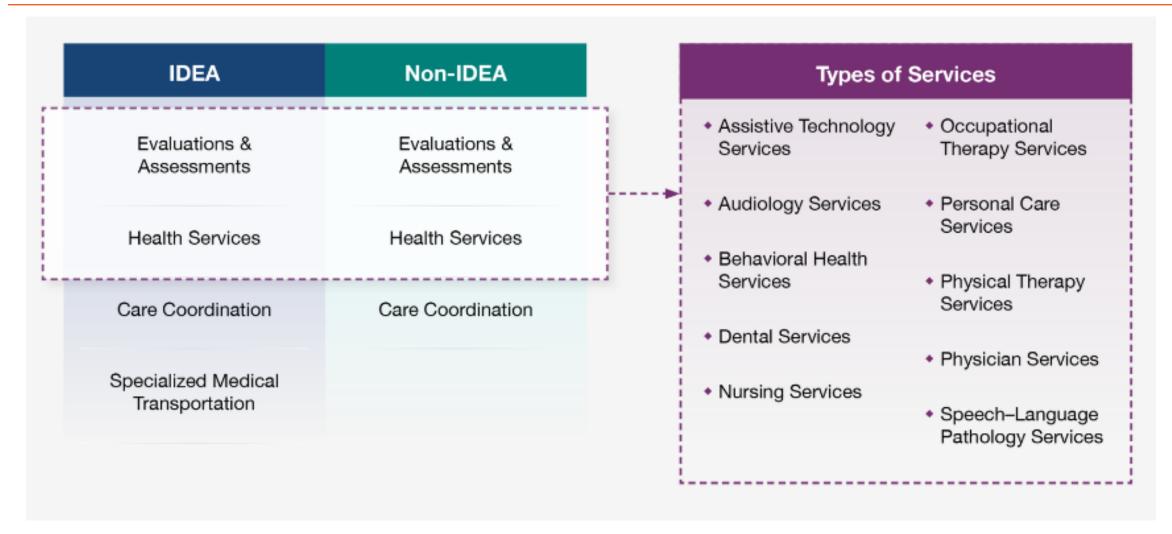
- Enrolled with OHA as a School Medical provider;
- Annual cost-based rates are established by the EA, then reviewed and accepted by OHA;
- Parent/guardian has received written notification and consented to allow necessary information sharing to bill Medicaid;
- The child or young adult is Medicaid-enrolled and receiving Medicaid-covered services; and
- The health service is provided and documented by Medicaid-enrolled SBHS recognized providers within the scope of their practice and in compliance with their respective board rules.



Covered Services and SBHS Recognized Providers



Covered Services



SBHS Recognized Providers

Behavioral Health Services

- Licensed psychiatrist
- · Licensed psychologist
- · Psychologist associate
- Psychology technician
- Licensed clinical social worker
- Clinical social work associate
- Licensed professional counselor (LPC)

- LPC Associate
- Licensed marriage & family therapist (LMFT)
- LMFT Associate
- Teacher Standards Practice Commission (TSPC)-licensed School Social Worker
- TSPC-licensed School Counselor
- TSPC-licensed School Psychologist

Rehabilitation and Therapeutic Services

- Licensed occupational therapist (OT)
- · Certified OT assistant
- Licensed physical therapist (PT)
- · Licensed PT assistant
- Speech-language pathologist (SLP)
- SLP assistant
- · Licensed audiologist

Dental Health

- Licensed dentist
- Expanded practice dental hygienist
- Licensed dental therapist

Nutrition Services

Licensed dietitian

Nursing Services

- Nurse practitioner
- Registered nurse
- Licensed practical nurse
- Unregulated assistive person (UAP)

Physician Services

- Medical doctor
- Doctor of osteopathic medicine
- Doctor of podiatric medicine
- Physician assistant



Enrollment 101



Getting Started

Before enrolling in the School Medicaid Program, your EA should complete the following steps to identify if the program is right for you and your agency's unique needs.

- 1. Review the School Medicaid Startup Checklist.
- Meet with state school Medicaid staff.
- Conduct a cost-benefit analysis.
- 4. Conduct a <u>readiness assessment</u>.

*Impact vs. Effort: Focus effort on what will bring the highest reimbursement while balancing administrative effort.

Two Enrollment Categories



Billing Provider

- School districts
- Education service districts
- EI/ECSE contractors
- State institutions



Referring Provider

Supervisory-level medically qualified individuals

Billing Provider: Three Program Types

IDEA Health Services

- If you are already enrolled, nothing is changing.
- For new EAs, a separate National Provider Identifier (NPI) and enrollment is required.

Non-IDEA Health Services

 For everyone, a separate enrollment is required for billing non-IDEA 0-21 services, including a separate NPI.

EI/ECSE

- ODE contracts with EAs.
- Nothing is changing around enrollment.

Referring Provider: One Enrollment



EAs must include a supervisory-level SBHS recognized provider as the referring provider on each claim submitted to OHA.



Supervisory-level SBHS recognized providers (e.g., registered nurses, licensed physical therapists, speech language pathologists, licensed audiologists, licensed clinical social workers) providing covered health services in educational settings must be individually enrolled and have an active Medicaid provider ID.



Referring providers **do not** need separate enrollments for IDEA, non-IDEA, and EI/ECSE services.

General Enrollment Process

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Timeline may vary	Obtain National Provider Identification (NPI) number	on Medicaid Information S	d submit forms Management ystem (MMIS) web portal			
				Provider enrollment processes application and sends letter to individual		\
						Individual is enrolled!

Enrollment for ESDs for 0-21 Services

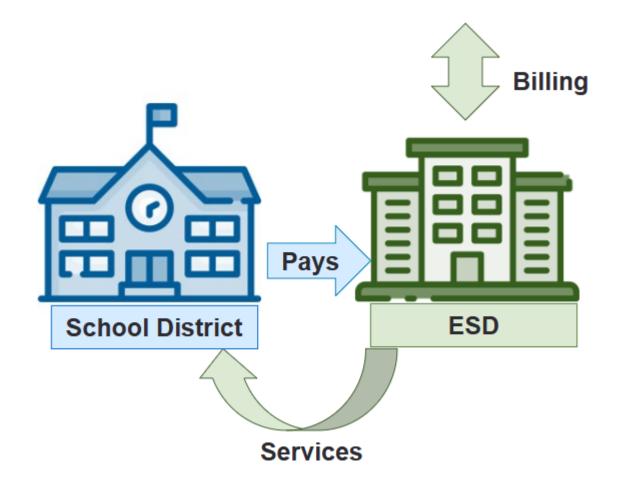
ESDs became eligible billing providers in 2024.

For ESDs to bill:

- The school district where the student is enrolled must consent to allow the ESD to bill for services provided on behalf of the school district.
- A formal process needs to be in place to ensure there is no duplication of Medicaid billing.
- A contract or memorandum of understanding (MOU) must be executed to delineate the billing relationship.

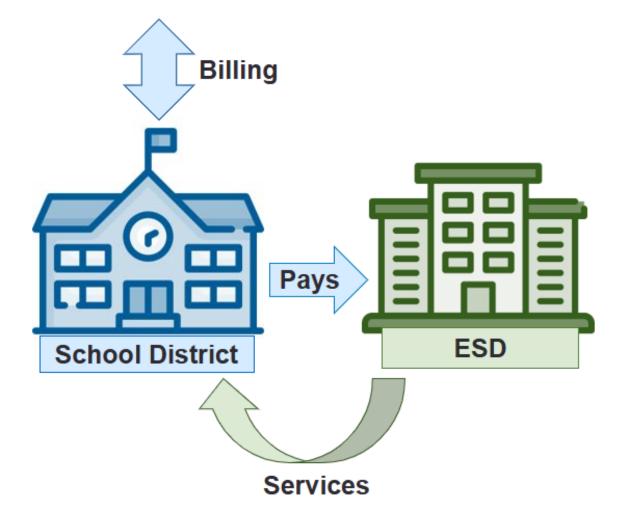
ESD Example Model #1

The school district contracts and pays the ESD for covered health services. Under an agreement, the ESD bills for those services provided by ESD employees and offsets the school district's cost based on reimbursement received through billing.



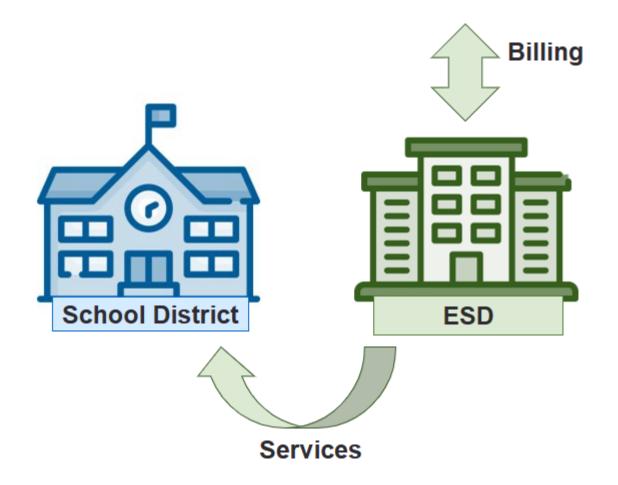
ESD Example Model #2

The school district contracts and pays the ESD for covered health services. The contract costs are provided to and included in the school district's cost-based rates, and the school district is the billing provider for services provided by ESD employees. The school district receives all billing reimbursements.



ESD Example Model #3

The ESD, under an agreement, provides covered health services, documentation support and staff training to the school district. The school district authorizes the ESD as the billing provider. The ESD receives all billing reimbursements and reinvests into the ESD's program budget.



Enrollment Best Practices

- Complete all forms and review the <u>SBHS Provider Enrollment Instructions</u> before starting the enrollment process via the MMIS portal.
- Ensure forms are completed entirely. A date of birth and social security number are required from the EA's designated signatory. Providing this information is essential and does not expose the designated signatory to personal liability claims.
- Develop a written notification and parent consent process.



Documentation



Supporting Documentation

Documentation includes **all relevant records** required to document services provided to students.



Documentation Requirements

Required Elements

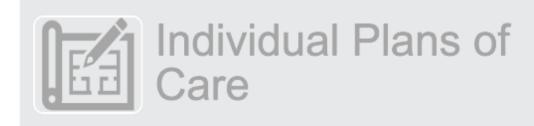
- Student's full name
- Student's Medicaid ID
- ICD-10 Code
- School medical provider (the EA)
- Rendering provider
- Supervising provider, if applicable
- Medical necessity and appropriate need for the service
- Location and duration of service
- Nature, extent or units of service

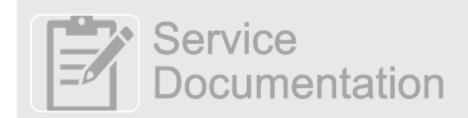


Written Notification and Parental Consent

- EAs must provide written notification and obtain parent consent before disclosing information about a student to access Medicaid reimbursement.
- The effective date of the parent consent is the date it is signed. The parent consent may not be backdated.
- ODE has written notification and parent consent forms and information online.





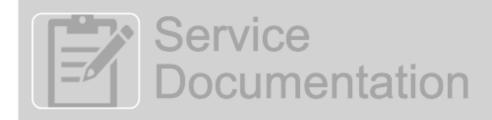


What is an IPOC?

- A prescriptive document required for billing Medicaid for planned school-based health services
- Examples include IEPs, Individualized Family Support Plans (IFSPs) and nursing care plans
- NEW: Not needed for unplanned services or screenings





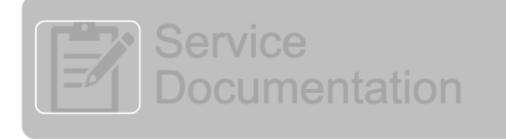


IPOC Required Elements

- The effective dates of the IPOC
- The specific child or young adult's name
- The EAs name
- Each necessary and appropriate health service category, including the nature, extent or units of service and the therapeutic value for each service







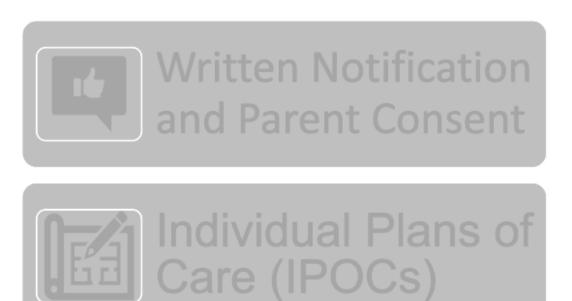
Medically Necessary and Appropriate Health Services

- SBHS recognized providers must document, within their scope of practice, the services they recommend to meet the definition of medically necessary and appropriate.
- Medically necessary and appropriate are defined in OAR 410-151-0001.
 - Safe, effective, and appropriate for the Medicaid-enrolled child or young adult generally recognized by the relevant scientific or professional community based on the best available evidence
 - Impactful in improving access to care, ability to actively participate in care, work, school, or social activities and not solely for the convenience of the Medicaid-enrolled child or young adult or provider of the service.



Service Documentation

- Practitioners should follow the requirements for service documentation set by the scope of practice and respective board or national association rules.
- See also OAR 410-120-1360
 (Requirements for Financial, Clinical and Other Records)





Example Documentation Process



Prepare

- Written Notification& Parent Consent
- SBHS Provider Enrollment
- Student's Medicaid ID

Plan

- Evaluation& Assessment
- Individual Plan of Care

Deliver

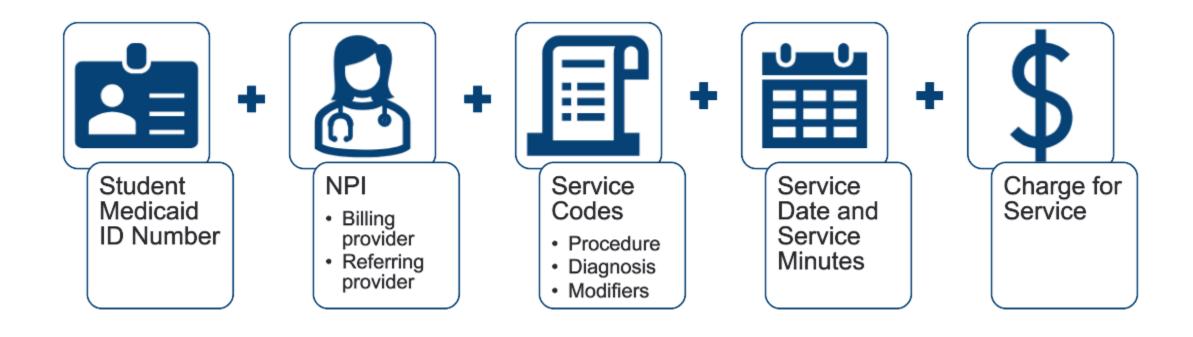
provided to student by SBHS recognized providers

Covered services

Document Service

 Case notes or service logs including date, location, & duration of service

Required Elements for Submitting Claims





Service Examples



Scenario A

Liam is a 5-year-old kindergarten student. His teacher notices he struggles with fine motor tasks such as holding a pencil. She also observes that he has difficulty maintaining balance during playground activities and frequently falls. His teacher discusses her observations with Liam's parents and learns that Liam was born prematurely and previously received services for motor delays. Based on these concerns, the teacher submits a referral for an initial evaluation under Child Find to determine if Liam qualifies for special education under the IDEA. Liam and his family are enrolled in the Oregon Health Plan (Medicaid).



Medicaid Services: Scenario A











Provide written notification and obtain parent consent



- Occupational therapy (OT) evaluation
- Physical therapy (PT) evaluation

Develop IEP outlining services

- OT, 30 minutes per week
- PT, 60 minutes per month

Deliver occupational and physical therapy as outlined in IEP

Document services

- Service logs
- Supervision, if needed

Billable Services

Unplanned Services

Billable Services

Planned Services

Scenario B

Emma is a 6-year-old 1st grade student. Her parents let the school know that she was diagnosed with Type 1 Diabetes and requires insulin injections to manage her blood glucose levels. The school refers her for a Child Find evaluation to determine eligibility under Section 504. Emma is enrolled in the Oregon Health Plan (Medicaid).



Medicaid Services: Scenario B











Provide written notification and obtain parent consent



 Nursing evaluation and assessment Develop 504 Plan

Develop Nursing Plan of Care

Nursing services

Deliver nursing services as outlined in Nursing Plan of Care



- Service logs
- Supervision, if needed

Billable Services

Unplanned Services

Billable Services

Planned Services



Questions and Answers



Enrollment Resources

- Enrolling in Oregon Medicaid SBHS (webinar recording)
- Enrolling in Oregon Medicaid SBHS FAQ
- SBHS Provider Enrollment Guide
- ODE School Medicaid: Guide to Getting Started webpage

Other Program Resources

- OHA SBHS Webpage
- ODE Medicaid in Education website
- OHA SBHS Monthly Medicaid Discussions:

medicaid.sbhs@oha.oregon.gov

Stay in Touch

- School Medicaid listserv
- OHA SBHS Medicaid Listserv
- Medicaid Questions: medicaid.sbhs@oha.oregon.gov
- Education Questions: Jennifer Dundon, School Medicaid Operations & Policy Analyst at jennifer.dundon@ode.oregon.gov
- Direct technical assistance requests: Shelby Parks, School Medicaid Program Analyst, Shelby.Parks@ode.oregon.gov