

Update to the SSHSP Medicaid Cost Report – Service Encounters

An additional reporting requirement has been added for the cost reporting periods starting on or after **July 1, 2014**, as part of the approval process for the State Plan Amendments (SPAs) 11-39A and 11-39B, which outline the reimbursement methodology for the Preschool/School Supportive Health Services Program (SSHSP). All school districts and counties participating in the Medicaid SSHSP must report the total service encounters for each of the applicable service types.

- School districts and counties will be required to report complete service encounter data on the cost report covering July 1, 2014 – June 30, 2015 dates of service.
- School districts and counties will need to complete this for the July 1, 2013 through June 30, 2014 cost reporting period to the best of their abilities.
- School districts and counties will not be required to complete this for the October 1, 2011 through June 30, 2012 and July 1, 2012 through June 30, 2013 cost reporting periods.

Under the SSHS Program, an encounter is defined as a documented face-to-face direct medical service visit that was provided pursuant to the recommendations of a student's Individualized Education Program (IEP) by a Medicaid qualified provider as specified in SSHSP Handout 1, titled *Medicaid Qualified Providers and Medicaid Documentation Requirements*, available on the Medicaid in Education website at: http://www.oms.nysed.gov/medicaid/training_materials/. If a non-Medicaid enrollable provider (e.g., teacher of the speech and hearing handicapped (TSHH), teacher of students with speech and language disabilities (TSSLD), physical therapy assistant (PTA), occupational therapy assistant (OTA), and licensed master social worker (LMSW)) provided services with no "under the direction of" (UDO) or "under the supervision of" (USO) in place, do not count those services as encounters. Consider only face-to-face contact time with the student and qualified provider; do not include pre-session planning or post-session write-up time when counting face-to-face direct medical service encounters. Encounters should be counted regardless of parental consent.

In group settings, each student is considered 1 (one) encounter. Encounters include both in- and out-of-district placements (except for residential placements) for Medicaid and non-Medicaid eligible students. Additionally, encounters should be based on the duration of a service recommended in the student's IEP. If a student's IEP recommends the student has a 30-minute SSHSP service, but the duration of the session only lasts 15 minutes, then it would not count as an encounter. Encounters should only be reported if the duration of the session meets the duration standards outlined in the student's IEP. Therefore, if a student's IEP recommends a 15-minute encounter and a 15-minute session is furnished, the session should be counted as one encounter.

SSHSP billing providers and clinicians providing the SSHSP services are reminded that all services should be documented in a consistent manner regardless of the student's eligibility for Medicaid. However, the types of data that support the number of encounters furnished are not necessarily the same as the data required to support a Medicaid claim for an encounter.

Documentation that establishes an encounter was Medicaid-eligible, such as consent for release of information, provider agreements and statements of reassignment, clinician credentials, medical orders and referrals, and signed session notes and Current Procedural Terminology (CPT) coding, is not necessary. Documentation which is appropriate to support the reported total number of encounters will demonstrate the type, frequency and duration of services. There are multiple sources of data that a school district or county could maintain to support the total number of encounters they report. School districts and counties can determine if this information is found in special education data reports, billing and fiscal reports, or other documentation.

Examples

1. A student’s IEP contains a recommendation that occupational therapy services are to be provided for 20-30 minutes/3 times a week for 6 months. Each documented visit in which the student actually received at least 20 minutes of occupational therapy from a Medicaid qualified provider would be counted as one encounter.

2. A student’s IEP contains a recommendation that speech therapy services are to be provided for 15 minutes twice a day/3 times a week for 6 months. Each documented visit in which the student actually received 15 minutes of speech therapy from a Medicaid qualified provider would be counted as one encounter.

How to Enter Total Service Encounters in the MCRCS:

When logged into the MCRCS go to the General and Statistical Information page and scroll down to the bottom of the page. Click the blue edit button on the left side of the chart to enter in the number of encounters for each of the applicable service encounters.

Total Service Encounters

	Service Type	Number of Encounters
Edit	Occupational Therapy	
Edit	Physical Therapy	
Edit	Speech Therapy	
Edit	Audiological Evaluations	
Edit	Psychological Counseling	
Edit	Skilled Nursing	
Edit	Medical Evaluations	
Edit	Medical Specialist Evaluations	
Edit	Psychological Evaluations	
Edit	Medical Evaluation	

Total Service Encounters

	Service Type	Number of Encounters
Update Cancel	Occupational Therapy	<input type="text" value="0.00"/>
Edit	Physical Therapy	
Edit	Speech Therapy	
Edit	Audiological Evaluations	
Edit	Psychological Counseling	
Edit	Skilled Nursing	
Edit	Medical Evaluations	
Edit	Medical Specialist Evaluations	
Edit	Psychological Evaluations	
Edit	Medical Evaluation	

When finished entering the number of service encounters, click the update button and the numbers will be saved into the system.

If you have any questions about entering the Total Service Encounters into the Medicaid Cost Report and Claiming System you can email NYSSHSP@pcgus.com or call 1-866-912-2974.