

SCHOOL-BASED SERVICES

4.b.1 Services provided by School-Based Service Providers

Services provided by school-based service providers, known as the School-Based ACCESS Program (SBAP) in Pennsylvania, are provided or purchased by Local Education Agencies (LEAs) enrolled in the Medical Assistance (MA) Program to MA-eligible beneficiaries 3 to 21 years of age for whom the service is medically necessary and documented in the Individualized Education Program (IEP). LEAs include school districts, charter schools, intermediate units, approved private schools, vocational-technical schools and preschool early intervention programs. LEAs are enrolled in the MA Program as the qualified providers of service. Direct services must be delivered by qualified provider types, as identified below.

School-Based Rendering Providers: Qualifications

Assistive Technology Devices (42 CFR 440.70(b)(3))

Definition:

An assistive technology device (ATD) is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability and prescribed by a physician.

Qualified Provider Types:

ATDs are obtained by the LEA from a licensed medical supplier.

Nursing Services (42 CFR 440.60(a))

Definition:

Nursing services are professional services prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law and relevant to the medical needs of the beneficiary provided through direct interventions that are within the scope of the professional practice of a Registered Nurse (RN) or Licensed Practical Nurse (LPN) during a face-to-face encounter and on a one-to-one basis.

Limitation:

Nursing services provided must be documented in a service log.

Qualified Provider Types:

Nursing services are provided by a currently licensed RN, currently licensed LPN, or currently licensed Certified Registered Nurse Practitioner (CRNP).

SCHOOL-BASED SERVICES

Nurse Practitioner Services (42 CFR 440.166)

Definition:

Nurse practitioner services are:

1. Evaluation and consultation with providers of covered services for diagnostic and prescriptive services, including participation in a multi-disciplinary team assessment.
2. Record review for diagnostic and prescriptive services.
3. Diagnostic, prescriptive and evaluation services to determine a beneficiary's medically related condition.

Qualified Provider Types:

Nurse practitioner services are provided by a currently licensed CRNP.

Occupational Therapy Services (42 CFR 440.110(b))

Definition:

Occupational therapy services are services, including necessary supplies and equipment as well as direct assistance with the selection, acquisition, training, or use of an ATD, prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law and provided in an individual or group setting by or under the supervision of a currently licensed occupational therapist within the scope of his or her professional practice.

Limitation:

Occupational therapy services provided must be documented in a service log.

Qualified Provider Types:

Occupational therapy services are provided by or under the supervision of a currently licensed occupational therapist.

The standards for supervision by a licensed occupational therapist are set forth in state law, currently codified at 49 Pa.Code § 42.22 (relating to supervision of occupational therapy assistants). Supervision is conducted and documented by the licensed occupational therapist.

Orientation, Mobility and Vision Services (42 CFR 440.130(d))

Definition:

Orientation, mobility and vision services are services prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law and provided by an Orientation and Mobility Specialist in an individual or group setting.

SCHOOL-BASED SERVICES

Limitation:

Orientation, mobility and vision services provided must be documented in a service log.

Qualified Provider Types:

Orientation, mobility and vision services are provided by an Orientation and Mobility Specialist certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) who possesses a Pennsylvania Department of Education teaching certification for the visually impaired.

Personal Care Services (42 CFR 440.167)

Definition:

Personal care services are prescribed by a physician in accordance with a plan of treatment or otherwise authorized for the individual in accordance with a service plan approved by the State and provided on a one-to-one basis to treat physical or mental impairments or conditions in accordance with the IEP.

Limitation:

Personal care services provided must be documented in a service log.

Qualified Provider Types:

Personal care services are provided by an individual who is not a legally responsible relative and who is 18 years of age or older and possesses a high school diploma or general equivalency diploma, a current certification in first aid, and a current certification in cardiopulmonary resuscitation (CPR).

Physical Therapy Services (42 CFR 440.110(a))

Definition:

Physical therapy services are services, including necessary supplies and equipment as well as direct assistance with the selection, acquisition, training, or use of an ATD, prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law and provided in an individual or group setting by or under the supervision of a currently licensed physical therapist within the scope of his or her professional practice.

Limitation:

Physical therapy services provided must be documented in a daily service log.

Qualified Provider Types:

Physical therapy services are provided by or under the supervision of a currently

SCHOOL-BASED SERVICES

licensed physical therapist.

The standards for supervision by a licensed physical therapist are set forth in state law, currently codified at 49 Pa.Code § 40.173 (Supervision of occupational therapy assistants). Supervision is conducted and documented by the licensed physical therapist.

Physician Services (42 CFR 440.50(a))

Definition:

Physician services are:

1. Evaluation and consultation with providers of covered services for diagnostic and prescriptive services including participation in a multi-disciplinary team assessment.
2. Record review for diagnostic and prescriptive services.
3. Diagnostic, prescriptive and evaluation services to determine a beneficiary's medically related condition.

Qualified Provider Types:

Physician services are provided by a currently licensed doctor of medicine or currently licensed doctor of osteopathy.

Psychological, Counseling and Social Work Services (42 CFR 440.50(a), 440.130(d))

Definition:

Psychological, counseling and social work services are services prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law and provided in an individual or group setting by a psychologist, psychiatrist, counselor, therapist or social worker within the scope of his or her professional practice.

Limitation:

Psychological, counseling and social work services provided must be documented in a service log.

Qualified Provider Types:

Psychological, counseling and social work services are provided by:

- A currently licensed psychologist;
- A Pennsylvania Department of Education school-certified psychologist;
- A currently licensed physician with a specialty in psychiatry;
- A currently licensed professional counselor;
- A currently licensed Marriage and Family Therapist; or
- A currently licensed social worker.

SCHOOL-BASED SERVICES

Special Transportation Services (42 CFR 440.170(a))

Definition:

Special transportation services are services prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law and include:

1. Travel to and from school and between schools or school buildings on a day when a Medicaid service is on the IEP to be rendered on school premises and special transportation is included on the IEP as a separate service.
2. Travel to and from off-site premises on a day when a Medicaid service is on the IEP to be rendered off-site and special transportation is included on the IEP as a separate service; and
3. Use of a specially adapted vehicle (such as a specially adapted bus or van).

Qualified Provider Types:

Special transportation services are provided by a school or other entity under contract with the LEA to provide the services.

Special transportation services must be provided in accordance with the Public School Code of 1949 (24 P.S. §§ 1-101—27-2702), the Vehicle Code (75 Pa.C.S. §§ 101—9701), regulations at 22 Pa.Code Chapter 23 (relating to pupil transportation) and 67 Pa.Code Chapters 71 and 171 (relating to school bus drivers, and school buses and school vehicles).

Limitations:

- Special transportation services must be provided on the same date of service that a Medicaid-covered service, required by the beneficiary's IEP, is received.
- Special transportation services must be provided on a specially adapted school vehicle or other vehicle to or from the location where the Medicaid service is received.
- Special transportation services must represent a one-way trip.
- Special transportation services provided must be documented in a transportation log.

Speech, Language and Hearing Services (42 CFR 440.110(c))

Definition:

Speech, language and hearing services are services, including necessary supplies and equipment as well as direct assistance with the selection, acquisition, training, or use of an ATD, prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law and provided in an individual or group setting by or under the supervision of a speech pathologist, audiologist or teacher of the hearing impaired within the scope of his or her professional practice.

SCHOOL-BASED SERVICES

Limitation:

Speech, language and hearing services provided must be documented in a service log.

Qualified Provider Types:

Speech, language and hearing services are provided by:

- A speech pathologist who:
 - Has a Certificate of Clinical Competence (CCC) from the American Speech-Language-Hearing Association (ASHA); or
 - Has completed the equivalent educational requirements and work experience necessary for the CCC; or
 - Has completed the academic program and is acquiring supervised work experience to qualify for the CCC; or
 - Is currently licensed as a speech-language pathologist; or
- A currently licensed audiologist; or
- A teacher of the hearing-impaired who:
 - Has a current professional certificate issued by the Council on Education of the Deaf; or
 - Is currently licensed as a teacher of the hearing-impaired; or
 - Has a Master's degree, from an accredited college or university, with a major in teaching of the hearing impaired or in a related field with comparable course work and training.

Freedom of choice (42 CFR 431.51)

Consistent with section 1902(a)(23) of the Social Security Act, the Department assures that the provision of Medicaid services provided by school-based service providers will not restrict an individual's free choice of qualified providers for Medicaid services.

METHODS USED TO ASSURE TRANSPORTATION OF RECIPIENTS TO AND FROM PROVIDERS

3. All other resources are explored, i.e., family, friends, County Court, Veterans Administration facilities.

4. Use of nearest Medical Assistance resource unless specialized service necessitates additional travel.

Payment is made for public transportation in accordance with the rates as established for the general public. For recurring transportation needs, categorically needy recipients may receive either a County Assistance Office disbursement or have an allowance for public transportation included in their regular grant. Medically needy recipients may receive County Assistance Office disbursement not to exceed the actual cost for a three month period.

If public transportation is not available, payment for private vehicles is at the rate of \$.12/mile. If the total transportation cost is more than \$50.00 per month for a recipient, it must be approved by the Executive Director of the County Assistance Office or his/her delegate.

C. Special Transportation Services provided by School-Based Service Providers (42 CFR 440.170(a))

Definition:

Special transportation services are services prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law and include:

1. Travel to and from school and between schools or school buildings on a day when a Medicaid service is on the IEP to be rendered on school premises and special transportation is included on the IEP as a separate service.
2. Travel to and from off-site premises on a day when a Medicaid service is on the IEP to be rendered off-site and special transportation is included on the IEP as a separate service; and
3. Use of a specially adapted vehicle (such as a specially adapted bus or van).

Qualified Provider Types:

Special transportation services are provided by a school or other entity under contract with the LEA to provide the services.

Special transportation services must be provided in accordance with the Public School Code of 1949 (24 P.S. §§ 1-101—27-2702), the Vehicle Code, 75 Pa. C.S. §§ 101—9701, regulations adopted at 22 Pa.Code Chapter 23 (relating to pupil transportation) and 67 Pa.Code Chapters 71 and 171 (relating to school bus drivers, and school buses and school vehicles).

Limitations:

- Special transportation services must be provided on the same date of service that a Medicaid-covered service, required by the beneficiary's IEP, is received.
- Special transportation services must be provided on a specially adapted school vehicle or other vehicle to or from the location where the Medicaid service is received.
- Special transportation services must represent a one-way trip.
- Special transportation services provided must be documented in a transportation log.

METHODS USED TO ASSURE TRANSPORTATION OF RECIPIENTS TO AND FROM PROVIDERS

(Reserved)

METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS RATES-OTHER TYPES OF CARE

9.a School-Based Services

School-based services are identified in Attachment 3.1-A, pages 1ka – 1kf.

General Description of Payment Methodology

Effective with dates of service on or after July 1, 2013, school-based services provided by Local Education Agencies (LEAs), including special transportation services, will be paid on a cost basis. LEAs will initially be paid provider-specific interim rates for school-based direct health-related services per unit of service. The provider-specific interim rate is the provisional rate established for a specific service for a time period pending completion of cost reconciliation and cost settlement for that period. On an annual basis a provider-specific cost reconciliation and cost settlement for all overpayments and underpayments will be processed.

The units of service are defined by each Health Insurance Portability and Accountability Act (HIPAA) compliant current procedural terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code. Direct health-related services may be encounter-based or in 15-minute unit increments.

Specific Components of Cost-Based Payment Methodology

Total direct and indirect costs of providing health-related services, less any federal payments for these costs, will be captured utilizing the following sources:

- a. Annual cost reports received from LEAs;
- b. Pennsylvania Department of Education (PDE) Unrestricted Indirect Cost Rate (UICR);
- c. Random Moment Time Study (RMTS) Activity Code 4b (Direct Health-related Services), Activity Code 5b (Transportation related to Medicaid services) and Activity Code 10 (General Administration): Direct Health-related RMTS Percentage; and
- d. Provider specific Individualized Education Program (IEP) Ratios.

Allowable costs will be multiplied by the Direct Health-related RMTS Percentage. The product will be multiplied by the Medicaid Eligibility Rate to determine the total reimbursable costs for each participating LEA.

Cost Reports

Each LEA will complete an annual cost report for all school-based direct health-related services delivered during the previous state fiscal year (July 1 through June 30). The cost report is due within eight (8) months after the close of the fiscal year. The cost report will:

- Document the LEA's total Medicaid-allowable direct and indirect costs for delivering school-based direct health-related services, based on the CMS-approved cost allocation methodology; and
- Reconcile the LEA's interim payments to its total Medicaid-allowable costs based on the CMS-approved cost allocation methodology.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS RATES-OTHER TYPES OF CARE

The annual cost report includes a certification of funds statement, certifying the LEA's actual incurred costs and expenditures. The annual cost reports are subject to a desk review by the Department or its designee.

Allowable costs include:

- Direct health-related services, including salaries, benefits, health-related purchased services; and health-related supplies and materials.
- Indirect costs using the provider-specific UICR applicable in the fiscal year, as approved by Pennsylvania's cognizant agency for education services, the U.S. Department of Education.
- Transportation costs, including only those personnel and non-personnel costs associated with special education reduced by any federal payments for those costs. The costs identified on the cost report include the following:
 - Bus Drivers
 - Mechanics
 - Substitute Drivers
 - Fuel
 - Repairs & Maintenance
 - Rentals
 - Contract Use Cost
 - Depreciation

Each LEA certifies annually through its cost report the total actual incurred allowable costs and expenditures, including the federal and non-federal share, the amount of interim payments and the number of units billed for the fiscal year. Certifiable indirect costs are limited to each LEA's UICR.

Direct Health-related Random Moment Time Study Percentage

The time study is used to determine the percentage of time that personnel spend on direct health-related services, general and administrative time and all other activities to account for 100% of time to assure that there is no duplicate claiming. This time study methodology will utilize two mutually exclusive cost pools representing individuals performing direct health-related services and administrative activities. The appropriate time study results will be applied to both cost pools.

IEP Ratio Determination – Medicaid Eligibility Rate

An LEA-specific IEP ratio will be established for each participating LEA. When applied, this IEP ratio will reduce the direct health-related cost pool by the percentage of beneficiaries eligible for Medical Assistance (MA) who have an IEP.

The names and birthdates of MA-eligible beneficiaries with an IEP will be identified and matched against the Department's eligibility files to determine the percentage of those who are eligible for MA. The numerator of the rate will be the MA-eligible beneficiaries with an IEP, and the denominator will be the total number of students

METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS RATES-OTHER TYPES OF CARE

with an IEP.

Cost Reconciliation and Settlement

The cost reconciliation process is completed within twelve (12) months after the close of the fiscal year. The total allowable costs based on the CMS-approved cost allocation methodology are compared to the LEA's interim payments for school-based health-related services paid for dates of service during the fiscal year, as documented in the Department's claims processing system.

If a LEA's interim payments exceed the actual, certified costs the LEA incurred for school-based health-related services to MA beneficiaries, the LEA will return an amount equal to the overpayment.

If the actual, certified costs the LEA incurred for school-based health-related services exceed the interim payments, the Department will pay the federal share of the difference to the LEA in accordance with the final actual certification agreement and submit claims to CMS for reimbursement of that payment in the federal fiscal quarter following payment to the LEA.

The Department will issue a notice of settlement that denotes the amount due to or from the LEA.