



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

### Medicaid Unit

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September 2005

**TO:** District Superintendents  
Superintendents of Public Schools  
School District Business Officials  
Superintendents of State Operated/Supported Schools  
Directors of Special Education  
SETRC Project Directors and Training Specialists  
ECDC Project Directors and Coordinators  
New York State Association of Counties  
Directors of Regional Information Centers and Regional Computer Centers  
County Preschool Administrators

**FROM:** Robert J. Scalise, Coordinator - Medicaid Services Unit

**SUBJECT:** Medicaid Claiming/Billing Handbook - (UPDATE #6)

The attached updates to the original Medicaid Claiming/Billing Handbook were developed by the New York State Department of Health (DOH) in conjunction with the New York State Department of Education (SED). This handbook should replace the Medicaid Claiming/Billing Handbook (Update #5) you are now using. Handbook Update #6 is effective September 1, 2005.

This handbook provides a step-by-step outline of the procedures that must be followed when claiming Medicaid. Your designated Regional Information Center (RIC) should be your first line of contact regarding questions, issues and training related to this program.

For instructions on the software that you use to submit your claims, either refer to your software manual or contact your software support person.

You can access this handbook through the Internet. The Web address for the Medicaid Home Page is <http://www.oms.nysed.gov/medicaid>. You can also access:

- announcements related to claiming and documentation,
- relevant memorandums,
- letters and memorandums sent to the field regarding Medicaid-in-Education, and
- frequently asked questions.

**The Announcements link on the website should be reviewed frequently for updated information regarding the implementation of the Medicaid-In-Education program. Any changes that occur after the release of this version of the Medicaid/Billing Handbook will be posted on this site with effective dates for implementation.**

If you have any questions regarding the Medicaid Claiming/Billing Handbook or require other information regarding Medicaid claiming, your first contact should be your RIC.

If further clarification is required, you may contact either Steven Wright or me at (518) 474-3227 or Laura Scannevin from DOH at (518) 473-9303. Thank you.

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**SIGNIFICANT CHANGES REFLECTED IN THE  
MEDICAID BILLING HANDBOOK # 6**

<b>PAGE</b>	<b>TOPIC</b>	<b>CHANGE</b>
iii	<i>Introduction</i>	<i>Federal Education requirements relating to the use of public insurance funds for students with disabilities.</i>
4	<i>Processing of Near Match and Non-Match Reports and CIN Transactions</i>	<i>The final decision to determine if the MA client and the student are the same person lies with the school district/§4201 school/county, not the State.</i>
7	<i>Health Insurance Portability and Accountability Act (HIPAA)</i>	<i>Description Family Policy Compliance Office Fact Sheet Procedures for the Transmission of Student Specific Data</i>
8	<i>FERPA</i>	<i>New item</i>
9	<i>Transmission of Student Specific Information</i>	<i>New item</i>
10	<i>Consent for Release of Information</i>	<i>When is parental consent for Medicaid Required?</i>
13-16	<i>Speech Therapy</i>	<i>Rewritten for clarity. Language included from May 23, 2003 and June 16, 2003 Memoranda from Robert Scalise regarding suggested documentation requirements and information regarding Teachers of the Speech and Hearing Handicapped who are also licensed Speech Language Pathologists.</i>
17	<i>Physical Therapy</i>	<i>Guidance for documenting supervision provided to Physical Therapist Assistants providing services.</i>
18	<i>Occupational Therapy</i>	<i>Guidance for documenting supervision provided to Occupational Therapist Assistants providing services.</i>
23	<i>Medical Evaluation</i>	<i>Schools may no longer bill for IEP sign-off of services.</i>
26	<i>Special Transportation</i>	<i>Revised to reflect July 2005 memorandum from Deputy Commissioner Cort and the 2001 memorandum from Robert Scalise regarding the definition and documentation of special transportation.</i>
27-28	<i>Targeted Case Management Reviews</i>	<i>Added: clarification of targeted case management services and students transitioning from preschool to school age.</i>
33	<i>Claiming Calendar</i>	<i>2005 update.</i>
A	<i>Special Transportation</i>	<i>Deputy Commissioner Rebecca H. Cort's memorandum regarding documenting Special Transportation on IEP.</i>
D	<i>CNYRIC Reports Available</i>	<i><a href="http://CNYRIC.org">http://CNYRIC.org</a></i>
E	<i>Revised Error Messages</i>	<i>CNYRIC reports updated.</i>
F- 2&3	<i>Article 28 Facilities</i>	<i>List of preschool and school age facilities updated.</i>
G	<i>Medicaid Contacts</i>	<i>Monthly Reports/Files will be posted by CNYRIC. Contact information for RIC and State Medicaid staff updated.</i>
	<i>Web Reports</i>	<i>Districts &amp; counties will access all reports and files on the web.</i>

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Medicaid-in-Education  
Claiming/Billing Handbook  
Update #6



*New York State  
School Supportive Health Services Program (SSHSP) &  
Preschool Supportive Health Services Program (PSHSP)*

**September 2005**

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# *Introduction*

## *School Supportive Health Services Program (SSHSP) and Preschool Supportive Health Services Program (PSHSP)*

### **History of SSHSP/PSHSP**

The SSHSP and the PSHSP were developed jointly by the New York State Department of Education (SED) and the New York State Department of Health (DOH) to assist school districts, §4201 schools and counties and in obtaining Medicaid reimbursement for certain diagnostic and health support services provided to students with, or suspected of having disabilities. SSHSP applies to the 5-21 year old population and PSHSP applies to the 3-4 year old population pursuant to §4410 of the Education Law.

Traditionally, all costs provided by educational institutions have been funded through educational resources. In 1988, Section 1903 of subdivision (c), of the Social Security Act (SSA), added by §411(k)(13)(A) of the Medicare Catastrophic Act of 1988 (PL 100-360), clarified Congressional intent by stating that nothing in Title XIX of the SSA shall preclude Medicaid coverage of services included in a disabled student's Individualized Education Program (IEP). This paved the way to supplement already allocated state and local educational monies marked for such services with Federal Medicaid dollars without impacting the State Medicaid Budget. New York State implemented the Federal Law in 1989 by amending Section 368 (d) and (e) of Chapter 558 of the Social Services Laws to authorize State Department of Social Services (SDSS) to make payment of Federal Medicaid Assistance (MA) funds for PSHSP and SSHSP services.

### **Basic Requirements for Billing**

In order to bill for Medicaid eligible services and evaluations, the following conditions must be met:

- The district/county must be an approved Medicaid provider,
- The student must be eligible for Medicaid,
- The district/county must incur a cost,
- The service/evaluation can not be paid for (either partially or in full) by Federal funds, and
- Provider Agreements and Statement of Reassignments must be completed by outside contractors other than BOCES.

### **Services and Evaluations Covered by SSHSP/PSHSP**

Services (physical therapy, occupational therapy, speech pathology/therapy, psychological counseling, skilled nursing services), evaluations (basic and comprehensive psychological evaluations, medical evaluations, medical specialist evaluations, audiological evaluations) and special transportation must be provided by qualified professionals either under contract with, or employed by, school districts/§4201 schools/county agencies. Furthermore, the school districts/§4201 schools/counties must be enrolled as Medicaid providers in order to bill Medicaid.

In addition, school districts/§4201 schools/counties are able to claim Medicaid reimbursement for five additional services identified as Targeted Case Management (TCM). **TCM services are not reimbursable for preschool students.** TCM is a comprehensive service that includes coordinating medical and non-medical procedures for the student. TCM is a Medicaid service that is reimbursable through the SSHSP. TCM may be claimed for students referred to Special Education or identified as disabled through the Individuals with Disabilities Education Act.

To facilitate the administration of the SSHSP/PSHSP program, DOH evaluated the costs of providing these services to students with disabilities and developed a monthly fee for each service, with the exception of evaluations and special transportation. Evaluation fees are set per evaluation. Special transportation is reimbursed on a per diem basis, representing a round trip cost.

## **Eligibility and Confidentiality.**

School districts/§4201 schools/county agencies who elect to participate in SED's billing process receive their listing of Medicaid eligible students through a file matching process handled by Central New York Regional Information Center (CNYRIC). This identified special education population is transmitted to CNYRIC where a file match is performed against DOH's file of MA eligible students.

A list of Medicaid eligible recipients, along with a Non-Matching report that includes a near-match/multiple match/match not found list, is created for the school districts/§4201 schools/counties. School Districts/§4201 schools/county agencies and SED have signed Confidentiality Agreements with DOH to ensure that the confidentiality of the MA files is maintained.

SED's confidentiality requirements mandate parental consent is given to the school districts/§4201 schools/county agencies before the identity of a special education student can be released. Since DOH cannot have access to educational data unless parental consent is provided, the MA application and recertification forms were amended to include a section in the signature area providing this consent.

It is the responsibility of the school districts/§4201 schools/county agencies to obtain the parental consent for students who receive Supplemental Security Income (SSI). These students receive their MA eligibility automatically by virtue of their receipt of SSI and, as a result, their parents never sign an MA application/recertification form.

The following is the Department of Health policy for informing service providers who are working for a Medicaid provider (school district) that a student is a Medicaid recipient:

**Schools and Preschools may disclose Medicaid eligibility information to their health related services professional staff and contract providers when it is for the purpose of providing services directly connecting with or used only for purposes of the administration of the Medicaid State Plan for School Supportive and Preschool Supportive Health Services.**

Eligibility information provided school districts/§4201 schools/county agencies, therefore, may be shared with staff and other individuals associated with the agency that must provide the documentation required to claim MA reimbursement.

### **Billing Process**

Once the listing of Medicaid eligible students is provided to the school districts/§4201 schools/county agencies, the related health supportive services and TCM services provided to these students must be identified. The MA provider may claim Medicaid services at the appropriate fee once documentation exists establishing that services were provided in conjunction with Federal and State policies.

For Preschool Agencies who elect not to use the SED billing process the preschool fees and supporting documentation remain the same. However, the billing process is determined by the provider and, therefore, becomes the provider's total responsibility to develop a paper claim and submit the claim directly to Computer Science Corporation (CSC) manually.

Payment by CSC to school districts and counties represents only the Federal share of the MA claim. The State and local match is made through the use of State and local educational funding sources.

**NOTE: Computer Science Corporation (CSC) is the agency responsible for operating the Electronic Medicaid System (eMedNY) in New York State.**

## **Use of Public Insurance Funds for Students with Disabilities**

The purpose of this section is to remind schools of the federal requirements relating to the use of public insurance funds for students with disabilities. Certain students with disabilities in New York State have access to public insurance. Federal regulations establish that a public agency may use a student's Medicaid or other public insurance benefits programs in which a student participates to provide or pay for special education programs and services with the following limitations:

### **School districts/§4201 schools /counties:**

- 1) May not require parents to sign up for or enroll in public insurance programs in order for their child to receive a free appropriate public education (FAPE) under Part B of the Individuals with Disabilities Education Act (IDEA);**
- 2) May not require parents to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services, but may pay the cost that the parent otherwise would be required to pay; and**
- 3) May not use a child's benefits under a public insurance program if that use would:**
  - a) Decrease available lifetime coverage or any other insured benefit;**
  - b) Result in the family paying for services that would otherwise be covered by the public insurance program and that are required for the child outside of the time the child is in school;**
  - c) Increase premiums or lead to the discontinuation of insurance; or**
  - d) Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.**

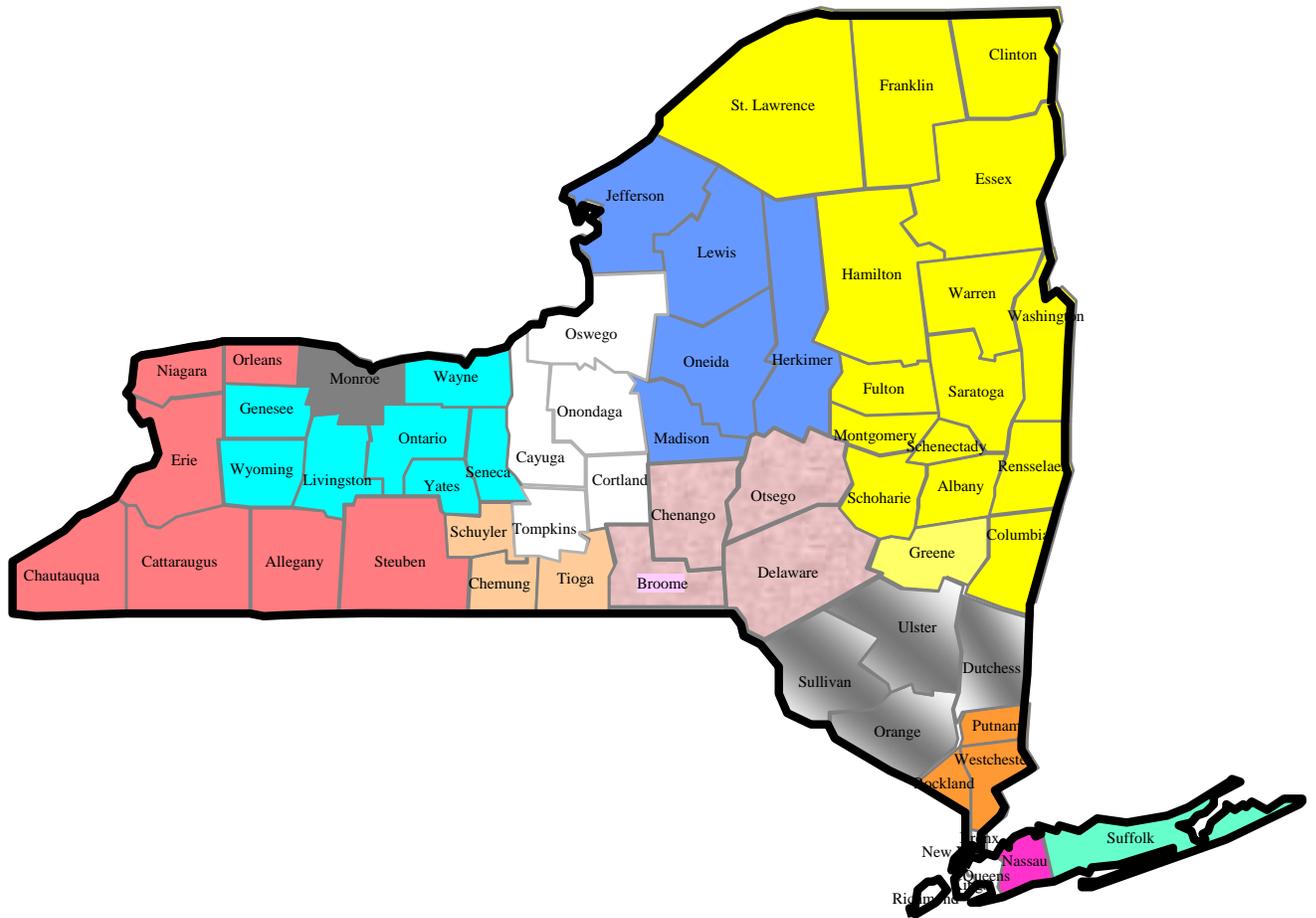
The use of Medicaid funds to provide or pay for special education services through New York State's School/Preschool Supportive Health Services Program will not require parents to incur an out-of pocket expense; will not decrease a child's Medicaid benefits or available lifetime coverage; and will not increase premiums or lead to the discontinuation of insurance or a student's eligibility for home and community-based waivers.

Note: This information has been previously issued in a letter from Robert Scalise dated July 23, 2001.

If you have any questions regarding the above requirements, please contact Robert Scalise either at 518-474-3227 or [rscalise@mail.nysed.gov](mailto:rscalise@mail.nysed.gov).

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# Medicaid Process



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# *Medicaid Claiming Process*

## School District and County Responsibilities

<u>RESPONSIBILITY</u>	<u>PROCESS</u>
<b>INITIAL</b>	
<p><b>STEP I:</b>  <b>The school district/§4201 school/county</b> must submit Biographical (<b>BIO</b>) Data.</p>	<p>Collect name, <b>date of birth (DOB)</b>, <b>gender and Social Security Number</b>, if available. Include all students <b>referred</b> to the Committees on Special Education (CSE/CPSE) <b>whether or not classified</b> as disabled in your school district/§4201 school/county. Submit this data to your Regional Information Center (RIC).</p>
<p><b>STEP II:</b>  <b>The RIC</b> is responsible for transmitting the data to Central New York Regional Information Center (CNYRIC) electronically.</p>	<p><b>CNYRIC</b> will create a database (file) of all the students you submit and will maintain this file. CNYRIC will match this file every month against the Department of Health's (DOH's) <b>Eligibility File</b> to determine which students from your district are eligible. Once this database is created only new students referred to CSE/CPSE should be submitted.</p>
<b>ONGOING</b>	
<p><b>STEP III:</b>  <b>The CNYRIC</b> will transmit your file of eligible students from your <b>school district/§4201 school/county</b> to the RIC based on the schedule on Page <b>Error! Bookmark not defined.</b> of this Guidebook. Any students that are new to the school district and/or county and missing from the diskette should be added by providing the BIO data for these students (See Step I).</p>	<p>The <b>RIC</b> will provide each of their component school district and/or county a diskette and printout of their eligible students. Students who receive Supplemental Security Income (SSI) (Page 10 of the Guidebook) will be identified on the diskette. These files and corresponding reports are available for retrieval, by the provider, from the CNYRIC Web Reports site. The RIC will cease to provide this data.</p>
<p><b>STEP IV:</b>  <b>The school district/§4201 school/county</b> must collect eligible data regarding eligible services provided their students from each of the appropriate service providers.</p>	<p><b>The school district/ §4201 school or county</b> must assure that all documentation required for claiming Medicaid reimbursement for eligible services is on file in the school district/§4201 school/ county.</p>
<p><b>STEP V:</b>  <b>The school district/§4201 school/county</b> must submit their claims to their RIC for each eligible student.</p>	<p>The <b>school district/§4201 school/county's</b> claims for each student will include the appropriate <b>Month, Day and Year of Service; Billing Code;</b> and actual <b>Number of Services</b> provided in a month. When reporting the Service, appropriate SSI indicator of compliance (Consent for Release of Information) must be included.</p>

<p><b>STEP VI:</b> The school district/§4201 school/county will transmit their claims directly to CNYRIC using MEDWEB Site.</p>	<p>CNYRIC will collect this data on the schedule included on Page <b>Error! Bookmark not defined.</b> of this Guidebook. A <b>Data Analysis Report</b> will be sent back to the school district/§4201 school/county from the CNYRIC on the date indicated on the schedule on Page <b>Error! Bookmark not defined.</b>. The school district/§4201 school/county will fix any existing problems and resubmit within two days.</p>
<p><b>STEP VII:</b> The school district/ §4201 school/county is responsible for verifying that the claims submitted to CNYRIC has been received. The RIC is responsible for tracking the reason for any discrepancies.</p>	<p>The <b>Service Update Report</b> will provide all the detail of each claim submitted for verification of receipt of the claim. Any discrepancies should be reported immediately to your RIC. The <b>RIC</b> must assist the school district and/or county in resolving any discrepancies the <b>school district/§4201 school/county</b> found in the Service Update Report. The Data Analysis Report and the Service Update Report should allow a <b>school district/§4201 school/county</b> the information necessary to reconcile all submitted claims.</p>
<p><b>STEP VIII:</b> The CNYRIC will transmit all eligible claims to the electronic Medicaid system in New York State (eMedNY) monthly.</p>	<p>The schedule CNYRIC will follow is on Page <b>Error! Bookmark not defined.</b> of this Guidebook.</p>
<p><b>STEP IX:</b> The CNYRIC will transmit to the WEB REPORT Site the Billing Summary Report, which represents all the claims that are billed.</p>	<p>The CNYRIC will provide each of their component <b>school districts/§4201 schools/counties through the WEB Report Site, the Billing Summary Report</b> based on the schedule on Page <b>Error! Bookmark not defined.</b> of this Guidebook.</p>
<p><b>STEP X:</b> EMedNY will process the claims submitted on behalf of each <b>school district/ §4201 school/ county</b> based on the Schedule on Page <b>Error! Bookmark not defined.</b> of this Guidebook. EMedNY will distribute a check and a remittance statement to each school district, §4201 school or county. Appendix D.</p>	<p>EMedNY will distribute reimbursement (checks) to <b>school districts/§4201 schools/counties</b> based on the schedule on Page <b>Error! Bookmark not defined.</b> of this Guidebook. EMedNY will no longer send a detailed remittance statement by student and service of all claims paid, denied and pended with the payment. In addition, CNYRIC will transmit their remittance file (MR), their version of the Remittance Report, which will include any non-billed rejections by CNYRIC to the school district/§4201 school/county. The CNYRIC Web Reports site will be the method through which the school district/§4201 school/county will retrieve reports and files.</p>

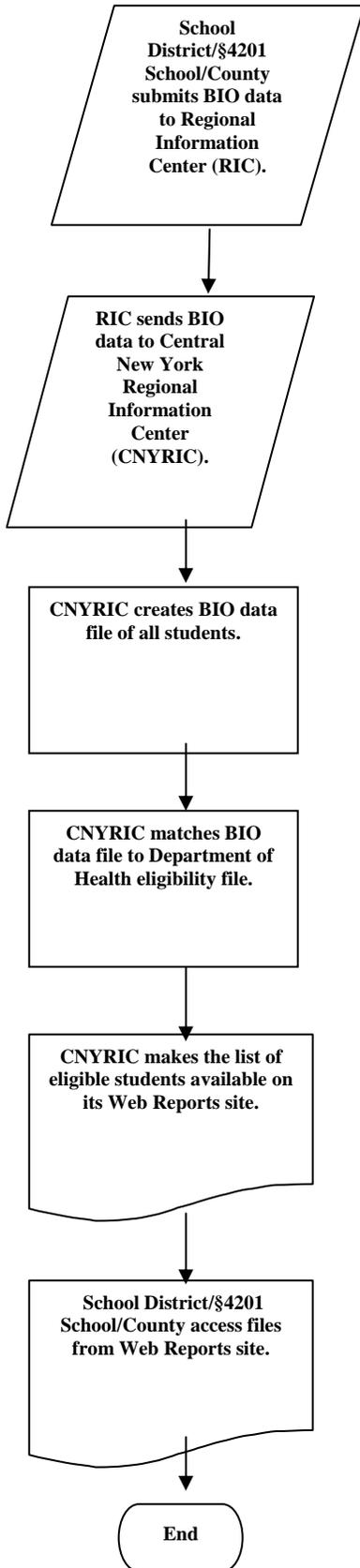
**NOTE #1:** All reports provided and available to school districts/§4201 schools/counties are listed and explained in Appendix D of this Guidebook. A glossary of error messages referenced in some of the reports listed is provided on Appendix E.

**NOTE #2:** The processing of the near match and multiple match students on the Medicaid Biographical Non-Match Report and the processing of claims for students not found on the eligible lists or the Medicaid Biographical Non-Match Report (CIN Transaction) is described on Page 4 and 5 of this Guidebook.

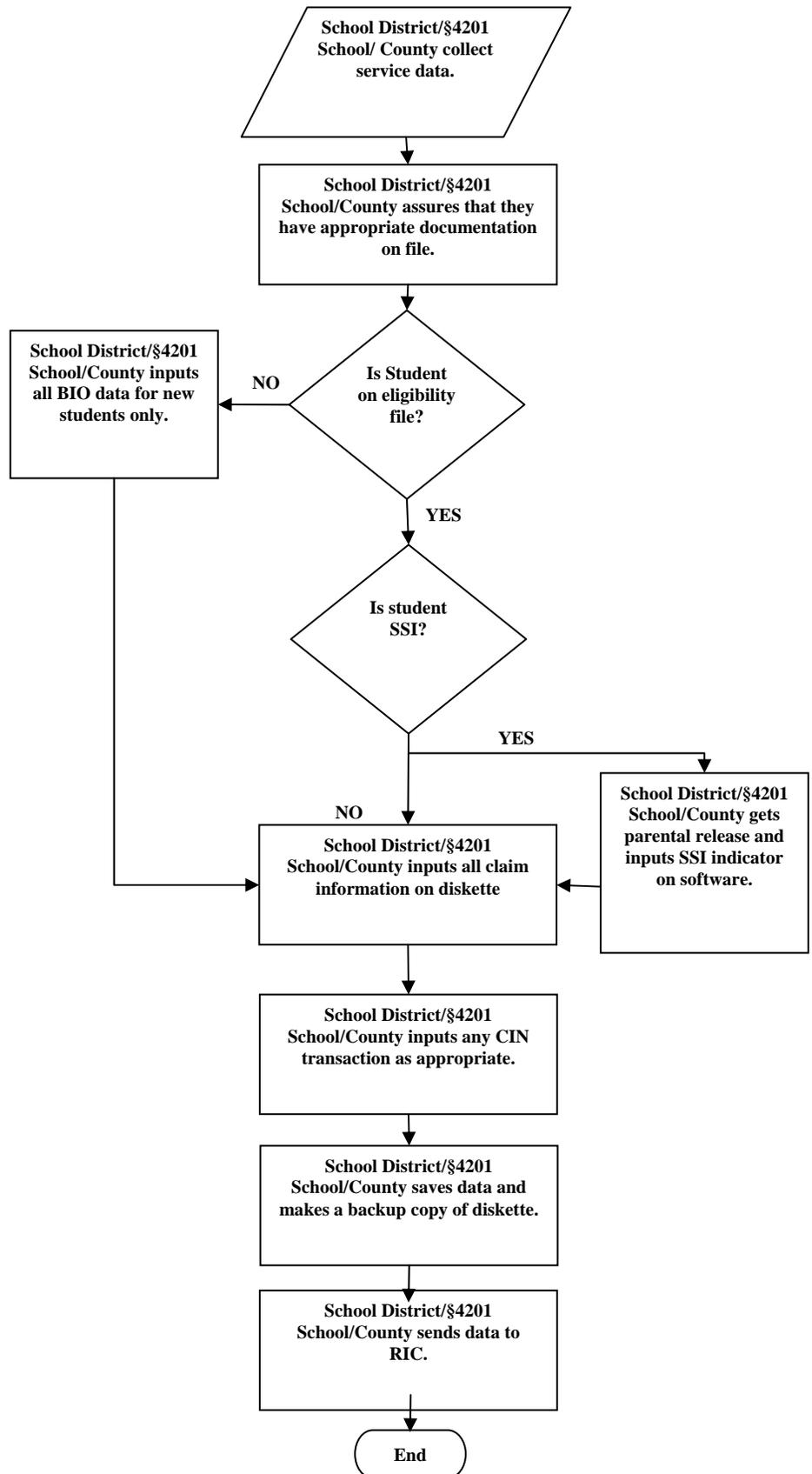
**NOTE #3:** Students may be deleted from the Student Database (SDB) maintained at CNYRIC. Procedures or the Delete Transaction are on Page 6 of this Guidebook.

## Flowchart: Medicaid Claiming Process

### Eligibility Process



### Claiming Process



## **Processing of a Student's Medicaid Biographical Data as Reported in the Medicaid Biographical: Non-Match Report, and CIN<sup>1</sup> Transactions Processing**

**Students identified on the Medicaid Biographical Non-Match Report as either a "Near Match", "Multiple Matches Found" or "Match Not Found" are possible Medicaid Matches. The school district/§4201 school/county should review each group as indicated below to determine if this information (CIN) is related to their students. The final decision to determine if the Medicaid client and the student are the same person lies with the school district/ §4201 school/ county, not the state.**

### **Medicaid Biographical Non-Match Report, Non-Matching Students.**

#### **(a) NEAR-MATCH: (Students identified as possible matches).**

- 1) The students whose biographical data are identified as Near Matches are students whose date of birth and gender match exactly and whose:
  - a) First 3 letters of the last name match, and
  - b) First 2 letters of the first name match.
- 2) The near match report contains the following information:
  - a) Line 1 contains the biographical information the school district/county/§4201 school submitted for matching.
  - b) Line 2 contains the Near Match indicator.
  - c) Line 3 contains the:
    - Medicaid CIN,
    - provider number of any other school districts /§4201 schools/counties that also submitted this student for matching,
    - exact spelling of the Medicaid client,
    - top line of the MMIS begin/end eligibility dates (Note-addition eligibility before the begin date could exist) and,
    - SSI indicator (if SSI is indicated, SSI consent would be needed).
- 3) If you are unable to determine if the student listed is the same student, contact DOH staff or the parent/guardian for additional information (CIN/county of residence) to help you determine if the student listed is your student.
- 4) If you determine that your student is listed on the report, submit, as a demographic "ADD", the name, date of birth, and gender **exactly as they appear on Line 3 of the report.**

#### **(b) MULTIPLE MATCHES FOUND: (Students identified with more than one CIN).**

- 1) More than one CIN is on the report because the biographical data submitted matches the biographical data on file for more than one CIN.
- 2) The multiple match report contains the following information:
  - a) Line 1 contains the biographical information the school district /§4201 school/county submitted for matching.
  - b) Line 2 contains the Multiple Matches Found indicator.
  - c) The subsequent lines contain the:
    - Medicaid CIN,
    - provider number of any other school districts /§4201 schools/counties that also submitted this student for matching,
    - exact spelling of the Medicaid client,
    - top line of the MMIS begin/end eligibility dates and
    - SSI indicator (if SSI is indicated SSI consent would be needed).
- 3) If you are unable to determine if the student listed is the same student, contact DOH staff or the parent/guardian for additional information (CIN/county of residence) to help you determine if the student listed is your student.
- 4) If you determine that your student is listed on the report, submit, as a demographic "ADD", the name, date of birth, gender, and CIN **exactly as they appear on the appropriate line (3, 4, and 5) on the report.**

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<sup>1</sup> Client Identification Number

- (c) **MATCH NOT FOUND: (Students whose biographical data submitted was not matched against the DOH eligibility file and did not fit the criteria as a Near or Multiple Match).**
- 1) These students may need to be reviewed for name spelling, date of birth and/or gender errors (date of birth and gender must match exactly).
  - 2) If you determine that your student is listed in error on the Match Not Found section, just submit the **correct name, date of birth, and gender per your software system requirements.**
  - 3) If a brother or sister is matched as a Medicaid client to a CIN, then you should look into why the student in question was not a match.

**CIN Transactions: (Students whom you have identified as eligible by ascertaining the CIN from another source).**

- (a) If you have an appropriate CIN for a student, but the student does not appear on the complete student eligible list
- 1) Submit the name, date of birth, gender, and CIN as a demographic "ADD" (according to your software requirements).
  - 2) This information must be submitted exactly as listed on the eMedNY or an inconsistent data error message will be generated and it can create a claiming problem.
- (b) You can then submit any appropriate claim after entering the appropriate CIN information.

**Adjust/Void Process**

The Adjust/Void process was developed by CNYRIC in conjunction with New York State DOH and Computer Science Corporation (CSC). This process is designed to give the provider a mechanism to make changes to, or delete claims, that have been submitted to Medicaid for payment and have been paid.

- **An adjustment transaction corrects the number of units previously submitted and paid for a particular rate code.**
- **A void transaction cancels a previously submitted paid bill.**

The processing of adjustments and voids can be achieved through the current software package you are using or through the new MEDWEB Site. Please refer to your software manual or contact your software support person for any processing questions.

If a claim for a rate code being reimbursed by a monthly fee was submitted for only one service delivery, the claim would not be billed because CNYRIC edits claims to ensure that a minimum of two services are claimed in order to engage the monthly service rate codes. The actual number of claims that should have been billed must be submitted as an adjustment.

Adjust/Void transactions can be submitted to CNYRIC at anytime. If the Adjust/Void transactions impact on service claims two years or older, then the submission of those claims for billing will be delayed. Claims submitted within the two-year statute of limitations will be processed upon submission.

## **Delete Transaction**

Students placed on the Student Database (SDB) at CNYRIC are matched monthly against the DOH Medicaid Eligibility File to determine which students from a school district, §4201 school, or county are Medicaid eligible. In order to maintain this file at a reasonable size, students no longer eligible to generate Medicaid reimbursement under the SSHSP/PSHSP program should be removed from the file.

CNYRIC will clean up the SDB automatically by removing students who have not matched the DOH Eligibility file every month, consecutively, for a three-year period. They also automatically delete students 23 years or older and students matched and not billed for three to six years. School districts, §4201 schools and counties will be given the opportunity each year to revise the time period for deletions or bypass this process.

In addition, school districts, §4201 schools and counties should remove students from the SDB at CNYRIC that have left their school district, §4201 school or county, or have been declassified and for whom all possible claims have been submitted and paid. Any student for whom there is an active claim outstanding may not be deleted from the SDB at CNYRIC. Please contact your Regional Information Center (RIC) for assistance when deleting a student from the SDB at CNYRIC.

The processing of delete transactions can be achieved through the current software package you are using or the new MEDWEB Site. Please refer to your software manual or contact your software support person for any processing questions.

**Health Insurance Portability and Accountability Act (HIPAA)  
And  
The Family Educational Rights and Privacy Act-Buckley Amendment (FERPA)**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires standards to be adopted in two areas.

1. Electronic health-care transactions (include standardizing the manner in which health services are claimed by any entity for any person in receipt of such a service), and
2. Privacy (confidentiality) of all health-related services provided. This involves protection of health information for anyone in receipt of such services.

**Electronic health-care transactions:** Since the Central New York Regional Information Center (CNYRIC) submits all Medicaid claim data to the **electronic Medicaid system in New York State (eMedNY)** for processing; it is a covered entity under this act. The electronic transmission of Medicaid data is now HIPAA compliant.

**Privacy:** The Family Educational Rights and Privacy Act-Buckley Amendment (FERPA a.k.a. Buckley Amendment) is more restrictive than HIPAA with respect to the protection of privacy and security of all health related services. Since all school districts /§4201 schools/counties (and any other educational entities that have access to student data) are obligated to be in compliance with FERPA, they are also HIPAA compliant.

In order to assure compliance with FERPA (and thus with HIPAA), the following minimum procedures must be in place:

- ✓ All student data files and information must be protected (i.e. student files are locked or only accessible by appropriate personnel).
- ✓ Any student information/files transmitted to other appropriate recipients must also be protected. Information files must be encrypted and password protected.
- ✓ Student information/files may be faxed to appropriate personnel, but only to secure sites.
- ✓ Parental consent is required for the release of any personally identifiable information other than those specifically excluded in the attached FERPA Fact Sheet (see Page 8).
- ✓ See Procedures for Transmission of Student Specific Information (Page 9) for all communications between **school districts/§4201 schools/counties** and SED/DOH pertaining to student specific information.

## Family Policy Compliance Office Fact Sheet

**The Family Educational Rights and Privacy Act (FERPA)** (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.

Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.

Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information or technical assistance, you may call (202) 260-3887 (voice). Individuals who use TDD may call the Federal Information Relay Service at 1-800-877-8339. Or you may contact the Compliance Office at the following address: Family Policy Compliance Office

U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-4605

## **Procedures for the Transmission of Student Specific Information**

To maintain security all staff (including school district/§4201 school/county, State agency, RIC, and other third party vendor staff) who handle data with student identifying information, especially while seeking clarification on the processing of claims, must abide by the following rules:

### **FAX TRANSMISSIONS:**

The sender should place the student last name, first name, date of birth and gender on a numbered line. This will allow the receiving staff to provide a response using only the number, without having to repeat the identifying information.

Call the receiver ahead of time to be immediately available to retrieve the document. The intended receiver needs to provide the sender with a phone number for a fax machine that is located in a secure environment and not open to the general public.

### **E-MAIL TRANSMISSIONS:**

E-mail transmissions are permissible only if the data is encrypted and password protected. Information on encryption software is available from SED.

### **TELEPHONE:**

The telephone is preferable for small numbers of requests. Leave messages containing identifying data only on voice mail systems that are password protected.

### **MAILING OF DISKETTES or PAPER DOCUMENTS:**

Diskettes and printed documents may be mailed but be sure to mail only to a specific individual with the right to know. General addresses, where anyone can open the mail, would be inappropriate.

### **HAND DELIVERED FILES:**

Diskettes (files such as your Medicaid Demographic File [MD], Medicaid Services File [MS], Medicaid Eligibility File [ME] or Medicaid Remittance File [MR] and printed documents with personally identifiable information may be hand delivered without encrypting the files. However, the information must be hand delivered to an appropriate individual with the right to know.

### **FILES, LOGS, DOCUMENTATION OR ANY MEDIUM CONTAINING STUDENT PERSONALLY IDENTIFIABLE INFORMATION:**

All files must be maintained in a secure environment with access to only appropriate staff who requires access to such information to carry out their work responsibilities. Information left unattended should be locked or maintained where access would be denied.

### **ENCRYPTION INFORMATION:**

School Districts, §4201 schools and counties may continue to use their current encryption software as long as it meets industry standards for security and privacy and is password protected. However, if you do not currently have any encryption software you will need to purchase a package in order to meet FERPA requirements for security and privacy regarding the sending or transmitting of personally identifiable student information. The New York State Education Department (SED) does not recommend that school districts or counties use any particular software package or vendor. School districts, §4201 schools, or counties may pursue appropriate options, based on their existing infrastructure and support, and should involve their information technology support staff in deciding which option or software is in its best interest. However, SED requires that

any software selected must be compatible with the PGP software used by SED, the Department of Health (DOH) and the Central New York Regional Information Center (CNYRIC). The WEB site to inquire about the PGP Encryption Software is <http://www.pgp.com/products/workgroup/index.html>. The PGP version that is most compatible for this purpose is the PGP Desktop 8.0 version. Whatever option you choose or software you use, the recipient of your data must be able to open the file with the password you choose.

### **LOCAL REGIONAL INFORMATION CENTER (RIC) FILE TRANSFER PROTOCOL (FTP).**

If your local RIC offers an electronic file transfer process to submit or retrieve files, the RIC takes the responsibility for the securing the information and the authorization for its use. The site automatically protects all personally identifiable information using the Secure Socket Layer (SSL) software. If interested in submitting or retrieving information using this process, contact your RIC for details and authorization. You will be able to submit your MS file directly to CNYRIC through the new MEDWEB site in late fall of 2005. You can now receive all your reports, ME files, and MR files through the new CNY WEB REPORT Site.

**NOTE:** The Health Information Portability and Accountability Act (HIPAA) expressly excludes from HIPAA coverage any information maintained in school district educational records which are subject to the Family Educational Rights and Privacy Act (FERPA). Any questions regarding the above should be addressed to:

The New York State Education Department  
The Medicaid Services Unit  
Robert J. Scalise, Coordinator  
Room 304 Education Building (EB)  
89 Washington Avenue  
Albany, New York 12234  
Email: [rscalise@mail.nysed.gov](mailto:rscalise@mail.nysed.gov)  
Phone: 518 474-3227

### **Provider Agreement and Statement of Reassignment**

In order for school districts, §4201 schools or counties to claim Medicaid reimbursement for services, they must have all private agencies or service providers with whom they contract, sign a Provider Agreement Form and a Statement of Reassignment (see Appendix C). Specifically, if a school district, §4201 school or county contracts directly for a service such as transportation or speech therapy with an agency or person who is not an employee of the county or BOCES, that provider must have signed the Provider Agreement Form and the Statement of Reassignment. An independent agency may be an individual person or a corporation. A provider agreement and statement of reassignment is needed from each agency, but not from each individual service provider within the agency. We recommend **school districts/§4201 schools/counties** review these forms at the time of contract renewal.

### **Consent for Release of Information**

The federal Family Educational Rights and Privacy Act (FERPA, also known as the Buckley Amendment) and Medicaid regulations require that the identity of a student with a disability and any identification of services provided be kept confidential and not released without the expressed consent of the parent. To assist the agency responsible for administering the School Age/Preschool program in getting this parental consent, the Medicaid application and recertification forms were modified to secure the parental consent for Medicaid billing, thereby satisfying Education Law.

Since Medicaid eligibility is automatic for all Supplemental Security Income (SSI) recipients, parents/guardians of students who receive SSI do not apply for Medicaid. However, if a parent/student has completed a Medicaid application in the State of New York, the consent for release of information has already been given. If a Medicaid application has not been filled out, or if there is a break in services, the school district/§4201school/county will have to obtain parental consent to bill Medicaid

for the SSI student in order to comply with Federal Education confidentiality requirements. The SSI indicator is designated on the eligibility listings by three asterisks (\*\*\*) next to the student's name. If the eligibility reports show a break in Medicaid eligibility prior to current SSI eligibility, the parental release on the Medicaid application signed at the local district is not in effect. The school district, §4201 school or county would have to get a separate parental release. Although the presence of a release will not be a Department of Health audit issue, it is an issue for school districts, §4201 schools and counties for complying with Federal confidentiality requirements. A copy of a sample "Release Form" is in Appendix C-5.

It is recommended that all school districts/§4201 schools/counties request a release from all parents/guardians of students at the time of enrollment or at least at the time of referral to the CSE/CPSE. This procedure would guarantee compliance with the Buckley Amendment for all students.

### **Third Party - Health Insurance (TPHI)**

The Preschool Supportive Health Service Program (PSHSP) provider (counties) and the School Supportive Health Service Program (SSHSP) provider (public school districts) no longer have to determine if a child has access to other third party health insurance before Medicaid can be billed for these services. This only applies to PSHSP and SSHSP providers for Medicaid eligible services that appear on a student's IEP after May 21, 1999.

If a private provider under contract with a school district or county is billing Medicaid directly for services listed on a student's IEP their governing regulations would apply. In these instances Medicaid would be the payer of last resort and any Third Party Health Insurance carriers would have to be billed first with full parental consent.

The Centers for Medicare and Medicaid (CMS, formerly HCFA) in its draft Medicaid School-Based Administrative Claiming Guide indicated that Section 1903 (c) of the Social Security Act makes Medicaid the payer of first resort for Medicaid eligible services that appear on a student's Individualized Education Program. This clarified what appeared in a HCFA Medicaid Director's letter dated May 21 1999 indicating that Medicaid was the payer of first resort for IDEA related services.

### **Section 504**

**Medicaid reimbursement is not available for students receiving services in accordance with Section 504 Accommodation Plans.**

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## Documentation Requirements Summary

Documentation requirements necessary to claim Medicaid for the provision of Health Related Support Services are included below and on the Charts on Pages 38 and 39. New York State laws mandate that **all supporting documentation must be retained for six (6) years from the date the services were paid.**

### Documentation that must be on file:

- ✓ **Referral to the CSE<sup>2</sup> and/or the CPSE<sup>3</sup>** as per Part 200 of the Commissioner's Regulations.
- ✓ **Individualized Education Program (IEP)** Related Services must be on the student's IEP.
- ✓ **Certification/Licensure** of staff providing the service (authorized staff is indicated on the charts on Pages 38 and 39).
- ✓ **Provider Agreement and Statement of Reassignment** completed by outside contractors (see Page 10).
- ✓ **Consent for Release of Information** for any students eligible for Supplemental Security Income (see Page 10).
- ✓ **Medical Referrals** for Medical Specialist Evaluation, Audiological Evaluations, and Speech Evaluations
- ✓ **Medical Recommendation/Order** for Physical Therapy, Occupational Therapy, Skilled Nursing Services and Speech Services. Orders can be faxed provided that they are signed by the physician and are legible.
- ✓ **"Under the Direction of"** documentation for appropriate speech services (see page 14 and sample form in Appendix C-11).
- ✓ **Supervision or Direction by a licensed professional, where appropriate.**
- ✓ **Monthly Service Reports** to include date of service, service provided, service provider signature<sup>4</sup> **and the date signed** (sample forms are in Appendix C-7 & 9).
- ✓ **Progress notes** signed and dated by service provider. A minimum of quarterly progress notes is required for each service except skilled nursing being claimed. The progress notes must address the goals and/or objectives indicated in the student's IEP and copies need to be maintained in accordance with existing document retention requirements. In the alternative, consistent with SED regulations, schools will inform the parents of children with disabilities of their child's progress in meeting annual goals, at least as often as student's without special needs. The notification must include an assessment of sufficient progress to enable the student to achieve the goals by the end of the year. Supporting documentation must be retained in accordance with existing documentation retention requirements.
- ✓ **Special Transportation** must be on the IEP and documented per page 26 in this Guidebook. (**Deputy Commissioner Rebecca Cort's 2005 Memorandum on Special Transportation in Appendix A page 5 and 6**).
- ✓ **Targeted Case Management (TCM)**
  - IEPs and CSE minutes, where available, for the four IEP reviews, and
  - Documentation of the assigned service coordinator and service coordination notes for Ongoing Service Coordination (see sample documentation in Appendix C-13 and 14).
  - Parental notification.

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<sup>2</sup> Committee on Special Education

<sup>3</sup> Committee on Preschool Special Education

<sup>4</sup> The service provider may not use a signature stamp when attesting to the provision of services. The monthly service report form reporting the date of service and service provided must be signed.

## *Services*

### **Speech Therapy**

Speech therapy (a.k.a. speech-language pathology) is defined as the evaluation and application of principles, methods and procedures of measurement, prediction, non-medical diagnosis, testing, counseling, consultation, rehabilitation and instruction, related to the development of disorders of speech, voice, and/or language for the purpose of preventing, ameliorating or modifying such disorder conditions in children and/or groups of children. Speech services shall be limited to speech-language pathology services. Speech services involving non-diagnostic, non-therapeutic, routine, repetitive and reinforced procedures or services for the student's general good and welfare (practicing word drills) shall not constitute speech-language pathology services within the School or Preschool Supportive Health Services Program.

- **The following must be in place to claim Medicaid reimbursement for speech services:**

- Services must be provided by or under the direction of a NYS licensed and registered ~~and/or ASHA certified~~ (updated 2/6/07) speech-language pathologist (SLP).
- Medical referrals for formal evaluations must be from an appropriate health care practitioner (see Page 15).
- Services must be recommended by an appropriate health care practitioner (see page 15).
- Services must be on the IEP.
- Services provided and billed must be documented, signed and dated by the service provider.
- Progress notes must be maintained. Refer to page 12 for requirements.

#### **“Under the Direction of”**

Speech services must be provided by a New York State certified Teacher of the Speech and Hearing Handicapped (TSHH). In order to claim Medicaid the speech services must be provided by or under the direction of a New York State licensed and registered ~~or ASHA certified~~ (updated 2/6/07) SLP.

"Under the direction of" means that speech-language pathology services may be provided by a TSHH under the direction of a New York State licensed and registered, ~~or ASHA Certified~~ (updated 2/6/07), SLP, as defined in the New York State Social Services regulations, Chapter II, Part 505.11. The SLP must assume professional responsibility for the services provided under his or her direction and monitor the need for continued services (updated 2/6/07). The SLP providing the direction may be in the employ of the local school district/§4201 school/county, or providing direction on a contractual basis.

#### **When providing direction to a TSHH, the licensed SLP is responsible for documenting the following four major criteria:**

1. Assure the delivery of speech-language pathology services as per the student's (IEP);
2. Assure that the services are medically appropriate. The New York State Social Services Law, Part 365(a) 2 governs medical necessity and allows payment through Medicaid for care, services or supplies which will either treat a disability or overcome a condition which interferes with the capacity for normal activity [Part 365 (a) 2 of NYSSL] (see Appendix A page A-3);
3. a. The SLP should be available, as needed, to the TSHH for assistance and consultation but need not be on the premises; and  
b. The SLP must have regular scheduled meetings with the TSHH [**Effective July 1, 2005**].
4. Review periodic progress notes prepared by the TSHH, consult with the teacher and make recommendations, as appropriate.
5. Provide face-to-face contact with beneficiary at the beginning of treatment and periodically thereafter

(updated 2/6/07).

### **Documentation Requirements for "Under the Direction Of"**

1. Credentials of the individuals that provide direction to a TSHH. Credentials of the professionals should be kept on file. Photocopy of the License ~~and/or ASHA Certification~~ (updated 2/6/07) of the SLP.
2. Signed statement by the SLP with license # ~~or ASHA certification~~ (updated 2/6/07) listing the TSHH for whom direction is being provided as well as a statement of how accessibility will be provided. Examples of this are: team meetings, access by telephone on a scheduled basis, regularly scheduled meetings with teachers, sign-off on progress notes, or any other method where accessibility is demonstrated. This documentation should be on file in the school district or county office.

**Form included in Appendix C Page C-11 [CERTIFICATION OF UNDER THE DIRECTION AND ACCESSIBILITY] of Guidebook #6 should be completed signed and dated. It must be updated as things change.**

The documentation must be updated by the SLP every time there is a change in personnel which involves either the licensed SLP providing direction or the TSHH to which "under the direction of" is provided. A copy of the documentation must be given to each teacher being provided direction as well as the SLP. The school district/§4201 school/county should retain the original copy.

3. Documentation needed for face-to-face contact: Documentation must show that the SLP has seen the beneficiary at the beginning of and periodically during treatment, be familiar with the treatment plan as recommended by the referring physician or other licensed practitioner, have continued involvement in the care provided, and review the need for continued services throughout the treatment. (updated 2/6/07)

**The five criteria of direction listed in the preceding section must be documented. It is important that a school district or county be able to prove that direction is being provided to their TSHH for the purposes of Medicaid billing. What follows are methods for documenting each of the four criteria:**

1. **Assure the delivery of speech-language pathology services as per the student's IEP.**
  - SLP signs or initials and dates a copy of the IEP, **or** documents through a signature and date that the student's IEP was reviewed, **and**
  - SLP initials or signs and dates the monthly service report **or**
  - SLP signs and dates a copy of the schedule showing the students in each class and when the day and time the class is scheduled.

2. **Assure that the services are medically appropriate.**

Part 365(a) 2 of New York State Social Services Law defines medical appropriateness (Appendix A). The definition is broad and covers all classified students with disabilities with an IEP. Therefore, no further documentation is needed by the SLP other than the IEP, which specifies speech with frequency and duration. However, a copy of 365(a) 2 of New York State Social Service Law should be attached to the certifications of "Under the Direction of" and accessibility.

3. **Must meet with the TSHH on a regular basis and be readily available, as needed, to the TSHH for assistance and consultation but need not be on the premises.**

**When contact is:**

- by phone, record the date and time of the call. Indicate to whom the SLP spoke and a brief description of the call.
- an individual or group meeting, provide the date, time and who attended the meeting. Also provide the minutes of the meeting, signed and dated by the SLP.

**When contact during regularly scheduled meetings with the TSHH is documented:**

Record the date and time of the regularly scheduled meeting. Indicate who attended and the minutes of the meeting. Any recommendations discussed, that the SLP considers substantive,

should be referred to the Supervisor or Committee on Special Education (CSE) or Committee on Preschool Special Education (CPSE).

4. **Review progress notes prepared, signed and dated by the TSHH, consult with the TSHH and make recommendations, as appropriate (now mandated in Part 200.4 of the Regulations of the Commissioner).**

**To document, the SLP must:**

- Sign or initial and date the progress notes **or**
- Prepare, sign and date statements of which students' progress notes were reviewed and for what period.

5. **Provide face-to-face contact at the beginning of treatment and periodically thereafter.**

- To document, the SLP must provide evidence of face-to-face contact. (updated 2/6/07)

**NOTE:** The suggestions for documentation indicated above under each of the four criteria do not preclude other forms of documentation.

## Medical Referral for Speech Evaluation

Effective July 1, 1998 a **written medical referral** signed by a physician, physician's assistant or nurse practitioner **or** NYS licensed ~~and/or ASHA-certified~~ (updated 2/6/07) SLP is required for a **formal speech evaluation only**, dated on or before the initiation of the evaluation. **A formal evaluation requires parental permission each time it is conducted.** An assessment does not require a medical referral. A speech referral is any document that indicates that the child should be reviewed for need of speech services signed and dated by an appropriate health practitioner. A speech referral may include multiple students (a manageable list is acceptable).

## Formal Evaluation

If the school district CSE/CPSE or parent determines that a formal evaluation is required, IDEA requires parental consent for the evaluation. A formal evaluation is the administration of a standardized test to the student to determine the need for services. **A medical referral from a SLP, Physician, Physician's Assistant or a Nurse Practitioner is required whenever a formal speech evaluation is conducted.**

Progress assessment reviews of the Speech Services provided take place during the scheduled Speech Therapy sessions. These progress assessments measure progress in meeting current IEP goals and are provided to the Committee on Special Education (CSE) during a review process. They may be done at any time and are done usually at Annual Review. **These assessments do not require a medical referral.** In these instances, a formal evaluation may not be required.

## Medical Recommendation for Services

A written medical recommendation for speech services must be completed. The recommendation must be completed using one of the following three alternatives:

1. A written medical recommendation is signed and completed by a physician, physician's assistant, nurse practitioner, or a New York State registered and licensed ~~or ASHA-certified~~ (updated 2/6/07) SLP for speech services only, dated on or before the initiation of the speech services.
2. A written medical recommendation is signed and completed for all health related support services indicated on the students IEP by a physician, physician's assistant, or nurse practitioner in accordance with the frequency and duration indicated on the student's IEP. However, School Districts may no longer claim a medical evaluation for a physician's, nurse practitioner or a registered physician's assistant's sign-off on all related services

indicated on the student's IEP.

3. The SLP can sign and date the formal speech evaluation or assessment (both of which identify the recommendation with frequency and duration).

**Note: The recommendation must include the frequency and duration of the service or state that the service must be provided as per frequency and duration as indicated on the IEP.**

**The New York State Health Department (DOH) defines a medical recommendation as an order.**

**Codes and Fees:**

SSHSP Monthly Fee	5326	\$ 432
PSHSP Individual Monthly Fee	5331	\$ 410
PSHSP Center based Monthly Fee	5323	\$ 545

**OFFICE OF THE PROFESSIONS  
PRACTICE GUIDELINES  
FOR PROVIDING DIRECTION TO TSHH**

The New York State Education Department's (SED) Office of the Professions has issued practice guidelines regarding the provision of direction by a licensed and registered SLP, **effective July 1, 2005.**

**Practice Guidelines**

**Providing Direction for Medicaid Reimbursement in the School Setting**

In order for school districts to receive Medicaid reimbursement for the speech and language services they provide, those services must be provided by a NYS licensed and registered speech-language pathologist or a teacher certified to provide speech and language services who works under the "direction" of a licensed and NYS registered SLP. The following guidelines provide a framework for providing such direction.

- The licensed speech-language pathologist is under no obligation to provide this direction to the teacher of speech and hearing handicapped.
- When a speech-language pathologist indicates that s/he has provided direction to a teacher certified to provide speech and language services, s/he is signing off on having reviewed the IEP and treatment notes and on having been accessible to the teachers under his/her direction.
- The degree of direction and frequency of contacts should reflect the education and experience of the teacher certified to provide speech and language services.
- If the licensed speech-language pathologist disagrees with the implementation of a student's IEP, s/he should request a Committee on Special Education (CSE) review.
- Time should be allotted to the licensed speech-language pathologist to review documentation and to allow for conference, meeting and communication time with the teacher of speech and hearing handicapped. SLPs should document how they are providing access to the teachers under their direction.
- School districts cannot utilize license numbers for third party reimbursement or ask the licensed speech-language pathologist to sign reports for cases for which they neither provided services nor direction.
- Speech-language pathologists should only sign Medicaid Authorizations if:
  - the student who received services was in that SLP's caseload; or
  - the teacher certified to provide speech and language services who provided those services was under the direction of the SLP, and the SLP provided direction in accordance with the definition of direction (below).

**Definition of direction:**

- Consultation activities should include review of IEPs and progress notes. Student progress notes should be reviewed at least quarterly.
- Feedback should be given through regularly scheduled meetings and communications between the teacher certified to provide speech and language services and the licensed speech-language pathologist. You should maintain written documentation of these contacts.
- Recommendations regarding modification of therapeutic services made by the licensed speech-language pathologist should be documented as well as discussed during regular meetings.

**The SLP providing direction is encouraged to maintain regular contact with the teachers under his/her direction.**

**<http://www.op.nysed.gov/speechguidemedicaid.htm>**

**Please refer to the 2/6/07 Terry Savo letter for information regarding the face-to-face contact requirements.**

## Physical Therapy

Physical therapy – the evaluation, diagnosis and treatment of physical disability, injury or disease using physical and mechanical means, including but not limited to, heat, cold, light, air, water, sound, electricity, massage, mobilization and therapeutic exercise with or without assistive devices. This includes the performance and interpretation of tests and measurements to assess pathopsychological, pathomechanical and developmental deficits of human systems to determine treatment and assist in diagnosis and prognosis.

### To claim Medicaid reimbursement, providers must abide by the following:

- Services must be listed on the Individualized Education Program (IEP).
- Physical therapy orders must be signed and dated by a NYS licensed and registered physician, physician’s assistant or nurse practitioner and must indicate that services should be delivered as indicated on the IEP. Orders exist for the life of the IEP (see Appendix A).
- Physical therapy may be provided by a NYS licensed and registered physical therapist (PT) or by a physical therapy assistant (PTA) operating under the supervision of a licensed and registered PT.
- The licensed physical therapist must sign all service provider sheets, whether delivering the service directly, or providing supervision to a PTA (Article 136).
- There should be at least quarterly progress notes prepared by the service provider and signed by the NYS licensed physical therapist. We recommend use of the progress notes sent home to parents (Part 200 of the Regulations of the Commissioner of Education). Refer to page 12 for documentation requirements
- Consistent with State Education Law the following are requirements for the supervision of PTA. Documentation by a PT that these requirements were met is an acceptable means to document their supervision of the assistants. For Physical Therapy Assistants Article 136 section 6738 (d) of the State Education Law requires that:
  1. A PT sets all goals, establishes the plan of care, and determines on an on-going basis whether a patient is appropriate to receive services of a PTA, with joint visits of PT and PTA at least every 90 calendar days.
  2. The PT and PTA conduct an initial joint visit with the patient.
  3. Periodic treatment and evaluation of the patient by the PT occurs at least every 12<sup>th</sup> visit or 30 days, whichever comes first.
  4. A PTA notifies the PT whenever there is a change in status, condition or performance of the patient.

**The credentials of the physical therapists and physical therapy assistants should be kept on file.**

### Codes and Fees:

SSHSP Monthly Fee	5328	\$ 430
PSHSP Individual Monthly Fee	5332	\$ 306
PSHSP Center based Monthly Fee	5324	\$ 405

## **Occupational Therapy**

Occupational therapy – the functional evaluation of the student and the planning and utilization of a program of purposeful activities to develop or maintain adaptive skills designed to achieve maximal physical and mental functioning of the student in daily life tasks.

### **To claim Medicaid reimbursement, providers must abide by the following:**

- Services must be listed on IEP.
- Occupational therapy orders must be signed and dated by a NYS licensed and registered physician, physician’s assistant or nurse practitioner and must indicate that services should be delivered as indicated on the IEP. Orders exist for the life of the IEP (see Appendix A).
- Occupational therapy may be provided by a NYS licensed and registered occupational therapist (OT) or by an occupational therapy assistant (OTA) under the direct supervision of a NYS licensed and registered OT (Article 156).
- The NYS licensed OT must sign all service provider sheets, whether delivering the service directly or providing supervision to an OTA.
- There should be at least quarterly progress notes prepared by the service provider and signed by the NYS licensed ~~physical therapist~~ occupational therapist (updated 10/17/05). We recommend use of the progress notes sent home to parents (Part 200 of the Regulations of the Commissioner of Education). Refer to page 12 for documentation requirements.
- For OTA, Article 156 Section 7906 (6) requires that documentation of direct supervision of an OTA be maintained. The following are some examples of ways to document the required supervision of OTA:
  - Sign and date the treatment plan.
  - Sign and date the monthly service sheet used for Medicaid billing.
  - Sign and date evaluations and assessment documents that are used to determine the method of treatment.
  - Sign and date the progress notes completed by the assistants.
  - Review, sign and date the weekly service notes.
  - Performance appraisals and evaluation of the assistants signed and dated by the therapist.

**The credentials of the occupational therapists and occupational therapy assistants should be kept on file.**

### **Codes and Fees:**

SSHSP Monthly Fee	5330	\$ 422
PSHSP Individual Monthly Fee	5333	\$ 299
PSHSP Center based Monthly Fee	5325	\$ 397

## Psychological Counseling

Psychological counseling – treatment services involving an individual student or groups of children using a variety of techniques to assist the student in overcoming behavioral and emotional difficulties. Counseling shall be limited to services provided to children whose severe behavioral or emotional problems require ongoing therapeutic counseling intervention.

### To claim Medicaid reimbursement, providers must abide by the following:

- Psychological counseling services must be listed on the IEP (see Note).
- ~~Psychological counseling services may be provided by a NYS registered and licensed psychiatrist, psychologist, certified school psychologist, registered and licensed master social worker, and licensed clinical social worker, certified school social worker or certified school counselor.~~
- A listing of professionals who can provide psychological counseling services billable to Medicaid will be provided at a later date (updated 2/6/07).
- There should be at least quarterly progress notes prepared, ~~by the service provider~~ signed and dated by the appropriate registered and licensed ~~or certified~~ (updated 2/6/07) service provider ~~and signed by the NYS licensed~~ (updated 1/11/06) ~~physical therapist~~ psychologist (updated 10/24/05). We recommend use of the progress notes sent home to parents (Part 200 of the Regulations of the Commissioner of Education). Refer to page 11 for documentation requirements.

**NOTE: Services indicated on the IEP may be provided intermittently, however, this must also be indicated on the IEP. Where frequency and duration are required on the IEP, state on the IEP that the service will be provided intermittently and note the reason why the student's disability makes it necessary.**

**The ~~licensure/certification credentials~~ license (updated 2/6/07) of the ~~professionals~~ service providers (updated 2/6/07) should be kept on file.**

### Codes and Fees:

SSHSP Monthly Fee	5329	\$ 223
PSHSP Individual Monthly Fee	5306	\$ 278
PSHSP Center based Monthly Fee	5307	\$ 373

## Skilled Nursing Services

Skilled nursing – health assessments and evaluations; medical treatments and procedures; administering and/or monitoring medication needed by the student during school hours; and consultation with licensed physicians, parents and staff regarding the effects of the medication. Skilled nursing services eligible for Medicaid reimbursement only includes those services the student requires to remain in school in order to benefit from Special Education services. This does not include first aid that is not related to the student's disability. Skilled nursing services should not appear on the IEP unless there is a specific need or a suspected need based on a medical condition of the child. [Also, see Appendix B]

### **To claim Medicaid reimbursement, providers must abide by the following:**

- Services must be indicated on the IEP. The specific service or required medication need not be specified, the term “skilled nursing services” will be sufficient. These services can be reported under Medical Alerts, under Related Services, or under Support Services on the IEP wherever appropriate.
- There should be nursing notes, if applicable, prepared by the service providers in accordance with the Nurse Practice Act. Quarterly notes are not required.
- An Individualized Health Care Plan (Appendix A-1) should be maintained, when appropriate, for the student receiving the skilled nursing service, signed by a Registered Nurse (RN). All skilled nursing services must be provided in accordance with the Nurse Practice Act.
- Health history must be on file.
- Medication log must be maintained.
- Skilled nursing services may be performed by a NYS Registered Nurse or a NYS Licensed Practical Nurse (LPN), under the supervision of an RN within the scope of the Nurse Practice Act.
- Skilled nursing services must be supported by a written order, signed and dated by a NYS licensed and registered physician, a physician’s assistant, or a licensed nurse practitioner within the scope of their practice. Orders are required when the student enters school for the first time during the school year and new orders are required when there are any significant changes in the student’s condition.
- Written protocols for each procedure should be available when appropriate.
- Skills checklist approved and signed by the parent or guardian when appropriate.
- Recorded documentation of nursing services delivered and dates of service signed and dated by the RN.

### **The credentials of the registered nurses and licensed practical nurses should be kept on file.**

#### **Codes and Fees:**

SSHSP Monthly Fee	5304	\$ 177
PSHSP Individual Monthly Fee	5372	\$ 132
PSHSP Center based Monthly Fee	5373	\$ 177

## Basic Psychological Evaluation

Psychological evaluation is a diagnostic evaluation and testing to study and describe a student's developmental, learning, behavioral and other personality characteristics. The Basic Psychological Evaluation does not include a social history.

### To claim Medicaid reimbursement, providers must abide by the following:

- Evaluations must be provided by ~~NYS licensed and registered psychiatrist, psychologist or certified school psychologist~~ professionals to be determined at a later date (updated 2/6/07).
- Evaluation document signed and dated by the appropriate provider must be available. The evaluation service must be billed in the month the evaluation report is completed.
- The evaluation must be part of the IEP process.

~~The licensure/certification credentials~~ license (updated 2/6/07) of the ~~licensed psychiatrist/psychologist~~ service providers (updated 2/6/07) should be kept on file.

### Codes and Fees:

SSHSP (NYC) Fee	5322	\$ 242
SSHSP (Rest of State) Fee	5322	\$ 200
PSHSP Individual & Center based (NYC) Fee	5308	\$ 288
PSHSP Individual & Center based (Rest of State) Fee	5308	\$ 237

## Comprehensive Psychological Evaluation (with Social History)

Comprehensive Psychological Evaluation is a diagnostic evaluation and testing to study and describe a student's developmental, learning, behavioral and other personality characteristics. It includes social history which means a report of information gathered and prepared by qualified school district or preschool personnel pertaining to the interpersonal, familial and environmental variables which influence a student's general adaptation to school or preschool, including but not limited to data of family composition, family history, developmental history of the student, health of the student, family interaction and school or preschool adjustment of the student.

Periodic evaluations do not routinely require an update to the social history, unless the student's social, familial, environment or diagnostic circumstances change substantially. This is handled on an individual basis and properly documented.

### To claim Medicaid reimbursement, providers must abide by the following:

- Evaluation must be provided by ~~NYS licensed and registered psychiatrist, psychologist or certified school psychologist~~ professionals to be determined at a later date (updated 2/6/07)
- Evaluation document signed and dated by the appropriate provider must be available.
- Social history can be completed by a NYS licensed and registered psychiatrist, psychologist, physician, certified school psychologist, licensed master social worker, licensed clinical social worker, certified school social worker, certified school counselor, or registered professional nurse (RN).
- The evaluation must be part of the IEP process.
- A district may bill for a comprehensive psychological evaluation if the social history was taken within 6 months of the initiation of the psychological evaluation, as long as the psychologist licensed professional (updated 2/6/07) reviews the social history in completing the psychological evaluation. A comprehensive psychological evaluation may not be billed if the social history was not reviewed as part of the evaluation process.

**The ~~license/certification credentials~~ license (updated 2/6/07) of the service providers should be kept on file. Note: For basic and comprehensive psychological evaluations, providers bill only upon completion of all tests, and after the evaluation documents have been signed by the appropriate provider.**

### Code and Fees:

SSHSP (NYC) Fee	5305	\$ 379
SSHSP (Rest of State) Fee	5305	\$ 312
PSHSP Individual & Center based (NYC) Fee	5309	\$ 450
PSHSP Individual & Center based (Rest of State) Fee	5309	\$ 370

## **Medical Evaluation**

Medical evaluation is the recording of chief complaints; present illness; family history; past medical history; personal history; social history; a system review; a complete physical evaluation; the ordering of appropriate diagnostic tests and procedures; and a recommended plan of treatment.

### **To claim for medical reimbursement, providers must abide by the following:**

- A school physical scheduled in accordance with Section 903 of the Education Law may be billed as a medical evaluation under the Medicaid billing code 5310 for a student suspected of having a disability if the medical examination was used in the IEP process.
- The medical evaluation must have been provided by a NYS licensed and registered physician, nurse practitioner (according to the Nurse Practice Act) or a registered physician assistant under the supervision of a NYS licensed physician.
- Medical evaluations must be signed and dated by a NYS licensed and registered physician, licensed nurse practitioner (according to the Nurse Practice Act) or a registered physician assistant under the supervision of a NYS licensed physician.
- School districts/§4201 schools/counties must incur a cost for the evaluation in order to claim Medicaid.
- The evaluation must be part of the IEP process.

**The licensure/certification credentials of the professionals should be kept on file.**

### **Codes and Fees:**

SSHSP (NYC) Fee	5301	\$ 160
SSHSP (Rest of State) Fee	5301	\$ 130
PSHSP Individual & Center based (NYC) Fee	5310	\$ 190
PSHSP Individual & Center based (Rest of State) Fee	5310	\$ 155

**NOTE: SCHOOL DISTRICTS MAY NO LONGER CLAIM A MEDICAL EVALUATION FOR A PHYSICIAN'S, NURSE PRACTITIONER'S OR A REGISTERED PHYSICIAN'S ASSISTANT'S SIGN-OFF ON ALL RELATED SERVICES INDICATED ON THE STUDENT'S IEP.**

## **Medical Specialist Evaluation**

Medical Specialist evaluation (referred) is an examination of the affected bodily area or organ system and other symptomatic or related organ systems, the ordering of appropriate diagnostic tests and procedures and the reviewing of the results and reporting on the tests and procedures.

**To claim for Medicaid reimbursement, providers must abide by the following:**

- Evaluation must be by medical referral in writing from a NYS licensed and registered physician, registered physician’s assistant under the supervision of a NYS licensed and registered physician, or a licensed nurse practitioner within the scope of the Nurse Practice Act.
- Evaluation must be performed by a NYS licensed and registered specialist physician (such as a psychiatrist, neurologist, orthopedist, otolaryngologist or gastroenterologist), practicing in the related area of specialization.
- Medical evaluations must be signed and dated by a NYS licensed and registered physician, licensed nurse practitioner within the scope of “the Nurse Practice Act” or a registered physician assistant under the supervision of a licensed physician.
- School districts/§4201 schools/counties must incur a cost for the evaluation in order to claim Medicaid.
- The evaluation must be part of the IEP process.

**The credentials of the specialists should be kept on file.**

**Codes and Fees:**

SSHSP (NYC) Fee	5302	\$ 177
SSHSP (Rest of State) Fee	5302	\$ 147
PSHSP Individual & Center based (NYC) Fee	5311	\$ 210
PSHSP Individual & Center based (Rest of State) Fee	5311	\$ 175

## **Audiological Evaluation**

Audiological Evaluation is the determination of the range, nature and degree of hearing loss including measuring hearing acuity, tests relating to air and bone conduction, speech reception threshold and speech discrimination and other hearing evaluation tests as appropriate including conformity evaluations and pure tone audiometry.

### **To claim Medicaid reimbursement, providers must abide by the following:**

- A medical referral in writing from a NYS licensed and registered physician, registered physician's assistant under the supervision of a NYS licensed physician, or a licensed nurse practitioner within the scope of the Nurse Practice Act is required prior to the audiological evaluation.
- Audiological evaluations must be performed by a NYS licensed and registered audiologist and the credentials of the audiologist should be kept on file.
- The evaluation must be part of the IEP process.

**Documentation Requirements:** A signed and dated audiological report of the information described in the definition above should contain the following information as applicable:

- Client's identifying information, date of birth, date of testing.
- A plot of air conduction and bone conduction thresholds.
- The results of speech audiometry (Speech Reception Threshold or SRT and speech discrimination scores, which are called word recognition scores in more recent literature).
- Record of any other testing completed (e.g. tympanograms, which are done to assess middle ear function or tests done to assess how someone's hearing aids function, if applicable).
- Response technique (how the testing was done, conventional or other).
- Reliability (i.e. were the responses consistent).
- A narrative explanation and interpretation of the findings (hearing levels, degree and type of hearing loss, if any, etc.).
- Recommendations (e.g., refer to physician for follow up, or re-test in X amount of time).

**The credentials of the audiologists should be kept on file.**

### **Codes and Fees:**

SSHSP (NYC) Fee	5303	\$ 160
SSHSP (Rest of State) Fee	5303	\$ 130
PSHSP Individual & Center based (NYC) Fee	5371	\$ 190
PSHSP Individual & Center based (Rest of State) Fee	5371	\$ 155

## Special Transportation

All special transportation arrangements recommended by the Committee on Special Education (CSE) and Committee on Preschool Special Education (CPSE) and identified on the students' Individualized Education Program (IEP) are eligible for Medicaid funding. Since there is no mandate for regular transportation for preschool children, any transportation required by a preschool child with a disability and indicated on his or her IEP is considered special transportation and eligible for Medicaid reimbursement.

Transportation for all students is mandated pursuant to Section 3635 of the Education Law. Transportation as a special education service is provided when a student requires specialized transportation equipment, supports or services because of his/her disability [34 CFR 300.24(b)(15)].

**In determining whether to include special transportation on a student's IEP, the CSE and the CPSE must consider how the student's disability affects the student's need for transportation. For a preschool child, the CPSE must also consider the site at which special education services will be provided to the child if that site is different from the site at which the child receives other preschool or daycare services. The process to recommend special transportation should include:**

- Determining if the student's disability prevents the student from accessing the same transportation provided to non-disabled students or from getting to school in the same manner as non-disabled students;
- Determining if a preschool child will be receiving special education services at a site other than his or her preschool or daycare services; and
- Documenting recommendations on the IEP as to the specialized equipment, supports or services a student needs to travel to and from or between schools.

### **Documentation Requirements for Claiming Medicaid Reimbursement for Special Transportation**

- Claims for Medicaid reimbursement for special transportation must include the following documentation: Special transportation must be indicated on the student's IEP;
- The IEP must specify any special transportation, needs as appropriate, as defined in the March 2005 memo entitled Special Transportation for Students with Disabilities, from Rebecca Cort. (Appendix A)
- Provider attendance sheets for the Medicaid covered related service other than the transportation must be on file; and
- The schedule/roster for the transportation must be available and have the child's name, approximate time and address where the child is picked up and dropped off each day and the type of vehicle.
- Daily attendance on bus must be taken when child is picked up and dropped off from the bus. (updated 2/6/07)
- Transportation departments must be made aware that these are necessary documentation for the claiming of Medicaid services. The maintenance of this document is mandated in SED ED- Schedule 1.
- Pursuant to SED Records Retention and Disposition Policy these documents are required under ED-Schedule 1. These documents must be retained for six years from the date the service was paid.

**NOTE: Special transportation can only be billed on a day(s) that a Medicaid reimbursable service was delivered and can only be billed for a round trip.**

**Codes (Fees vary, refer to fee schedules):**

SSHSP (NYC)	5496	PSHSP (NYC)	5327
SSHSP (Nassau, Suff., West.)	5496	PSHSP (Nassau, Suff., West.)	5327
SSHSP (Rest of State)	5496	PSHSP (Rest of State)	5327

Fees have been established for each school district. Please refer to the school district and county rates for all Special Transportation fees at the Medicaid WEB Page (directions for access to the WEB Page are on the last

page of this guidebook).

## Targeted Case Management

Targeted Case Management (TCM) is a comprehensive service that includes coordinating medical and non-medical procedures for the student.

TCM is a Medicaid service that is reimbursable through the School Supportive Health Services Program (SSHSP). It is in addition to Occupational Therapy, Physical Therapy, Speech Therapy, Counseling, Skilled Nursing Services and their corresponding evaluations.

Students eligible for TCM reimbursement include Medicaid (MA) eligible school-age students referred to the Committee on Special Education (CSE) or classified as disabled and an Individualized Education Program (IEP) is developed. **TCM is not reimbursable for preschool students.**

Medicaid may be billed for five distinct TCM procedures: initial review, requested/amended review, annual review, triennial review, and Ongoing Service Coordination. The four reviews may only be claimed on or after the date the IEP review was completed.

### Reviews

Part 200 of the Regulations of the Commissioner now identifies three types of reviews. The crosswalk between the fee schedule for Medicaid billing reviews and the definitions under Part 200 of the Commissioner's Regulations is as follows:

Part 200 of the Commissioners Regulations definition:	SSHSP Codes and Fees	Medicaid Billing Reviews
<b>Initial Review</b>	<b>NYC 5491 \$1,333</b> <b>ROS 5491 \$775</b>	<b>An Initial Review</b> is provided for a student who is <u>not classified</u> as disabled and may require special education services pursuant to Part 200 of the Regulations of the Commissioner
<b>Review</b>	<b>NYC-5494 \$1,333</b> <b>ROS-5494 \$520</b>	<b>An Amended/Requested Review</b> is provided for a <u>classified</u> student, receiving special education services and may require a formal evaluation in at least one discipline area.
	<b>NYC-5492 \$347</b> <b>ROS-5492 \$265</b>	<b>An Annual Review</b> is provided for a <u>classified</u> student, once within every 12-month period to determine continued eligibility and the appropriateness of special education services being provided.
<b>Reevaluation</b>	<b>NYC-5493 \$1,333</b> <b>ROS-5493 \$492</b>	<b>A Triennial Review</b> is provided for a <u>classified</u> student, at a minimum of once within a 36-month period or whenever a review is requested where more than one discipline area requires formal evaluations

**The cover of all reviews should appropriately identify the review type for Medicaid Reimbursement.**

For a school-age student with a disability, an appropriate committee meeting must be convened and appropriate members of the Committee or Subcommittee on Special Education who conducted the review must have attended the meeting.

**A unit of service includes:**

- At least one contact by the student's service coordinator or CSE, with the student's parent or other responsible individual, on the student's behalf, relating to the development of the initial IEP, (the CSE Chairperson is considered the service coordinator during the review process), and
- The activities leading up to and including the writing of the IEP, and
- Conducting and convening the CSE conference to develop the IEP, and
- Notifications to parents as per Part 200 of the Regulations of the Commissioner of Education.
- For Ongoing Service Coordination, other documentation is required (see Page 32).

**Initial Review**

An initial review can only be billed when an unclassified student is referred to the CSE for an initial IEP and a CSE meeting is held.

School districts may bill Medicaid for developing an initial IEP for a student not subsequently classified. If the student was not classified as a result of a prior referral, or was declassified, and is referred again, the school district may bill for developing another initial IEP. A CSE meeting, however, must have been held as a result of the second referral.

**No more than two initial reviews may be claimed in any nine months.**

**NOTE: An initial review is not done for a classified preschool child transitioning to school age.**

**Review (Amended/Requested Review)**

Regulations require that a student's IEP be reviewed and, if appropriate, reviewed on an interim basis upon request of the professionals on the CSE or the request of the child's parent(s) or other responsible individual. Multiple amended IEPs may be billed within a given year, however, for each review, a separate CSE meeting must be held. A new IEP must be created or the minutes of the meeting would be required indicating services were no longer necessary.

**No more than three amended/requested reviews may be claimed in a nine-month period.**

**Review (Annual Review)**

An annual review is a required CSE review, which must occur once within every 12-month period to determine whether the existing IEP is appropriately meeting the child's needs.

**No more than one annual review may be billed in a four-month period.**

**Re-Evaluation (Triennial Review)**

A re-evaluation (triennial) review must occur within or at least every 36 months to provide current assessment information for a student in special education pursuant to IDEA. However, a re-evaluation may occur when ever the CSE requires one. The re-evaluation (triennial) review should be billed at least once every 36 months or as necessary. However, it may not be billed more than once every nine months.

**Service Documentation** is the completed IEP (identified as to the type of review), minutes of the CSE meeting, when recorded (updated 11/14/05) and the parental notification. IEP reviews may only be claimed on or after the completion date of the review.

## **Students Transitioning from Preschool to School Age Special Education Programs**

School Districts are responsible programmatically for all students with disabilities ages 3 - 21 years. Students transitioning from the Preschool Program, pursuant to Section 4410 of the Education Law, to the School Age Program, pursuant to Section 4402 of the Education Law, had their Initial Review conducted by the CPSE and were classified as disabled with an IEP. The CSE is required to review each of these students when they become school age. Parental permission is not required to review a transitioning student for continued eligibility although consent must be requested if additional evaluations are being conducted as part of the review process. This review is considered, for Medicaid funding purposes as, either a Requested Review or a Re-evaluation Review depending on the number of discipline areas requiring a formal evaluation. **This review is not considered an Initial Review, since the purpose of the review is to determine the student's continued need for special education following the student's prior identification as a preschool student with a disability.** This is consistent with IDEA mandates that Special Education be provided to students with disabilities, ages 3 - 21 years, through a programmatically seamless system.

The same rule would apply for a Preschool Student transitioning to School Age Programs, but enrolling in a school district different from the one that had CPSE responsibility. School age students with disabilities transferring in New York State to another school district will provide the new school district with the existing preschool IEP. The new school district would place the student in a similar program (pendency) pending their CSE review. The school district should not provide an Initial Review since the student is already classified but would provide either a Requested or Re-evaluation Review based on the needs of the student.

## Ongoing Service Coordination

Ongoing service coordination must be documented as indicated on Page 31 of the guidebook. It is rendered subsequent to implementing a student's IEP and is not required on the IEP. A service coordinator must be assigned to the student. Service Coordination must be discussed at the CSE meeting. The student or the student's parent or guardian should agree to the service coordination.

The individual service coordinator or case manager must be assigned to each student in writing by an appropriate school official, before any billing may take place. All staff involved with the student must be notified of the service coordinator or case manager assigned to the student.

### **Reimbursement of ongoing service coordination is a monthly fee.**

A unit of service includes at least two documented contacts, on a monthly basis, (see examples on Page 34) by the service coordinator or other staff involved with the student relating to the child's ongoing service coordination. The service coordinator shall:

- Act as the central point of contact relating to IEP services for a child and any case notes by any other individual involved with the student.
- Maintain contact with direct service providers.
- Assist the child in gaining access to services specified in the IEP.
- Discuss with direct service providers whether the appropriate services are being provided.
- Provide a student or a student's parent or other responsible individual with information and direction that will assist them in successfully accessing and using the services recommended in the IEP.
- Provide assistance or intervention regarding any educational, social or medical condition affecting the student's ability to meet the goals and objectives specified in their IEP.

**NOTE: Contacts involving the IEP reviews are not reimbursable as part of ongoing service coordination. Those contacts are reimbursed through the appropriate Review fee. Department of Health (DOH) staff must approve Ongoing Service Coordination case notes prior to initial claiming process.**

## Who May Provide Service Coordination?

An individual recommended as a child's ongoing service coordinator shall be:

- employed by or under contract to a school district/§4201 school, and
- chosen by the school district/§4201 school taking into consideration the primary disability manifested by the child, the child's needs, and the services recommended in the IEP.

NYS licensed or certified staff could include an audiologist, school counselor, registered nurse, practical nurse, occupational therapist, physical therapist, psychologist, social worker, speech therapist, speech pathologist, teacher, school administrator or school supervisor.

## Service Documentation:

A written document that notifies the parent of the identification of the service coordinator. The service coordinator or case manager must document all contacts relating to service coordination. The contact notes will serve as documentation that the service was provided. (See examples on Page 34).

Documentation that ongoing service coordination was provided consists of case notes that meet the following criteria:

1. Issue: - the reason for a coordination contact,
2. Notes: - a brief summary of what transpired during the contact,
3. Action: - an action, reaction, or decision by the coordinator.

## Codes and Fees:

	Code	Monthly Fee
SSHSP (Rest of State) Fee	5495	\$100.00

## Summary of Targeted Case Management Documentation Requirements

**Billing information is student specific.** The Review being billed for each eligible student must clearly identify whether it is an initial, amended/requested, annual or re-evaluation [triennial] review. A CSE meeting must have been held. Part 200 of the Regulations of the Commissioner identify the three types of reviews; initial, review and re-evaluation. A crosswalk of the original four reviews is on page 27.

**For each review, the IEP will serve as documentation that all necessary coordination,** including contacts with parents, educators and health care professionals, committee meetings and follow-up, was completed. Parental notification must be maintained as part of the documentation required by Medicaid.

**All IEPs must be appropriately closed with a date.** You may claim for an IEP review on or after the date the IEP is completed. If taken, minutes of the meetings must also be available as documentation of the review. When a student is not classified upon review, the minutes, if available, and the parental notification will serve as the appropriate documentation of the review.

**For Ongoing Service Coordination, the service coordinator must be assigned and must document all contacts regarding the student's ongoing service coordination on a monthly basis.** Ongoing service coordination is not required on the IEP.

**TCM need not be written on the IEP for school districts to bill Medicaid for developing a review. Ongoing Service Coordination need not be written on the IEP as well.** However, the cover of the IEP should indicate which review it represents.

## Sample Ongoing Service Coordination Case Notes

STUDENT NAME: Erica P. DOB 3/19/85

Person contacted: D.G. Title: Teacher Date Contacted: 2/4/97

Issue: Poor Academic Progress

Notes: Met with Teacher regarding Erica. Continues to do poorly academically. Student's parent is working with guidance center.

Action: Will follow up next month.

Person contacted: L.A. Title: Guidance Counselor Date Contacted: 2/4/97

Issue: Follow-up re: Academic progress

Notes: Spoke to Mrs. A.; parents looking for homework help for Erica. Got reading assignments.

Action: Will follow-up next month.

Person contacted: B. P. Title: Therapist Date Contacted: 2/24/97

Issue: Follow-up in progress.

Notes: Parent asked for update on Speech: Erica continues with speech and language services. Tries hard, progress is slow but consistent.

Action: Will follow up with parent.

Person contacted: Mrs. P. Title: Parent Date Contacted: 2/26/97

Issue: Follow-up with Parent Concerns.

Notes: Mrs. P. will come in to discuss changes for Erica. She's worried about progress. She doesn't think Erica is getting her medications during school hours.

Action: Scheduled a Team meeting, and will talk to school nurse.

Person contacted: C. B. Title: School Nurse Date Contacted: 2/26/97

Issue: Follow-up regarding medications

Notes: Erica is going to the Nurse's Office on a regular basis for medication. Nurse has no problem with Erica.

Action: Will inform Parents at meeting.

SIGNATURE/TITLE \_\_\_\_\_ DATE: \_\_\_\_\_

**INTENTIONALLY BLANK**



# MEDICAID IN EDUCATION: SSHSP & PSHSP

## 2006 MONTHLY CLAIMING / BILLING CALENDAR 2006

1 CSC Cycle No.	2 Last Date for SD / Co. to Submit/Upload Billing Information to their RIC or CNY Web Reports.	3 Latest Service Date that will be <b>Accepted</b> for Processing during this Cycle.	4 CNY Submits Billing Data to CSC for Processing.	5 CNY Posts Billing Summary Rpts. to the Web Reports.	6 CSC ( DOH ) Check Date.	7 CSC (DOH) Check Release Date to School District / Co.	8 CNY Posts Remittance Report to the Web Reports.
1483	1/3/06*	2/1/2004	1/12 - 1/16/06	1/18/06	1/23/06	2/8/06	2/13/06
1487	1/30/06	3/1/2004	2/9 - 2/13/06	2/15/06	2/20/06	3/8/06	3/13/06
1491	2/27/06	4/1/2004	3/9 - 3/13/06	3/15/06	3/20/06	4/5/06	4/10/06
1495	3/27/06	5/1/2004	4/6 - 4/10/06	4/12/06	4/17/06	5/3/06	5/8/06
1500	5/1/06	6/1/2004	5/11 - 5/15/06	5/17/06	5/22/06	6/7/06	6/12/06
1504	5/30/06*	7/1/2004	6/8 - 6/12/06	6/14/06	6/19/06	7/5/06	7/10/06
1508	6/26/06	8/1/2004	7/6 - 7/10/06	7/12/06	7/17/06	8/2/06	8/7/06
1513	7/31/06	9/1/2004	8/10 - 8/14/06	8/16/06	8/21/06	9/6/06	9/11/06
1517	8/28/06	10/1/2004	9/7 - 9/11/06	9/13/06	9/18/06	10/4/06	10/10/06*
1522	10/2/06	11/1/2004	10/12 - 10/16/06	10/18/06	10/23/06	11/8/06	11/13/06
1526	10/30/06	12/1/2004	11/9 - 11/13/06	11/15/06	11/20/06	12/6/06	12/11/06
1530	11/27/06	1/1/2005	12/7 - 12/11/06	12/13/06	12/18/06	1/3/2007	1/8/2007
1535	1/2/2007*	2/1/2005	1/11 - 1/15/2007	1/17/2007	1/22/2007	2/7/07	2/12/07

SSHSP - School Supportive Health Services Program  
 PSHSP - Preschool Supportive Health Services Program  
 CSC - Computer Sciences Corporation  
 SD - School District

CNY-Central New York  
 RIC- Regional Information Center  
 DOH-New York State Department of Health  
 Web Reports-CNYRIC Internet Web Report site

\* adjusted due to holiday

**School Supportive Health Services Program (SSHSP)  
Claiming Fees**

<b>New York City</b>			<b>Rest of State</b>	
Fees	Billing Codes	SERVICES	Fees	Billing Codes
<b>MONTHLY SERVICES *</b>				
\$432.00	5326	Speech Therapy (Including Evaluation)	\$432.00	5326
\$430.00	5328	Physical Therapy (Including Evaluation)	\$430.00	5328
\$422.00	5330	Occupational Therapy (Including Evaluation)	\$422.00	5330
\$223.00	5329	Psych Counseling Services	\$223.00	5329
\$177.00	5304	Nursing Services	\$177.00	5304
<b>EVALUATIONS *</b>				
\$242.00	5322	Psychological Evaluation (Basic)	\$200.00	5322
\$379.00	5305	Comprehensive Psychological Evaluation (with Soc.)	\$312.00	5305
\$160.00	5301	Medical Evaluation	\$130.00	5301
\$177.00	5302	Specialist Medical Evaluation (Referral)	\$147.00	5302
\$160.00	5303	Audiological Evaluation	\$130.00	5303
<b>SPECIAL TRANSPORTATION * / **</b>				
Refer to the SSHSP rates for all Special Transportation fees at the Medicaid WEB Page (directions for access to the WEB page are on the last page of this guidebook).				
5496				
<b>TARGETED CASE MANAGEMENT *</b>				
(Fee for Service)				
\$1,333.00	5491	Initial Review	\$775.00	5491
\$1,333.00	5493	Triennial Review	\$492.00	5493
\$347.00	5492	Annual Review	\$265.00	5492
\$1,333.00	5494	Amended/Requested Review	\$520.00	5494
(Monthly Fee)				
N / A	5495	Ongoing Service Coordination	\$100.00	5495
* Claims for services should be submitted within 20 months of service delivery in order to meet the 24 month statute of limitations on billing requirement.				
** Transportation is allowed once per day on a day that the student receives a covered service.				

**Preschool Supportive Health Services Program (PSHSP) Claiming Fees**

<b>NEW YORK CITY</b>		<b>INDIVIDUAL BASED***</b>	<b>REST OF STATE</b>		
<b>FEEES</b>	<b>BILLING CODES</b>		<b>PROC. CODES</b>	<b>FEEES</b>	<b>BILLING CODES</b>
<b>MONTHLY SERVICES *</b>					
\$410.00	5331	Speech Therapy (Including Evaluation)	93.75	\$410.00	5331
\$306.00	5332	Physical Therapy (Including Evaluation)	93.39	\$306.00	5332
\$299.00	5333	Occupational Therapy (Including Evaluation)	93.83	\$299.00	5333
\$278.00	5306	Psychological Counseling Services	94.49	\$278.00	5306
\$132.00	5372	Nursing Services	93.89	\$132.00	5372
<b>EVALUATIONS *</b>					
\$288.00	5308	Psychological Evaluation (Basic)	94.08	\$237.00	5308
\$450.00	5309	Comprehensive Psych. Eval. (with Soc.History)	94.08	\$370.00	5309
\$190.00	5310	Medical Evaluation	89.70	\$155.00	5310
\$210.00	5311	Specialist Medical Evaluation (Referral)	89.70	\$175.00	5311
\$190.00	5371	Audiological Evaluation	95.47	\$155.00	5371
<b>NEW YORK CITY</b>		<b>CENTER BASED ***</b>	<b>REST OF STATE</b>		
<b>FEEES</b>	<b>BILLING CODES</b>		<b>PROC. CODES</b>	<b>FEEES</b>	<b>BILLING CODES</b>
<b>MONTHLY SERVICES *</b>					
\$545.00	5323	Speech Therapy (Including Evaluation)	93.75	\$545.00	5323
\$405.00	5324	Physical Therapy (Including Evaluation)	93.39	\$405.00	5324
\$397.00	5325	Occupational Therapy (Including Evaluation)	93.83	\$397.00	5325
\$373.00	5307	Psychological Counseling Services	94.49	\$373.00	5307
\$177.00	5373	Nursing Services	93.89	\$177.00	5373
<b>EVALUATIONS *</b>					
\$288.00	5308	Psychological Evaluation (Basic)	94.08	\$237.00	5308
\$450.00	5309	Comprehensive Psych. Eval. (with Soc.History)	94.08	\$370.00	5309
\$190.00	5310	Medical Evaluation	89.70	\$155.00	5310
\$210.00	5311	Specialist Medical Evaluation (Referral)	89.70	\$175.00	5311
\$190.00	5371	Audiological Evaluation	95.47	\$155.00	5371
<b>NEW YORK CITY</b>		<b>SPECIAL TRANSPORTATION ***</b>	<b>REST OF STATE</b>		
	5327	Refer to the PSHSP rates for all Special Transportation fees at the Medicaid WEB Page (directions for access to the WEB page are on the last page of this guidebook).			5327
					5327
* CLAIMS FOR SERVICES SHOULD BE SUBMITTED WITHIN 20 MONTHS OF SERVICE DELIVERY IN ORDER TO MEET					
** SPECIAL TRANSPORTATION IS ALLOWED ONCE PER DAY, ON A DAY THE STUDENT RECEIVES A COVERED					
*** SEE APPENDIX "A" FOR DEFINITION OF CENTER/ INDIVIDUAL BASED.					

## School Supportive Health Services Program (SSHSP) Claiming Frequency

	BILLING CODES	FREQUENCY: MINIMUM	
<b>SERVICES</b>			
Speech Therapy (Including Evaluation)	5326	2	(a)
Physical Therapy (Including Evaluation)	5328	2	(a)
Occupational Therapy (Including Evaluation)	5330	2	(a)
Psychological Counseling Services	5329	2	(a)
Nursing Services	5304	2	(a)
<b>EVALUATIONS</b>			
Psychological Evaluation (BASIC)	5322		(b)
Comprehensive Psych. Eval. (with Soc.History)	5305		(b)
Medical Evaluation	5301		(c)
Specialist Medical Evaluation (Referral)	5302		(d)
Audiological Evaluation	5303		(e)
<b>SPECIAL TRANSPORTATION</b>	<b>5496</b>		<b>24</b>
<b>TARGETED CASE MANAGEMENT</b>			
Initial Review	5491		AS NEEDED
Triennial Evaluation Review	5493	ONCE EVERY 3 SCHOOL YRS	
Annual Review	5492	ONCE EVERY SCHOOL YR	
Amended/Requested Review	5494		AS NEEDED
Ongoing Service Coordination	5495	2	(a)
<p>(a) Provider must submit actual number of services delivered per month for statistical purposes.</p> <p>(b) A Comprehensive Psychological Evaluation with a Social History to establish a baseline is only done for INITIAL and TRIENNIAL reviews except when there are significant changes in the student's SOCIAL, FAMILIAL, ENVIRONMENTAL or DIAGNOSTIC situation.</p> <p>(c) A Medical Evaluation is done as necessary.</p> <p>(d) A Specialist Medical Evaluation on a referral basis is done by a physician as necessary.</p> <p>(e) An Audiological Evaluation is done on a referral basis by a physician to establish the level and severity of a hearing impairment.</p> <p>NOTE: A session / unit is defined by the school district. A session / unit of time must be the same for all students. The only exception is nursing services which is always defined in 15 minutes session/unit, e.g. 1 hour equates to 4 sessions / units.</p>			

**Preschool Supportive Health Services Program (PSHSP) Claiming Frequency**

**INDIVIDUAL BASED**

<b>SERVICES</b>	<b>Billing Codes</b>	<b>Frequency minimum</b>	
Speech Therapy (Including Evaluation)	5331	2	(a)
Physical Therapy (Including Evaluation)	5332	2	(a)
Occupational Therapy (Including Evaluation)	5333	2	(a)
Psychological Counseling Services	5306	2	(a)
Nursing Services	5372	2	(a)
<b>EVALUATIONS</b>			
Psychological Evaluation (Basic)	5308		(b)
Comprehensive Psych. Eval. (with Social History)	5309		(b)
Medical Evaluation	5310		(c)
Specialist Medical Evaluation (Referral)	5311		(d)
Audiological Evaluation	5371		(e)

**CENTER BASED**

<b>SERVICES</b>		<b>Frequency minimum</b>	
Speech Therapy (Including Evaluation)	5323	2	(a)
Physical Therapy (Including Evaluation)	5324	2	(a)
Occupational Therapy (Including Evaluation)	5325	2	(a)
Psychological Counseling Services	5307	2	(a)
Nursing Services	5373	2	(a)
<b>EVALUATIONS</b>			
Psychological Evaluation (Basic)	5308		(b)
Comprehensive Psych. Eval. (with Social History)	5309		(b)
Medical Evaluation	5310		(c)
Specialist Medical Evaluation (Referral)	5311		(d)
Audiological Evaluation	5371		(e)
<b>SPECIAL TRANSPORTATION</b>			
New York City	5327		24
Nassau /suff. wes	5327		24
Rest of State	5327		24

(a) Provider must submit actual number of services delivered per month for statistical purposes.  
 (b) A Comprehensive Psychological Evaluation with a Social History to establish a baseline is only done for INITIAL and TRIENNIAL reviews and except when there are significant changes in the student's SOCIAL, FAMILIAL, ENVIRONMENTAL or DIAGNOSTIC situation.  
 (c) A Medical Evaluation is done as necessary.  
 (d) A Specialist Medical Evaluation on a referral basis is done by a physician as necessary.  
 (e) An Audiological Evaluation is done on a referral basis by a physician to establish the level and severity of a hearing impairment.

**NOTE:** A session / unit is defined by the school district. A session/unit of time must be the same for all students. The only exception is nursing services which is always defined in 15 minutes session/unit; e.g. 1 hour equates to 4 sessions/units. Note the exception: See page A-5

**School Supportive Health Services Program  
Preschool Supportive Health Services Program Documentation**

**NOTE: ALL SUPPORTING DOCUMENTATION MUST BE RETAINED FOR SIX (6) YEARS FROM THE DATE THE SERVICES WERE BILLED.**

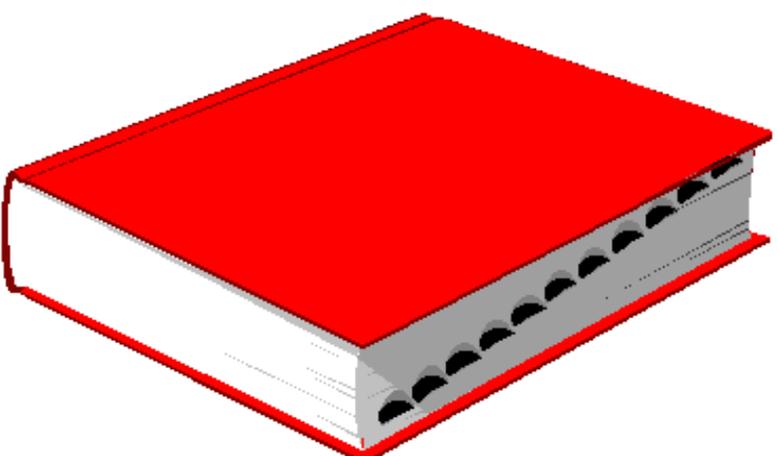
SERVICE/ EVALUATION	INITIAL REQUIREMENTS	IEP	APPROVED MEDICAID SERVICE PROVIDER	DATE OF SERVICE DELIVERY BY PROVIDER	PROGRESS NOTES
SPEECH THERAPY	<u>REFERRAL (WRITTEN)</u> FOR THE SPEECH EVALUATION AND <u>ORDER (WRITTEN)</u> FOR SPEECH SERVICES BY Licensed and Registered PHYSICIAN PHYSICIAN'S ASSISTANT NURSE PRACTITIONER SPEECH LANGUAGE PATHOLOGIST	YES	CERTIFIED TEACHER OF THE SPEECH AND HEARING HANDICAPPED OPERATING UNDER THE DIRECTION OF A NEW YORK STATE LICENSED AND REGISTERED SPEECH LANGUAGE PATHOLOGIST OR AN INDIVIDUAL HAVING BOTH CREDENTIALS LICENSED AUDIOLOGIST	YES	QUARTERLY
PHYSICAL THERAPY	<u>ORDER (WRITTEN BY)</u> Licensed and Registered: PHYSICIAN PHYSICIAN ASSISTANT NURSE PRACTITIONER	YES	LICENSED PHYSICAL THERAPIST OR PHYSICAL THERAPY ASSISTANT UNDER THE SUPERVISION OF A LICENSED PHYSICAL THERAPIST.	YES	QUARTERLY
OCCUPATIONAL THERAPY	<u>ORDER (WRITTEN BY)</u> Licensed and Registered PHYSICIAN PHYSICIAN'S ASSISTANT NURSE PRACTITIONER	YES	LICENSED OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT UNDER THE SUPERVISION OF A LICENSED OCCUPATIONAL THERAPIST.	YES	QUARTERLY
PSYCHOLOGICAL COUNSELING	NONE REQUIRED	YES	TO BE DETERMINED	YES	QUARTERLY
SKILLED NURSING SERVICES	<u>ORDER (WRITTEN BY)</u> Licensed and registered PHYSICIAN PHYSICIAN'S ASSISTANT NURSE PRACTITIONER	YES	REGISTERED NURSE LICENSED PRACTICAL NURSE IN ACCORDANCE WITH THE NURSE PRACTICE ACT.	YES	IN ACCORDANCE WITH THE NURSE PRACTICE ACT
BASIC PSYCHOLOGICAL EVALUATION	A REFERRAL IS CONSIDERED A SELF-REFERRAL WHEN COMPLETED BY AN APPROPRIATE SCHOOL OFFICIAL. NOTHING IN WRITING IS REQUIRED	NO	TO BE DETERMINED	YES	N/A

**School Supportive Health Services Program  
Preschool Supportive Health Services Program Documentation**

**NOTE: ALL SUPPORTING DOCUMENTATION MUST BE RETAINED FOR SIX (6) YEARS FROM THE DATE THE SERVICES WERE BILLED.**

SERVICE/ EVALUATION	INITIAL REQUIREMENTS	IEP	APPROVED MEDICAID SERVICE PROVIDER	DATE OF SERVICE DELIVERY BY PROVIDER	PROGRESS NOTES
COMPREHENSIVE PSYCHOLOGICAL EVALUATION (WITH SOCIAL HISTORY)	REFERRAL IS CONSIDERED A SELF REFERRAL BY AN APPROPRIATE SCHOOL OFFICIAL NOTHING IN WRITING IS REQUIRED	NO	TO BE DETERMINED	YES	N/A
MEDICAL EVALUATION	A REFERRAL IS CONSIDERED A SELF-REFERRAL WHEN COMPLETED BY AN APPROPRIATE SCHOOL OFFICIAL. NOTHING IN WRITING IS REQUIRED	NO	LICENSED and registered PHYSICIAN PHYSICIAN'S ASSISTANT UNDER THE SUPERVISION OF A LICENSED PHYSICIAN. NURSE PRACTITIONER ACCORDING TO THE NURSE PRACTICE ACT.	YES	N/A
MEDICAL SPECIALIST EVALUATION	<u>REFERRAL (WRITTEN BY Licensed and registered</u> PHYSICIAN PHYSICIAN'S ASSISTANT NURSE PRACTITIONER	NO	LICENSED and registered PHYSICIAN PHYSICIAN'S ASSISTANT UNDER THE SUPERVISION OF A LICENSED PHYSICIAN. NURSE PRACTITIONER ACCORDING TO THE NURSE PRACTICE ACT.	YES	N/A
AUDIOLOGICAL EVALUATION	<u>REFERRAL (WRITTEN) BY licensed and registered:</u> PHYSICIAN PHYSICIAN'S ASSISTANT NURSE PRACTITIONER	NO	LICENSED AUDIOLOGIST	YES	N/A
SPECIAL TRANSPORTATION (ON OR AFTER JULY 1, 1999)	CSE MUST IDENTIFY SPECIAL TRANSPORTATION NEEDS SPECIAL TRANSPORTATION MUST BE INDICATED ON THE IEP MUST RETAIN BUS SCHEDULES/ROSTERS CONTAINING WHEN AND WHERE PICK UP AND DROP OFF WILL OCCUR.	YES	SCHOOL DISTRICT TRANSPORTATION AMBULETTE OR INVALID COACH TAXI CAB	YES	N/A

# Appendix A: General Definitions



General Definitions

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## *Appendix A: General Definitions*

### **IEP (Individualized Education Program)**

This is a written plan that specifies the special education programs and health related services to be provided to meet the unique educational needs of a student with a disability. The IEP is a mandated New York State Department of Education document; however, individual school districts have a right to develop their own IEP form. Many school districts now keep their IEP on a computer.

All IEPs, however, have certain items in common.

- First, an area specifying the recommended service(s).
- Second, the type, frequency and duration of the services.
- Third, the goals and objectives of the school year. For Medicaid purposes the service, frequency and duration must be on the IEP with the exception of psychological counseling services which may say as needed and skilled nursing services, which should be listed on the IEP under other support services, medical alerts or under related services, whichever is appropriate. An IEP must be done at least once a year. Therefore, the period of the service is until the next IEP is implemented.

Most IEPs are not signed by anyone. Signatures are not a requirement for Medicaid purposes.

### **IHCP (Individualized Health Care Plan) (APPENDIX C, Pg. C-19)**

This consists of the demographics of the student with nursing plan of care procedures. The plan should be signed by a registered nurse. A copy should be on file in the nurse's office. An IHCP may not exist for the more simple procedures such as administration of medications.

### **Referral for Medicaid purposes**

A referral is any document that indicates the student may be in need of one or more health related services. There are two types of referrals:

- The CSE/CPSE referral is required by SED and IDEA and starts the process to evaluate a student's needs by the respective committees.
- The medical referral relates to a medical service and is a Medicaid requirement for reimbursement.

### **Recommendation (Medical Referral)**

A recommendation is advice or counsel by a licensed physician, a registered physician's assistant, a licensed nurse practitioner, or a licensed and/or ASHA certified speech language pathologist for health related services indicated on the student's IEP. A recommendation must be in writing and may be required for Medicaid documentation. **It is defined by DOH as equivalent to an order.**

### **Life of A Recommendation/Order For Eligible School Supportive Health Services**

This is to clarify when a recommendation/order is required for Medicaid reimbursement for speech therapy, physical therapy, occupational therapy or nursing services appearing on the Individual Education Plan (IEP). The recommendation/order for service must be renewed at least annually whether the frequency or duration for that service changed or not. Since annual reviews are completed sometimes months prior to initiating the IEP, the annual requirement for a recommendation/order may cover a period in excess of 12 months from the date of the recommendation/order. **A new recommendation/order is required for each Medicaid eligible service noted above that is changed through the CSE/CPSE process.**

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### **Order**

An order is a prescribed form of service and/or command signed and dated by a licensed physician, a registered physician's assistant, or a licensed nurse practitioner. An order must be in writing and required by law and Regulations for specific types of

Medicaid eligible health services. Orders may be faxed provided that they are signed by the physician and are legible.

### **Monthly Service Delivery Documentation**

These are notes and/or reports, which demonstrate the attendance of the provider and the student on the day of the service. The service provider must sign this document. In order to bill, there must be two billable services within the calendar month. If there is evidence that all the billable services are not being recorded, the provider should be encouraged to do so. The monthly fees are based on an average number of services provided during the month. If there is a drop in the actual number of services provided the fees may be adjusted downward.

### **Progress Notes**

Progress notes are completed, at a minimum quarterly, by the service provider. They indicate the present level of performance of the student, the progress that the student is making toward meeting projected outcomes of goals, and/or objectives of health related services as specified on the IEP. This may be part of the service delivery documentation. Progress notes are now required, under IDEA and Part 200 of the Commissioner's Regulations, for each reporting period. An annual review that contains progress notes by appropriate providers qualifies as one progress note.

### **Progress Notes: School Supportive Health Services Program & Preschool Supportive Health Services Program**

#### **Purpose:**

To evaluate the child's progress toward meeting the goals and/or objectives established in the Individualized Education Program (IEP).

#### **Appearance:**

The notes should address the goals set in the IEP and should describe how the child is reaching those goals. Progress notes containing one or two word phrases does not adequately describe a child's progress.

#### **Frequency:**

Progress notes must be at least quarterly. We recommend use of the progress notes sent home to parents (Part 200 of the Regulations of the Commissioner of Education). These notes must be signed and dated by the service provider.

#### **Documentation:**

Progress notes, like other documentation supporting Medicaid reimbursement, should be maintained for six years from date of ~~billing~~ payment (updated 10/17/05). They need to be available if requested to support claims under audit. Part 200 of the Regulations of the Commissioner of Education (Part 200.4) now mandates progress notes on a quarterly basis.

## **Preschool Center Based vs. Individual Based Services:**

### **Center Based Claiming Fees**

Are student related services that are provided by SED approved schools to operate a preschool program and reimbursed by the county and the state at an SED approved tuition rate.

### **Individual Based Claiming Fees**

A fee for services approved by SED and provided by Individuals or agencies contracted by the county to provide individual, preschool related services.

**NOTE: In both cases the proper fees can be verified by reviewing the IEP for individual or center based data or by review the county STAC forms that would identify individual or center based.**

## **Medicaid Billable Monthly Related Services**

The length of a session/unit is defined by each school district. A session/unit must be the same for all students. Medicaid reimbursement for providing these services requires that a minimum of two services be provided in a month. However, an exception method for determining a Medicaid billable monthly service should be followed when the session/unit on the Individualized Education Program is significantly less than 30 minutes for occupational therapy, physical therapy and counseling services.

Exception – Where students receive these services in increments of less than 30 minutes, a Medicaid billable monthly service does not occur until the student receives 60 or more minutes of services. For example, if the IEP recommends counseling to be provided in 20 minute increments 3 times per week, the Medicaid billable monthly service would occur after three sessions were provided (3 X 20 = 60 minutes).

The State Education Department requires that **Speech-Language Pathology services for all students must be scheduled at a minimum of two 30 minute sessions per week.** Nursing services are defined in 15 minute sessions/unit. Therefore the exception above does not apply to speech therapy or nursing services.

## **§ 365-a. Character and adequacy of assistance**

The amount, nature and manner of providing medical assistance for needs persons shall be determined by the public welfare official with the advice of a physician and in accordance with the local medical plan, this title, and the regulations of the department.

"Medical assistance" shall mean payment of part or all of the cost of medically necessary medical, dental and remedial care, services and supplies as authorized in this title or the regulations of the department, which are necessary to prevent, diagnose, correct or cure conditions in the person that cause acute suffering, endanger life, result in illness or infirmity, interfere with such person's capacity for normal activity, or threaten some significant handicap and which are furnished an eligible person in accordance with this title and the regulations of the department. Such care, services and supplies, together with such medical care, services and supplies provided for in subdivisions three, four, and five of this section, and such medical care, services and supplies as are authorized in the regulations of the department:

[For effective and termination dates, see notes below. See, also, part (a) below.] services of qualified physicians, dentists, nurses except that private duty nursing shall be provided subject to section three hundred sixty-seven-1 of this chapter, and private duty nursing services shall be further subject to the provisions of section three hundred sixty-seven- of this chapter, optometrists, and other related professional personnel;

[Eff, June 30, 1994. See, also, part (a) above.] services of qualified physicians, dentists to the extent authorized by paragraph (e) herein, nurses, optometrists, podiatrists and other related professional personnel; care, treatment, maintenance and nursing services in hospitals, nursing homes that qualify as providers in the Medicare program pursuant to title XVIII of the federal social security act.



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY  
12234

DEPUTY COMMISSIONER FOR VOCATIONAL AND EDUCATIONAL SERVICES FOR INDIVIDUALS WITH DISABILITIES  
Tel. (518) 474-2714  
Fax (518) 474-8802

March 2005

**TO:** District Superintendents  
Superintendent of Schools  
Directors of Special Education  
Organizations, Parents and Individuals Concerned with Special Education  
Commissioner's Advisory Panel for Special Education Services  
SETRC Project Directors and Professional Development Specialists

**FROM:** Rebecca H. Cort 

**SUBJECT:** Special Transportation for Students with Disabilities

At a recent meeting with representatives of the New York Association for Pupil Transportation, Special Needs Committee, several concerns relating to the transportation of students with disabilities were brought to my attention. This memorandum is intended to provide information to Committees on Special Education (CSEs) and Committees on Preschool Special Education (CPSEs) to assist in developing individualized education program (IEP) recommendations for students with disabilities with special transportation needs and communicating with transportation personnel to ensure IEP implementation.

While most students with disabilities receive the same transportation services as nondisabled children, it is the responsibility of the CSE or CPSE to determine whether the student's disability prevents the student from using the same transportation provided to nondisabled students, or getting to school in the same manner as nondisabled students. In developing recommendations for special transportation, the CSE/CPSE should consider and document the needs of the student relating to his/her disability. For example:

- **Mobility** – e.g., nonambulatory wheelchair bound.
- **Behavior** – e.g., fearful in noisy environments; self-abusive; runs away; cries frequently.
- **Communication** – e.g., hard of hearing; nonverbal; limited understanding of questions and directions; non-English speaking.
- **Physical** – e.g., needs assistive devices to maintain a sitting position; needs assistance walking and going up and down stairs.
- **Health needs** – e.g., has seizures; fatigue – may fall asleep on bus, requires oxygen equipment; use of an inhaler.

The IEP must include specific transportation recommendations to address each of the student's needs, as appropriate. It is not appropriate for the IEP to simply indicate, "special

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transportation needed," without including the nature of the special transportation. It is not necessary to include special transportation goals on the student's IEP except when instruction will be provided

to enable the student to increase his or her independence or improve his or her behavior or socialization during travel.

In determining and documenting a student's special transportation needs, the CSE/CPSE should consider the following:

- Special seating.** Does the student require special seating on the bus such as seating away from the window, seating not adjacent to another student, seating in the front of the bus, etc.?
- Vehicle and/or equipment needs.** Does the student use or require special equipment such as braces, car seat, walker, lap belt, manual wheelchair, power wheelchair, safety vest, service animal, stroller, assistive technology device, medical equipment, adapted buses, or lifts and ramps, etc.?
- Adult Supervision.** Does the student require additional supervision during transportation that would require specialized training for the bus driver, a bus with a bus attendant, specialized training for the bus attendant, a one-on-one bus attendant for a designated purpose, nursing services, special monitoring, or interpreter, etc.?
- Type of transportation.** Does the student require accommodations such as door-to-door pick up and drop off, a small bus with few students, or individual transportation?
- Other Accommodations.** Does the student require other accommodations such as permission to carry personal items or to use personal electronic devices such as radios?

Transportation personnel with responsibility to provide a program, service, accommodation, modification or support must be directly informed of their specific responsibilities to implement a student's IEP. In addition to the IEP recommendations, transportation personnel should be informed of any special information regarding the student that might impact on the health and safety of the student during transportation, including but not limited to:



- the reasons a student requires special transportation;
- health needs that might necessitate ongoing or emergency intervention;
- student behavioral issues or fears that might raise health or safety concerns; and
- specialized training required for bus drivers and/or attendants.

We ask Superintendents to share this memorandum with other school district staff, as appropriate, including Directors of Special Education, School Psychologists, Guidance Counselors and Directors of Pupil Personnel. The New York Association for Pupil Transportation (518-463-4937) and the State Education Department's Office of Pupil Transportation Services (518-474-6541) have additional information and resources relating to bus transportation. Questions regarding this memorandum may be directed to Patricia Geary in the Office of Vocational and Educational Services for Individuals with Disabilities (VESID), Special Education Policy and Partnerships Unit at (518) 473-2878.

cc : New York Association for Pupil Transportation

Special Education Program Services and Reimbursement Bureau: Thomas Hamel, Chief

Rate Setting Unit  
<http://seddmznt.nysed.gov/psruunit/psruhome.htm>  
 Medicaid Services Unit  
<http://seddmznt.nysed.gov/medicaid/services.htm>  
Room 304 EB  
Phone: (518) 474-3227 FAX: (518) 486-3606

STAC and Special Aids for Students  
with Disabilities Unit Room 514 EB  
Phone: (518) 474-7116 Fax: (518) 402-5047  
<http://seddmznt.nysed.gov/stacunit/>

**PLEASE SEE 2/6/07 MEMO REGARDING NEW DOCUMENTATION  
REQUIREMENTS CONCERNING BUSS ATTENDANCE (updated 2/6/07)**

January 2002

To: Superintendents of Public School Districts  
Directors of Special Education  
School District Business Officials  
County Executives  
County Contacts for Preschool Services  
Central New York Regional Information Center  
Medicaid Contacts - Regional Information Centers

From: Robert J. Scalise, Coordinator - Medicaid Unit



Subject: Medicaid Reimbursement for Special Transportation

This memorandum provides information as to the specific documentation required when a school claims Medicaid reimbursement for special transportation provided to preschool and school-age students with disabilities. All special transportation arrangements recommended by the Committee on Special Education (CSE) and Committee on Preschool Special Education (CPSE) and identified on the students' individualized education program (IEP) are eligible for Medicaid funding. Since there is no mandate for regular transportation for preschool children, any transportation required by a preschool child with a disability and indicated on his or her IEP is considered special transportation and eligible for Medicaid reimbursement.

**Determining a Student's Need for Special Transportation**

Transportation for all students is mandated pursuant to Section 3635 of the Education Law. Transportation as a special education service is provided when a student requires specialized transportation equipment, supports or services because of his/her disability [34 CFR 300.24(b)(15)]. In determining whether to include special transportation on a student's IEP, the CSE and the CPSE must consider how the student's disability affects the student's need for transportation.

For a preschool child, the CPSE must also consider the site at which special education services will be provided to the child if that site is different from the site at which the child receives other preschool or daycare services. The process to recommend special transportation should include:

- Determining if the student's disability prevents the student from accessing the same transportation provided to non-disabled students or from getting to school in the same manner as non-disabled students;
- Determining if a preschool child will be receiving special education services at a site other than his or her preschool or daycare services; and
- Documenting specific recommendations on the IEP as to the specialized equipment, supports or services a student needs to travel to and from or between schools.

### **Requirements for Claiming Medicaid Reimbursement for Special Transportation**

Claims for Medicaid reimbursement for special transportation must include the following documentation:

- Special transportation must be indicated on the student's IEP;
- Provider attendance sheets for the Medicaid covered service other than the transportation must be on file; and
- School bus rosters must be available. The bus rosters should include the name of the child transported, when and where the child is being picked up and the type of special transportation required. (Please notify your transportation department that these rosters are necessary documentation for the claiming of Medicaid services and must be retained for six years from the date services were paid.)

School Districts under the School Supportive Health Services Program (SSHSP) may claim Special Transportation under Code # 5496 retroactively to July 1, 1999. Special Transportation services greater than two years old must be claimed by June 30, 2002.

Counties under the Preschool Supportive Health Services Program (PSHSP) have been claiming transportation and may begin claiming Special Transportation at the revised rate, effective June 1, 2001, using Code #5327, the code they have always used.

**NOTE:** *Handbook #5, page 18 will be modified to clarify which type of transportation provided to school age students with disabilities by Public School Districts to programs operated at Boards Of Cooperative Educational Services would be considered Special Transportation. **The definition of Special Transportation to the BOCES from the Public School District is the same as described above.***

If you have any questions regarding the above please contact one of the following:

<b>Robert J. Scalise</b>	<b>518: 474-3227</b>	<a href="mailto:rscalise@mail.nysed.gov">rscalise@mail.nysed.gov</a>
<b>Lorraine Illenberg</b>	<b>518: 474-3227</b>	<a href="mailto:lillenbe@mail.nysed.gov">lillenbe@mail.nysed.gov</a>
<b>Michael Albino</b>	<b>518: 473-9050</b>	<a href="mailto:mca03@health.state.ny.us">mca03@health.state.ny.us</a>

cc: Lawrence C. Gloeckler  
Rita Levay  
Rebecca Cort  
Theresa Savo  
Thomas Hamel  
Richard Billera  
Michael Albino

# Appendix B

# Skilled Nursing

# Services



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**School districts may submit claims for nursing following these guidelines:**

1. The school district may bill Medicaid only for nursing services on the student's Individualized Education Program (IEP). Inclusion on the IEP is a requirement and these services may be included anywhere you determine more appropriate on the IEP, e.g., Medical Alerts, Related Services, Other Support Services.
2. Reimbursable nursing care may be provided, in accordance with the Nurse Practice Act, by Registered Nurses or Licensed Practical Nurses employed by or under contract to the school district or a Home Health Agency. [See Appendix C-1 and C-3.]
3. Home Health Agencies which contract with school districts to provide nursing services must also sign both provider agreements and assignment forms before the school district bills for nursing services. [See Appendix C-1 and C-3.]
4. Nurses employed as independent contractors by the school district must also sign both provider agreements and assignment forms before the school district bills for nursing services. [See Appendix C-1 and C-3.]
5. School districts may submit claims for the following nursing services: [Sample detailed list of services are included in this Appendix on Pg. B-2 and B-3.]
  - a. dispensing medications,
  - b. medical treatment and procedures,
  - c. health assessments, and
  - d. observing a Medicaid treatment or procedure, self-administered
6. Medical documentation of nursing services must comply with Medicaid record keeping requirements and include all of the following:
  - a. nursing services indicated on the IEP is a requirement,
  - b. nursing plan of care procedures maintained on an individualized health care plan where appropriate (Appendix C),
  - c. health history,
  - d. medication log where appropriate (Appendix C),
  - e. doctor's orders: orders are required when the student enters school for the first time during the school year. New orders are required when there are any significant changes in services or the student's condition and skilled nursing services are required,
  - f. written protocols for each procedure,
  - g. skills checklist approved and signed by the parent or guardian (Appendix C), and
  - h. nursing services reimbursement record (Appendix C).

**NOTE: Only school districts that can support the delivery of nursing services using the above guidelines should plan to bill Medicaid.**

School district medical staff is encouraged to secure their own written protocols and skills checklists. NYSDOH has been in contact with the Connecticut State Education Department, Division of Special Education (contact person - Nadine Schwab) and recommends their publication Serving Children with Special Needs. This handbook is an excellent reference for written protocols for medical procedures. Copies may be obtained by contacting: Public Information, Connecticut State Education Department, State Office Building Room 304, P.O. Box 2219, Hartford, Connecticut 06145-2219 or calling (203) 566-5677. An example of a skills checklist (Appendix C, Pg. 17) is also provided for your perusal. We obtained this checklist from a \$35.00 publication entitled Guidelines for Care from Project School Care, The Children's Hospital, Boston (1989). The contact person for Project School Care is Stephanie Porter, R.N. You or your colleagues may be aware of other publications and worksheets that will fulfill the documentation requirements. We request that you obtain these or other suitable publications that will provide written guidelines. Information and telephone numbers regarding this handbook are attached (Appendix G).

**Medicaid Reimbursement for Nursing Services  
Provided to MA-Eligible Students with Disabilities**

**Definition:**

Medicaid reimbursable nursing services are health care activities provided pursuant to a student's Individualized Education Program (IEP). Health care activities include dispensing medications, medical treatments and procedures, and health assessments.

**Medical treatments and procedures include, but are not limited to:**

- Feeding: preparing nourishment  
gastrostomy feeding, stoma care and dressing change  
total parenteral nutrition (IV) feeding and site care nasogastric tube feeding/tube care
  
- Ostomies: Ostomy Care  
Ostomy irrigation
  
- Respiratory: assisting postural drainage  
percussion  
oral suctioning  
nasal suctioning  
nebulizer administration  
initiation and monitoring of oxygen: continuous/intermittent nares and oral care  
tracheostomy care and suctioning  
tracheostomy stoma care and dressing change  
tracheostomy tube change/reinsertion
  
- Catheterization: inserting a Foley catheter  
monitoring intake/output  
external catheter assistance  
sterile intermittent catheterization  
reinserting indwelling urinary catheter  
clean intermittent catheterization  
external care of indwelling catheter  
catheter irrigation for patency
  
- Medications: giving oral medication  
giving medications via gastrostomy, nasogastric tube or catheter  
giving medications via inhaler or nebulizer  
administering non-emergency intramuscular (IM) medications  
insulin injections (sub cutaneous)  
giving intravenous (IV) medication  
assessing for signs of hyper/hypoglycemia  
Spirometer administration
  
- Medical Support System:  
monitoring intravenous fluids  
heparin (IV) lock care and reinsertion  
monitoring shunt functioning (hydrocephalus)  
central line care including dressing change an emergency intervention  
insulin pump care

emergency care of student, i.e., seizure, choking, respiratory arrest, cardiac arrest, asthma attack, anaphyastic (allergic reaction)

Specimen Collecting:

- blood sampling
- blood glucose monitoring
- urine sampling
- urine glucose monitoring
- stool sampling

Other Nursing Procedures:

- taking vital signs; height and weight
- daily health assessments; including heart, lungs
- abdominal auscultation; inspection of eyes, ears, nose, mouth, throat, and head
- palpation of neck, abdomen
- respiration, blood pressure
- applying sterile dressing
- prevention and care of decubitus ulcers
- cool and warm applications
- heat applications and skin monitoring
- applying clean dressing
- special skin care assessment; tracheostomy stoma, gastrostomy stoma, central line insertion site and IV insertion site cast care
- caring of incontinent student
- bowel and bladder training programs
- equipment care and maintenance
- documenting services

Health Assessment:

The collection, documentation and analysis of information or data about a student's health situation leading to the development and initiation of an individualized health care plan to determine the student's state of health, patterns of functioning and need for health services, counseling and education. This includes assessing on an as-needed basis, the student's current health status, reviewing medical diagnoses, treatments, or orders and requesting a change in a physician's order if necessary, reviewing nursing diagnoses and collaborative health problems, assessing routine and emergency health care needs, confirming health procedures, equipment and supplies.

The questions and answers below are to provide clarification to the requirements for billing Medicaid for nursing services provided to students with disabilities. Following are the most frequently asked questions and answers:

1. **WHAT MUST BE SPECIFIED ON THE STUDENT'S IEP?**  
The phrase "Skilled Nursing Services," "Intermittent Nursing Services," etc. does have to be listed on the IEP (e.g. Medical Alerts, Related Services, or Other Support Services).
2. **MUST THE SPECIFIC NURSING SERVICE OR MEDICATION BE DETAILED ON THE IEP?**  
No, the IEP must recommend intermittent nursing services. The actual procedure need not be detailed in order to maintain the confidentiality of the student's treatment plan and medical records maintained by the school. You should not indicate the medication on the IEP.
3. **WHAT IS AN INDIVIDUALIZED HEALTH CARE PLAN (IHCP)?**  
The IHCP consists of the demographics of the student followed by the medical information, and a chart, which is used to document specific interventions. (Appendix C, Pg. C-19)
4. **WHO WRITES THE IHCP?**  
Generally, the school nurse is responsible for the implementation of the IHCP.
5. **MUST WE GIVE THE BILLING CLERK (DATA ENTRY STAFF) THE INDIVIDUALIZED HEALTH CARE PLAN IN ORDER TO BILL MEDICAID?**  
No, the information on that form is confidential and should remain with the student's other confidential medical records.
6. **WHAT DOCUMENTS MUST BE ON FILE WITH THE IEP AND IHCP?**  
No documentation is to be kept with the IEP; doing so could violate confidentiality requirements. Although SED and DOH originally called for the IHCP to be attached to the IEP, the requirement was changed.  
  
**Documents on file with the IHCP:**
  - a. Health history/Health notes (there is no requirement for the number of notes),
  - b. Medication log,
  - c. Doctors orders; orders are required when the student enters school for the first time each school year and new orders are required when there are any significant changes in the student's condition or procedure,
  - d. Written protocols for each procedure, and
  - e. Skills checklist approved and signed by the parent/guardian, only when necessary.
7. **WHO MAINTAINS THE IHCP AND DATA SHEETS?**  
The nurse who provides the services is the one who maintains the IHCP and data sheets. S/he has the necessary information for the completion of the forms.
8. **WHO WRITES THE IHCP FOR STUDENTS IN BOCES CLASSES?**  
The nurse who cares for the student writes the IHCP.
9. **WHAT DOES "15 MINUTE INCREMENT" MEAN?**  
Basically what it says. Some services, such as tube feeding, might take an hour and would be considered as four 15-minute services. There are no services which take less than 15 minutes (e.g., dispensing medication – which can include the time for the nurse to get out the medication and for the student to take medication, the time needed for the nurse to check for adverse reactions, and the time needed for the nurse to log the service, etc., - should equal as close to the 15 minute increment as possible). Do not bill Medicaid for any service which takes decidedly less than 15 minutes.

10. **ARE MANDATED HEALTH SERVICES (E.G., HEIGHT, WEIGHT, VISION SCREENING, ETC.) MEDICAID REIMBURSABLE?**  
Routine mandated health care services are not reimbursed except as they apply to the special education related conditions specified on the IHCP. The IEP must say “nursing services” and the rest of the guidelines are followed (e.g., monitoring height and weight for a student with an eating disorder).
11. **WHERE SHOULD PROTOCOLS, CHECKLISTS, ETC., BE KEPT?**  
In the office of the school nurse who is providing the nursing services indicated on the IEP.
12. **WHY MUST THE PARENT SIGN THE SKILLS CHECKLIST?**  
The skills checklist is meant to be a communication tool between the school and the parent/guardian. Many times the parent/guardian has been doing a specific procedure for a number of years before it became necessary for the school to do it, and the skills checklist is a way for the school and parent/guardian to come to a mutual understanding of what is going to occur in the school building. Also, there are times when the parent/guardian has done nothing relative to the specific procedure, and the skills checklist can be used as a teaching/learning tool for the parent.
13. **MUST THE CSE CONVENE EACH TIME A CHANGE IS MADE TO THE IHCP?**  
No – now that the SED has indicated the IHCP is not to be attached to the IEP, it is not considered part of the IEP and therefore does not need CSE action for a change.
14. **IS TRANSPORTATION REIMBURSABLE FOR SKILLED NURSING SERVICES?**  
Yes, transportation is reimbursable for any Medicaid eligible service. Transportation must be indicated on the IEP with a notation similar to “Transportation provided in accordance with official district policy.” A list of students transported in accordance with district policy must be maintained. If daily logs reflecting the actual provision of transportation are maintained, they should be retained for documentation.
15. **MAY A SCHOOL DISTRICT BILL FOR DISPENSING MEDICATIONS?**  
Yes, if the need to dispense the medication is indicated on the IEP (“nursing service”, “nursing services as needed,” or “intermittent nursing service”) and only if the medication is dispensed by an RN (or LPN if within the scope of the Nurse Practice Act) or the school nurse. Prior to July 1, 1996, there must be an indication somewhere on the IEP, if only in the comment section, that a service is being delivered that requires skilled nursing (RN, LPN). July 1, 1996 and after, the IEP must indicate “skilled nursing service,” “nursing services,” “nursing services as needed,” or “intermittent nursing service.” Any more specificity is not necessary, required, or recommended.
16. **MAY A SCHOOL DISTRICT BILL MEDICAID FOR MEDICATIONS DISPENSED BY AN AIDE?**  
No, only the administration of medication by a Registered Nurse or an LPN, in accordance with the Nurse Practice Act, is billable under the SSHSP.
17. **MAY A SCHOOL DISTRICT BILL FOR EMERGENCY FIRST AID?**  
No. You may only bill for skilled nursing services that are required for a student with a disability to benefit from special education. Do not bill for routine first aid.

**Further information is available within the SED Thomas Neveldine memo dated August 1995 – Updates and clarification on the current Medicaid payment process and implementation of procedures for Medicaid reimbursement for School Supportive Health Services.**

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APPENDIX C

# SAMPLE FORMS



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**PROVIDER AGREEMENT  
BETWEEN THE NEW YORK STATE DEPARTMENT OF HEALTH  
AND  
THE SERVICE PROVIDERS UNDER CONTRACT WITH THE SCHOOL DISTRICT  
WHICH IS ENROLLED IN THE NEW YORK STATE MEDICAID  
SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM (SSHSP)**

Based upon a request by the school district to participate in the New York State Medicaid SSHSP Program under Title XIX of the Social Security Act,

\_\_\_\_\_  
(Organization/Contracted Provider's Name)

will hereinafter be called the (outside contracted) Provider, agrees as follows to:

- A)
- 1) Keep any record necessary to disclose the extent of services the Provider furnishes to recipients receiving assistance under the New York State Plan for Medicaid Assistance.
  - 2) On request, furnish the New York State Department of Health, or its designee and the Secretary of the United States Department of Health and Human Services, and the New York State Medicaid Fraud Control Unit any information maintained under paragraph (A)(1), and any information regarding any Medicaid claims reassigned by the Provider.
  - 3) Comply with the disclosure requirements specified in 42 CFR Part 455, Subpart B.
- B) Comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Federal Rehabilitation Act of 1973, and all other State and Federal statutory and constitutional non-discrimination provisions which prohibit discrimination on the basis of race, color, national origin, handicap, age, sex, religion and/or marital status.
- C) Abide by all applicable Federal and State laws and regulations, including the Social Security Act, the New York State Social Services Law, Part 42 of the Code of Federal Regulations and Title 18 of the Codes, Rules and Regulations of the State of New York.

(Outside Contract) Provider's Authorized Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Please list the School District(s) under contract with on the back of this form.



**STATEMENT OF REASSIGNMENT**

---

Name of the Outside Contracted Provider

By this reassignment, the above-named outside contracted provider of services agrees:

1. to reassign all Medicaid reimbursements to your school district that you contracted with for providing medical services billed under the School Supportive Health Services Program (SSHSP),
2. to accept as payment in full the contracted reimbursement rates for covered services,
3. to comply with all the rules and policies as described in your contract with the school district, and
4. to agree not to bill Medicaid directly for any services that the school district will bill for under the SSHSP program.

**NOTE:** Nothing in this "Agreement of Reassignment" would prohibit a Medicaid practitioner from claiming reimbursement for Medicaid eligible services rendered outside of the scope of the School Supportive Health Services Program (SSHSP)

---

(Date)

---

(Outside Contract Service Provider's Signature)

---

School District (under contract with): List additional ones on back of this form.)



**SCHOOL DISTRICT**

---

**CHILD'S NAME:**

---

**CONSENT FOR RELEASE OF INFORMATION TO ACCESS MEDICAID  
REIMBURSEMENT  
FOR  
HEALTH RELATED SUPPORT SERVICES**

\_\_\_\_\_ as parent/guardian of  
(parent or person in parental relationship)

\_\_\_\_\_ gives permission to disclose  
(child's name) (date of birth)

**information from my child's educational records to local, state and federal agency representatives for the sole purpose of claiming Medicaid reimbursement for health related support services included in my child's Individualized Education Program (IEP).**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (parent or  
person in parental relationship) (month-day-year)

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NOTE: This is a sample Monthly Service Report Form.

661500010000

**Monthly Service Report Form**

4/05/2000

District/County Name

DOE, JOHN

DOB 05/13/1980

Student ID: 0041000566002686

929 DIVEN ST

SEX: M

SSN: 096642848

PEEKSKILL, NY 10566

CIN: AA11111A

*Eligibility Dates (\* = SSI Eligible)*

02/01/83 - 03/31/95

*Third Party Insurance Companies*

None

**Service Month: 01/1984**

**Service Code:**

1	2	3	4	5	6	7	8	9	10	11	12

13	14	15	16	17	18	19	20	21	22	23	24

25	26	27	28	29	30	31

**Progress Notes:**

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Provider's Title: \_\_\_\_\_ Provider's Name: \_\_\_\_\_ Provider's  
Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

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**ANNUAL MONTHLY SERVICE REPORT FORM – Sample**

**Name:**

**Student ID #:**

**DOB:**

**SS#:**

**Requested Eligibility From:**

**Service Type/Code:** \_\_\_\_\_

SERVICE	MONTHS												
	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	
DAYS	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												
	11												
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	29												
	30												
	31												

**[Monthly Sign-off by Service Provider and Progress Notes for each quarter - REVERSE SIDE]  
 Note: Remember to indicate the 'school year' the service is provided (e.g., 1999-2000)**

### Provider Monthly Sign-Off

MONTH	PROVIDER NAME	PROVIDER SIGNATURE	DATE
JULY			
AUG			
SEPT			
OCT			
NOV			
DEC			
JAN			
FEB			
MARCH			
APRIL			
MAY			
JUNE			

### Quarterly Progress Notes


Date: \_\_\_\_\_ Signature: \_\_\_\_\_


Date: \_\_\_\_\_ Signature: \_\_\_\_\_


Date: \_\_\_\_\_ Signature: \_\_\_\_\_


Date: \_\_\_\_\_ Signature: \_\_\_\_\_



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# ONGOING SERVICE COORDINATION NOTES DOCUMENTATION

<b>SCHOOL:</b>		
<b>STUDENT NAME:</b>	<b>DOB</b>	<b>#:</b>
<b>COORDINATOR NAME:</b>	<b>COORDINATOR TITLE:</b>	

<b>Person Contacted:</b>		<b>Date Contacted:</b> ___/___/___
<input type="checkbox"/> Case Worker	<b>Issue:</b>	
<input type="checkbox"/> Physician		
<input type="checkbox"/> OT/PT		
<input type="checkbox"/> Prin/Asst		
<input type="checkbox"/> Psychologist		
<input type="checkbox"/> Social Worker		
<input type="checkbox"/> Speech		
<input type="checkbox"/> Counselor		
<input type="checkbox"/> Nurse/Pract		
<input type="checkbox"/> Parent		
<input type="checkbox"/> Probation		
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Spec Ed Tchr		
<input type="checkbox"/> Aide		
		<b>Summary:</b>
		<b>Action:</b>

<b>Person Contacted:</b>		<b>Date Contacted:</b> ___/___/___
<input type="checkbox"/> Case Worker	<b>Issue:</b>	
<input type="checkbox"/> Physician		
<input type="checkbox"/> OT/PT		
<input type="checkbox"/> Prin/Asst		
<input type="checkbox"/> Psychologist		
<input type="checkbox"/> Social Worker		
<input type="checkbox"/> Speech		
<input type="checkbox"/> Counselor		
<input type="checkbox"/> Nurse/Pract		
<input type="checkbox"/> Parent		
<input type="checkbox"/> Probation		
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Spec Ed Tchr		
<input type="checkbox"/> Aide		
		<b>Summary:</b>
		<b>Action:</b>

<b>Person Contacted:</b>		<b>Date Contacted:</b> ___/___/___
<input type="checkbox"/> Case Worker	<b>Issue:</b>	
<input type="checkbox"/> Physician		
<input type="checkbox"/> OT/PT		
<input type="checkbox"/> Prin/Asst		
<input type="checkbox"/> Psychologist		
<input type="checkbox"/> Social Worker		
<input type="checkbox"/> Speech		
<input type="checkbox"/> Counselor		
<input type="checkbox"/> Nurse/Pract		
<input type="checkbox"/> Parent		
<input type="checkbox"/> Probation		
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Spec Ed Tchr		
<input type="checkbox"/> Aide		
		<b>Summary:</b>
		<b>Action:</b>

Signature/Title: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Person Contacted:

Date Contacted: \_\_\_/\_\_\_/\_\_\_

<input type="checkbox"/>	Case Wrkr	<b>Issue:</b> <b>Summary:</b>  <b>Action:</b>
<input type="checkbox"/>	Physician	
<input type="checkbox"/>	OT/PT	
<input type="checkbox"/>	Prin/Asst	
<input type="checkbox"/>	Psychologist	
<input type="checkbox"/>	Social Worker	
<input type="checkbox"/>	Speech	
<input type="checkbox"/>	Counselor	
<input type="checkbox"/>	Nurse/Pract	
<input type="checkbox"/>	Parent	
<input type="checkbox"/>	Probation	
<input type="checkbox"/>	Teacher	
<input type="checkbox"/>	Spec Ed Tchr	
<input type="checkbox"/>	Aide	

Person Contacted:

Date Contacted: \_\_\_/\_\_\_/\_\_\_

<input type="checkbox"/>	Case Wrkr	<b>Issue:</b> <b>Summary:</b>  <b>Action:</b>
<input type="checkbox"/>	Physician	
<input type="checkbox"/>	OT/PT	
<input type="checkbox"/>	Prin/Asst	
<input type="checkbox"/>	Psychologist	
<input type="checkbox"/>	Social Worker	
<input type="checkbox"/>	Speech	
<input type="checkbox"/>	Counselor	
<input type="checkbox"/>	Nurse/Pract	
<input type="checkbox"/>	Parent	
<input type="checkbox"/>	Probation	
<input type="checkbox"/>	Teacher	
<input type="checkbox"/>	Spec Ed Tchr	
<input type="checkbox"/>	Aide	

Person Contacted:

Date Contacted: \_\_\_/\_\_\_/\_\_\_

<input type="checkbox"/>	Case Wrkr	<b>Issue:</b> <b>Summary:</b>  <b>Action:</b>
<input type="checkbox"/>	Physician	
<input type="checkbox"/>	OT/PT	
<input type="checkbox"/>	Prin/Asst	
<input type="checkbox"/>	Psychologist	
<input type="checkbox"/>	Social Worker	
<input type="checkbox"/>	Speech	
<input type="checkbox"/>	Counselor	
<input type="checkbox"/>	Nurse/Pract	
<input type="checkbox"/>	Parent	
<input type="checkbox"/>	Probation	
<input type="checkbox"/>	Teacher	
<input type="checkbox"/>	Spec Ed Tchr	
<input type="checkbox"/>	Aide	



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## SAMPLE SKILLS CHECK LIST

Child's Name: \_\_\_\_\_

### Colostomy Care Skills Checklist

Person Trained: \_\_\_\_\_

Position: \_\_\_\_\_

Instructor: \_\_\_\_\_

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
<b>A. State name and purpose of procedure</b>							
<b>B. Preparation:</b> 1. Reviews Universal Precautions							
2. Completes at _____ time(s)							
3. Identifies where procedure is done (consider privacy and access to bathroom)							
4. Position for ostomy care:							
5. Identifies possible problems and appropriate actions							
<b>C. Identifies Supplies:</b>							
1. Soap and water							
2. Soft cloth and gauze							
3. Skin preparation							
4. Adhesive							
5. Clean box							
6. Belt if needed							
7. Scissors and measuring guide							
8. Clean gloves							
9. Adhesive tape, if needed							
<b>D. Procedures</b> 1. Washes hands							
2. Assembles equipment							
3. Explains procedure to child and encourages participation							
4. Puts on gloves							
5. Empties contents of bag before removal, if ordered							
6. Removes used bag							
7. Washes to stoma area							
8. Inspects skin for redness/irritation							
9. Dries stoma and skin							
10. Places skin barrier around stoma							
11. Applies adhesive to bag or removes backing from adhesive							

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**INDIVIDUALIZED HEALTH CARE PLAN**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **ALLERGIES:** \_\_\_\_\_ **PHYSICIAN:** \_\_\_\_\_

**RELEVANT DIAGNOSIS:** \_\_\_\_\_

**DIET:** \_\_\_\_\_ **MOBILITY:** \_\_\_\_\_ **EQUIPMENT:** \_\_\_\_\_

**MEDICAL HISTORY:** \_\_\_\_\_

**MEDICATION/TREATMENT:** \_\_\_\_\_

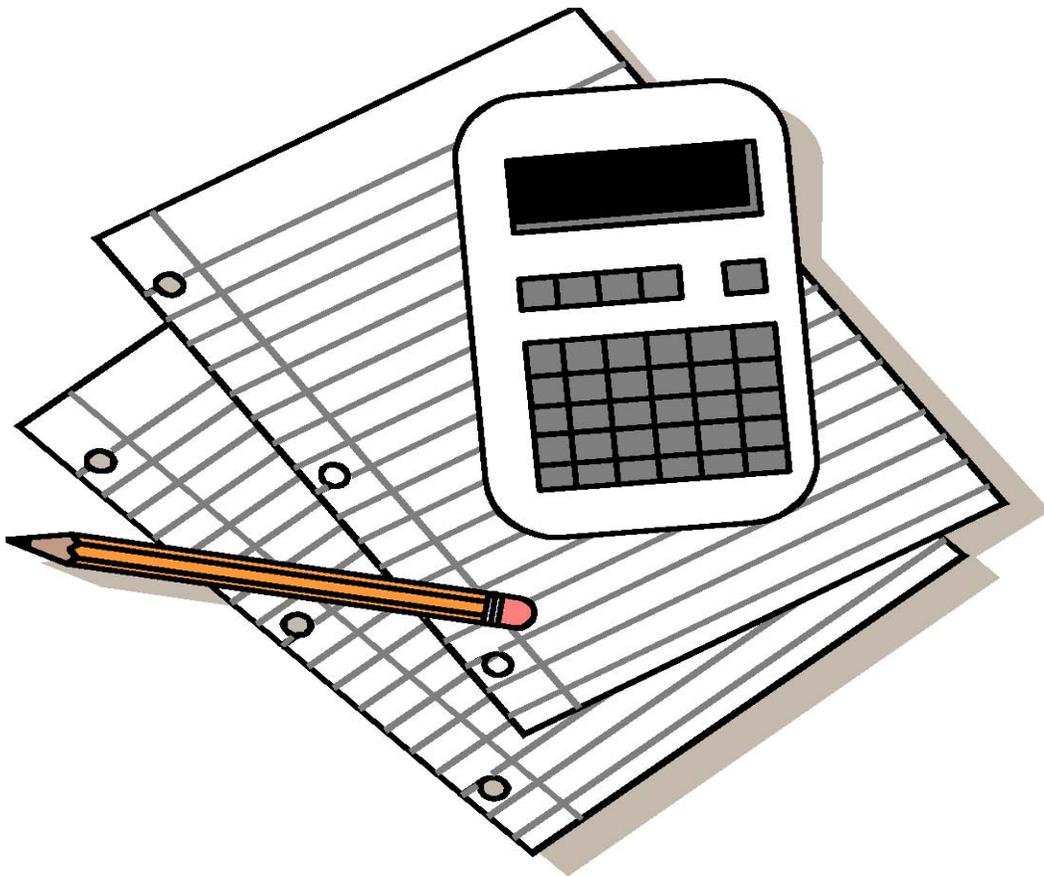
**SIGNATURE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_  
(Parent) (Student) (School Nurse)

**LIAISON WITH FAMILY:** \_\_\_\_\_ **DATES OF MEDICAL ORDERS:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<b>DATE</b>	<b>HEALTH PROBLEM/NURSING DIAGNOSIS</b>	<b>STUDENT GOALS</b>	<b>INTERVENTION AND RESPONSIBLE PERSON</b>	<b>EVALUATION AND TIMELINE</b>

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*APPENDIX D*  
**REPORTS**



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**APPENDIX D**  
**MEDICAID REPORTS**

The following is a list and a brief description of all the reports that are currently being generated as part of the centralized Medicaid processing that occurs at the Central New York Regional Information Center (CNYRIC).

**BIO UPDATE REPORT:**

The bio update run processes the biographical files submitted by providers through their respective RICs. This report will list each bio record submitted for processing, whether the record was rejected or added to the database. Rejected records are accompanied by an error message and discarded. Newly added bio records are stored on the database as "request" for eligibility records (error messages attached.)

**MEDICAID ELIGIBILITY REPORT - includes list and file (ME):**

Once the matching process is completed, the eligibility report is run. When a student is matched, the request record is logically deleted and a "matched" record is created and added to the database. The eligibility report will list all the eligible students for a provider along with the dates of eligibility. The students matched for the first time during the last run will be identified as "new" on the report (no error messages.) This report will identify SSI eligibility, other Third Party Carrier, Client Identification Numbers (CIN) and eligibility dates for each student. A Medicaid Eligibility file (ME) will also be available.

Effective cycle 1343, the Eligibility Report changed beginning with the May 2003 report. Students who have a Client ID number (CIN) but have no eligibility range encompassing the latest service date that will be accepted for the cycle according to the Monthly Claiming/Billing Calendar column 2) will now appear on the Eligibility Report with the following description in the "Eligibility Start/End" column: Not Eligible - 2 Yr. Limit.

Effective cycle 1356, claims submitted for students who were once matched and subsequently deleted by the provider will no longer be rejected as "MATCHED STUDENT NOT FOUND". In these cases, the students will be automatically changed from "Deleted" to "Matched" and the claim(s) processed as usual.

**MEDICAID BIOGRAPHICAL NON-MATCH REPORT: [Non-Matching Students]**

During the matching process, request records (originating from the providers) are matched against the DOH eligibility file. This file contains the entire Medicaid eligible population of individuals under the age of 21, and is incrementally updated each month. The Medicaid Biographical Match Report will list students that fall under the following categories: Near-Matched, Forced Matches, Multiple Matches and Non-Matched.

- **Near-Matched Students** - The near matches are students whose bio information is almost identical to the data on the DOH file, but different enough not to be considered a match.
- **Multiple-Matched Students** - Multiple matches occur when the bio information from a provider matches with more than one student on the DOH eligibility file. It is the responsibility of the school district/county/§4201 school to check the student's Medicaid records to confirm the correct matching CIN by contacting the parent or social worker (error messages attached.)
- **Non-Matched Students** - The request records that do not match are changed to "UNMATCHED" and listed on the non-match report. You should review these records to determine if date of birth, DOH gender and/or the spelling of the student's name is accurate.

Effective cycle 1352, there is an enhancement to the "Match" report. For Near and/or Multiple match students who have an eligibility date range encompassing the latest service date that will be accepted for the cycle according to the Monthly Claiming/Billing Calendar (column 2), an "SSI" indicator will now appear when applicable.

#### **SERVICE UPDATE REPORT:**

This report includes a detailed listing of the Accepted, Rejected and Held records. The following reports should be reviewed by the school districts and counties to verify claims submitted (error message attached.)

#### **ACCEPTED TRANSACTION REPORT:**

This report contains accepted claims that are stored on our Model 204 database for processing at time of formal submission of claims to MMIS.

#### **REJECTED/HELD TRANSACTION REPORT:**

This report identifies claims that will not be submitted for billing because they are outside the eligibility period (using the dates and eligibility file available at CNYRIC). These claims will be submitted for each claiming period as eligibility dates are updated automatically by CNYRIC (assuming the student is eligible). It also identifies claims submitted that are "rejected" due to an inaccurate CIN; a Service (Procedure) Code that was not approved for claiming Medicaid; the number of services claimed was below the threshold required for claiming; and/or Other Third Party Insurance or SSI indicator was not set when required.

#### **BILLING SUMMARY REPORT:**

When running the billing procedure, the "held" records from previous cycles that fall within the selection criteria (e.g. earliest service date, etc.) are put through additional edits. If they pass these edits, the records are changed from "held" records to "billed" records. The billing summary lists all the billed records for this particular run, including amounts billed. While the billing tapes are generated directly from the billing procedure, the billing summary is a separate procedure that is run at a later time (no error messages.)

#### **NON-BILLED REPORT:**

The "held" and "rejected" claims identified by "CNYRIC" become "non-billed" claims. When the non-billed report is run, each non-billed claim is listed along with the corresponding reason. Depending on the reason, the non-billed record is either kept on the database to be reprocessed later or deleted. The message itself indicates whether a claim is deleted or kept (error messages attached.)

#### **REMITTANCE REPORT:**

A remittance report includes claims that were "**PAID**", "**DENIED**" or "**PENDED**". This report will separate the remitted bills for each provider based on the status of the bills. Denied and pended bills will have an accompanying message describing the reason for the non-payment. Paid claims, as well as the pended and denied claims, will identify the student, service, date of service, amount claimed and the amounts pended, denied or paid. The remittance report will be sent directly to the school district or county by the Computer Science Corporation (CSC) with the check for payment. The remittance invoice number will correspond directly to the check number. CSC will continue to provide remittance tapes to CNYRIC. This procedure will allow CNYRIC to keep their files current and

allow the processing of Adjust/Void transactions. In addition, remittance reports will be sent to the RICs to be maintained for their records (error messages attached.)

Effective cycle 1430, pended records are no longer included in the remittance report and file.

**General Note: Effective cycle 1417, claims for services provided during the month immediately preceding the processing month will no longer be held for the next cycle. For example, all claims for services provided through October 31, 2004 were processed in cycle 1417.**

## NEW REPORTS

**NOTE:** The following reports complement the Medicaid reports normally generated from monthly processing. They can be requested as needed through your Regional Information Center (RIC) only.

### **DATA COLLECTION ANALYSIS REPORT: [TRANSMITTED TO RIC ONLY]**

This report verifies the number of claim transactions and demographic transactions submitted to Central New York Regional Information Center by the local RIC on behalf of each school district/county/§4201 school. The report will identify the file type (Bio or Service); file name and extension; total number of records, number of valid records, number of inconsistent records and number of invalid records. This report allows the RIC to identify faulty transactions submitted, and through identification, permits the RIC to correct electronic transmission problems.

### **SERVICE TOTAL (SERVTOT):**

This is a summary report that shows information about all billed services submitted by a provider for a selected date range. **AMOUNT CLAIMED, POSITIVE ADJUSTMENTS, NEGATIVE ADJUSTMENTS AND VOIDS, NET PAID CLAIMED/PAID DIFFERENCE, DENIED CLAIMS, PENDED CLAIMS, UNREMITTED CLAIMS AND STUDENT COUNT** are the columns displayed for each service category (code). A grand total is also provided for all of these columns except **STUDENT COUNT**. This is a one-page report with instructions on an additional page.

When requesting this report ask for 'SERVTOT'. A date range and RIC/provider number are required. This report will be produced upon request.

### **PROVIDER TOTAL (PROVTOT):**

This is another summary report. For each type of service code, it lists AMOUNT BILLED and AMOUNT REMITTED **\*\*DURING\*\*** a given date range. It is meant to be a tool for keeping track of when claims were billed and remitted. Total amounts for all the services are also provided.

To request this report ask for 'PROVTOT'. A date range and RIC/provider number are required. This report will be produced upon request.

### **PROVIDER DETAIL (PROVDTL):**

This report provides a detailed account of the status of each claim submitted that falls within a selected date range. Service date and code, service units, bill date, remittance status date and amount, adjustment/void information are all displayed along with biographical information. The report can be sorted either by CIN or students' last names.

To request this report ask for 'PROVDTL'. A date range, RIC/provider number and sort option are required. This will be produced upon request only.

**MEDICAID SERVICES REPORT (SERVNOS):**

This report lists on a student-by-student basis a matrix of the number of services; "billed and not paid," for each service code and each month falling within the selected date range. Initially requested by DOH, it has proven to be a useful analytical tool for RICs and providers in identifying gaps and other problems in their billing patterns.

Ask for 'SERVNOS'. Date range and RIC/provider number are required. Can be sorted either by CIN or students' last names. This will be produced quarterly and upon request in the interim. SERVNOS reflects a 2-year billing period.

**MATRIX REPORT (MATRIX):**

Also known as the "Y" report. This report is similar to SERVNOS, but is not broken down on a student-by-student basis and, therefore, is much less detailed. The matrix shows whether a provider has billed for each type of service code for each month of the selected date range. If affirmative, a 'Y' will be displayed in that position. The purpose of this report is to provide a general overview or quick snapshot of a provider's billing habits. It is very useful in identifying providers that haven't billed for a service during the past 2 years.

Ask for 'MATRIX'. Date range and RIC/provider number are required. This report will be produced quarterly and upon request in the interim.

**BIOGRAPHICAL DELETION REPORT: (Deleted unmatched students)**

A report listing students who have been deleted from the Non-Match report. Students selected for deletion must be age 23 or older at the time of processing or have no claims for a period of 2 years or more.

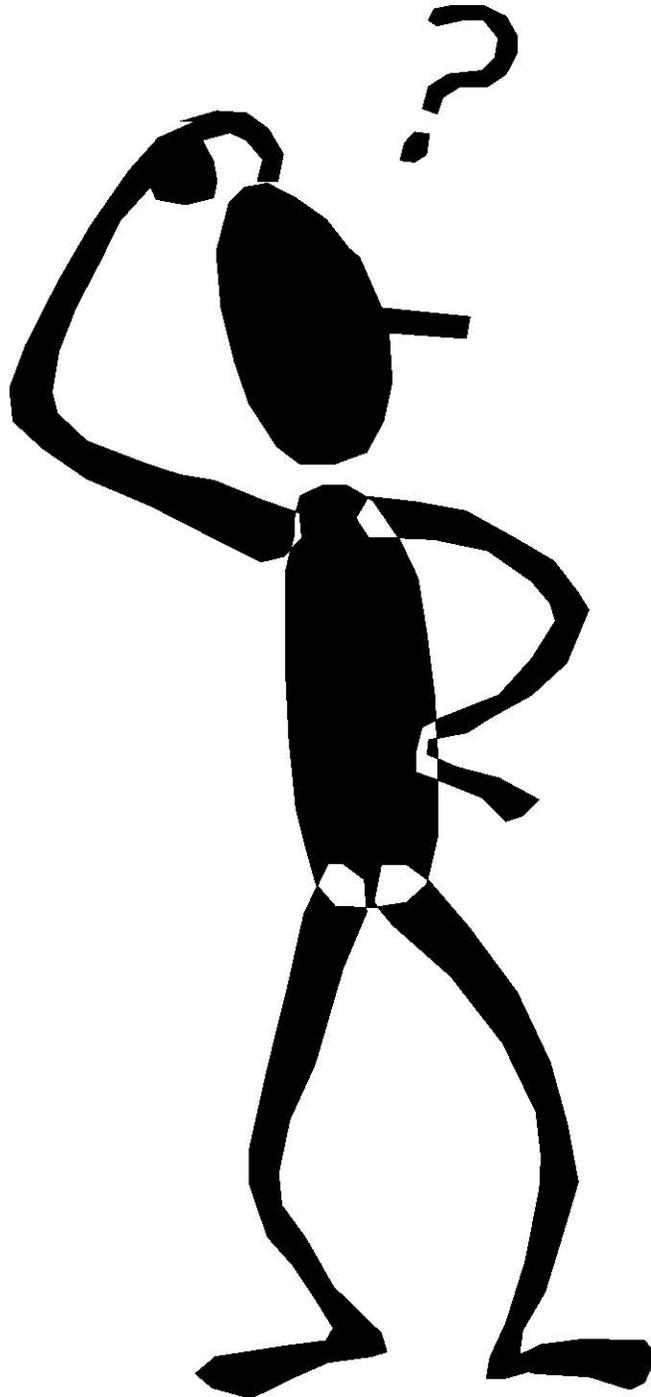
**BIOGRAPHICAL INACTIVATION REPORT: (Inactivated students)**

This report lists students removed from the Eligibility List. In order to qualify for inactivation, a 'Matched' record must have existed for at least 2 years from the process date. Inactivation will not occur if any billed claims exist with a service date or create date of less than the default option of 3 years. The provider has the option of selecting a cutoff period other than the three-year default criteria. An annual request for selecting another option will be forwarded to you by your Regional Information Center (RIC) annually.

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# APPENDIX E

# ERROR MESSAGES



# **Biouupdate Report Error Messages**

## **Error Message**

## **Description of Error Messages**

RIC Code is Required .....	The RIC Code on the input record is null.
Invalid RIC Code.....	The RIC Code is invalid. Valid options are 10,20,21,30,40,41,42,50,60,61,70,80,81.
Provider No. is required .....	The provider number field on input file is null.
Provider No. must be 8 char numeric.....	Non Numeric number has been submitted. Valid provider numbers are numeric.
Invalid Provider Number for BEDS Code .....	The Provider Number and BEDS Code fields do not cross-reference. Either one of these fields must be corrected.
BEDS Code is Required .....	BEDS code field is null.
Invalid BEDS Code .....	BEDS code value in input file is not on system file.
Student last name is required.....	Last name field is null.
Student first name is required.....	First name field is null.
Student birth date is required.....	Birth date field is null.
Invalid student birth date .....	Birth date is in an invalid format. Should be 'YYYYMMDD'.
Student sex code is required .....	Gender (sex code) field is null.
Invalid student sex code .....	Invalid gender value entered. Must be 'M' or 'F'.

Student not found-Deletion Aborted .....	A provider tried to delete one of their students from the database but was unable to because the student could not be found based on the retrieval criteria. There are two different mechanisms for deleting a student, depending on whether a CIN was submitted with the delete record. When a CIN is NOT submitted with the record, the program searches exclusively for an 'unmatched' student. If a CIN is submitted then the search targets biographical records submitted by the provider with the same CIN. The found record is deleted, regardless of the student's eligibility status. If multiple records are found, a record with 'unmatched' status will be deleted first and the 'matched' record, the one that has been determined to be Medicaid eligible, will not be deleted.
Zip Code must be numeric.....	Zip Code in input record is not valid. Must be numeric.
Social Security number must be numeric .....	If Social Security number is entered, it must be numeric.
Invalid state code.....	If a state is entered, it must be a valid state code.
Invalid BEDS code .....	BEDS code value in input file is not on system file.
Student not found - change aborted .....	Change transaction was unsuccessful because the matched student was not found. Unlike a deleted transaction, a change transaction only targets a matched student.
Student already exists - add aborted .....	Attempt to add a student to biographical database is unsuccessful because he/she already exists on database, although not necessarily as a matched student.
Student already eligible - add aborted.....	Same as above except the student has already been determined to be Medicaid eligible. Addition is therefore not allowed.
Claims exist - Deletion aborted .....	A provider wants to delete a student from the database but is not allowed to because claims exist for that student.
Demographic data inconsistent with CIN .....	Add transaction is attempted with the CIN included in the input record. The CIN is valid, but discrepancies exist between biographical data as provided by DSS and the provider. The affected fields are last name, first name, date of birth and gender. When date of birth and gender are correct for the input CIN, the error

message will include exact spelling of first and last name to use to accomplish an eligibility match.

## Non-Match Report Error Messages

### Error Messages

### Description of Error Messages

Match not found .....	The student's biographical data submitted by the provider does not match anyone from the pool of Medicaid eligible students supplied by DSS to the CNYRIC.
Forced match error .....	A match was attempted by means of a previously submitted CIN transaction, but there is no corresponding CIN and the transaction is therefore rejected.
Multiple matches found .....	The matching algorithm could not narrow down the matchable students to one. The transaction is rejected and the multiple matches listed on the non-match report.
Near Match.....	A match could not conclusively be accomplished, however, eligible record(s) exist with nearly matching data, warranting closer inspection to determine if it is the same student.

# Service Update Report

## Error Messages

Duplicate Service data .....

RIC Code is required .....

Invalid RIC Code .....

Provider number is required.....

Provider number must be 8 char. numeric.....

Invalid provider number for BEDS code.....

BEDS Code is required.....

Invalid BEDS Code.....

Client ID number is required .....

Service date greater than process date .....

## Description of Error Messages

Records (lines) in the input file are identical so the duplicates are rejected.

The RIC (Regional Information Center) Code is null.

The RIC Code is invalid. Your RIC Code is your 2-digit assigned code.

Provider number is null.

Non-numeric provider number in input file. Provider number must be numeric.

The provider number and the BEDS code on the input file do not belong to the same school district or county. Either one of these fields (or both) must be corrected.

BEDS Code field in input file is null.

BEDS Code value in input file is not on system file.

CIN is null in input file.

Trying to put through an adj or void transaction, but the service date is greater

	than the month of the last DSS tape processed.
Service code is required .....	Service code is null.
Invalid service code .....	The service code is invalid, not on the system. Can also get this error message when a County submits a school district's service code or vice versa.
Service date is required .....	Service date is null.
Invalid date beyond eligibility .....	Service date is greater than system date (day of run).
Invalid service date .....	Service date was not in 'YYYYMM' format.
Service date prior to billing period .....	Service date is earlier than 4/1/90.
Service date earlier than 2-year limit .....	Service date does not fall within the two-year range allowed for submitting claims.
Services provided is required.....	Services provided is null. Units/session field is blank.
Services provided must be numeric .....	Services provided field is not numeric and therefore invalid.
Matched student not found .....	A claim is being submitted for a kid who is presently not identified as Medicaid eligible on our database. The biographical data submitted by provider has not been 'matched' to data provided DSS.
Third Party Insurance override required.....	This student has insurance coverage other than Medicaid and the Third Party Health Insurance indicator is not 'Y'.
SSI Override required .....	This student is SSI eligible and the SSI indicator is not 'Y'.

Not eligible for service date .....	The service date on claim does not fall within eligibility dates on file, as provided to us by DSS.
Original service does not exist .....	Trying to adjust or void a service for which a claim to DSS has not been generated. The service has not been billed.
Services on adj. equal services billed .....	The only significant adjustment is when the number of services provided is changed. Adjustment transaction is rejected because the number of services is equal to original claim.
Billable service exists for Prov xxxxxxxxxxxx .	A claim with the same CIN, service code and service date has already been submitted but not billed yet. Claim could possibly have been submitted by a different provider.
Billed service exists for Prov xxxxxxxxxxxx ...	Same as above except the claim has already been billed.
Already billed by Prov xxxxxxxxxxxx.....	A service, with the exception of TCM codes or Evaluation codes has been submitted in this cycle by a provider with a different Rate Age Code (County vs. School District).
Cannot bill, claimed by Prov xxxxxxxxxxxx ..	A service, with the exception of TCM codes or Evaluation codes has been Billed for in a previous cycle by a provider with a different Rate Age Code (County vs. School District).

Services must exceed minimum threshold .....	Adjustment claim is rejected because number of service units is below minimum allowed for reimbursement.
Services cannot exceed maximum threshold...	Adjustment claim is rejected because number of service units is above maximum allowed for reimbursement.
Cannot adjust. Claimed by different provider ..	An adjustment is submitted for a claim originally paid to another provider. The transaction is rejected.
Cannot void. Claimed by different provider...	Same as above but with a valid claim.
Prior claim voided. Submit new claim .....	Trying to adjust or void an already voided claim. Need to instead submit a regular claim.
Prior claim denied. Submit new claim.....	Trying to adjust or void a denied claim. Need to submit a regular claim.
Unable to adjust/void unremitted claim.....	A claim cannot be adjusted or voided unless it has been paid first.
Unable to adjust/void. Claim is pending.....	Claim has been processed at CSC but it was pended instead of paid.
Service date exceeds (date): *Record Held* ...	Claim is for a past month but outside the currently processed eligibility period. It is held at CNYRIC until it can be processed.
Transport. claim/§4201 school conflict .....	A transportation claim for a school-aged student is denied because submitted by a §4201 school. [A student turning 5 years of age on or before December 1 shall be considered school age as of September 1 of that year.]
Resubmit with new Transportation code .....	Transportation service date after July 1, 1999.
Claim limit of NN in DD months already met...	A TCM service has reached the limit based on a number of occurrences within a specific time frame.

5491 – Initial            2 reviews in 9 months  
5493 – Reevaluation    1 review in 9 months  
(triennial)

5492 – Annual            1 review in 4 months  
5494 – Amended/Requested    3 reviews in 9 months

# Non-Bill Report

## Error Messages

## Description of Error Messages

Provider Agreement not verified, record pending

The magnetic provider agreement has not been received at CNYRIC. Record is kept as Non-bill. When and if the agreement is received, the non-bill claims can be reprocessed.

BEDS Code/Provider No. conflict, record deleted

The BEDS code and provider number on the system do not match those in the input file.

Service not billable, record pending .....

A billing rate has not been established yet for this service. Assuming there will not be any new services, this error message is obsolete.

Below minimum threshold, record deleted.....

Number of services submitted is less than minimum threshold for this particular service.

Service date out of range, record deleted.....

Service date submitted on claim does not fall within the billable date range for the service on the claim.

Inactive service, record deleted.....

A currently invalid service code has been submitted on claim.

Unable to submit on last billing, record pending.

Claim could not be submitted for billing normally because of 130% adjustment void mechanism.

## Remittance Report Error Messages

<u>Codes</u>	<u>Error Messages</u>	<u>Description of Error Messages</u>
14	DOB follows DOS	Submitted date of service (DOS) is prior to the recipient's birth date (DOB).
16	Claim lacks needed info	Claim lacks information, which is needed for adjudication. Some examples are: recipient gender discrepancy, claim reference number invalid, reported rate code not on file, provider ID number not on NYS master file, date of birth does not match date of birth on file, CSC codes discrepancy.
18	Duplicate claim/service	This claim is an exact duplicate of a previously submitted and previously paid, claim.
22	Covered by another payer	This claim may be covered by another payer.
24	Service covered under CAP	Claim is for a service and student covered under some type of managed health care plan (HMO).
29	Time limit expired	Valid 90 day indicator required.
30	Child ineligible on DOS	According to MMIS, student was not eligible on date of service of submitted claim.
31	Prior 5/90 - Recp has RID	Before 5/90, Medicaid eligible New York City students had the recipient identification (RID) number, an 11 digit Medicaid ID. These students were then converted to the 8 character alphanumeric client identification number (CIN). A claim for one of these students, for a service date earlier than 5/90, should have the RID and not the CIN. This message should not occur because claims for earlier dates (4/90) are no longer submittable.

38	Service not authorized	Service not provided or authorized by designated provider.
52	Provider inelig on DOS	Provider was not authorized to bill as a Medicaid provider. This message reflects the provider status at the time of the service date on the submitted claim and is not necessarily indicative of the provider's current status.
96	Recip inelig for service	Recipient ineligible for this service.
129	Problem with prior info	Prior processing information appears incorrect.
A1	Claim denied charges	Service conflicts in combination with prior service/claim.
B6	Specilty code not on file	This message has to do with a provider's status at CSC (MMIS). If this specialty code is either not on file for the provider on MMIS or it does not cover the service date in the claim, the claim gets rejected.
B7	Provider not active	Basically same message as code 52 above.

# Appendix F



Exceptions to School  
Districts Claiming Medicaid  
Reimbursement for Certain  
Eligible Services

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## **EXCEPTIONS TO SCHOOL DISTRICTS CLAIMING MEDICAID REIMBURSEMENT FOR CERTAIN ELIGIBLE SERVICES**

A school district may claim Medicaid reimbursement for any eligible IEP service, evaluation and any TCM service provided by the school district to any student with a disability with the following exceptions:

### **1. The student placed full time and receiving services in an Article 28 Facility- \***

- The Article 28 facility is approved to bill Medicaid directly for school age students. The Medicaid funds derived from these services are reported to SED and the Tuition rate is reduced by that amount.

### **2. The Office of Mental Retardation and Developmental Disabilities(OMRDD) places the child in an Intermediate Care Facility (ICF) in your district.**

- The district may not claim Medicaid reimbursement for any related services provided these students since the SED reimburses 100% of the costs to educate these children including transportation. SED claims the Medicaid reimbursement for these services. However, the school district may claim reimbursement for any evaluations and any TCM services provided these students.

### **3. A school district may not claim Medicaid reimbursement for any eligible service that they pay for with Federal funds, i.e., IDEA funds.**

- \* **The student who is not placed in the Article 28 facility full time but receives only related services from the staff at that facility. The school district may claim Medicaid reimbursement for these services.**

**The facility may not.**

**NOTE: OMRDD has converted some ICF's residences to an Individual Residential Alternative (IRA) or initially opened a new residence as an IRA. If a child resides in an IRA the school district is entitled to claim Medicaid reimbursement for all eligible services provided that child.**

Other than the above exceptions, if a school district pays for the delivery of eligible services, they may claim Medicaid reimbursement. If you have any questions please contact Robert J. Scalise at 518: 474-9341 or at [rscalise@mail.nysed.gov](mailto:rscalise@mail.nysed.gov).

**ARTICLE 28 FACILITIES APPROVED  
TO CLAIM MEDICAID FOR ELIGIBLE SERVICES UNDER PSHSP  
(Revised 8/2006)**

Thomas Mohr  
Vice-President of Finance  
Buffalo Hearing & Speech Center  
**(ONLY FOR PRESCHOOL CENTERBASED PROGRAMS AND ONE  
INTEGRATED SITE KNOWN AS SHERIDAN PARKSIDE)**  
50 E. North Street  
Buffalo, NY 14203

Richard M. Hansinger  
Executive Director  
E. John Gavras Center  
Cerebral Palsy Association of Cayuga County  
182 North Street  
Auburn, NY 13021

Donald L. Gerrish  
Associate Executive Director  
United Cerebral Palsy of New York City, Inc.  
80 Maiden Lane, 8<sup>th</sup> Floor  
New York, NY 10038-4811

Greg Sorrentino  
Chief Financial Officer  
Center for the Disabled  
314 South Manning Boulevard  
Albany, NY 12208-1794

Edward Handschumaker, Jr.  
Chief Finance Officer  
Aspire of Western New York (UCP)  
2356 North Forest Road  
Getzville, NY 14068

Mark S. Peters  
Executive Director  
Cerebral Palsy and Handicapped Children's  
Association of Chemung County  
**(ONLY FOR PRESCHOOL STUDENTS IN  
AN INTEGRATED SETTING PROGRAM)**  
P.O. Box 1554  
1118 Charles Street  
Elmira, NY 14902

**ARTICLE 28 FACILITIES APPROVED  
TO CLAIM MEDICAID FOR ELIGIBLE SERVICES UNDER SSHSP  
(Revised 1/2006 and 4/2006)**

Greg Sorrentino  
Chief Financial Officer  
Center for the Disabled  
314 South Manning Boulevard  
Albany, NY 12208-1794

Donald L. Gerrish  
Associate Executive Director  
United Cerebral Palsy of New York City, Inc.  
80 Maiden Lane, 8<sup>th</sup> Floor  
New York, NY 10038-4811

Edward Handschumaker, Jr.  
Chief Finance Officer  
Aspire of Western New York (UCP)  
2356 North Forest Road  
Getzville, NY 14068

H. Patrick Bennett\*  
Prospect Child and Family Center  
133 Aviation Road  
Queensbury, NY 12804

\*Bills Medicaid for Related Services Only.

**Note: Buffalo Hearing and Speech Center no longer claims Medicaid directly for the SSHSP program.**

<i>BEDS CODE</i>	<b>INTERMEDIATE CARE FACILITIES (ICF'S) SCHOOL AGE PLACEMENTS ONLY</b>
010100997850	UCP – CAPITAL DISTRICT
010601928211	O.D. HECK DVLPMNTL CTR-AUTISM PROG
030200880056	REHABILITATION SERVICES
031502928194	BROOME DVLPMNTL CTR
031601630007	CATHOLIC CHARITIES
042400997707	CATTARAUGUS REHAB CTR
061700997709	RESORUCE CTR (THE)
070600997710	ARC INC CHEMUNG CO CHAPTER
130801997760	DAY TRAINING CTR (REHABILITATION PROG)
132201998894	CARDINAL HAYES SCHOOL FOR SPEC CHLDR
140700997805	UCP OF WESTERN NY
141800137227	BAKER VICTORY SVCS CTR
142601680005	AUTISTIC SERVICES INC
142601997712	ERIE COUNTY NYS A.R.C.
142801690003	DDSO WESTERN NEW YORK
160101880181	ARC FRANKLIN CO
160101928203	SUNMOUNT DEVELOPMENTAL CENTER
180300877197	NYS FOR THE BLIND
260101920100	MONROE DVLPMNTL CTR
261600997048	MARY CARIOLA CHILDRENS CTR
261801880001	LIFETIME ASSISTANCE ICF
270100630009	ARC MONTGOMERY
280201640007	MENTAL HEALTH ASSOC OF NASSAU CNTY
280205999391	NASSAU/SUFFOLK SVCS-AUTISTIC
280404880023	LITTLE VILLAGE HOUSE
310200920003	METRO NEW YORK DDSO
310200999413	UCP OF NYC
321100890126	COMMUNITY RESOURCE CENTER-WM A B
331300880219	HEART SHARE HUMAN SVCS
331500890227	MERCY HOME FOR CHILDREN
331900928193	BROOKLYN DVLPMNTL CTR
332000680015	JEWISH BD FAM & CHILD SER-CAMP MISH
332200890125	UCP NYS REGION II #14
342400929455	BERNARD FINESON DVLPMNTL CTR
342500811030	WORKING ORG/RETARDED CHILDREN
342500998065	BIRCH SCHOOL FOR EXCEPTIONAL CHLDRN
342800999245	THERESA PAPLIN/ST CHRISTOPHER OTTI
353100920007	STATEN ISLAND DDSO
400800990032	UCP OF NIAGARA CO. INC
411800690006	DDSO CENTRAL NEW YORK

<b>BEDS CODE</b>	<b>INTERMEDIATE CARE FACILITIES (ICF'S)</b>
421800880051	TOOMEY RESIDENTIAL & COMMUNITY SRVS
430300690005	DDSO FINGER LAKES
441202880035	KIRYAS CTR FOR DVLPNMT DISABILITIES
471101997806	UPSTATE HOME FOR CHILDREN
471400880168	RAINBOW PROJECT
500108808461	ST AGATHA HOME FOR CHILDREN
500201920009	LETCWORTH VILLAGE DDSO ( <b>Abbott House</b> )
511301880387	ARC ST. LAWRENCE CO NYSARC, INC PINE
521301890007	ARC SARATOGA
570302880012	ARC STEUBEN
580410690004	DDSO LONG ISLAND
580410997438	SAGTIKOS EDUCARE ARC SUFFOLK COUNTY
580410997795	UCP-ASSOC GREATER SUFFOLK INC
610600998060	FRANZISKA RACKER CENTERS INC
630902890121	ARC WARREN/WASHINGTON CO
650101990003	ARC WAYNE COUNTY CHAPTER INC
660401898258	WESTCHESTER DEV. CTR. ( <b>Abbott House</b> )
660501890103	COMMUNITY BASED SERVICES, INC.
662300890002	RICHMOND CHILDREN'S CENTER

NOTE: All ICF Summer Placements Are Chapter 721 NOT Section 4408 Placements.

<b>BEDS CODE</b>	<b>CHILDREN'S RESIDENTIAL PROGRAMS &amp; ICFS</b>
130801996542	ANDERSON SCHOOL*
131701999086	DEVEREUX
412300999379	UCP UTICA*
580206175613	MARYHAVEN
580801997261	DEVELOPMENTAL DISABILITIES INSTITUTE (DDI)
591401997802	UCP SULLIVAN DIAGNOSTIC TREATMENT CENTER*
620600998101	UCP ULSTER*

\* These programs also contain ICF Programs

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APPENDIX G  
MEDICAID CONTACT  
STAFF



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Please click on the following link to access the RIC Contact Listing:

[RIC Contact Listing](#)

## **NEW YORK STATE EDUCATION DEPARTMENT (SED)**

Office of Operations and Management Services

Medicaid Services Unit

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Albany, New York 12234

**SED website:**

<http://www.oms.nysed.gov/medicaid/>

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## **NEW YORK STATE DEPARTMENT OF HEALTH (DOH)**

Office of Medicaid Inspector General

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**Web Address:** [www.nysed.gov](http://www.nysed.gov)

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**Web Address:** <http://www.oms.nysed.gov/medicaid/>

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