IDEA/Medicaid Terminology

IDEA	Medicaid
3 year/triennial reevaluation Conducted at least every three years to determine continued eligibility and need for special education andrelated services	N/A
Initial Evaluation	Initial Assessment or Evaluation
Annual Review Assessment / Standardized and non-standardized Assessments (gathering data for annual review)	Re-evaluation Summary (A summary of progress using quantitative and qualitative data on district form or as a notation in dailynotes.
Annual IEP Review	Reevaluation
Progress Report – issued with the frequency determinedby the IEP team to describe with data and narrative language, progress toward annual goals; typically (but not always) scheduled according to school quarters	90-day Progress Summary – issued 90 calendar days from the start of services which may not coincide withschool quarters
Therapists are licensed via state licensing boards. Licensure is required for Medicaid reimbursement; a licensed therapist typically conducts assessments, provides services and/or provides supervision of non-licensed service providers. Referrals for assessment and treatment must be signed by a licensed therapist who is not the treating therapist.	Medicaid refers to licensed medical providers as a“Licensed Practitioner of the Healing Arts (LPHA)”
Need for evaluation and continuation of IEP services is made by the IEP team	Referral for assessment and treatment can be made only by LPHA
Teletherapy, Teleservice, Telepractice	Telehealth
Student	Client or Patient
Related Services and/or Special Education Services as described in the IEP or Behavior Intervention Plan (BIP)	School-Based Rehabilitative Therapy Services (SBRS) Rehabilitative Behavioral Health Services (RBHS)
IEP (Individualized Education Program)	Individual Treatment Plan
Daily Notes/Therapy Notes /Service log	Clinical Service Note

IDEA	Medicaid
IDEA classification (13 categories of disability)	Use of ICD 10 Codes
Services Log – documentation of provision of services	Clinical Services Notes – written summary of treatment session
Referral for initial evaluation to determine eligibility under IDEA	Referral for evaluation/assessment to determine medical necessity under Medicaid
Consent– must be informed, written consent; required for the gathering of additional information during initial evaluation and reevaluation; prior to the initial provisionof special education and related services; and to annually access public benefits or insurance	Consent for Medicaid Reimbursement– permission to bill and receive payment from Medicaidand any third-party insurer provide services as well asand release and exchange medical, psychological, andother personally-identifiable confidential information,as necessary, to the South Carolina Department of Health and Human Services (SCDHHS) and any
	Applicable third-party insurer regarding billable services

Neither IDEA nor Medicaid requires Informed Consent for the provision of telehealth or teleservices. This is a requirement of professional practice which is aligned with the professional Code of Ethics.

Consent to bill for and receive reimbursement from Medicaid is required by both IDEA and SCDHHS