

What will be presented: Implementing PCS Services

Who needs this information: Special Education Directors,
Teachers, School Nurses, Medicaid Billing Staff

Training Documents:

PCS RN Assessment
Health Care Plan
PCS Allocation Tool
New IEP Medicaid Form



Implementing Personal Care Services (PCS)



Personal Care Services Include:



- Basic personal care and grooming,
- Assistance with exercise, walking, and transferring,
- Assistance with medications,
- Training programs to help people with developmental disabilities achieve more independence, in the areas of daily living skills identified on the PCS assessment.
- PCS is NOT Skilled Nursing Services.



<http://www.healthandwelfare.idaho.gov>

Review slide and add:

Billing Medicaid for Personal Care Services

Student must be Eligible for Medicaid, and

student is on an IEP based on having a qualifying educational disability, and

results of PCS assessment approved by the Department finds the student requires PCS due to a medical condition that impairs the physical or functional abilities of the student.





<http://www.healthandwelfare.idaho.gov>

Read slide.

Student that are on an IEP and have needs identified on the PCS assessment do not have to meet Developmental Disabilities qualification for Medicaid unless the team plans to write an IEP goals for skill acquisition in one of the daily living skills areas identified on the PCS assessment.

Must Be Medically Necessary

- It is a reasonable calculated service to prevent, diagnose, or treat conditions in the participant that endanger life, cause pain, or cause functional significant deformity or malfunction; and
- There is no other equally effective course of treatment available or suitable for the participant requesting the service which is more conservative or substantially less costly.
- Medicaid services must be of a quality that meets professionally-recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality. Those records must be made available to the Department upon request.



IDAPA 16.03.09.11.1

What is Medically Necessary? It is a medical service that is of a professional standard that provides a reasonable service that addresses a condition that limits a student's participation and there is no other effective treatment available.

Remember that prior to identifying a Medicaid Reimbursable service the IEP team needs to be sure that the service is medically necessary to assist the student in accessing the educational environment or educational curriculum. Since Medicaid is a medical model of service delivery, Idaho has determined that a physician or practitioner of the healing arts is responsible to determine medical necessity in order for the services provided by a school district as a Medicaid provider and to be reimbursed by Idaho Medicaid.

A school district or charter school may not seek reimbursement for services provided prior to receiving a signed and dated recommendation or referral for those services.

Definitions

ADLs – Activities of Daily Living

PCS – Personal Care Services

PCS Care Plan – Individual Health Care Plan

QIDP – Qualified Intellectual Disabilities

Professional (Special Education Teacher)

QIDP Plan – is the Individual Education Plan (IEP)



Review slide

Qualified Intellectual Disabilities Professional (QIDP)

A **QIDP** must have at least one (1) year of experience working directly with people with developmental disabilities and meet the minimum federal educational requirements for a QIDP outlined in 42 CFR 483.430.



Special Education Teacher with at least 1 year experience working with students with a developmental disability.



IDAPA 16.03.10.304.02b

The QIDP can be a Special Education Teacher with at least 1 year experience in working with students with a developmental disability.

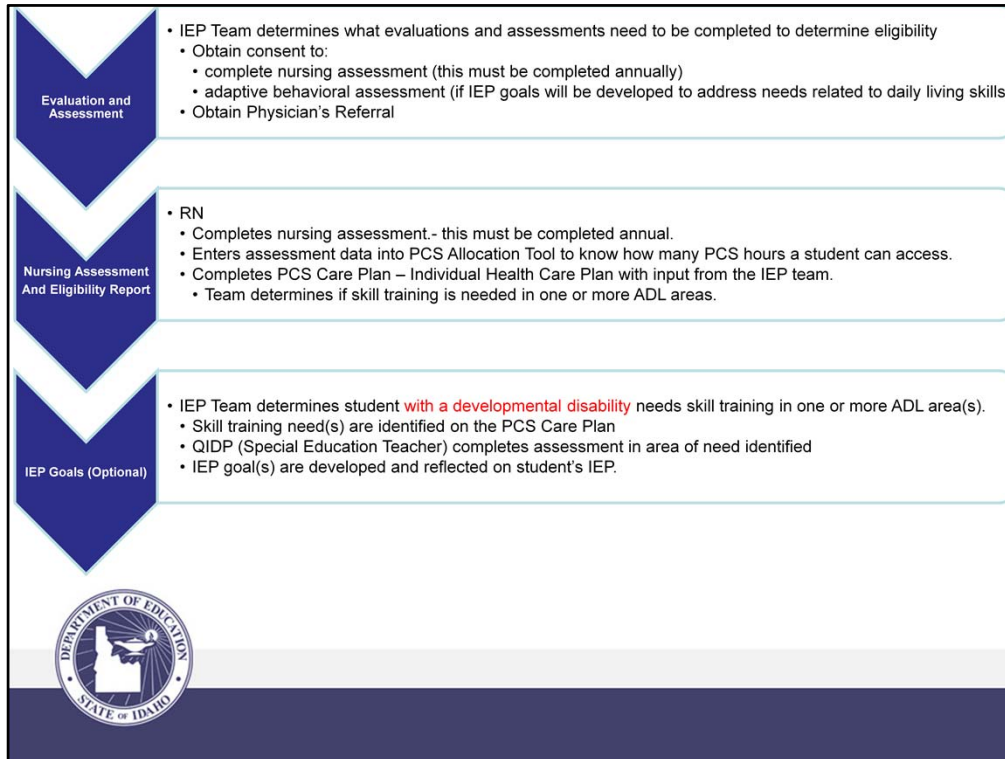
Personal Care Service Steps




IEP teams are required to evaluate and assess students to determine if they are eligible for Special Education and develop Individual Education Plans whether a student qualifies for Medicaid services or not.

In doing a comprehensive assessment of the student, part of this comprehensive assessment looking at the student needs related to personal care or daily living skills. If the district intends to bill Medicaid for the assessment and provision of personal care services, the district must use the Department of Health and Welfare PCS Assessment in evaluating that student.

The nursing assessment must be updated annually. Annually, results of the PCS Assessment should be reflected in the written notice and IEP meeting notes.



Read the slide

<p>Service Page</p>	<ul style="list-style-type: none"> •Nursing Services •Quarterly Oversight is required with documentation that the services provided were reviewed and training provided if necessary •Personal Care Services •Services can be delivered by a teacher or a paraprofessional •Number of hours that student will receive for both services and skill training (this does not need to be broken out) •QIDP Supervision (if a child with DD requires skill training) •Quarterly review of IEP goals
<p>IEP Implementation</p>	<ul style="list-style-type: none"> •Special Education Teacher implements the IEP including the PCS Care Plan •Collect data on skill training program if there is an IEP goal •Document provision of PCS services as noted in PCS Care Plan and IEP •Submit Medicaid bill per documentation
<p>Oversight</p>	<ul style="list-style-type: none"> •RN •Quarterly oversight is required to review the documented services provided and provide training if necessary •QIDP •Quarterly oversight is required to review the IEP goals around ADL training and provide training if necessary •Bill Medicaid for documented oversight
	

Read the slide

- IEP Team determines what evaluations and assessments need to be completed to determine eligibility



During an initial and 3-year evaluation meetings, the IEP team can discuss what assessments and evaluation need to be completed to find the student eligible for Special Education services. Per, IDEA, districts complete a Consent to Assessment form identifying what evaluations and assessments will be completed. There is now a Medicaid document that can be used to get the physicians referral to bill Medicaid eligible students for identified evaluations and assessments.

The PCS assessment must be completed annual to bill Medicaid for these services.

- Obtain consent to:
 - complete PCS assessment (this assessment must be completed annually)
 - adaptive behavioral assessment (if IEP goals will be developed to address needs related to daily living skills)

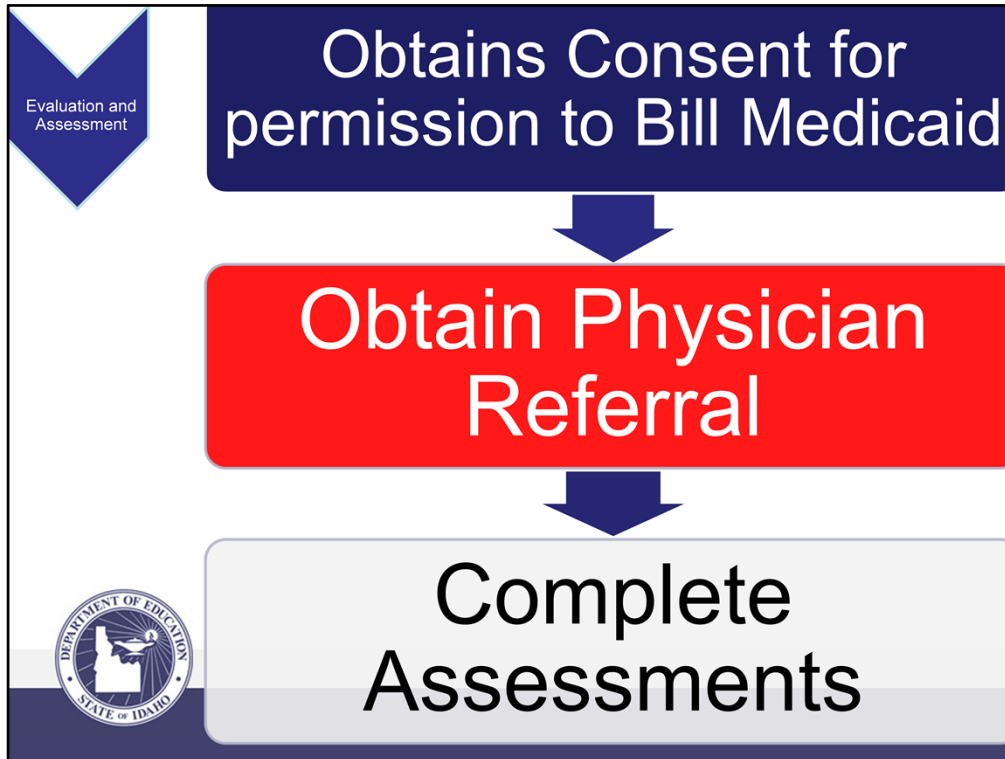
Consent for Assessment		
Document date:	Page <input type="text"/> of <input type="text"/>	
Individual Assessment Information		
Student Name:	District ID:	State ID:
Native Lang:	Ethnicity:	Grade:
District:	Birth Date:	Age:
School:		
Assessments	Position Responsible	Description of Assessment Procedures
<input type="checkbox"/> Intellectual/Cognitive Functioning	<input type="checkbox"/>	Assesses your student's ability to learn. Administered by a professional in a one-to-one setting.
<input type="checkbox"/> Academic Performance	<input type="checkbox"/>	Measures your student's achievement in such areas as oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics calculation and mathematical reasoning.
<input type="checkbox"/> Classroom Observation	<input type="checkbox"/>	Collects information on student's performance (academic, social/emotional, etc.) in the classroom environment.
<input type="checkbox"/> Communication (Speech/Language)	<input type="checkbox"/>	Speech: Assesses your student's articulation (speech sounds), voice, fluency, and motor skills for speech. Language: Assesses your student's receptive and expressive language skills, including phonology, morphology, syntax, semantics, and pragmatics.
<input type="checkbox"/> Motor Development (Fine & Gross)	<input type="checkbox"/>	motor skills and abilities for hand, writing, educational, work, play or for general or specific activities.
<input type="checkbox"/> Hearing	<input type="checkbox"/>	ing acuity includes pure tone of middle ear functioning.
<input type="checkbox"/> Vision	<input type="checkbox"/>	Screens your student for visual acuity.
<input type="checkbox"/> Developmental/Medical History	<input type="checkbox"/>	Collects information about your student's development progress or medical history.
<input type="checkbox"/> Adaptive Behavior	<input type="checkbox"/>	Assesses your student's skills regarding self-help, independence, and activities of daily living at home, at school, and in the community.
<input type="checkbox"/> Emotional/Social/Behavioral	<input type="checkbox"/>	Collects information about your student's social and emotional development. May include rating scales, personality inventories, functional behavioral assessments, behavioral observations, projective tests, personal interviews, and review of records.
<input type="checkbox"/> Transition/Vocational/Occupational	<input type="checkbox"/>	Assesses interests and capabilities related to training, education, employment, and independent living skills.
<input type="checkbox"/> Assistive Technology	<input type="checkbox"/>	Assesses the need for a piece of equipment or a product system that is used to increase, maintain, or improve the functional abilities of your student.
<input type="checkbox"/> Other	<input type="checkbox"/>	

IDEA

Idaho School-Based Medicaid Reimbursable Evaluation Services Referral			
Student Name:	Date of Birth:	Age:	Grade:
School District:	School:	Care Manager:	Sex:
Current IEP:	Projected Renewal:	Current Evaluation:	Projected Transition:
<p>If the student is or becomes eligible for Medicaid and if they meet the requirements to receive specific evaluations or interventions, the following services are effective as of the date of the physician's signature and services will not exceed 365 days. The below services are deemed medically necessary.</p>			
Physician's Signature:		Date:	
School Based Medicaid Evaluation Services			
Evaluation(s) for the following IEP Development			
IEP Assessment Areas	Assessment Recommendation	Medicaid Code	Medicaid Code Description
Qualified Intellectual Disabilities Professional	[]		
Emotion (Beha)			
Intelli			
Functic			
Emotic			
Developmental/Medical History	[]	T1028	Medical/Social History (1 unit = 15 minutes)
Communication	[]	92506	SLP Evaluation (1 unit = 1 evaluation)
Speech/Language	[]		
Motor Development	[]	97001	PT Evaluation (1 unit = 1 evaluation)
Gross Motor	[]		
Motor Development Fine Motor	[]	97003	OT Evaluation (1 unit = 1 evaluation)
Physical Assessment accompanying Personal Care Plan	[]	G9001	RN Initial Assessment (1 unit = 1 plan)
Interpretive Services Sign Language	[]	T1013.CG	
Interpretive Services Oral	[]	T1013	
Case Manager:	Title:	Date:	

Medicaid

A new Medicaid Reimbursable Evaluation Services Form has been developed to assist districts in getting a physician's referral to bill Medicaid for identified evaluations and assessments. Districts must have a signed physician's referral **prior** to billing Medicaid.



• RN

• Completes nursing assessment – this must be completed annual.

Children's Personal Care Services (PCS) Assessment Tool
For Medicaid School-Based Service Providers

Student Name:	Date of Birth:	Age:	Grade:	Sex:
School District:	School:	Care Manager:	Class:	Date:
Current IEP:	Proposed Annual:	Current Situation:	Proposed Theme:	
RN Signature:		Date:		

I. General Information for Completing the Children's Personal Care Services (PCS) Assessment Tool:

- Must be completed by a Professional Nurse (RN).
- Designed for use by school districts to assess the need for PCS services in the school setting. To be eligible for PCS the student must have a completed Children's PCS Assessment, and the assessment results must first the student requires PCS due to a medical condition that impairs the physical or functional abilities of the student.
- Functional abilities are measures of the child's impairment level and need for personal assistance. The RN interprets Activities of Daily Living (ADLs) in terms of what is usually needed to safely perform the entire activity or task.
- An assessment of functional abilities is based on what the child is able to do, not what he/she prefers to do. Physical health, mental health, cognitive, or functional disability problems may show as the inability to perform Activities of Daily Living (ADL), continence, and mobility activities. A child who is mentally and physically free of impairment, has no safety risks, or chooses not to complete a task due to personal preference or choice is not eligible for personal care services.
- The measurement of each of the functional activities or tasks should be how the child usually performed the task over the past thirty (30) days.

II. Activities of Daily Living (ADL)

1. Dressing

Refers to the child's ability to tend to personal hygiene needs (e.g. washing face and hands, hair care, shaving, oral care, fingernail and toenail care).

1 Able to groom self independently or not applicable due to age.

2 Able to groom self with supervision and cuing or reminding (may include placement or assistive devices or aids).
(Only applicable for ages 12 or older)
Requires prompting or reminding to complete personal hygiene tasks. Can brush own teeth if caregiver puts toothbrush on the toothbrush. Can brush own hair if handed brush.

3 Dependent upon physical assistance to groom self up to 50% of the task.
(Only applicable for ages 8 or older)
Requires hands on assistance with some tasks up to 50% of the time. Care giver may need to finish oral care or require caregiver may need to finish oral care or brush hair.

4 Dependent upon physical assistance to groom self 50% or more of the task.
(Only applicable for ages 8 or older)
Requires hands on assistance with some tasks 50% or more of the time. Care giver may need to finish oral care or require caregiver may need to finish oral care or brush hair or participant may not easily or have limited ROM.

5 Complete physical assistance necessary (child unable to participate).
(Only applicable for ages 5 or older)
Physically unable or unable to follow any instructions from caregiver due to cognitive impairment or developmental disability.

Example:

- When does the child's hair (if child says they do it, ask them to raise their arms as high as they can to determine ROM)?
- Does someone have to physically hold or remind the child to wash his/her hands?
- Does the child trim his or her own fingernails/toenails?
- Does the child brush his or her own teeth without reminding or physical assistance?
- How does the child cut up and prepare items for shaving or applying make-up?

COMMENT: _____

There is a new PCS assessment that must be used by districts to identify the needs of students in the areas of Activities of Daily Living. The nurse will meet with the parents, talk to teacher, observe the student and give the student scores in 11 living areas. The PCS assessment is available online at www.sbs.dhw.idaho.gov.

This assessment needs to be completed annual so the assessments results needs to be reflected in the written notice and in the IEP meeting notes discussing the student's eligibility for PCS services.

Who Administers PCS Assessment and Develops Plan of Care?

- Licensed professional nurse (RN) licensed by the State of Idaho.
- Can be a contracted RN from a community PCS agency.



IDAPA 16.03.09 and IDAPA 23.01.01

So who in the district can administer the PCS Assessment and develop the plan of care or Health Care plan? A licensed professional nurse (RN). If the district does not have a RN or LPN there is now a new resource available to assist the district with contacting a Community PCS Nurse to contract with the school.

PCS Agency List

A list of PCS provider agencies is located at www.healthandwelfare.idaho.gov. This statewide provider list is maintained by the Bureau of Long Term Care and provides a resource list of agencies that provide both A&D services and PCS.

To locate a PCS agency:

- Click on **Medical**
- Click on **Medicaid**
- Click on **Home Care**
- Click on **A&D PCS Providers** under **Resources** on the right hand side of page

Medicaid Contact

Susie Choules, RN
208-364-1891
Alternative Care Coordinator
Bureau of Long Term Care



The Department of Health and Welfare maintains a list of Community PCS Nurses. If your district or school does not have a school nurse on staff, you will be able to contact Community PCS Agency nurses and explore the option of having them complete the School-Based PCS Assessment, develop a PCS Health Care Plan, and provide quarterly oversight.

This list is managed on the Medicaid website at www.sbs.dhw.idaho.gov.

Grooming: Refers to the child's ability to tend to personal hygiene needs (e.g. washing face and hands, hair care, shaving, oral care, fingernail and toenail care).
Dressing-Upper Body: Includes undergarments, pullovers, front opening shirts and blouses, zippers, and snaps.
Dressing-Lower Body: Includes undergarments, pullovers, front-opening shirts and blouses, zippers, and snaps.
Toilet Use: Refers to how well the child can manage using the toilet, bedpan, or urinal. Includes adjusting clothing, getting on and off the toilet, cleaning oneself, changing pad, managing colostomy or catheter.
Bladder Continence: Refers to child's ability to control bladder functions.
Bowel Continence: Refers to the child's ability to control bowel functions.
Adaptive Devices: Refers to child's ability to manage putting on and removing braces, splints, and other assistive devices other than wheelchairs.
Transferring: Refers to all of the child's physical ability (e.g. bed to chair) except tub and toilet.
Mobility: Refers to the child's ability to move between locations from a standing position or to use a wheelchair once in a seated position on a variety of surfaces, includes power wheelchairs.
Eating/Feeding: Refers to the process of eating, chewing, and swallowing meals and snacks. Not preparing food to be eaten.
Medication Assist: Refers to the assistance provided to the student to administer medication.

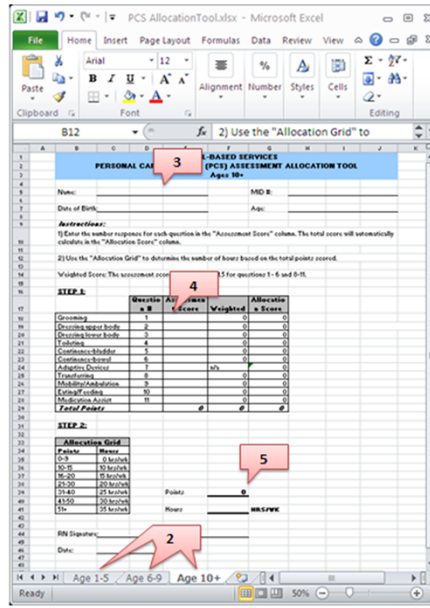
The New Nursing Assessments looks at the students needs in the areas of grooming, dressing, toileting, continence, adaptive devices, transferring, mobility, feeding and medication assistance.

•RN

- Enters assessment data into PCS Allocation Tool to know how many PCS hours a student can access.

PCS Allocation Tool

1. Open the Allocation Tool.
2. Choose the correct worksheet based on student age.
3. Complete top of form.
4. Enter scores for each area of the Assessment.
5. Enter total points.



After the nurse completes the Nursing Assessment the results are entered in the PCS Allocation Tool. The Allocation Tool is divided into three spreadsheets related to that age ranges that the tool addresses. A tab at the bottom of the spreadsheet is divided age spans: Ages 1-5, 6-9 and 10+ based on the student's age. Some skills are weighed differently. The nurse that is completing the assessment and using the Allocation Tool needs to be sure to use the age appropriate tool to calculate the PCS hours a student can access. The allocation grid identifies the maximum amount of hours that a district can bill for that student. This does not mandate or require the district to utilize all of the time allocated.

Health Care Plan = PCS Care Plan



IDAPA 16.03.10.304.01

IDAPA 16.03.10.304.01

“The plan of care must include all aspects of medical and non-medical care that the provider needs to perform, including the amount, type and frequency of necessary services.”

Your district may elect to utilize the community-based PCS Care Plan which you may modify for your own use or use a Care Plan that your district develops. A Nurse must complete the PCS Care Plan. The delivery of the PCS Care Plan must be overseen by a licensed professional nurse or the Qualified Intellectual Disabilities Professional (QIDP). Oversight must include:

1. Assistance in developing the written plan of care,
2. Review of the treatment given by the personal assistant through a review of the participant’s PCS record as maintained by the provider; and
3. Re-evaluation of the plan of care as necessary.

Nursing Assessment

- RN
 - Completes PCS Care Plan – Individual Health Care Plan with input from the IEP team.
 - Team determines if skill training is needed in one or more ADL areas.

Activities of Daily Living (ADL)

1 – check the student's ability in this ADL area

1. Grooming (Personal Hygiene)

Hair Care

Independent Partial Assist
 Assist Supervise/Cue Total Assist

Oral Care

Independent Partial
 Supervise/Cue Total

Hand washing

Independent Partial Assist

2 – provide staff instruction on what assistance student needs in this ADL area

Instructions: _____

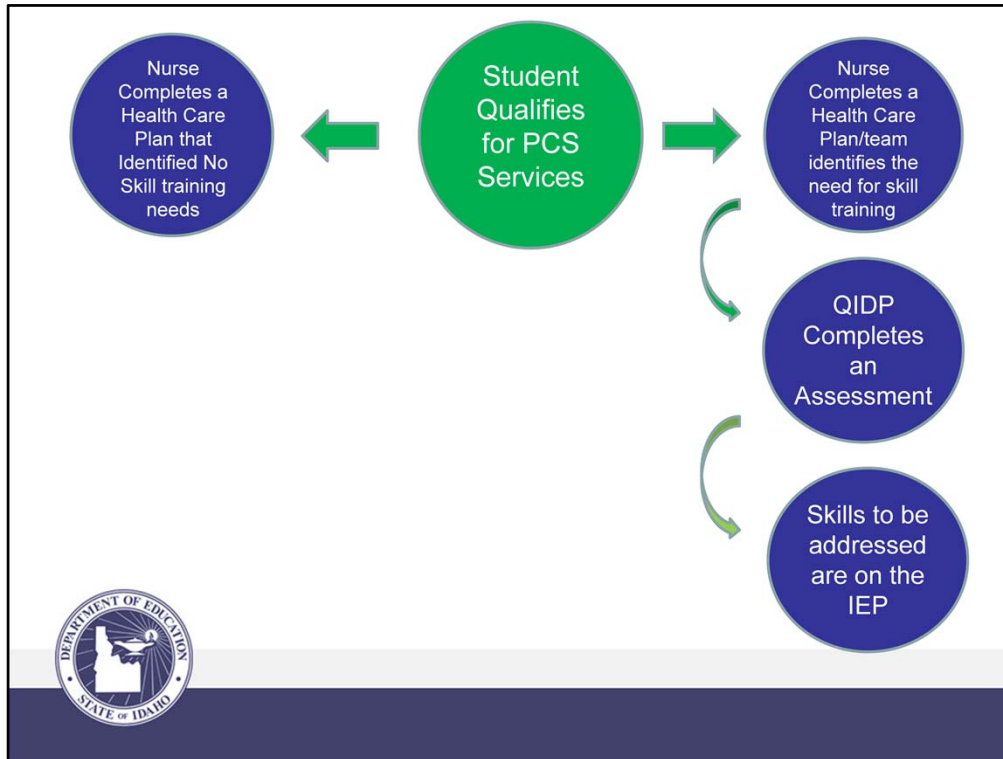
3 – identify whether there will be skill training and IEP goal in this ADL area

QIDP Plan is Part of the IEP Attached - Yes ___ No ___

Districts can choose to use this Health Care Plan that has been developed in collaboration with the Department of Health and Welfare Personal Care Office. The nurse will identify what the student’s ability is and assistance required, provide instructions to staff on how to assist the student in this area, and identify whether there will be an IEP goal for a specific skill area.

If the team determines that skill training is a need in one or more ADL areas the QIDP/Teacher will add this as an IEP goal. **Medicaid will only reimburse** for skill acquisition training/IEP goals for daily living skills activities for students that also meet Medicaid Developmental Disabilities eligibility.


The teacher will be able to bill Medicaid to complete the functional assessment and provide quarterly oversight for those IEP goals identified on the Health Care Plan.



There is two ways to deliver PCS services to students:

- 1) The student qualifies for serves as evidenced by the PCS assessment and the Nurse has written a Health Care Plan.
 - 1) The IEP team has determined that no skill training is necessary for the needs identified and the services will be provided to the student.
 - 2) The IEP team collects data on the services provided to the student
- 2) The student qualifies for services as evidenced by the PCS assessment and the Nurse has written a Health Care Plan.
 - 1) The IEP team has determined that skill training is necessary in one of the 11 life skills areas identified on the PCS assessment
 - 2) The IEP team determines if the student is Medicaid Developmentally Disabilities eligible and if eligible:
 - 1) The QIDP/Teacher functional assessment on need area and determines how the skills will be taught
 - 2) The skill area becomes an IEP goal
 - 3) The QIDP/Teacher provide quarterly oversite on how the student is doing related to that IEP goal.

3. Annual Goal (leading to achievement of Post School Goal):		#6-During toileting, Ashley will maintain standing with support and with minimal direct verbal prompts (no more than 2 prompts) will step out of his pants @ 90% of the time throughout the day with data gathered daily and documented daily by staff by 10/24/12.
4. Evaluation Procedure:		
Criteria	Procedure	Schedule
min direct verbal prompts (1-2 prompts), 90% of the time	Observations, Charting	throughout day
5. Assistive Technology (if needed): None needed		
3. Annual Goal (leading to achievement of Post School Goal):		#7-Given a battery operated toothbrush mounted on an arm on his wheelchair or held by a staff member. Ashley will turn on the toothbrush by activating an enabling device 5 times during each session @ 2 opportunities per day with minimal direct verbal prompts (no more than 2 verbal prompts) with data gathered daily and documented daily by staff by 10/24/12.
4. Evaluation Procedure:		
Criteria	Procedure	Schedule
5x's in 2 opportunities w/ min direct verbal prompts (no more than 2 prompts)	Observations, Charting	throughout day
5. Assistive Technology (if needed): battery operated toothbrush, switch, arm mounted on wheelchair		



The goal will need to address the student’s present level of performance regarding the student’s prioritized daily living skill need(s), student’s strengths, preferences, interests, concerns, and **needs** in objective, **measureable terms**. Discuss how a student’s disability affects his or her involvement and progress in the general curriculum and or education environment. This must also include the student’s current baselines data regarding this particular daily living skill.

Service Page

•Nursing Services
 •Quarterly Oversight is required with documentation that the services provided were reviewed and training provided if necessary

Document date: _____ **IEP Services & Other Considerations** Page _____ of _____

Student's Name: _____ District ID: _____ State ID: _____ Grade: _____ Sex: _____
 Native Lang: _____ Ethnicity: _____ Birth Date: _____ Age: _____
 District: _____ School: _____

1. IEP SERVICES

Service	Position Responsible	Location	Freq.	M Code	Total Service per Week		Start Date	Anticipated Duration
					Hrs	Min		
Nursing Services	School Nurse	SPED Classroom	Quarterly	Individual		30	1/14/12	1/13/13

Location Codes:
 01 Gen Ed Classroom
 02 Sp Ed Classroom
 03 Home
 04 Hospital
 05 Community
 06 Therapy Room

Frequency Codes:
 01 Daily
 02 Weekly
 03 Bi-Weekly
 04 Monthly
 05 Times Per
 06 Times Per

Medicaid (M) Codes:
 IN = Individual
 HQ = Group
 HO = Professional
 HM = Paraprofessional
 TD = Registered Nurse
 LP = LPN

Statement of Service Delivery: PCS Nursing oversight will be provided to review PCS services and provide training if necessary.

2. OTHER CONSIDERATIONS
 A. Special transportation is considered a related service. The student requires Regular Special No

IEP teams need to identify priority needs and identify goals and services to address those needs regardless of the student's Medicaid status.

Teams should document services, position responsible, location, minutes and use the statement of service delivery to clarify how goals will be addressed with the services indicated. In this example, it identifies nursing services and in the "Statement of Service Delivery" a statement clarifies that this is nursing oversight to review PCS services and provide training if necessary.

•Personal Care Services

- Services can be delivered by a teacher or a paraprofessional
- Number of hours that student will receive for both services and skill training (this does not need to be broken out)

Document date: **IEP Services & Other Considerations** Page of

Student's Name: <input type="text"/>	District ID: <input type="text"/>	State ID: <input type="text"/>	Grade: <input type="text"/>	Sex: <input type="text"/>
Native Lang: <input type="text"/>	Ethnicity: <input type="text"/>	Birth Date: <input type="text"/>	Age: <input type="text"/>	
District: <input type="text"/>	School: <input type="text"/>			

1. IEP SERVICES

Service	Position Responsible	Location	Freq.	M Code	Total Service per Week		Start Date	Anticipated Duration
					Hrs	Min		
Nursing Services	School Nurse	Sped Classroom	Quarterly	Individual	<input type="text"/>	30	1/13/12	1/12/13
Activities of Daily Living	Special Education Teacher	Sped Classroom	Daily	Individual	2	30	1/13/12	1/12/13

Location Codes: 01 Gen Ed Classroom 02 Sp Ed Classroom 03 Home 04 Hospital 05 Community 06 Therapy Room	Frequency Codes: 01 Daily 02 Weekly 03 Bi-Weekly 04 Monthly 05 <input type="text"/> Times Per <input type="text"/> 06 <input type="text"/> Times Per <input type="text"/>	Medicaid (M) Codes: IN = Individual HQ = Group HO = Professional HM = Parapro TD = Reg Nurse LP = LPN
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Statement of Service Delivery: PCS Nursing oversight will be provided to review PCS services and provide training if necessary. PCS services will be delivered by teacher/paraprofessional.

2. OTHER CONSIDERATIONS

A. Special transportation is considered a related service. The student requires Regular Special No transportation. Describe if necessary:

Remember that these services will be provided to the student whether they are Medicaid eligible or not. PCS services can be delivered by either the teacher or a paraprofessional. The rate for PCS is the same no matter who delivers the service.

Who Provides PCS services? Daily Care

- CNA
- Certified Teacher
- Para-professional
- Must follow the Plan of Care in regards to who can provide specific services.
- **PCS services are not Skilled Nursing services.**



IDAPA 16.03.09 and IDAPA 23.01.01

Read slide



It is important to remember that services are billed based upon the service being provided, not on the qualifications of who is providing the service. For example; if an RN is taking blood pressures daily for a student to monitor the student's heart, the service would be billed at the PCS rate since this is not a service that requires the qualifications of a RN to perform. This holds true for every Medicaid service.

- QIDP Supervision
- Quarterly review of IEP goals

Document date: _____ **IEP Services & Other Considerations** Page _____ of _____

Student's Name: _____	District ID: _____	State ID: _____	Grade: _____	Sex: _____
Native Lang: _____	Ethnicity: _____	Birth Date: _____	Age: _____	
District: _____	School: _____			

1. IEP SERVICES

Service	Position Responsible	Location	Freq.	M Code	Total Service per Week		Start Date	Anticipated Duration
					Hrs	Min		
Nursing Services	School Nurse	Sped Classroom	Quarterly	Individual		30	1/13/12	1/12/13
Activities of Daily Living	Special Education Teacher	Sped Classroom	Daily	Individual	2	30	1/13/12	1/12/13

Location Codes:
 01 Gen Ed Classroom
 02 Sp Ed Classroom
 03 Home
 04 Hospital
 05 Community
 06 Therapy Room

Frequency Codes:
 01 Daily
 02 Weekly
 03 Bi-Weekly
 04 Monthly
 05 Times Per
 06 Times Per


Medicaid (M) Codes:
 IN = Individual
 HQ = Group
 HO = Professional
 HM = Parapro
 TD = Reg Nurse
 LP = LPN

Statement of Service Delivery: PCS Nursing oversight will be provided to review PCS services and provide training if necessary. PCS services will be delivered by teacher/paraprofessional.

2. OTHER CONSIDERATIONS

A. Special transportation is considered a related service. The student requires Regular Special No transportation. Describe if necessary: _____

If the team has identified ADLs that will be developed into IEP goals there is now a new QIDP Oversight service that can be billed to Medicaid **for students with DD** to review those specific IEP goals addressing the ADL's on a quarterly basis.




Document date: <input type="text"/>		IEP Goals		Page <input type="text"/> of <input type="text"/>	
Student's Name: <input type="text"/>	District ID: <input type="text"/>	State ID: <input type="text"/>	Grade: <input type="text"/>	Sex: <input type="text"/>	
Native Lang: <input type="text"/>	Ethnicity: <input type="text"/>	Birth Date: <input type="text"/>	Age: <input type="text"/>		
District: <input type="text"/>		School: <input type="text"/>			

Skill Area: <input type="text"/>					
1. Present Level of Performance: <input type="text"/>					
2. General Education Content Standard(s): <input type="text"/>					
3. Annual Goal (target skill and conditions): <input type="text"/>					
4. Evaluation Procedure (criteria, procedure, and schedule): <input type="text"/>					
5. Assistive Technology (if needed): <input type="text"/>					
Enter report card dates in the 1 st line below.					
6. How and When Progress Toward Goals Is Reported:					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Skill Area: <input type="text"/>					
1. Present Level of Performance: <input type="text"/>					
2. General Education Content Standard(s): <input type="text"/>					
3. Annual Goal (target skill and conditions): <input type="text"/>					
4. Evaluation Procedure (criteria, procedure, and schedule): <input type="text"/>					
5. Assistive Technology (if needed): <input type="text"/>					
Enter report card dates in the 1 st line below.					
6. How and When Progress Toward Goals Is Reported:					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Progress Codes:		3 = Not started		Progress Projection Codes:	
1 = Completed	2 = In progress	4 = Other:		A = Progress is adequate to meet target dates.	B = Progress is inadequate to meet target date.

*Note: If the student is not progressing according to target dates, parents will be informed.



The goal will need to address the student’s present level of performance regarding the student’s prioritized daily living skill need(s), student’s strengths, preferences, interests, concerns, and **needs** in objective, **measurable terms**. Discuss how a student’s disability affects his or her involvement and progress in the general curriculum and or education environment. This must also include the student’s current baselines data regarding this particular daily living skill.

Current IEP:
Projected Annual:
Current Evaluation:
Projected Triennial:

If the student is or becomes eligible for Medicaid and if they meet the requirements to receive specific evaluations or interventions, the following services and hours may be. These services are effective as of the date of the physician's signature and services will not exceed 365 days. The below services are deemed medically necessary as

Physician's Signature: _____ Date: _____

IEP School Based Medicaid Services				
IEP Services	Start Date	End Date	Description	Frequency and Duration
			Individual Psychology	38833
			Group Psychology	38833
			Family Psychology w/patient present	38846
			Family Psychology by School w/patient present	38867
			SLP Trak Individual Therapy	32587:10P1
			SLP Trak Group Therapy	32588
			SLP Professional Individual Therapy	32587:10P0
			SLP Professional Group Therapy	32588:10P0
			OT Trak Individual Therapy	37418
			OT Professional Individual Therapy	37418:10P0
			OT Trak Group Therapy	37418
			OT Professional Group Therapy	37418:10P0
			OT Trak Individual Therapy	37538
			OT Trak Group Therapy	37538:10P1/10P0
			OT Professional Individual Therapy	37538:10P0
			OT Professional Group Therapy	37538:10P1/10P0
			Behavioral Intervention - Professional	
			Behavioral Intervention - Professional Group	
			Behavioral Intervention - Para Individual	
			Behavioral Intervention - Para Group	
			Behavioral Consultation	
			Individual Skill Training - Professional (PSR)	M2817
			Group Skill Training - Professional (PSR)	M2817:10P0
			Personal Care Services - Supervising R/H Visit	T4882
			Homecare Services - R/H Oversight of LPH	T4882
			Homecare Services - R/H, Skilled	T4882:TD
			Homecare Services - LPH, Skilled	T4883
			Qualified Individual Disabilities Professional Personal Care Services w/qualified	T4884
			Behavioral Intervention	T2881
			Behavioral Intervention	T4819
			Integrative Services Oral	T4819:CG
			Integrative Services Sign Language	T4819:CG
			Medical Equipment and Supplies	E5335
			Teleconsultation	A8888

Care Manager Signature: _____ Title: _____ Date: _____
 Other: _____ Title: _____ Date: _____

New Medicaid IEP Form



There is a new Medicaid IEP form that was created to help district to identify the School-Based Medicaid services, who will be providing the service (professional/paraprofessional), start and end dates, and frequency and duration. This is an optional form. If the district chooses to use this form they will now have a form that has been vetted and approved by the Department of Health and Welfare, Division of Medicaid and would no longer require districts to try and find an appropriate way to report Medicaid on the IEP service page. This form also has a place for the physician's signature for School-Based Medicaid services.

1. IEP SERVICES

Service	Position Responsible	Location	Freq.	M Code	Total Service per Week		Start Date	Anticipated Duration
					Hrs	Min		
Nursing	1							
Daily Living Skills	2							


Location Codes:
01 Gen Ed Classroom
02 Sp Ed Classroom
03 Home
04 Hospital
05 Community
06 Therapy Room

Frequency Codes:
01 Daily
02 Weekly
03 Bi-Weekly
04 Monthly
05 Times Per []
06 Times Per []

Medicaid (M) Codes:
IN = Individual
HQ = Group
HO = Professional
HM = Parapro
TD = Reg Nurse
LP = LPN

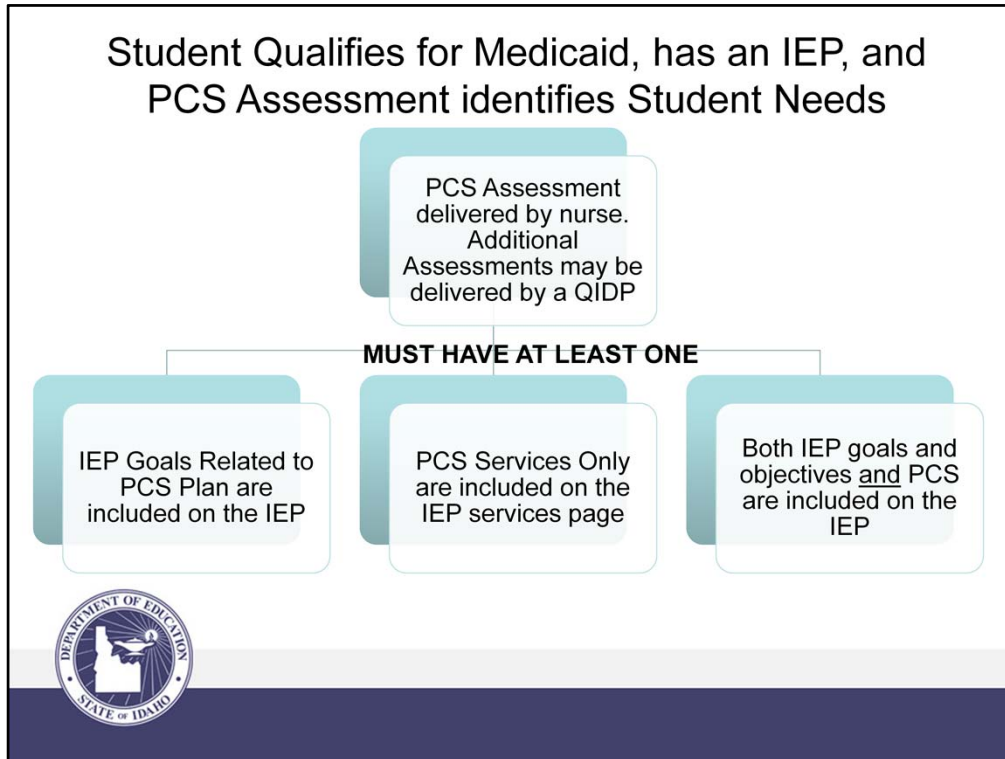
Statement of Service Delivery: []

IEP School Based Medicaid Services					
IEP Services	Start Date	End Date	Description	Medicaid Code #	Frequency and Duration
			Individual Psychotherapy	90899	
Nursing	1		Personal Care Service-Supervising RN Visit	T1001	
			Nursing Services RN Oversight of LPN	T1002	
			Nursing Services - RN, Skilled	T1002:TD	
			Nursing Services - LPN, Skilled	T1003	
Daily Living Skills	2		Qualified Intellectual Disabilities Professional		
Daily Living Skills	2		Personal Care Services by qualified paraprofessional	T1004	



This is an example how the services identified on an IEP Service page would translate to what the IEP team has determined would be the most applicable Medicaid billable service for that particular student. Using the new Medicaid Billable form allows the district to use terminology that is familiar to their staff and parents on the IEP service sheet to crosswalk or bridge that terminology to a Medicaid School Base service.

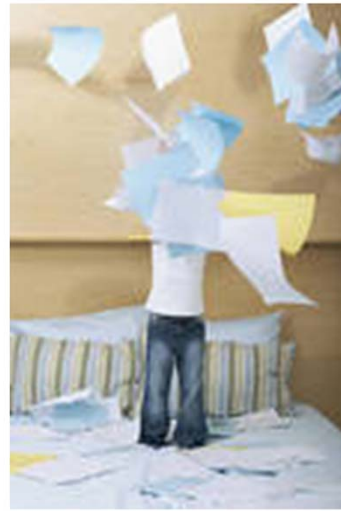
Example: An IEP team identifies Nursing services and daily living skills as IEP services, they then document the nursing and daily living skills on the School Based Medicaid Form to identify the nursing services, QIDP and daily living skills.



The PCS Health Care plan should include at **least one** of the following, in addition to creating a PCS Plan or Health Care Plan.

Documentation Prior to Billing

- Current IEP – indicates the need for service(s).
- Physician's Orders – makes recommendation or referral for Medicaid services.
- Health Plan (PCS Care Plan)--this is a requirement for PCS services.



IDAPA 16.03.09

It is important to remember that Medicaid is a public health insurance, thus following a Medical model of services delivery so you should not be billing Medicaid prior to having Physician's orders in place.

The new Medicaid IEP form and Medicaid Eligibility Form can be used to get the Physician's signature.

Ongoing Documentation Must Include:



- Student's name
- Name and title of person providing the service
- Date, time, duration for service
- Place of service
- Student's response to the services: Only if the IEP includes a Goal for an activity of daily living as a priority need for the student
- A review of progress towards goals is completed every 120 days



IDAPA 16.03.09

Documentation should be **unique to the student, completed on a daily bases, noting the start and end time for specific Medicaid service, name and title of the person delivering the service, place of service if outside of a school, and the student's response to the intervention, if appropriate.** IEP Goals to address an Activity of Daily Living would be identified as a result of the PCS Assessment (i.e., only those Activities of Daily Living that are listed on the assessment.)

Exclusion List

- Providers must check both the [Idaho Medicaid Exclusion List](#) and the [HHS-OIG Exclusion List](#) to determine whether a provider, individual, or entity is excluded and, if so, the dates of such exclusion.
- The HHS-OIG Exclusion List is accessed at <http://exclusions.oig.hhs.gov> and Idaho Medicaid Exclusion list is accessed at <http://www.healthandwelfare.idaho.gov/Providers/MedicaidProviders/tabid/214/Default.aspx>
- Providers are responsible for screening all employees and contractors to identify excluded individuals and are responsible for searching the HHS-OIG website and the Idaho Medicaid Exclusion List monthly to capture exclusions and reinstatements. Providers, individuals and entities are not automatically reinstated at the end of the state or federal exclusion period. If providers, individuals or entities on the state or federal exclusion list do not have a reinstatement date listed, they are not eligible to provide services. (Idaho Medicaid Exclusion List - last updated May 4, 2012)



he district is the Medicaid Provider and responsible for checking the State and Federal Exclusion List to be sure that individuals providing the Medicaid School-Based service(s) is not on one of these two exclusion lists.

Don't forget...

- Districts *must be enrolled* as a Medicaid *provider* to be reimbursed for school based Medicaid services.
- Each *service* must be *specifically identified* on the *IEP*.
- Services *cannot* be *educational*.
- Services must be *medically necessary* for the student to *access* their educational program.



IDAPA 16.03.09

School districts and charter schools that enroll as Medicaid providers can receive reimbursement for school-based services for a child that is eligible for Medicaid, each service is specifically identified on the student's Individualized Education Program (IEP), services are medically necessary for a child to benefit from their educational program, parents/guardians are notified that the school district, charter school, or infant toddler program intends to bill Medicaid for the child's services.



www.idahotc.com

- Training Calendar
- Online Registration
- Webinars
- Learning Communities



A wonderful resource is the Idaho Training Clearinghouse.

This is a central place for information, and you'll want to make this a "favorite" on your computer. You probably used the ITC to ask Frequently Asked Questions regarding School Based Medicaid, pull off training material, register for School Based Medicaid training, access past Webinars or training regarding School Based Medicaid, etc..

Contact Information:

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Division of Special Education
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This concludes this module on Personal Care Services.

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