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Supporting Documentation Guidance

This document provides guidance about the supporting documentation required to bill Oregon Health Authority (OHA) for planned and unplanned School-Based Health Services (SBHS). Supporting documentation includes:

- Written notification and parent/guardian consent,
- Evaluations, assessments, screenings,
- Individual Plans of Care (IPOCs), and
- Service documentation/clinical records.

Education requirements

To meet the information sharing requirements in the Family Educational Rights and Privacy Act (FERPA), education agencies (EAs) are required to provide written notification and obtain parent/guardian consent before sharing limited student information to bill Medicaid. Written notification must be provided on an annual basis thereafter. This applies to both planned and unplanned services.

The effective date for the consent is the date it is signed. It is recommended practice to obtain parent/guardian consent as early as possible because billing can only occur from the date of the consent forward.

The Oregon Department of Education (ODE) has written notification and parent/guardian consent form templates, information, and a fact sheet for parents/guardians on its Written Notification and Parent Consent web page.

Medicaid requirements

Required documentation for all services rendered

For each service rendered, Medicaid requires supporting documentation contain the following elements:

- Date of service

- Child or young adult's full name and Medicaid number
- ICD-10 code
- Name of the education agency
- Name of the individual performing the service
- Name of the practitioner supervising the service, when applicable
- Medically necessary and appropriate need for the service
- Location and duration of the service
- Nature, extent, or units of service

You may need to provide more than one piece of documentation to support all required elements.

Note: Best practice is to include a procedure code in service documentation. Medicaid does not require a procedure code in supporting documentation but does require a procedure code for claim submission.

Documentation sources

Sources for supporting documentation include, but are not limited to, those listed below.

Evaluations, assessments and screenings

Evaluations, assessments, and screenings may be performed in relation to, or in the development of, an IPOC but do not need to be listed in the IPOC.

Individual Plan of Care (IPOC)

To bill for planned services rendered in the education setting, EAs must have an IPOC[1] that includes the following elements:

- Effective date and end date (when applicable)
- Child or young adult's full name
- Name of the education agency
- Medically necessary and appropriate need for the service
- Location and duration of the service
- Nature, extent, or units of service

[1] See Oregon Administrative Rule 410-133-0050.

IPOC types

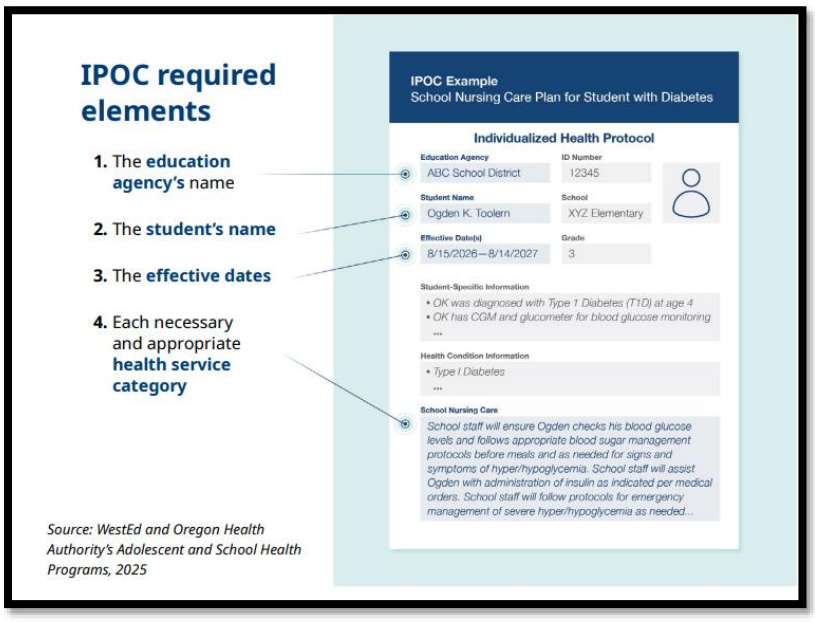
The term IPOC covers a variety of plan types, such as:

- Individualized Education Program (IEP)
- Individualized Family Service Plan (IFSP)
- Behavioral health service plan
- Registered Nurse's plan of care
- Occupational therapy service plan
- Physical therapy plan of care
- Individualized Healthcare Plan (IHP)

IPOC required elements

An IPOC is not a stand-alone document. As shown in the example below, an IPOC must include the following elements.

- Name of the education agency
- Child or young adult's full name
- Effective date and end date (when applicable)
- Medically necessary and appropriate need for each health service category



IEPs and IFSPs

IEPs and IFSPs may have associated care plans, such as behavior intervention plans, nursing care plans, and personal care protocols. These plans should be

clearly referenced in the IEP or IFSP. Medicaid only covers services that are clearly documented in the IEP or IFSP.

Section 504 plans

Section 504 plans may also have associated care plans. If considering using a Section 504 plan as an IPOC, recommended practice is to link the associated care plan to the Section 504 plan as a separate attachment rather than updating the Section 504 plan to contain all required IPOC elements.

For example, a student has a Section 504 plan for diabetes management. Rather than amend the Section 504 plan, ensure the linked IHP contains the elements required to bill Medicaid. For a list of required documentation elements, refer to the "Medicaid Requirements" section above.

Service documentation

Planned and unplanned services billed to Medicaid must be supported by service documentation. This documentation is sometimes known as clinical records or service logs.

Unplanned services include screenings, services, or interventions that are urgent or immediate in nature. These services are not typically specified on an IPOC. All required documentation elements must be written into the service documentation in the absence of an IPOC. For a list of required documentation elements, refer to the "Medicaid Requirements" section above.

Note: SBHS-recognized providers must provide, supervise (if applicable), and document services in compliance with their respective board rules, scope of practice, and professional standards per OAR 410-133-0120. Medicaid may have additional requirements for service documentation, but they do not supersede or replace board rules and requirements