

# *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).