

## IDEA and Medicaid Crosswalk

### Notification

	IDEA	Medicaid
Annual notification	The Annual Notification form must be completed annually.	The Annual Notification form must be completed annually.

### Consent

Consent	IDEA	Medicaid
Consent to Evaluate	Parent consent to evaluate. Enrich form 'Consent to Evaluate'	General Consent form
Consent to Treat	Parent consent to provide services. Enrich form 'Consent for Initial Provision of Services'	General Consent Form, Non-IEP Consent, and Rehabilitative Behavioral Health Services (RBHS) Consent Form (if applicable)

### Referral and Evaluation Planning

	IDEA	Medicaid
Who can make a referral?	<p>A referral for an initial evaluation is made whenever it is suspected that a child may be a child with a disability who might be in need of special education and/or related services. Referrals for initial evaluations may come from a variety of Child Find sources, including the following:</p> <ul style="list-style-type: none"> <li>• BabyNet Referral***</li> <li>• Teacher or Provider Request</li> <li>• Parent or Guardian Request</li> <li>• Intervention Team Request</li> <li>• Student Request</li> <li>• Court Order</li> </ul> <p>***See BabyNet Flowchart/document (in progress)</p>	<p>A referral is necessary for all services.</p> <p>School-Based Rehabilitative Services (SBRS):</p> <ul style="list-style-type: none"> <li>• Licensed medical doctor</li> <li>• Licensed doctor of osteopathy</li> <li>• Licensed physician assistant</li> <li>• Licensed advanced practice registered nurse (APRN)</li> <li>• Licensed audiologist</li> <li>• Licensed occupational therapist</li> <li>• Licensed speech language pathologist</li> <li>• Physical therapist (for first 30 days but must be accompanied by a physician's</li> </ul>

	IDEA	Medicaid
		<p>referral/prescription after 30 days)</p> <ul style="list-style-type: none"> <li>• Licensed independent social worker – clinical practice</li> </ul> <p>Districts should refer to the SCDE LPHA Referrals for SBRS document to identify the specific LPHA that can refer for specific services at <a href="https://ed.sc.gov/districts-schools/medicaid/medicaid-program-quality-assurance/school-based-rehabilitative-services/school-based-rehabilitative-services/forms/lpha-referrals-for-school-based-rehabilitative-services-sbrs/">https://ed.sc.gov/districts-schools/medicaid/medicaid-program-quality-assurance/school-based-rehabilitative-services/school-based-rehabilitative-services/forms/lpha-referrals-for-school-based-rehabilitative-services-sbrs/</a>.</p> <p>RBHS:</p> <ul style="list-style-type: none"> <li>• Licensed medical doctor</li> <li>• Licensed doctor of osteopathy</li> <li>• Licensed physician assistant</li> <li>• Licensed advanced practice registered nurse</li> <li>• Licensed professional counselor</li> <li>• Licensed marriage and family therapist</li> <li>• Licensed psychologist</li> <li>• Licensed independent social worker</li> <li>• Licensed master social worker</li> </ul>
Referral process	<ul style="list-style-type: none"> <li>• Referral: Teacher, parent or school staff members, etc. who suspects a disability for a student with no prior special education services can refer.</li> <li>• A student transitions from Part C prior to the child’s third birthday</li> <li>• Additional concerns are suspected or additional information is warranted for a</li> </ul>	<p>SBRS:</p> <ul style="list-style-type: none"> <li>• Referral must be made by a physician or other licensed practitioner of the healing arts within the scope of his/her practice under state law.</li> <li>• Referrals must be completed for every academic school year.</li> </ul>

	IDEA	Medicaid
	<p>student who is currently receiving special education services.</p>	<p>RBHS:</p> <ul style="list-style-type: none"> <li>• Anyone within the school district who suspects that services are needed can make a request that a referral be completed by an appropriately credentialed staff from the LPHA Referrals for SBRS document (link above).</li> <li>• Referrals must be completed for every academic school year.</li> </ul>
Referral forms	<p>Evaluation planning:</p> <p>Enrich ‘Evaluation Planning’ (if team suspects a disability, they use this to plan for what additional (if any) information is needed for the evaluation. (E.g., Assessments, observations, interviews, parent input, etc.)</p> <p>‘Reevaluation Review Document’. This houses the additional information that has been gathered and current information that exists that team deems relevant to the evaluation process.</p>	<p>The Office of Medicaid Services (OMS) recommends that the school district follow the LEA and RBHS manual guidelines on referrals. The OMS does not provide templates.</p> <p>The referral documentation must occur prior to the provision of the Medicaid evaluation and rehabilitative therapy service.</p> <p>The referral must meet the following requirements:</p> <ul style="list-style-type: none"> <li>• Be updated before the annual renewal of reevaluation and the Individualized Education Plan (IEP)</li> <li>• 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)</li> <li>• Be clearly documented in the clinical record with the name, date, and title of the provider</li> <li>• Explain reason for referral</li> </ul>

	IDEA	Medicaid
Timeline(s)	<ul style="list-style-type: none"> <li>• For children receiving Part C services who may need an initial evaluation to determine eligibility for Part B special education services, the Part C Infant and Toddler program referral is to be made at least 90 calendar days prior to the child’s third birthday and completed with an IEP in place by their third birthday.</li> <li>• Initial evaluations must be completed within 60 calendar days from the date the signed parent consent is received.</li> <li>• Triennial Re-evaluations must be completed before the three-year reevaluation due date.</li> <li>• Re-evaluations completed to consider additional information for an existing student with a disability does not have a specific timeline but should be completed in a timely manner but no later than the triennial due date.</li> <li>• Though not an IDEA requirement, according to SCLLR, in order for a physical therapist to work with a student for more than 30 days a doctor’s referral is required.</li> </ul>	<p>SBRS:</p> <ul style="list-style-type: none"> <li>• Consent and notification must be completed prior to the referral.</li> <li>• The referral must be completed prior to the evaluation.</li> <li>• The referral must be completed prior to the IEP/Individualized Family Service Plan (IFSP)/Individual Treatment Plan (ITP).</li> <li>• The referral must be completed prior to services being rendered.</li> </ul> <p>RBHS:</p> <ul style="list-style-type: none"> <li>• Consent and notification must be completed prior to the referral.</li> <li>• The referral must be completed prior to the assessment/evaluation.</li> <li>• The referral must be completed prior to the Individual Plan of Care (IPOC)/treatment plan.</li> <li>• The referral must be completed prior to services being rendered.</li> </ul>

## Evaluation and Qualification for Services

	IDEA	OMS
Who conducts the evaluation?	Speech-Language Pathologist, Occupational Therapist, Physical Therapist	<p>SBRS:</p> <ul style="list-style-type: none"> <li>• Licensed registered nurse</li> <li>• Licensed audiologist</li> <li>• Licensed speech language pathologist</li> <li>• Licensed occupational therapist</li> <li>• Licensed physical therapist</li> <li>• Certified orientation and mobility therapist</li> </ul> <p>RBHS:</p> <ul style="list-style-type: none"> <li>• Licensed Psychiatrist</li> <li>• Licensed Psychologist</li> <li>• Licensed Psycho-Educational Specialist</li> <li>• Licensed Independent Social Worker - Clinical Practice - (LISW-CP)</li> <li>• Licensed Marriage and Family Therapist - (LMFT)</li> <li>• Licensed Professional Counselor (LPC)</li> <li>• Licensed Master Social Worker</li> </ul>
Documentation / What information is gathered?	<p>Use of a variety of assessments tools and strategies including standardized and non-standardized assessments</p> <p>Information including work samples, teacher input, observations to reveal needs associated within the educational setting</p> <p>Information about developmental history and previous medical history</p>	<p>SBRS:</p> <ul style="list-style-type: none"> <li>• Diagnostic testing</li> <li>• Medical history</li> <li>• Observation of patient</li> <li>• Written report with recommendations</li> <li>• Diagnosis</li> <li>• Face-to-face</li> <li>• (SLP) standard assessments</li> </ul> <p>RBHS:</p> <ul style="list-style-type: none"> <li>• Standardized testing</li> <li>• Diagnostic testing</li> <li>• Demographic information</li> </ul>

	IDEA	OMS
		<ul style="list-style-type: none"> <li>• Historical clinical information</li> <li>• Diagnosis</li> <li>• Face-to-face or by telephone</li> </ul>
How does the student qualify for services?	<p>Speech (Speech-Language Impairment under IDEA) – In general, there are two prongs of eligibility that must be met. The first is based upon observations, standardized, non-standardized and/or other types of assessments which document the presence of an impairment in one or more areas of speech and language. The second prong is whether these difficulties impact the student’s ability to perform and/or function in the typical learning environment, thereby demonstrating the need for special education services.</p> <p>Speech (as Related Service) – Speech can be a Related Service if they do not meet eligibility as a student with a Speech Language Impairment and the student has another classification under IDEA. This would be determined by the IEP team based on results of the evaluation findings.</p> <p>For PT and OT – PT and OT are not “stand alone” services as they do not have their own disability classification under IDEA. PT and OT would therefore be considered Related Services. This would be determined by the IEP team based on results of the evaluation findings.</p>	<p>SBRS/RBHS: Must be eligible for Medicaid.</p> <p>Evaluation established medical necessity.</p> <p>Must meet specific medical necessity criteria for specific RBHS.</p> <p>Consent, notification, and referral was completed prior to the evaluation/assessment/reevaluation/r eassessment.</p> <p>The evaluation/assessment was completed prior to rendering services.</p> <p>The evaluation was completed prior to the IEP/IPOC.</p>
Who determines if the student qualifies for services?	The IEP team makes this determination based on the data gathered (as noted above) and the recommendation from the assessing related service provider/therapist.	The qualified, evaluating LPHA determines if the student is eligible provided, they demonstrate medical necessity for services and are Medicaid eligible.

	IDEA	OMS
Timeline(s)	<p>Initial evaluations must be completed within 60 calendar days from the date the signed parent consent is received.</p> <p>Eligibility determination must fall within the 60-day timeline.</p> <p>The team has 30 days to have an IEP in place following the eligibility determination meeting is held.</p>	<p>SBRS and RBHS:</p> <p>Evaluation/Assessment/reevaluation/reassessment must be completed after the consent, notification, and referral but prior to the IEP/treatment plan/IPOC and services being rendered.</p> <p>If the beneficiary has not received services for 45 consecutive calendar days, medical necessity must be re-established by completing a follow-up assessment for RBHS.</p>

Crosswalk/Bridge Statement: Two prongs for both IDEA and Medicaid, yet different prongs. IDEA timelines are timebound and dependent on demonstrating needs are educationally relevant. Whereas SBRS reimbursed by Medicaid are bound to a specific sequence of events and dependent on demonstrating medical necessity. This would be relevant to only SBRS, not RBHS as there are time specific requirements for RBHS (i.e., if the IPOC is not completed and signed within 30 days services rendered are not Medicaid reimbursable, if services are not rendered for 45 consecutive days a follow-up assessment must be completed to reestablish medical necessity). Medical Necessity means the need for treatment services is necessary to diagnose, treat, cure, or prevent an illness, or participation in services is reasonably expected to relieve pain, improve and preserve health, or be essential to life. This includes, but is not limited to, children under the age of 21 years who have or are at risk of developing sensory, emotional, behavioral or social impairments, physical disabilities, medical conditions, intellectual disabilities or related disabilities, or developmental disabilities or delays.

**Individualized Education Plan**

	IDEA	OMS
Who is involved in writing IEP	<p>The members of the IEP team are specifically identified and described in federal laws and regulations. The team that develops the IEP includes parents, local education agency (LEA) professionals, the child (when appropriate), and personnel from other agencies as appropriate (especially when addressing transition).</p>	<p>While Medicaid does not speak to who is involved in the writing of the IEP, it is the appropriately licensed or certified provider (for O&amp;M) that writes the content and signs off on the document.</p>

	<b>IDEA</b>	<b>OMS</b>
Timeline	The IEP must last no more than one year. The meeting date and the next review of the IEP must occur within 365 days. The start date of the IEP (e.g., implementation date of the IEP) and the end date of the IEP must also be less than 365 days.	IEP/IFSP/ITP must be completed annually and updated according to the level of progress of the student.
Baseline data (PLAFFP)	<p>The Present Levels of Academic and Functional Performance is a narrative statement that must include information regarding the student’s strengths and needs relative to the student’s academic achievement and/or functional performance.</p> <p>Strengths &amp; Needs - In developing each child’s IEP, the IEP team must consider the results of the initial <i>or</i> most recent evaluation of the child. This must include a review of valid evaluation data and the observed strengths of the child resulting from the most recent assessment(s). The IEP team must review existing data, including data such as current classroom-based assessments, review of previous progress reports on IEP goals, state and local assessments, grades, attendance, and discipline records. In order to develop a full view of a child’s strengths, many pieces of information must be considered.</p>	<p>Medicaid reimbursed SBRS must be included in the IEP or IFSP:</p> <ul style="list-style-type: none"> <li>• Long term goals</li> <li>• Short term objectives (SC ALT)</li> <li>• Scope</li> <li>• Frequency of treatment</li> <li>• Duration of treatment</li> <li>• Comprehensive plan of care</li> <li>• Individualized</li> <li>• Types of interventions</li> <li>• Criteria of achievement</li> <li>• Exact service i.e., individual and or group therapy</li> <li>• Signature, title of therapist</li> <li>• Date signed</li> <li>• Updated according to the level of progress</li> </ul> <p>When the therapist cannot attend the IEP meeting, an excusal form must be signed by the therapist along with the therapist notes; both must be in the student’s file.</p>
Findings	The findings provide the baseline quantitative (observable and measurable) data for the academic and/or functional skill deficits the IEP team determines appropriate for annual goals.	The treatment plan (IEP/IFSP/ITP) should serve as a comprehensive plan of care by outlining the service delivery that will address the specific needs of the beneficiary.
Method of assessment	Assessment information for a child with a disability must identify each of the child's specific needs.	The therapist must render an evaluation/re-evaluation. The evaluation should include a review of available medical history records,

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	<p>Assessment Sources: Annual Review IEP: curriculum-based assessments, portfolio assessments, criterion referenced assessments, developmental scales, dynamic assessment</p> <p>IEP following a formal evaluation (initial or three year) the content in the present levels would be the results from the assessment battery</p>	<p>observation of the patient and an interview, when possible. The evaluation must include diagnostic testing and assessment, and a written report with recommendations.</p> <p>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 or IFSP.</p> <p>For speech language pathology services, only standard assessments (e.g., curriculum-based assessments, portfolio assessments, criterion referenced assessments, developmental scales and language sampling procedures) may be used. Tests or measures described as “teacher-made” or “informal” are not acceptable for purposes of Medicaid reimbursement.</p>
Statement of need (Impact statement)	<p>The IEP for each child with a disability must include a statement of the child’s present levels of academic achievement and functional performance, including: how the child’s disability affects the child’s involvement and progress in the general education curriculum (impact statement); or for preschool children, as appropriate, how the disability affects the child’s participation in appropriate activities.</p> <p>Justifying how their disability impacts access to their educational curriculum/environment.</p>	<p>The medical terminology that links the disability to justify medical necessity must be included.</p> <p>Medicaid will pay for a service when the service is covered under the South Carolina State Plan for Medical Assistance and is medically necessary. “Medically necessary” means that the service (the provision of which may be limited by specific provisions, bulletins, and other directives) is directed toward the maintenance, improvement, or protection of health or toward the diagnosis and treatment of illness or disability.</p>
Goals	The IEP team must consider identifying goals that will allow the child to be involved in and make	The treatment plan must be individualized and should specify problems to be addressed, goals of

	<b>IDEA</b>	<b>OMS</b>
	<p>progress in the general curriculum. The IEP team must also consider identifying goals that meet the child's other educational needs that result from the child's disability.</p> <p>*For those children with disabilities who take alternate assessments aligned with alternate achievement standards, a description of benchmarks or short-term objectives must be included for each annual goal (e.g., academic and functional goals) and must include a minimum of two.</p>	<p>treatment, types of interventions to be utilized, planned frequency of service delivery, criteria for achievement and estimated duration of treatment.</p>
Related and supplementary services	<p>Related services are developmental, corrective, and supportive services required in order to assist a child with a disability to benefit from special education services. Generally, related services are provided in addition to special education instruction. The IEP team determines what additional services are necessary to assist the child to benefit from the special education services. The IEP team must consider each child's goals when determining the services or supports needed in order for the child to attain the goal.</p> <p>*Keeping in mind, services should be written as needed for student regardless of whether they are billable.</p>	<p>For services to be Medicaid billable, only 'related' services that are 'direct' are billable.</p> <p>Medicaid will not reimburse for any administrative or direct services performed for pre-IEP/IFSP activities. Medicaid will not reimburse for the IEP team member meetings or the cost related to attendance at those meetings by medical professionals.</p> <p>Reimbursement is not available for services determined to be unproven, experimental, or research-oriented, in excess of those deemed medically necessary to treat the beneficiary's condition, or not directly related to the beneficiary's diagnosis, symptoms or medical history.</p>
Alternate Assessment	<p>If the IEP Team determines that the child must take an alternate assessment instead of a particular regular State or district-wide assessment of student achievement, a statement of why</p> <ul style="list-style-type: none"> <li>- The child cannot participate in the regular assessment</li> <li>- The particular alternate assessment selected is appropriate for the child</li> <li>- If IEP team determined student</li> </ul>	<p>Medicaid does not require short-term objectives on the IEP. Short Term objectives are reviewed for students with an South Carolina Alternate Assessment (SC-Alt) &amp; are required only when the IEP is used as the IPOC for RBHS.</p>

	<b>IDEA</b>	<b>OMS</b>
	requires SC ALT, objectives must be included in goals section.	
Services	<p>All services, to include special education and related services, transition services, supplementary aids and services, program modifications or supports for LEA personnel, as outlined in the IEP, must indicate the beginning date, frequency, location, and ending date of each specific service.</p> <p>As long as there is an explanation (i.e., School environment to ensure skills are generalized to all environments)</p>	<p>The provider will ensure that all services are provided in accordance with all SCDHHS policy requirements. Reimbursement received in excess of authorized amount/duration is subject to recoupment.</p> <p>See clinical service note (CSN) section below.</p>

Crosswalk/Bridge Statement: IDEA requires an annual review within 364 days and Medicaid requires an evaluation/reevaluation no later than one year from prior evaluation date. Both require a yearly review.

### **Documentation Notes**

	<b>IDEA</b>	<b>OMS</b>
	IDEA does not have specific requirements for daily note taking. However, most Labor, License and Review boards have ethical considerations for documentation.	<p>Clinical Service Notes:</p> <ul style="list-style-type: none"> <li>• Summary of the session</li> <li>• Summary of the child’s participation</li> <li>• Provide pertinent clinical description of activities and the documented response to those activities.</li> <li>• Reflect a billable service as identified in the IEP.</li> <li>• Date of service</li> <li>• Start and Stop Times</li> <li>• Individualized patient specific</li> <li>• Response to interventions (group services).</li> <li>• Each entry stands on its own may not include arrows, ditto marks, or statements such as “same as above”</li> </ul>

	IDEA	OMS
		<ul style="list-style-type: none"> <li>• Entries must be made by the provider delivering the service and should be accurate, complete, and recorded immediately.</li> <li>• Type or legibly handwritten in dark ink.</li> <li>• Signed by provider rendering the service and cosigned if supervised.</li> <li>• Must be filed in chronological order and discipline.</li> <li>• Narrative summary</li> <li>• Justify units billed</li> </ul>

Crosswalk/Bridge Statement: The Medicaid Clinical Service Notes (CSN) is similar to a therapist’s daily therapy service notes/logs in the school district.

### Progress Reporting

	IDEA	OMS
Who	Each provider is required to complete progress reports for each IEP goal for each student.	The licensed provider must sign the progress summary, or the licensed supervisor must cosign the progress summary when it is written by an Occupational Assistant. A certified O&M therapist may also sign the progress summary.
Timeline	Progress report frequency must be established by the IEP team based on the individual needs of the child. The IEP team must determine when periodic reports on the progress the child is making toward meeting the annual goals will be provided to the parent.	The progress summary must be completed by the provider every three months from the start date of treatment or when medically necessary.

	IDEA	OMS
Purpose	This measure of progress will enable parents, children, and educators to monitor progress during the year, and, if appropriate, to revise the IEP in order to be consistent with the child's instructional needs.	<p>The purpose of the progress summary is to record the longitudinal nature of the child's treatment, describe the child's attendance at therapy sessions, document progress toward treatment goals and objectives, and establish the need for continued participation in treatment.</p> <p>The progress summary must be written by the provider, contain the provider's signature and title as well as the date written.</p> <p>The progress summary may be developed as a separate document or may appear as a clinical service note but must be labeled "Progress Summary."</p> <p>PCG and Enrich have a template that districts can utilize.</p>

Crosswalk/Bridge Statement: Both IDEA and Medicaid require ongoing progress monitoring and reporting. IDEA requires progress reporting frequency to be established by the IEP team. Medicaid requires that progress be reported every three months from the start date of treatment or when medically necessary.

**Personnel Qualifications**

	IDEA	OMS
Guiding Principle	Each LEA must ensure that all personnel necessary to carry out the requirements of the IDEA are appropriately and adequately prepared and trained. All special education personnel, as appropriate, shall have the content knowledge and skills to serve children with a disability. This includes special education teachers, related service personnel, and	<p>SBRS:</p> <p>LEAs and/or subcontractors must meet all applicable Medicaid provider qualifications, as well as the applicable state licensure regulations, in addition to any specified requirements by the State Department of Education for the provision of Medicaid school-based services. The contracted LEA is responsible for ensuring the individuals rendering Medicaid</p>

	IDEA	OMS
	<p>paraprofessionals. LEAs must take steps to actively recruit, hire, train, and retain qualified personnel to provide special education and related services to children with disabilities.</p> <p>Related service personnel must meet the qualifications of the licensing agency that apply to the professional discipline in which those personnel are providing special education or related services. (OT, COTA, PT, PTA)</p> <p>For Speech: Each (speech) teacher employed by a public school as a special education teacher must meet the requirements set forth by the SC Department of Education’s Teacher Certification Office.</p>	<p>school-based services are approved, credentialed, or licensed.</p> <p>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.</p> <p>Medicaid reimbursement is available for SBRS (e.g., speech-language pathology, audiology, physical therapy, occupational therapy, and O&amp;M services) when provided by or under the direction of the qualified rehabilitative therapy provider for which the beneficiary has been referred. 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.</p> <p>RBHS: All Providers of RBHS must fulfill the requirements for South Carolina licensure/certification and appropriate standards of conduct by means of evaluation, education, examination, and disciplinary action regarding the laws and standards of their profession, as promulgated by the South Carolina Code of Laws and established and enforced by the</p>

	IDEA	OMS
		<p>South Carolina Department of Labor Licensing and Regulation. Professionals who have received appropriate education, experience, have passed prerequisite examinations as required by the applicable State laws and licensing/certification Board and additional requirements as may be further established by SCDHHS, may qualify to provide RBHS. Licensed professionals must maintain a current license and/or certification from the appropriate authority to practice in South Carolina, or the state in which licensed clinical professionals render services and must be operating within their scope of practice.</p>

Crosswalk/Bridge Statement: Both IDEA and Medicaid require therapy personnel to be licensed according to state licensure laws and adhere to all supervision requirements as per outlined by the licensure laws.