Welcome to Medicaid Training!

Presented by the Medicaid Billing Team:

Sarah Foster  
School Medicaid Program Manager  
sfoster@nwresd.k12.or.us  
Ph. (503) 614-1667

Kathi Ayala  
Medicaid Billing Administrative Specialist  
kayala@nwresd.k12.or.us  
Ph. (503) 614-1661

We are here to help YOU! Please contact us if you have questions or need help!

http://www.nwresd.org/Medicaid-billing.html
Thank you for your participation in today’s Medicaid training. As professionals who help provide Medicaid-covered health services to students and their families, you affect a child’s ability to learn and provide structure and support on their journey to become successful learners. Your participation in School-Based Health Services program (FFS) helps our agency to receive reimbursement for Medicaid-covered services provided to students. This reimbursement is not only a requirement of the EI/ECSE contract but also helps schools to continue to provide essential health and social services.

Thank you again for attending today and thank you for all you do!
Our Road Map

This is the main checklist we use for every Medicaid eligible child. We need these forms available to us and what we look for on each form for each claim.
Medicaid Consent Form-EI

Correct, current IFSP Date must be filled in

Bottom part of form cannot be corrected. Parent must complete these fields. A box must be checked, signature and date signed.

A box must be checked for form to be valid

Date must match the IFSP Date
Medicaid Consent Form (Ages 3-21)

Correct, current IFSP Date must be filled in

Parent must sign and date the form.

Make sure they choose the correct line for their signature. Parent portion of the form cannot be corrected.

Use this line if they consent

Use this line if they do not consent.
Medicaid Annual Notification (Ages 3-21)

Annual Notice must be sent to parents if a new Medicaid Consent Form is not obtained for a new IFSP. Each Annual Notice must be archived in ecWeb so it is accessible.

IFSP date must be entered for form to be valid

Date notice was sent must be entered.

Delivery Method (i.e. via mail, e-mail, in person)

One of these boxes must be checked
A problem message will appear if the start date does not match the IFSP date.
IFSP Signature Page

<table>
<thead>
<tr>
<th>Name:</th>
<th>Birthdate:</th>
<th>Meeting Date:</th>
</tr>
</thead>
</table>

### Individualized Family Service Plan Participants

List all participants in the meeting:
- Subcontractor Representative
- Parent
- EDCOE Specialist
- Service Coordinator
- School District Representative
- Teacher
- Preschool Teacher, if applicable
- Other
- Other
- Other
- Other
- Other
- Other

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I participated in the development of this IFSP and understand the content. I consent to the Early Intervention services in this plan.

<table>
<thead>
<tr>
<th>Parent signature</th>
<th>Parent signature</th>
<th>Date</th>
</tr>
</thead>
</table>

I have participated in the development of this plan for Early Childhood Special Education services for my child.

<table>
<thead>
<tr>
<th>Parent signature</th>
<th>Parent signature</th>
<th>Date</th>
</tr>
</thead>
</table>

I have reviewed the parental rights/guardian notice.

Initials

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Must be signed and dated by the parent/guardian in whichever section applies.
Lead interventionist models - When the lead interventionist is eligible to bill for Medicaid (SLPs, OTs, PTs), the billable services need to be broken out as separate services. This does not warrant more frequent visits from the specialist. However, the billable services need to be documented separately.

In the example, IFSP Notation – SDI (ECES or SLP services as therapy services), the speech language pathologist is the Lead Interventionist and is completing consultation for SDI twice a month for 30 minutes. The speech therapy is listed as twice a month for 15 minutes. The speech therapy portion would be billable.
IFSP and IFSP Related Documents and Process

IFSP documents, when considering Medicaid, are the prescriptive document. Details must be complete and contain the needed information to comply with program rules.

Meetings held by phone are billable when this has been documented on the IFSP signature page and is accompanied by the signed written agreements form.

Key Areas identified as needing specific attention before processing:
- Meeting Date
- IFSP Date - Initial or Annual
- Initial eligibility date for the current Age class
  - Medicaid requires a Medical diagnosis to reimburse for ASD services. Educational eligibility does not qualify.
- Dates such as 6mos review for EI should be listed. ECSE is entered when written reviews are done.
  - Copies of both documents should be included in the Archived records in eWeb.
- Annual Review Date (eWeb will auto-fill) but double-check that it is correct.
- Check your Service Start and Stop Dates – to be sure they align with how when services are provided.
- Provider Type. Must be a Related Service Provider - Special Education staff not billable.
- MUST include both Direct and Consult Services to allow flexibility for Related Service Staff in providing services:
  - Direct is one-to-one Related Staff/Student.
  - Consult is Related Staff to Educational Staff (not student).
  - Indirect (Medicaid views same as Consult). If possible, choose Direct or Consult.

This does not warrant more visits from the specialist/provider. Billable services (SLP, OT, PT, RN, Audiology, Transportation) must be documented separately.

IFSP Notation – Related Service Consult to community setting

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech, Physical or</td>
<td>Direct/Indirect</td>
<td>1 time every three months, 30 minutes each, following the [Day of the IFSP Meeting]</td>
<td>Community Preschool Classroom</td>
<td>[Day before annual] or [Sept 1 for transition students]</td>
<td></td>
</tr>
</tbody>
</table>
**NOTE**

- File the draft IFSP electronically in ecWeb - this step is different from the archiving of records in ecWeb. Electronic filing is necessary for billing providers/related staff to move forward with billing.

**Services Guidelines – Site-Based ECSE Services**
- Identifying other community services and activities (e.g., OT, PT, SLP, or educational services from private agencies; play groups, gymnastics, swimming) family is currently participating in or receiving
- Early Childhood Special Education Preschool: 2 times per week for 2 hours each
- Social Communication Class: 2 times per week for 2 hours
- Language Class: 1 time per week for 60 minutes
- Young Language Class: 1 time per week for 60 minutes
- Articulation Class: 1-2 times per week for 50 minutes each
Nursing Services on IFSP

<table>
<thead>
<tr>
<th>Service</th>
<th>How often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Protocol/Training</td>
<td>(individualize as appropriate) 1 time per year; 60 minutes</td>
<td>ESD</td>
<td>See first example</td>
<td>See first example</td>
</tr>
</tbody>
</table>

Provider: Name of person providing service
Who will do this? EI/ECSE Nurse
Who will pay? EI/ECSE Program

Specially Designed Instruction (SDI)

* Specially-designed instruction should be separated from Related Services - SDI is not Billable.*

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Therapy</td>
<td>Direct/Indirect/Consultation</td>
<td>2 times per month for 30 minutes following the [school’s] calendar 1st &amp; 3rd weeks of month</td>
<td>Head Start or Community Preschool Classroom</td>
<td>[Day of the IFSP Meeting]</td>
<td>[Day before annual] or [Sept 1 for transition students]</td>
</tr>
</tbody>
</table>

Provider: Name of person providing service
Who will do this? Early Childhood Educational Specialist or SLP/SLPA
Who will pay? EI/ECSE program
A Written Agreement Form is needed when:
- Staff are excused
- Revisions occur outside of IFSP annual meeting

For any use of the form, the items in the boxed area need to be completed.

This section must be completed for this form to be valid.

Provider signature needed for this form to be valid.

Sign in the appropriate section and date the signature.
Revisions to IFSP

Please use this guide when doing revisions.

Note: ALL forms need to be archived in ecWeb.
This is where you will see the filed IFSP. If you do not see your IFSP here then it has not been electronically filed.

This is how a filed IFSP will appear.
Progress Report

Physical signature is not required for ECSE students. Provider still needs to archive report in ecWeb so it is accessible.

Processing ECSE Progress Report:
Electronic record archived in ecWeb via Forms/Provider Forms/ProgRpt
Original paperwork scanned to ecWeb and stored under Forms/Archive/Uploaded Documents

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Consent to Evaluate Form

Prior Notice of Evaluation/Consent for Evaluation

It is required to obtain permission from the parent before evaluating the child. A foster parent is able to sign this form (caseworkers cannot sign educational documents).

Timeline

For any ECSE evaluation and any EI evaluation being done after initial eligibility, a 60-school-day timeline applies. Eligibility must be determined on or before the timeline.

The parent MUST SIGN the box giving permission for the evaluation. If the "Refuse permission" box is checked in error, or no box is checked, and the evaluation did occur, the form must be re-signed by the parent. The form cannot be altered by the service coordinator.

One of these boxes must be checked

The date signed MUST be on or before the evaluation date on the Evaluation Report.

One of these boxes must be checked
Medical Condition Statement for EI

Diagnosis needs to be present or some description of the impairment. Diagnosis code preferred.

One of these boxes must be checked

Doctor must sign and date.
For ASD Eligibility to be Medicaid billable there needs to be a Medical Statement from a doctor with a clear diagnosis of Autism Spectrum Disorder.

The doctor must be the same as the name listed on the eligibility statement.

This box must be clearly checked “Yes” by the doctor. Not checking either box or a writing in anything other than ASD diagnosis makes ASD services unbillable.

The doctor’s signature must be dated.

For ASD Eligibility to be Medicaid billable there needs to be a Medical Statement from a doctor with a clear diagnosis of Autism Spectrum Disorder.

The doctor must be the same as the name listed on the eligibility statement.

This box must be clearly checked “Yes” by the doctor. Not checking either box or a writing in anything other than ASD diagnosis makes ASD services unbillable.

The doctor’s signature must be dated.
**Date Evaluation was held.**

- **Date of evaluation**: 05/09/18

Every provider needs to sign and date. The date signed must be on or after the evaluation date on first page.

- **Not Billable without a signed report from every provider who is billing for services**

If a provider is added later to the IFSP and did not sign this report, we need a separate report from the added provider. The report should be archived in ecWeb so we may have access.
Early Childhood Special Education Speech and Language Evaluation Report

Child's Name: Sam Sample
Birthdate: 01/01/15  Age: 4y, 6m, 17d  District: Beaverton SD 48J

This is an evaluation to consider eligibility for Early Childhood Special Education (ECSE). This evaluation was conducted using a combination of standardized testing, observation, and parent interview.

Summary

Results from this evaluation are reviewed in an educational team meeting to assist in determining eligibility for Early Childhood Special Education (ECSE) services in the area of communication.

This evaluation reflects Sam's skills at this time. Evaluation results are not predictive of future performance because of Sam's young age.

Evaluators

Kara Eck. 5825 NE Ray Circle, Hillsboro, Or 97124 (503)614-1282

Location of evaluation:

cc: Parent(s)
Primary care physician
Evaluation Report Requirements

If it is ASD eligibility, it **MUST HAVE** an accompanying medical statement specifically from the Dr. listed on the eligibility form. See Medical Statement.

If a provider did not sign the original eval report, we need a separate report from the provider. The report should be available in ecWeb so we may have access. Not Billable without a signed report from **every provider** who is billing for services.

**Evaluation Process Guidelines and Timelines**

- **Prior Notice of Evaluation/Consent for Evaluation**
  - Check one or more of the boxes indicating reason consent is requested
  - **Section Two**
    - List all evaluation procedures, assessments, and tests to be used
    - Confirm “ONE” of the checkboxes indicating permission status must be checked.
    - Confirm Parent Signature
    - Confirm Date of Parent Signature is included - MUST
- Date of signature **MUST be ON or BEFORE** data on eval procedures, assessments, tests and evaluation report.

  Must be appropriate type of report currently used at this time:
  - EI Report (including medical statement eligibility)
  - ECSE Report (evals beyond speech and/or language only)
  - ECSE Speech and Language Report (evals - Speech/Language only)
  - ASD Report - Medicaid requires Medical Statement indicating medical diagnosis required - educational diagnosis does not meet the standard for reimbursement as Medicaid is payer of first resort for Medicaid eligibility services provided in a school setting.

**Processing Evaluation Reports**

Same process for EI/ECSE when verifying Medicaid Compliance

Guidelines for processing evaluation reports using ecWeb are included in the EI/ECSE IFSP Procedure Manual.
- Before paperwork is ready for distribution - (REMEMBER, ELECTRONIC ARCHIVING IN ECWEB) if part of established process.
  - Verify reports are signed either physically or electronically in ecWeb
  - Related service provider (OT, PT, SLP, Aud, RN) are directed to complete evaluation report/summary per scope of license, to be documented in service log
  - Verify date of evaluation report is on or after consent for evaluation for is signed by parents

**EVALUATORS**

- Service coordinator notifies team that form is ready for review and electronic signatures
- Each team member reviews report for content and accuracy, adds themselves to the evaluators, and enters name in the signature box.
- Service coordinator lists who else will receive report.

Archive the final report when complete and everyone has signed.
Eligibility Statements

One of these boxes must be checked

Initial eligibility date must be entered and accurately for form to be valid.

If ASD a doctor’s name needs to be included and match the medical statement.

Participants must each sign and check the agree or disagree boxes. Parent Signature cannot be corrected by service coordinator if this is not done correctly. A new form and signature will need to be obtained from parent.
This form is only required for ECSE students.
Problem Messages

How to run your own problem list in ecWeb

Problems, Warnings, and Sentinels

There is a tab on ecWeb that allows users to set up their own alerts for missing required components within the IFSP process. Each service provider can create their own alerts or "sentinels" that will send notifications when any of the selected problems occur.

Start at the Registry page, go to the Tools tab, then to Find Problems. This page will show:

- Problem Overview for Configuration
- Problem Overview for Lost Keeley

Label the Note and check the box for "Check automatically each night":

- Problem Overview for Lost Keeley

Select Edit and select the types of things for which you would like to receive notifications. This is just a portion of many, many things that may be selected for alerts.

After selecting the items to search, click on "run" and all files that have the identified problem areas will display. Problems and Warnings let users each night allowing service coordinator to address problems before they become too far out of compliance. The notifications that will display upon login to ecWeb will be titled as "Sentinels."
Service Recommendations

**SPs**

<table>
<thead>
<tr>
<th>Meeting</th>
<th>IFSP</th>
<th>Review</th>
<th>Filed</th>
<th>Type</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/04/19</td>
<td>02/04/19</td>
<td>09/01/19</td>
<td>07/10/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/16/18</td>
<td>07/16/18</td>
<td>07/15/19</td>
<td>10/30/18</td>
<td>initial</td>
<td>ce</td>
</tr>
</tbody>
</table>

**Recommendation for Services**

*Level of service from cover sheet Licensed practitioner’s signature and credentials*

- Speech/Language Therapy
- Direct
- 1 hour/week
- ECSE site
- Speech Language Pathologist
- 02/05/19 - 06/10/19
If a discrepancy is found it will produce a problem message. This must be fixed by whomever enters attendance at your site. We do not have access.
Any Questions?
THE END