

## Office of Medicaid Services

### Medicaid From Consolidation to Billing and Delivery Training FAQs

September 20, 2019

#### 1. When do the 90 days start? From evaluation, placement, etc.

Answer: The date that is listed as the “Start Date” on the first page of the IEP would be the date that the new IEP starts and replaces the prior IEP. Daily services would start on the start date (assuming the start date is a school day). Delivery for other services that are provided less frequently (weekly, monthly, quarterly), may start at a later date as long as the services are delivered in accordance with the time, duration, and frequency described in the IEP. (From OSES)

With respect to the Medicaid quarterly progress reporting (90-day), the first day of service begins with the start date of service listed on the IEP or when medically necessary. The LEA manual states, “The Progress Summary is a written note outlining the child’s progress that must be completed by the provider every three months from the start date of treatment or when medically necessary. Refer to the LEA manual dated 7-1-2019, Section 6 Reporting/Documentation, and Progress Summary Notes.

- **Medicaid 90-Day Progress Summary Examples: IEP review date is February 1, 2019 and the start date of service is February 4, 2019 according to the IEP.**

#### **2-4-2019 - The start date of service that is listed on the IEP.**

##### **1st Quarter Date: 2-4-19 to 4-26-19**

- 2-4-19 is the start date of service, and 4-26-19 is the end date of the 1st quarter 90-day reporting period. This is the 1<sup>st</sup> 90-Day progress summary.

##### **2nd Quarter: Dates: 4-29-19 to 10-11-19**

- The start date of the 2nd quarter is 4-29-19, and the 2nd quarter treatment ends on 5-30-19, according to the therapist’s documentation. When school ends for the summer, the therapist writes a mini-report to summarize the sessions. The reporting period consists of 5 weeks of data. When the child returns to school on 8-21-19, the 2nd quarter treatment starts on 8-26-19. The 90-day reporting period ends on 10-11-19. The therapist summarizes the data from the mini-report and the sessions from this reporting period. This is the 2<sup>nd</sup> 90-Day Progress summary.

##### **3rd Quarter: Dates: 10-14-19 to 12-20-19**

- The 3rd quarter will start the next 90-day reporting period. The treatment will start on 10-14-19 and will continue on or after the winter break (12-20-19). The therapist may write the 90-Day progress summary before the winter break or when school resumes in January. Note: The scheduled school breaks will be counted in the 90-day reporting period because the school districts have

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allotted these days in their school district's annual academic calendar. This is the 3<sup>rd</sup> 90-Day Progress summary.

#### **4th Quarter: Dates: 1-6-20 to 2-3-19**

- The 4th quarter treatment will start, when the child returns to school from winter break (1-6-20). The services will continue until the end of the 90-days, or until the beginning of the new IEP. The 90-Day progress summary will consist of 4 weeks of data. This is the 4<sup>th</sup> 90-Day Progress summary.

#### **Note the following:**

- The spring and winter breaks will count toward the 90-day reporting period. These days will count because the school district has listed these days as a break/time off for the student in the regular academic curriculum.
- The 90-Day progress summary documentation ends at a point when the services are no longer provided. Medicaid counts a calendar week or a 7 day week in the 90-Day reporting period.
- When school is not in regular session and has dismissed the students for the summer according to the school calendar, the therapist cannot count June through August toward the 90-day reporting period.
- School district assigned as year-round curriculum schools school can count the months of June through August toward the 90-day reporting period. The child must receive services during this period and they cannot be compensatory. The school academic calendar must state the school is in session.
- If the student requires services beyond the normal school year, these services should be detailed in the extended school year (ESY) section of the IEP. These services are Medicaid reimbursable when they are medically necessary. Contact OMS, if you have any questions. Medicaid progress reports must be written for the services provided during this time period.
- The therapist will need to document all school closures in the progress summaries.
- OMS recommends the school districts have the annual academic calendar present during the Q A review to explain the school breaks.

#### **2. What do you need to bill for an initial speech evaluation and what is the process; screened, referral, and the evaluation?**

Answer: The Medicaid process is as follows:

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- a. Consent: The child's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims and requesting payment of government benefits on behalf of the child.
- b. Referral: The initial/annual referral must be dated prior to the evaluation and the initial provision of service. The referral can come from any of the following LPHA: Licensed Physician; Medical Doctor (M.D.), or a Doctor of Osteopathy (D.O.), Licensed Advanced Practice Registered nurse (APRN), Licensed Physician Assistant (P.A.), Licensed Speech-Language Pathologist (SLP), Licensed Independent Social Worker – Clinical Practice (LISW-CP)
- c. Evaluation: The annual evaluation/reevaluation must be dated after the referral, and result in the development of an IEP/IFSP/ITP.
- d. IEP meeting should take place to discuss the speech results/evaluation and the IEP team determines the treatment plan.

#### Medicaid Purposes:

- i. If the evaluation findings indicate a Medicaid rehabilitative therapy service is determined to be medically necessary, the evaluation must result in the development of an IEP or IFSP, and the service must be indicated on the IEP, IFSP, or ITP.
- ii. Medicaid-reimbursed school-based rehabilitative therapy services must be included in the IEP, IFSP, or ITP.
- iii. LEAs must adhere to the applicable IDEA requirements when Medicaid-reimbursed school-based services are included in the IEP, IFSP or ITP.
- e. When these steps have been completed, the services can be provided by the therapist.

Refer to the LEA manual dated 7-1-2019, Section 4 Covered Services for Speech-Language Pathology Services and Section 6 Reporting/Documentation.

### 3. Has the LPHA list been reduced to exclude an LMSW and others?

Answer: Yes, the referral list has been revised. The LMSW cannot render clinical referrals. The LISW-CP can render clinical referrals for Audiology, Orientation and Mobility, Speech, and Occupational Therapy. Referrals must be made by a physician or other licensed practitioner of the healing arts (LPHA) within the scope of his or her practice under state law. Refer to the LEA manual Section 6, Reporting/Documentation under Referral and under each service description. Also refer to the SC Labor, License and Regulation website for more information regarding the professional's practicing authority. (LLR - (26) "Practice of Masters Social Work" means the application of social work theory, knowledge, methods, and ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples,

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families, groups, organizations, and communities. Masters Social Work Practice requires the application of specialized knowledge and advanced practice skills in the areas of assessment, treatment planning, implementation and evaluation, case management, information and referral, mediation, client education, counseling, advocacy, supervision of employees, consultation, research, community organization and development, administration of social work policies, programs and activities, and outcome evaluation. The practice of Masters Social Work may include the practice of Clinical Social Work under clinical supervision within a recognized, organized setting such as social, medical, and governmental agencies. LMSW's may engage only in supervised practice in such agencies and may not practice privately or independently.)

If you have questions, contact the Education Associate assigned to your district.

**4. If I sign a referral for a speech student and then that student comes to my school the next school year, can I bill Medicaid?**

Answer: No. A new referral must be completed by a different licensed speech therapist, and a reevaluation must be completed. The IEP must be amended and re-signed. Then you can bill Medicaid for services rendered.

Refer to the LEA Manual Section 6, Reporting/Documentation under Referral. (Be obtained from an LPHA other than the direct provider of services (e.g., the referring LPHA cannot supervise the service or co-sign the documentation.).

**5. Can referrals for OT/PT/ST be combined? Ex: one referral for all three services.**

Answer: Yes. However, if these services are combined on one referral form, it must be signed by a doctor, which would cover the referral requirements for the three services. There must be an applicable diagnosis code for each medical service.

Refer to the LEA Manual Section 6, Reporting / Documentation under Referral. (A beneficiary is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law.).

**6. Where do I go to check to see if we have an updated contract with DHHS?**

Answer: The District Superintendent or your district's legal counsel will have a copy of the LEA contract with SCDHHS.

Please contact the SCDHHS Provider Service Center (PSC) at 1-888-289-0709 or submit an online inquiry at <http://www.scdhhs.gov/contactus> if a copy of the current SCDHHS subcontract format is needed.

**7. Do subcontractors need to sign the Appendix A of Rehabilitative Services and Related services contract, and send a copy to DHHS?**

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Answer: Yes - Refer to the LEA manual dated 7-1-2019, Section 1 Program Overview, and Section 3 Eligible Providers (Each LEA recognized as such by the South Carolina Department of Education has contracted with SCDHHS to provide Medicaid-reimbursable school-based services to Medicaid-eligible children with special needs. Individual service providers employed or contracted by a LEA must meet the specified Medicaid provider qualifications. LEAs may contract with any qualified provider for school-based services. The LEA must utilize the subcontract format approved and provided by SCDHHS. This can be found in the applicable appendix of the LEA contract. This format includes the federal and state contractual components required to ensure that Medicaid reimbursement is available. There may be additional state and/or federal requirements for approval by SCDHHS. LEAs may include other terms and conditions necessary to define the responsibilities of both parties.)