

## *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 (Individual Health Care Plan) (APPENDIX C, Pg. C-8)**

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~~ (updated 2/6/07) 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.**

### **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



es be provided in a month. However, an exception method for determining a Medicaid billable 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.

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 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 BUS 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 *Robert J. Scalise*

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 the 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:

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