

MEDICAID IN EDUCATION FOR SLP SPEECH TEACHERS

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OVERVIEW OF SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM (SSHSP)

SSHSP program allows school districts to access federal monies for medically necessary services provided to Medicaid eligible students with disabilities as long as all Medicaid requirements are met.

SSHSP services are accessed directly through FFS (fee for service) Medicaid.

Although Medicaid is a "medical" assistance program, it recognizes the importance of school-based speech-language pathology and audiology services.

The federal Medicaid program actually encourages states to use funds from their Medicaid program to help pay for certain healthcare services that are delivered in the schools, providing that federal regulations are followed.

MEDICAID IN SCHOOL SYSTEMS

Section 1903 (c) of the Social Security Act was amended in 1988 to allow Medicaid coverage of health-related services provided to children under the Individuals with Disabilities Education Act (IDEA).

Part B of IDEA allows children with disabilities to receive special education and related services, such as speech-language pathology, when the services are recommended in the child's Individualized Education Program (IEP).

CMS authorizes Medicaid reimbursement for some or all of the costs of health-related services provided under IDEA when the services are

- provided to Medicaid-eligible children,
- medically necessary,
- delivered and claimed in accordance with all other federal and state regulations, and
- included in the state plan

Source: http://www.asha.org/practice/reimbursement/medicaid/medicaid_intro/

SSHSP OVERVIEW

SSHSP is included in the EPSDT (Early Periodic Screening, Diagnosis & Treatment) section of the State (Medicaid) Plan

Available to IDEA eligible students with disabilities 3 to 21 years of age

Provides Medicaid coverage for 10 unique services

Whistleblower filed federal lawsuit in 1998

Federal audit found program to be out of compliance with federal guidelines and that NYS school districts did not maintain adequate documentation to support Medicaid billing

Lawsuit was settled for \$540 million in or about 2009

A new state plan amendment was approved in April 2010

STATE PLAN AMENDMENT

Defines services, qualified providers and reimbursement methodology

Services are **speech therapy, physical therapy, occupational therapy,** psychological counseling, skilled nursing, psychological evaluation, medical evaluation, medical specialist evaluation, audiological evaluation, special transportation

Provider qualifications require providers to hold a credential that allows them to deliver services outside of the school setting

Reimbursement methodology is encounter-based

This is the biggest difference between the old claiming methodology and the new methodology: the old methodology was based on a minimum number of services per month while the new methodology requires the DOE to prove a session occurred in order to bill

HIPPA & FERPA

HIPPA (Health Insurance Portability and Accountability Act) requires standards to be adopted in two areas:

- Electronic health care transactions (standardizing manner in which health services are claimed)
- Privacy/confidentiality (protection of health information for anyone receiving services)

FERPA (Family Educational Rights and Privacy Act)

- Applies to all schools that receive federal education funds
- Protects the privacy of student education records

FERPA is more restrictive than HIPPA with respect to the protection of privacy and security of health related services.

Because school districts are required to comply with FERPA, they also comply with HIPPA.

Additional information about minimum requirements may be found in the Medicaid Handbook.

SSHSP MEDICAID PROVIDERS

There are four types of Medicaid providers in the SSHSP:

Ordering Provider*

The professional who has ordered or recommended services for a student.

**Must be enrolled in Medicaid.*

Attending Provider

The clinician who has the overall responsibility for the student's medical care and treatment.

Servicing Provider

The clinician who renders the service to a student.

Billing Provider

The Medicaid enrolled provider that bills Medicaid for services rendered. In SSHSP, the billing provider is the school district or county.



Attending and servicing provider may sometimes be the same clinician.

KEY RESPONSIBILITIES

The Billing Provider is responsible for making sure that all of the requirements for claiming have been met.

- The DOE runs a number of checks on each claim before submitting it for reimbursement.
- The DOE compliance officer samples claims to review adequacy of session notes.

The Ordering Provider is responsible for determining that the service is medically necessary.

The Attending/Servicing Provider is responsible for delivering services in accordance with the IEP and referral/order and accurately documenting how they were delivered in SESIS.

The IEP documents how the school district will provide a free appropriate public education to a student with a disability. It documents the students needs related to his/her disability and how they will be met in the educational setting.

For Medicaid claiming purposes, all school supportive health services must be included in the student's IEP.

SSHSP: EDUCATIONAL NEEDS AND MEDICAL NECESSITY

Individualized Education Program (IEP)

- Documents **educational needs**.
- Special Education requirement.
- Determines what services are needed to receive free appropriate public education (FAPE).

Written Order or Written Referral

- Documents **medical necessity**.
- NYS Medicaid requirement.
- Allows for potential Medicaid reimbursement.

UNDERSTANDING “MEDICAL NECESSITY”

As explained by the New York City Department of Education:

- New York law defined “medically necessary medical, dental, and remedial care, services and supplies” in the Medicaid program as those “necessary to prevent, diagnose, correct or cure conditions in the person that . . . Interfere with such person’s capacity for normal activity... And which are furnished [to] and eligible person in accordance with state law (N.Y. Soc. Serv. Law Sec. 365-a)
- This means that in the SLP’s professional opinion, without the speech services recommended on the IEP, the student would not be able to normally participate in their education, therefore the services is medically necessary.

The DOE has instructed providers as follows:

- “If the SLP responsible for completion of the referral does not believe the student’s services are medically necessary, the SLP should select the option reflecting that determination on the referral. The DOE will follow-up with the student’s IEP team for future consideration of the services; the service should continue to be provided as currently recommended.”

DETERMINING “MEDICAL NECESSITY”

What is the role of the SLP in literacy (reading and writing), and is literacy within the SLP scope of practice?

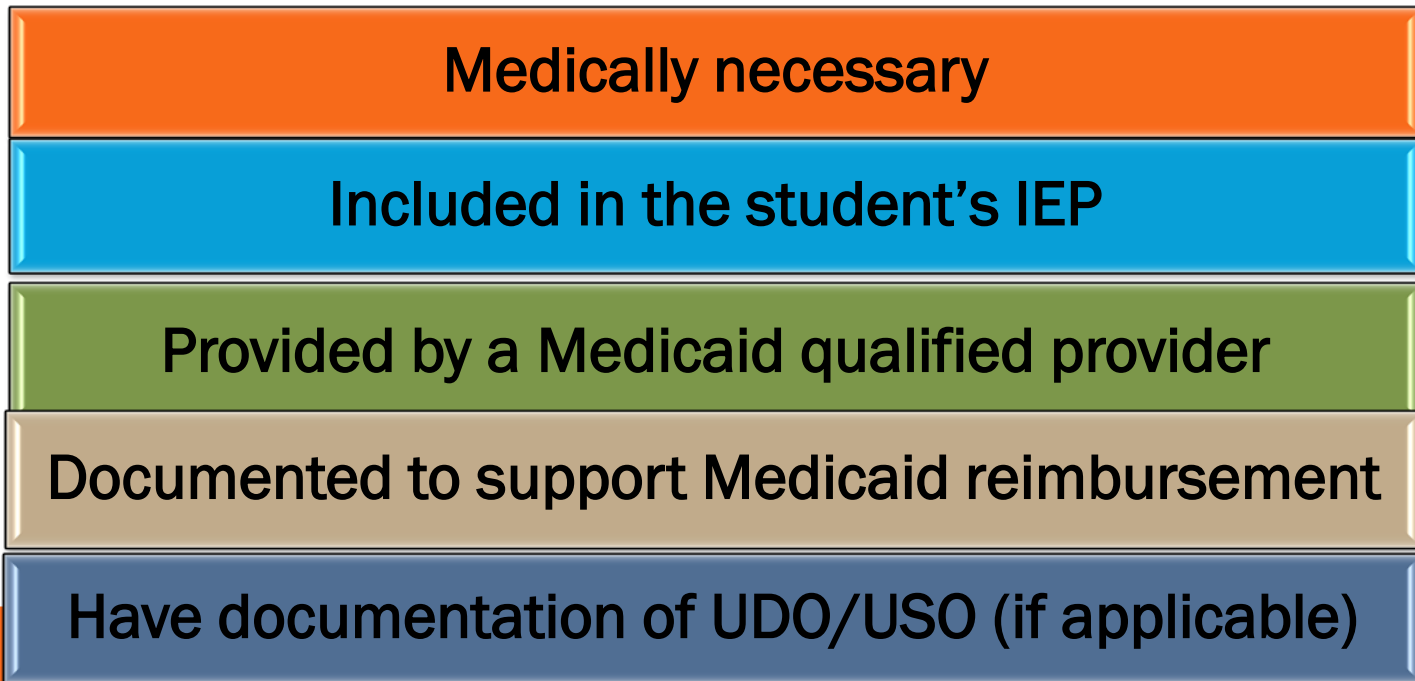
Children who have problems developing language are at a high risk for difficulty in learning to read and write. Literacy is a primary factor that contributes to academic, economic, and social success.


SLPs' knowledge of communication processes and disorders and language acquisition provides them with the foundation for addressing problems related to literacy.

ASHA's Roles and Responsibilities of Speech-Language Pathologists in Schools states that the practice of speech-language pathology includes "comprehension and expression in oral, written, graphic, and manual modalities; language processing; pre-literacy and language-based literacy skills, including phonological awareness."

SSHSP SERVICES

To be Medicaid reimbursable services must be:



 **Medically necessary** means there is a **written order/referral** from a Medicaid enrolled provider in place **prior to delivery of service**. The DOE will not bill for services that occurred prior to a written order/referral being in place.

SPEECH THERAPY SERVICES

Requirements for Written Orders/Referrals	Practitioners Qualified to Provide Speech Therapy Services	Documentation Requirements
<ul style="list-style-type: none">• Ordering practitioner must be licensed, registered, and/or certified as required.• Written order must be signed/dated by a NYS Medicaid enrolled: physician, physician assistant, or a nurse practitioner.• Written referral must be signed/dated by a NYS Medicaid enrolled speech-language pathologist (SLP).	<ul style="list-style-type: none">• Licensed and registered SLP.• Certified teacher of the speech and hearing handicapped (TSHH) operating under the direction of an SLP; or a• Certified teacher of students with speech and language disabilities (TSSLD) operating under the direction of an SLP.	<ul style="list-style-type: none">• Therapy: Session Note

SPEECH THERAPY SERVICES MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE.

INDIVIDUAL OR GROUP SESSION

Ongoing service...

- Speech

May be provided as an individual or group (2 or more) service.

A session is a block of time specifically set aside to devote to the provision of that specific service.

- Medicaid reimbursement for speech therapy is only available for sessions lasting a minimum of 30 minutes.

Documentation—session note completed to be Medicaid reimbursable.



A group session must include 2 or more students to be Medicaid reimbursable.

SSHSP SERVICES

An SSHSP service may be provided as:

An individual or
group session

A make-up
session



A make-up session is only Medicaid reimbursable if it is provided within the same week that it was missed.

MAKE-UP SESSIONS

Definition: A make-up session is one that was scheduled, subsequently missed, rescheduled, and then made-up.

Medicaid reimbursement is available for a make-up session only when it is made-up within the same week or cycle that it was missed.

A make-up session is the only time 2 services of the same type may be billed for the same date of service.

- **Example:** Two distinctly separate group speech therapy sessions are provided on the same day (one is the regularly scheduled service and one is a make-up for a session missed during the same week.)

SE SIS allows the provider to indicate that a particular session is a “make-up”

The DOE does not claim for sessions in excess of the number recommended on the IEP.

- e.g., Student is recommended for service two times a week and scheduled to receive services on Tuesday and Friday. Student is absent on Friday. Provider schedules a make-up on Monday and also serves the student on Tuesday and Friday. DOE only bills for two sessions.
- Make up was not delivered in the same week



See [Q+A 77](#) for make-up;

SESSION NOTES

For Medicaid purposes, the following information is part of the session note:

- Student's name
- Specific type of service provided
- Whether the service was provided individually or in a group (specify the actual group size)
- The setting in which the service was rendered (school, clinic or other)
- Date and time the service was rendered (length of session – record start time and end time)
- Brief description of the student's progress made by receiving the service during the session
- Name, title, signature (may be electronic) and credentials of the person furnishing the service

SESSION NOTES

Providers may not

- Use one session note for the entire group
- Copy and paste note from prior session
- Copy and paste from session note of another student

DOE has warned that Medicaid authorities are auditing for lack of individualization in session notes

State Medicaid Regulations require that providers prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid program.

"Contemporaneous" records means documentation of services that have been provided as close to the conclusion of the session as practicable.

LOCATION OF SERVICE

According to State Regulations and DOE policy:

- The location where services will be provided needs to be stated specifically enough so that the recommendations regarding location of services is clear (e.g., general education English class; gymnasium; separate therapy room; cafeteria; playground; community ; special class-Math; general education summer school academic program
- It is not sufficient to simply state “within general (or special) education classes or outside general (or special) education classes,” “separate location,” or “in class and separate location” for location of services.

According to Medicaid, location of service is the setting in which the service was rendered, i.e., school clinic or other.

QUESTIONS

- 1. If the student's current IEP recommends speech therapy services, but there is no order or referral in place, can the student receive the service?**

The student is entitled to receive all services recommended on his/her IEP. Medicaid requirements do not affect the student's entitlement to services under IDEA.

- 2. How long is a written order/referral in effect?**

Referrals are good for up to 12 months unless there is a change in service.

A new written order/referral is required whenever there is a change to a medically necessary service being furnished to a student pursuant to the student's IEP.

The requirement for a new written order/referral applies when changes are made in location, duration, and/or frequency of services or when a service is changed from individual to group or group to individual.

- 3. Does this mean that providers will now have to track the date of the referral in addition to the date of the annual review?**

No. For this year, the DOE is instructing providers to enter referrals as soon as possible after the SLP's NPI, license number and Medicaid Provider ID number are captured in NYCAPS.

Starting in the 2017-18 school year, providers will be asked to do referrals at the start of the school year.

QUESTIONS

4. If the IEP recommends two 30 minute speech therapy sessions per week and Medicaid will not provide reimbursement for sessions less than 30 minutes, what should the provider enter for the time of service in SESIS if the session was not a full 30 minutes (e.g., student was late, no time was allocated in provider's schedule to pick up students, etc.)?

The provider should always enter in SESIS the exact time the student's session began and ended.

Who is responsible for determining whether claiming is permitted if the length of a speech therapy session is less than 30 minutes?

The billing provider.

Scheduling issues that interfere with the provider's ability to deliver the service for the full time recommended in the IEP should be reported to the supervisor. If not resolved, a special education complaint should be filed.

5. **Are back-to-back therapy sessions reimbursable under Medicaid?**

It depends.

The DOE cannot bill for the same service (based on the CPT code) twice in the same day for the same student.

The second service will be rejected from the claim unless it is a make-up.

QUESTIONS

6. Can the school district submit a reimbursement claim when the number of students served in a session does not match the IEP?

If the student is recommended to receive therapy in a group of 3, but only two students are present, the school district may bill for a group therapy session. For Medicaid purposes, a group consists of two or more students.

If the student is recommended to receive therapy in a group, but only one student shows up, the school district may not bill for group or individual services. The service was not delivered in a group of two or more students and the IEP did not recommend individual services.

Who is responsible for determining whether claiming is permitted in this circumstance?

The billing provider

7. Can group and individual sessions be billed for a student on the same day?

Yes, if they occur in different sessions, timeframes or separate encounters that are distinct or independent from each other.

Who is responsible for determining whether claiming is permitted in this circumstance?

The billing provider

QUESTIONS

8. Can two group sessions or two individual sessions be billed for a student on the same day?

Yes, but only when the student receives two distinctly separate individual or group therapy sessions on the same day and one of the sessions is a make-up for a session missed during the same week.

Who is responsible for determining whether claiming is permitted in this circumstance?

The billing provider

9. If I am directed to provide services in a location other than the location specified on the IEP, what do I put in SESIS?

The location where the service was actually delivered.

If I have been directed to write “school environment” or “provider discretion” for location of services on the IEP, what should I do?

Bring the issue to the attention of your supervisor and ask that they provide further direction in writing. If the (incorrect) information is confirmed, file a special education complaint.

QUESTIONS

10. If I don't provide services in the location specified on the IEP, is that Medicaid "fraud?"

There are four points relevant to this question:

- As long as the services are provided in the public school building, there is no Medicaid issue.
- You will document exactly where you provided the services in SESIS, regardless of what it says on the IEP.
- It is the billing provider's responsibility, not the attending/servicing providers responsibility to make sure that the services delivered match with the IEP.
- This is a special education compliance issue and should be addressed with your supervisor and, if not corrected, by filing a special education complaint.

QUESTIONS

11. If I made an error in my referral, can I complete a new one?

Yes you Can

12. If I do not think a child needs the services, must I complete a referral?

No, you Should not complete a referral, but continue to see the child.

FIND OUT MORE:

About New York State's Preschool and School Supportive Health Services Programs

- NYS Medicaid in Education Website:
<http://www.oms.nysed.gov/medicaid/>
- Introduction to SSHSP (powerpoint):
http://www.oms.nysed.gov/medicaid/training_materials/
- NYS Medicaid Handbook:
<http://www.oms.nysed.gov/medicaid/handbook/>
- Questions and Answers:
http://www.oms.nysed.gov/medicaid/q_and_a/q_and_a_combined_revised_12_9_16.pdf

FIND OUT MORE

For more information about roles and responsibilities of speech language pathologists in schools, see the following ASHA resources:

- ASHA's family of documents titled Roles and Responsibilities of Speech-Language Pathologists With Respect to Reading and Writing in Children and Adolescents (which consists of the Technical Report, Position Statement, Guidelines, and Knowledge and Skills document).
- Roles and Responsibilities of Speech-Language Pathologists in Schools (2010)
- ASHA's Literacy Gateway (Reading and Writing)
- Guidance from the Office of Special Education and Rehabilitative Services, U.S. Department of Education, on the unique educational needs of children with dyslexia.