

NEBRASKA



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DEPT. OF HEALTH AND HUMAN SERVICES

**Guide for School-Based Direct Services
(Medicaid in Public Schools)**

Effective September 1, 2017

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NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF MEDICAID AND LONG-TERM CARE

GUIDANCE DOCUMENT

“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to

Neb. Rev. Stat. 84-901.03

Definitions

ACTIVITIES OF DAILY LIVING. Self-care activities which must be accomplished by an individual for continued well-being including mobility and transferring, dressing and grooming, bathing and personal hygiene, toileting, bladder care, and eating.

DRIVER. An individual, employed by the provider and has a valid driver's license to operate the specially adapted vehicle.

NON-EMERGENCY MEDICAL SERVICE. Transportation for children both to and from medically necessary therapy appointments as defined in an Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP).

OUTSIDE MEDICAL SERVICE. A medical service received in a facility not located on the premises of the educational facility the student attends.

PAY-TO PROVIDER. The provider identified in the "Pay-To" field on the MC-19, Nebraska Medical Assistance Service Provider Agreement.

PROVIDER. For the purposes of this 471 Nebraska Administrative Code (NAC) Chapter 25 only, the "provider" is a Public School District, Education Services Unit (ESU) or Approved Cooperatives.

REGULAR OR GENERAL EDUCATION SCHOOL BUS. A school bus or vehicle, provided by the school district, used to pick up and deliver general education students from school pick up site to school.

SERVICE RENDERING PROVIDER. The provider who provides services directly to the client.

SPECIALLY ADAPTED VEHICLE. A vehicle equipped with adaptive devices to medically accommodate physical disabilities of passengers. Examples of adaptive devices include, but are not limited to, wheelchair locks, wheelchair lift or ramp, or oxygen hookups.

TRANSPORTATION AIDE. An individual, employed by the provider, who can assist with passenger needs and transportation accommodations, as stated in the student Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP).



Key Items that you need to remember when accessing School-Based Services

- You need to enroll ALL direct service providers with Nebraska Medicaid. This can be accomplished by contact Maximus.
Maximus 844-374-5022
www.nebraskamedicaidproviderenrollment.com
- Providers that have a license through the Nebraska Department of Public Health need to get a NPI number. This can be attained by going to the following website: <https://nppes.cms.hhs.gov>.
- Documentation is required for ALL direct services that are provided according to IDEA and Medicaid Standards (See Attachment One). All documentation must be kept on file for no less than six years.
- Physician referral needs to be obtained for all direct services. When obtaining a physician referral it ensures that the service(s) being provided are appropriate. The referral can be provided by an enrolled Medicaid provider that is a licensed physician, physician's assistant, or a licensed and certified nurse practitioner. You usually only need to obtain a physician referral one time. However in the following circumstances another referral may need to be obtained: referring physician's death, retirement or loss of license or if additional direct services are being added. (Practitioner Referral Form, see attachment Two)
- Claims need to be submitted for children that are eligible for Medicaid in Public Services (MIPS). These claims are submitted through the Nebraska Department of Education Portal. Who is eligible for MIPS? Children that are birth to twenty-one years of age, currently enrolled in Nebraska Medicaid and have the services written in their IEP (Individual Education Plan) or IFSP (Individual Family Service Plan).
- Regulations that govern the School-Based Services Program 471 NAC Chapter 25.

Service Definitions

****These will help you determine who can provide direct services. ****

Medical Transportation Services

- Provider personnel (bus driver, aides, etc.) must be employed by or under contract with the school district, ESU, or approved cooperatives providing special education and related services. Nebraska school districts, ESUs, and approved cooperatives providing special education and related services must be enrolled in Nebraska Medicaid as the qualified providers of services.

Mental Health and Substance Use Disorder Services

- Physician,
- Licensed Psychologist,
- Licensed Independent Mental Health Practitioner (LIMHP),
- Licensed Mental Health Practitioner (LMHP),
- Licensed Alcohol and Drug Counselor (LADC) for substance use services only,
- Provisionally Licensed LADC for substance use only,
- Provisionally Licensed Psychologist,
- Provisionally Licensed Mental Health Practitioner (PLMHP),
- Board Certified Behavioral Analyst,
- Board Certified Assistant Behavioral Analyst,
- Registered Behavior Technician.

*Provider personnel must be employed by or under contract with the school district, ESU, or approved cooperatives providing special education and related services.

Nursing Services

- Licensed RN,
- Licensed LPN,
- Health technician
- Health paraprofessional under the supervision of a licensed RN or licensed LPN.

*Provider personnel must be employed by or under contract with the school district, ESU, or approved cooperatives providing special education and related services.

Occupational Therapy Services

- Licensed occupational therapist,
- Licensed occupational therapy assistant or paraprofessional under the supervision of licensed occupational therapist.

*Provider personnel must be employed by or under contract with the school district, ESU, or approved cooperatives providing special education and related services.

Personal Assistance Services

- Personal assistance providers must be age 19 or older.

*Provider personnel must be employed by or under contract with the school district, ESU, or approved cooperatives providing special education and related services.

****Definition of Services that can be provided:**

Personal assistance services are tasks to assist with Activities of Daily Living (ADLs), intended to supplement the child's own personal abilities and resources and documented in the IEP or IFSP.

- i. Basic personal hygiene;
- ii. Toileting/bowel and bladder care;

- iii. Mobility and transfers;
- iv. Assistance with self-administered medications; and
- v. Assistance with food, nutrition, and diet activities

Physical Therapy Services

- Licensed physical therapist,
- Licensed physical therapy assistant or paraprofessional under the supervision of licensed physical therapist.

*Provider personnel must be employed by or under contract with the school district, ESU, or approved cooperatives providing special education and related services.

Services for Individuals with Speech, Hearing, and Language Disorders

- Licensed speech pathologist,
- Licensed audiologist,
- Paraprofessional under the supervision of a licensed speech pathologist,
- Medicaid enrolled speech therapist.

*Provider personnel must be employed by or under contract with the school district, ESU, or approved cooperatives providing special education and related services.

Visual Care Services

- Licensed optometrist
- Licensed ophthalmologist

*Provider personnel must be employed by or under contract with the school district, ESU, or approved cooperatives providing special education and related services.

Direct Services

Services must be provided in accordance with all regulations and statutes governing the provision of Special Education School-Based Services to resident children of the State of Nebraska, and the following criteria (see 471 NAC 25-003.02A – 25-003.01) must be met.

All Special Education School-Based Services covered under this chapter must be necessary to meet the unique needs of the student and family and recommended as:

- (i) A related service or supplementary aid or service in an Individual Education Program (IEP); or
- (ii) An early intervention service in an Individualized Family Service Plan (IFSP).

PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH PATHOLOGY AND AUDIOLOGY SERVICES. Medicaid covers physical therapy, occupational therapy, and speech pathology and audiology services as indicated in the child's Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP), and provided in accordance with the provider standards outlined in this chapter. Additionally, each therapy must be referred or prescribed by a physician, physician's assistant, or certified nurse practitioner. If services are referred or prescribed by a physician's assistant, corresponding claims must include the license number of the supervising physician to whom the referring or prescribing physician's assistant is assisting.

MENTAL HEALTH SERVICES. Medicaid covers behavioral modification, psychotherapy services, psychological testing, assessment needs for specific therapy services and evaluation as documented in an Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP). In addition to the requirements in 25-003.01 (D), mental health services must:

- (i) Be necessary to diagnose, treat, cure or prevent regression of significant functional impairments resulting from symptoms of a mental health disorder diagnosis;
- (ii) Be supported by evidence that the treatment improves symptoms and functioning for the individual client's mental health or substance use disorder diagnosis; and
- (iii) Be reasonably expected to improve the individual's condition or prevent further regression so that the services will no longer be necessary.

NURSING SERVICES. Medicaid covers medically necessary nursing services when they are documented in an Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP) and ordered by the client's physician. Nursing services must be provided through direct intervention within the scope of professional practice of the Registered Nurse (RN) or Licensed Practical Nurse (LPN); during a face-to-face encounter. Nursing services cover Registered Nurse (RN) or Licensed Practical Nurse (LPN) services when ordered by the client's physician based on medical necessity. Covered nursing services include the following:

- (i) Vitamin B-12 Injections: Covered only for treatment of pernicious anemia;
- (ii) Decubitus and Skin Disorders: The physician order must indicate skilled care, requiring prescribed medications and treatment. Usually Stage III (deep without necrotic tissue). Infected decubiti are included when treatment specifically ordered by physician;
- (iii) Colostomy, Ileostomy, and Gastrostomy: Covered for immediate postoperative time when maintenance care and control by the patient or family is being established;
- (iv) Bowel and Bladder Training: Covered to teach skills and factual information necessary to adhere to a specific formal regime;

- (v) Urethral Catheters and Sterile Irrigations: Covered for insertions and changes when active urological problems are present and the client is unable to do physician-ordered irrigations;
- (vi) Observation and Evaluation: Must require furnishing of a skilled service for an unstable condition. The client must have:
 - (1) Had a recent acute episode (past 30-60 days);
 - (2) A well-documented history of noncompliance without nursing intervention; or
 - (3) A Significant high probability that complications would arise (within 30 to 60 days) without the skilled supervision of the treatment program on an intermittent basis.
- (vii) Teaching and Training Activities:
 - (1) Skills requiring the knowledge of nurse
 - (a) Injections;
 - (b) Irrigating a catheter;
 - (c) Care of ostomy;
 - (d) Respiratory treatment;
 - (e) Preparation and following a therapeutic diet;
 - (f) Application of dressing to wounds involving prescription medications or aseptic techniques;
 - (g) Bladder training; and
 - (h) Bowel training (only when incontinency exists).
 - (1) Use of adaptive devices and special techniques when loss of function has occurred; and
 - (2) Performance of body transfer activities.
- (viii) Enemas and Removal of Impactions: Covered when the skills of a nurse are required;

- (ix) Dressings: Covered when aseptic technique and prescription medications are used;
- (x) Casts: Covered if the necessary level of care is other than routine care;
- (xi) Diabetic (blind or disabled): Covered to prefill insulin syringes, blood sugar testing and foot care;
- (xii) Teaching and Training during Postpartum: Teaching and training must require the skills and knowledge of a nurse. Visits are limited to two maximum, unless an unusual situation is well documented; or
- (xiii) Enterostomal Therapy.

PERSONAL ASSISTANCE SERVICES. Personal assistance services are tasks to assist with Activities of Daily Living (and other activities listed in 471 NAC Chapter 15) and intended to supplement the child's own personal abilities and resources. These services are provided to persons with disabilities and chronic conditions to enable them to accomplish tasks that they would normally do for themselves if they did not have a disability. The services must be determined and documented, based on individual needs and criteria, in a written Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP) which has been approved by a consulting physician. Services authorized in the Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP) must relate directly to the needs identified accompanying in the assessment. These services include:

- (i) Basic personal hygiene: Providing or assisting in bathing, shampoo, hair grooming; nail care; oral hygiene; shaving; and dressing;
- (ii) Toileting, bowel and bladder care: Assisting to and from bathroom, on and off toilet or commode, diapering, bedpan; external cleansing of perineal area; maintenance bowel care; and changing or emptying catheter bag;
- (iii) Mobility, transfers: Assisting with ambulation with or without aids; repositioning; encouraging active range-of-motion exercises; assisting with passive range-of-motion exercise; and assisting with transfers with or without mechanical devices;

- (iv) Nutrition: Assisting with food, nutrition, and diet activities; and
- (v) Medications: Assisting with administration of medications; reminding appropriate persons when prescriptions need to be refilled or taken.

SPECIAL TRANSPORTATION SERVICES. Transportation services to and from non-emergency outside medical services provided by school personnel and use of specially adapted school vehicle to meet student needs. Transportation aide and driver must both be included on transport. The student must be in attendance at school on day of medical service to receive transportation services, and cannot be taken directly from home to the medical service. Medical services must be provided on same day as the transportation to be covered. Only one round trip transportation per vehicle is covered each day, and the transportation cannot duplicate what would otherwise have been received in the course of attending school. The need for the medical service and transportation must be documented in the student Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP).

VISUAL CARE SERVICES. Medically necessary assessment to diagnose or treat a specific eye disorder, disease, symptom, complaint, or injury and vision therapy. One assessment per calendar year for Medicaid eligible students is allowed. The assessment must be performed in the school by a licensed ophthalmologist or optometrist.



Attachment One

MIPS Documentation

Name of Child:

Date of Birth:

Diagnosis:

Date of service:

Duration of Service (Time in and Time out):

IEP/IFSP Treatment Goal:

Progress:

Signature and Credentials of the servicing provider:

Requirements for direct service documentation

- Records must be kept for at least 6 years.
- Documentation must include name, demographic information, diagnosis or need for the service. Please use the diagnosis code.
- Documents for each date of service are required.
- Evaluations.
- Ensure that treatment goals and a Plan of Care must be part of the documentation.
- Recertification's that the care is appropriate for the client's needs and should continue.
- Progress notes for each date of service.
- Documentation from ordering physician, physician's assistant, or certified nurse practitioner IEP, IFSP or MDT Plans
- The order, prescription, or treatment plan of an ordering professional. The signed IEP/IFSP is acceptable.
- The signature, credential, and signature date of the provider
- Documentation must be legible
- Documentation should be available in the client's file at the time a claim is submitted for reimbursement.



Attachment Two

Direct Service Referral Form

Practitioner Referral Form

To: Physician, Physician Assistant, or Nurse Practitioner:

In order for school districts to receive reimbursement from Nebraska Medicaid for School-Based Services a physician, physician assistant or nurse practitioner referral is required. Please complete this form and return it to the school district listed below.

Student's Name (Last, First, MI) _____

I am referring the student for services below based on review of evaluation (s) for _____ service (s).

(Direct services available are: Occupational Therapy, Physical Therapy, Speech Therapy, Nursing, Personal Assistance Services, Mental Health, Vision and Transportation.)

Practitioner's Signature: _____

Practitioner's Printed Name AND Credentials: _____

NPI (National Provider Identification): _____

Date: _____

Comments: _____

Please return this form and documentation to:

School District/Address