

# Brevard County Schools

## MEDICAID MANUAL

### for Service Providers



## Table of Contents

### Fee for Service

Provider Criteria .....	2
Physical Therapy.....	2, 3
Occupational Therapy.....	3, 4
Speech/Language Therapy.....	4
Transportation.....	4
Behavioral Therapy (Counselors).....	5
Psychologists .....	5
Certified Behavioral Analysts .....	5
Social Workers.....	5
Documentation Requirements .....	5
Compliance.....	6

### Administrative Claiming

Overview .....	6
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### Forms

Medicaid Parental Consent Form.....	7,8
Medicaid Annual Notification.....	9
Transportation Attendance Log.....	10

# Medicaid Manual for Service Providers

## **Service Providers that are licensed/certified are eligible to document for the purpose of creating Medicaid claims (only for employees NOT paid 100% IDEA)**

- Physical Therapists, Physical Therapy Assistants
- Occupational Therapists, Certified Occupational Therapy Assistants
- Speech-Language Pathologists
- Transportation Services
- Psychologists
- Social Workers
- Certified Behavioral Analysts
- Behavioral Support Specialists
- Mental Health Counselors
- Guidance Counselors that provide mental health counseling

## **Physical Therapy billable activities:**

1. Evaluations - To be reimbursed by Medicaid, an evaluation must include the following components:
  - Student's name
  - Diagnostic testing and assessment
  - A written report with needs identified
  - If an evaluation indicates that physical therapy is warranted, the physical therapist must develop and maintain, at least annually, a plan of care.
2. Individual sessions provided by a Physical Therapist or Physical Therapist Assistant that is supervised by a Physical Therapist.
3. Group sessions provided by a Physical Therapist or Physical Therapist Assistant that is supervised by a Physical Therapist.
4. Tele-therapy sessions provided by a Physical Therapist or Physical Therapist Assistant that is supervised by a Physical Therapist that includes face-to-face camera, audio and the parent present.
5. Wheelchair evaluations and fittings
  - The physical therapist who performed the initial wheelchair evaluation must:
    - Be available to the durable medical equipment provider who is supplying the wheelchair.
    - Perform the follow-up evaluation(s) to make adjustments and properly fit the chair to the student.
  - The wheelchair evaluation report must contain the following information:
    - Student's name
    - Identification of the student's physical conditions that make a wheelchair reasonable and medically necessary

## **Physical Therapy billable activities continued:**

- If an electric wheelchair is recommended, justification of its appropriateness based on the student's capacity and medical condition
- Justification of all accessories and add-on components based on the student's medical needs.
- An explanation of the medical or health-related purpose for each accessory or add-on component, the medical consequences of omitting the item, and why the physical disability of the student justifies the inclusion of the item.
- The wheelchair evaluation report must meet the following criteria:
  - The physical therapist must complete, sign, title, and date the report documenting the student's need for a wheelchair and the specific type of wheelchair needed.
  - The report must be filed in the student's record.

## **Occupational Therapy billable activities:**

1. Evaluations - To be reimbursed by Medicaid, an evaluation must include the following components:
  - Student's name
  - Diagnostic testing and assessment
  - A written report with needs identified
  - If an evaluation indicates that occupational therapy is warranted, the occupational therapist must develop and maintain, at least annually, a plan of care.
2. Individual sessions provided by an Occupational Therapist or Occupational Therapist Assistant that is supervised by an Occupational Therapist.
3. Group sessions provided by an Occupational Therapist or Occupational Therapist Assistant that is supervised by an Occupational Therapist.
4. Tele-therapy sessions provided by an Occupational Therapist or Occupational Therapist Assistant that is supervised by an Occupational Therapist that includes face-to-face camera, audio and the parent present.
5. Wheelchair evaluations and fittings
  - The physical therapist who performed the initial wheelchair evaluation must:
    - Be available to the durable medical equipment provider who is supplying the wheelchair.
    - Perform the follow-up evaluation(s) to make adjustments and properly fit the chair to the student.
  - The wheelchair evaluation report must contain the following information:
    - Student's name
    - Identification of the student's physical conditions that make a wheelchair reasonable and medically necessary
  - The wheelchair evaluation report must contain the following information:
    - Identification of the student's physical conditions that make a wheelchair reasonable and medically necessary
    - If an electric wheelchair is recommended, justification of its appropriateness based on the student's capacity and medical condition
    - Justification of all accessories and add-on components based on the student's medical needs
    - An explanation of the medical or health-related purpose for each accessory or add-on component, the medical consequences of omitting the item, and why the physical disability of the student justifies the inclusion of the item.

## **Occupational Therapy billable activities continued:**

- The wheelchair evaluation report must meet the following criteria:
  - The occupational therapist must complete, sign, title and date the report documenting the student's need for a wheelchair and the specific type of wheelchair needed
  - The report must be filed in the student's record.

## **Speech-Language Pathology billable activities:**

1. Evaluations - To be reimbursed by Medicaid, an evaluation must include the following components:
  - Student's name
  - Diagnostic testing and assessment
  - A written report with needs identified
  - If an evaluation indicates that speech-language pathology treatment is warranted, the speech-language pathologist must develop and maintain, at least annually, a plan of care.
2. Individual speech-language pathology sessions performed by a Speech-Language Pathologist.
3. Group speech-language pathology sessions performed by a Speech-Language Pathologist.
4. Tele-therapy sessions performed by a Speech-Language Pathologist that includes face-to-face camera, audio and the parent present.

## **Transportation billable activities:**

To qualify for Medicaid reimbursement one of the two types of categories of services described below must be met.

1. The bus or vehicle must be adapted or specially equipped to serve the disabled student.
2. The attendant rides the bus with the student(s) during transport to assist the student(s) with behavioral or physical disability related needs for specialized transportation.

Medicaid may reimburse for a trip to and from the school only when a Medicaid-covered service is provided at the school on the same day.

To document the provision of transportation to Medicaid services, provided at school or off campus, the school districts must keep dated trip logs that contain the following information:

- Student's name
- Date the student was transported
- Bus or loading dock attendant's or bus driver's initials daily on the date of each trip verifying that the student(s) listed on each trip log actually rode in the vehicle.

## **Behavioral billable activities:**

For Medicaid purposes, the following types of employed or contracted school district staff may render reimbursable services:

- School psychologists and psychologists
- Social workers (master's and bachelor's level degrees)
- Certified behavior analysts (master's and bachelor's level degrees)
- Associate certified behavior analysts
- Mental health counselors
- Marriage and family therapists
- Guidance counselors.

Behavioral services are services which can include:

- Testing, assessments, and evaluations that appraise cognitive, developmental, emotional, social, and adaptive functioning.
- Interviews, behavioral evaluations, and functional assessments, including interpretations of information about the student's behavior and conditions relating to functioning.
- Development of evaluative reports.
- Consultation and coordination, follow-up referrals with other health care staff, other entities or agencies, parents, teachers, and family during the Individual Educational Plan or Family Support Plan (IEP or FSP) development and review process or at other times deemed appropriate by the school district staff performing behavioral services.
- Individual behavioral therapy or counseling services rendered to or on behalf of a specific Medicaid eligible student.
- Group behavioral therapy or counseling services rendered to or on behalf of a group of students.
- Unscheduled activities for the purpose of resolving an immediate crises situation.

## **Documentation requirements for all service providers:**

1. All service providers that are providing an IEP driven service must maintain a Plan of Care. The Plan of Care must be updated at least annually, or more frequently if the student's condition changes or alternative treatment is recommended.
2. All service providers that are providing a plan ( i.e. 504, BIP, Health Care Plan ) driven service must maintain a Plan of Care. The Plan of Care must be updated at least annually, or more frequently if the student's condition changes or alternative treatment is recommended.
3. The Medicaid Annual Notification form must be signed by a parent of all Medicaid eligible students with an IEP at least annually and placed in the audit file.
4. All service providers are required to complete Medicaid related documentation in the BPS approved Medicaid documentation system.
5. All newly employed service providers will be offered training on the BPS approved documentation system at the beginning of each school year. Follow-up trainings will be offered periodically throughout the school year and on an as-needed basis.
6. One-time Medicaid Parent Consent will be obtained on all students during the initial parent consent meeting. Original signed forms are to be couriered to Cheryl Wratchford, Medicaid Specialist at ESF POD 4

## **Compliance:**

In accordance with the Agency for Health Care Administration (AHCA) and Florida Medicaid, the Medicaid Specialist completes internal compliance monitoring of all service providers' documentation practices several times a year. This is done in preparation for annual audits by AHCA. The results of the compliance monitoring are reviewed by the Medicaid Contact/Resource Teacher and the ESE Director of Student Services Program Support. Principals and direct supervisors of non-compliant service providers will be notified based on job description requirements to complete all required Medicaid documentation.

## **Administrative Claiming:**

The school setting provides a unique opportunity to enroll eligible children in the Medicaid program, and to assist children who are already enrolled in Medicaid to access the benefits available to them. Medicaid, a joint state-federal program, offers reimbursement to schools for both the provision of covered medical services and for the costs of administrative activities, such as outreach, which support the Medicaid program but are carried out in the school setting. Federal matching funds under Medicaid are also available for the cost of administrative activities that directly support efforts to identify and enroll potential eligible students into Medicaid and that directly support the provision of medical services covered under the state Medicaid plan.

School or school district employees may perform administrative activities that directly support the Medicaid program. Some, or all of the costs of these administrative activities may be reimbursable under Medicaid; however, an appropriate claiming mechanism must be used. The time study is the primary mechanism for identifying and categorizing Medicaid administrative activities performed by school or school district employees. The time study also serves as the basis for developing claims for the costs of administrative activities that may be properly reimbursed under Medicaid. The time study is carried out through a Random Moment Sample emailed to eligible employees from Frontline/Accelify. The BPS Medicaid Specialist is available to assist with any questions regarding the Random Moment Sample.



**BREVARD PUBLIC SCHOOLS**  
**Parent Consent to Release Personal Student Information**  
**for Medicaid Reimbursement**

Medicaid reimbursement helps the school district fund costs of providing special education, related services, and any other services allowable by Medicaid. Our school district wishes to seek reimbursement for certain services provided to your child by accessing Medicaid. We must obtain your written informed consent for the purpose of releasing certain information related to seeking Medicaid reimbursement.

**Individual Educational Plan (IEP) Services**

The Individuals with Disabilities Education Act of 2004 (IDEA) permits school districts to seek reimbursement from Medicaid for services provided at school (Title 34, section 300.154(d)(2)(iv)(A)-(B), Code of Federal Regulations [CFR]).

**Non-IEP Services**

School districts are also allowed to seek reimbursement from Medicaid for services provided under the Florida Administrative Code Medicaid rule for school-based services (Rule 59G-4.035).

**Consent given or denied (please read, initial, sign and date at the bottom):**

**I understand and give my consent** to the school district to share information about my child with the State Medicaid Agency (State of Florida Agency for Health Care Administration), its fiscal agent, and the school district’s Medicaid billing agent or billing facilitator for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child. I understand that I may withdraw this consent to release information for Medicaid reimbursement at any time. I understand that if I refuse to give my consent or withdraw this consent, the school district will continue to provide all required services necessary to receive an appropriate education at no charge to my child in accordance with 34 CFR § 300.154(d)(2)(v)(D) or other services provided outside of the IEP. If consent is withdrawn, it will become effective on the date of withdrawal and no information will be released after that date.

The information shared may include my child’s name, date of birth, address, primary special education disability (if applicable), Social Security number, Florida Medicaid identification number, and the type and amount of health services provided, including the times and dates services were provided. Services may include assistive communication services, physical therapy services, occupational therapy services, speech therapy services, hearing and language therapy services, behavioral services, transportation services, and nursing services.

The records to be released or exchanged may include IEPs, assessment and eligibility records, related service therapy records and logs, transportation logs, progress notes, and nursing reports or records.

**I understand and do NOT give my consent** to the school district to share information about my child in order for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child.

**Parent/Guardian’s Signature:** \_\_\_\_\_ **Date signed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian’s Name (printed):** \_\_\_\_\_

**Student’s Name (printed):** \_\_\_\_\_

**Student ID** \_\_\_\_\_ **Student’s Date of Birth (printed):** \_\_\_\_\_





# Medicaid Questions Answered

Dear BPS Parent,

The State of Florida participates in a federal program called Medicaid School Match. This program helps school districts by allowing them to receive reimbursement for services provided to Medicaid Eligible Students. School districts frequently utilize this Medicaid reimbursement to help meet the costs of providing education services.

In order to assist you further, we have put together frequently asked questions to guide you.

## **Who can the district submit reimbursement for?**

While services will be provided to all students, as determined necessary by the school IEP/504/MTSS team, school districts may only receive reimbursement for services provided to students who are Medicaid Eligible.

## **What services does Medicaid cover?**

Occupational Therapy	Physical Therapy	Nursing Services
Speech/Language Therapy	Psychological Services	Social Work Services
Audiology Services	Special Transportation	School Health Aides
Screenings/Evaluations	Counseling Services	

## **Why does the district need parental consent?**

Federal law requires school districts to seek parental consent prior to submitting bills for reimbursement from public insurers such as Medicaid. The school district is required to obtain your written permission to release information to Medicaid before the district can submit any information for billing purposes.

## **Is there a cost to me?**

No. Services provided to a student within a school setting are provided at no cost to the parent/guardian.

## **Will this impact my child's outside Medicaid benefits?**

Not at all. Granting permission for the school district to bill Medicaid will **not** reduce your ability to seek other Medicaid-covered health-related services outside the school setting. This permission will not decrease lifetime coverage, increase premiums, or lead to the discontinuation of benefits.

## **Who will see this information?**

Your student's demographic and service information will be shared with the Agency for Health Care Administration (AHCA) for the purpose of verifying Medicaid eligibility and submitting claims.

## **What if I deny consent? – What if I change my mind?**

You have the right to add or withdraw consent at any time. Your child's free appropriate public education and related services will continue regardless of consent, refusal of consent, or withdrawal.

If you have further questions, you may contact:

Cheryl Wrotchford, Medicaid Specialist  
ESE Program Support Services  
Brevard County Public Schools  
321-633-1000 ext. 11508  
Wrotchford.cheryl@brevardschools.org



The School Board of Brevard County, Florida  
2700 Judge Fran Jamieson Way, Viera, FL 32940

Printed Student Name

Student #

School

Birth Date

**Medicaid Annual Notification**

Districts enrolled as Medicaid providers in the Medicaid Certified School Match Program (Fee for Service) are required under FERPA (Family Educational Rights and Privacy Act) to obtain parental consent in order to receive reimbursement for health-related services provided to Exceptional Student Education (ESE) students covered under the Individuals with Disabilities Education Act (IDEA). The Office of Special Education and Rehabilitative Services (OSERS) has recently instituted a new ruling that requires districts to not only obtain one-time signed parental/guardian consent and distribute written notification initially, but then to continue to provide written notification annually, starting the 2013-2014 school year.

As a result of this mandate, Brevard Public Schools developed the Medicaid Yearly Notification Form as a means to provide the annual notification to the parent/legal guardian regarding Medicaid reimbursement for eligible students receiving Speech/Language, Occupational Therapy, Physical Therapy and/or Counseling Services. Please see the Parent/Guardian Rights below.

***Parent/Guardian Rights:***

- IEP/IFSP services must be provided at no cost to the parent/guardian or student.
- Services listed in the IEP/IFSP must be provided whether or not parents give consent to bill Medicaid.
- Medicaid consent may be withdrawn at any time by submitting a new Medicaid Parental Consent Form. Contact your school guidance office.
- Annual written notification of parental/guardian rights regarding this consent must be provided by the school district.
- Copies of records disclosed as a result of authorization to bill are available to parent/guardian upon request.

Please print and sign your name below indicating that you received a copy of this form.

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date

# Brevard Public Schools

## Student Transportation Daily Attendance Log

1-64-3101-08-31-20-02-22-18-0-1

BUS ROUTE		BUS NUMBER:		WEEK OF:		8/24/2020						
DRIVER/STAFF			MON-24		TUE-25		WED-26		THU-27		FRI-28	
ID	STUDENT NAME	SCHOOL	TO	FRM	TO	FRM	TO	FRM	TO	FRM	TO	FRM
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>DRIVER/STAFF INITIALS:</b>												
<b>DRIVER/STAFF SIGNATURE:</b>									<b>DATE:</b>			
<b>RELIEF DRIVER SIGNATURE:</b>												

**Instructions:**

If student **does not ride:** TO (from home to school) or FROM (from school to home) please **leave blank.**