Questions Posed During 2009 MSP Trainings

ALLOWABLE SERVICES

1. Can medical equipment be used for off-site activities such as field trips and still be reimbursable under the Medicaid Schools Program?

Off-site activities such as field trips are still considered part of the educational setting, therefore Medicaid reimburses for the medical supplies and equipment that are used.

2. What is the difference between Targeted Case Management (TCM) and Service Coordination?

TCM is the comprehensive coordination of services in all the areas where a child may receive services, such as school, home or recreational settings. TCM is billable under the MSP. Service coordination is more narrowly focused – usually centering around one setting where a child is receiving services, such as a school. Service coordination is an allowable administrative cost under MSP. It is not billable, but it is reimbursable.

NOTE: As of 12/29/09, Ohio is suspending RMTS Cost Pool 3 (Administrative staff only) due to issues with the statewide pool size.

3. Can Targeted Case Management (TCM) be billed for any student in the Medicaid Schools Program?

TCM is allowable only if the child:

- Is in the age range of 3–21;
- Has a developmental disability as defined in Ohio Revised Code 5123.01(Q);
- Is not already being provided this service by the county board of MRDD; and
- Is receiving a service specified in the IEP.

NOTE: As of 12/29/09, TCM as a reimbursable service is in suspension for the MSP program.

4. Is my direct medical service likely to be seen by an auditor as habilitation? Is it correct that habilitation is not allowed under MSP?

The Ohio Department of Education and the Ohio Department of Job and Family Services (ODJFS) have determined that these concerns are unwarranted based on federal statute. Here is the reference:

42 USC 1396 (c) (5) (C) (i) For purposes of paragraph (4)(B), the term "habilitation services"—

(C) Does $\underline{\text{not}}$ include — special education and related services (as such terms are defined in section $\underline{1401}$ of title $\underline{20}$) which otherwise are available to the individual through a local educational agency.

Note: "related services" are defined in section 1401 of title 20 of the U.S. Code as "developmental, corrective and other supportive services."

This federal statute implies MSP services would not be considered habilitation since they fall under the "special education and related services" exclusion.

5. What audiology services are allowable?

Currently, only assessment and evaluation are listed as the allowable codes for audiology. However, additional codes were added in the summer 2009 revision of the MSP rules. Generally, however, services such as hearing aid adjustment are not coverable under MSP, but under the Medicaid State Plan's Durable Medical Equipment (DME).

- 6. If the reevaluation date is not the same as the multi-factor evaluation (MFE) date, which date should a school use for the timeline for next reevaluation?

 A school should use the date that the specific medical reevaluation was completed by the practitioner. This date should be used as the beginning of the next reevaluation cycle.
- 7. May a physical therapist aide complete an evaluation under MSP?

 A physical therapist aide many complete an evaluation under the supervision of a licensed physical therapist (PT), as allowed by the PT licensure board. The PT licensure rules also require a licensed PT to sign the evaluation.
- 8. Does the Annual Progress Report suffice as indication of a continuing medical need under MSP? What about the annual reevaluation?
 It potentially does, as long as the Progress Report speaks to the progress of medical goals. However, Progress Reports are not required to meet the requirements of Medicaid- for example, service documentation alone can meet that requirement.
- 9. Is an assessment completed by a school psychologist billable under MSP? Only an assessment that has a medical needs component (e.g., behavioral issues, mental health) is reimbursable. If the assessment relates purely to academics (e.g., intelligence, academic performance), the assessment is not reimbursable. One exception: If the assessment completed by the psychologist for intelligence is used to identify some cognitive impairment (e.g., an IQ below 60) and that assessment is used to justify a developmental disability (along with a DSM-IV diagnosis), then the assessment may be allowable.
- 10. Why is it suggested that schools do an annual assessment/reassessment of all students receiving IEP services, rather than just Medicaid-eligible students? When determining the services to be provided on an IEP, the IEP team must not be influenced by the student's eligibility for Medicaid. Services are to be provided based on the needs of the student. If students are perceived to be treated differently because of Medicaid eligibility, the MSP provider could be at risk for discriminatory practices. Neither MSP nor general Medicaid requires the school district to make an assessment/reassessment of all students. However, teams should consider two things.
 - Medicaid eligibility is fluid. It is determined from month to month, and a student may become eligible or ineligible many times over the course of the year. It may not be worth the time to track eligibility so closely to determine when to follow Medicaid documentation standards.
 - The school district may risk the perception of delivering service to students differently based, on their funding sources.

11. What are the reassessment requirements for IEPs?

Annual reevaluations are not required for IEPs. The MSP requires an annual reassessment of a student's medical needs for the medical services they are receiving under MSP.

12. What is the date used for the evaluation/reevaluation?

The date an assessment/evaluation for medical services is completed is used to calculate the due date for the annual reassessment or reevaluation—not the date of the evaluation team report. To view a chart outlining the relationship of dates associated with MSP and IDEA, click here and select the document titled *IDEA & MSP Sample Timelines*.

13. Is there a chart showing the assessment/reassessment schedules for ETRs, and the IEP timelines in relation to ETR timelines?

Yes. Please click here and select the document, titled IDEA & MSP Sample Timelines.

14. Can a therapist complete the MSP reassessment without parental consent? If the assessment is related to IDEA and it is the student's initial assessment, parental consent is required. IDEA requires parental consent for all special education assessments, such as an ETR. If the assessment is an MSP reassessment that is conducted as part of the student's service delivery, and the parent already has given consent to provide services, it is not necessary to obtain additional parental consent for the reassessment.

15. Must every reevaluation be indicated in the IEP?

Yes, the plan of care must specify the timelines for reassessment/reevaluation, which must be no more than 12 months from the date of the initial assessment/evaluation or the latest reassessment/reevaluation.

- 16. Will ODE be monitoring to assure that the minimum of reevaluations were completed? ODE does not monitor this. This aspect of service delivery is the responsibility of licensure boards.
- **17.** What assessments and evaluations are allowable under MSP? MSP rule 5101:3-35-05 defines allowable evaluations and reevaluations for occupational therapy, physical therapy, speech-language pathology, audiology, nursing and mental health services. Nonmedical evaluations (i.e. academic) are not reimbursable.

18. Is only one initial evaluation allowable per year for audiology?

Usually only one initial audiology evaluation is allowable per year. A second evaluation is allowable with a Prior Authorization from ODJFS, if completed within the first six months. A reevaluation can occur as early as six months after the initial evaluation, but no later than 12 months past the initial evaluation.

- **19.** *Is the initial evaluation for special education services reimbursable under MSP?* The initial evaluation for special education services may or may not be reimbursable under MSP. This evaluation is reimbursable only if it is one of the medically related evaluations defined in MSP rule 5101:3-35-05.
- 20. Can an initial eligibility determination that finds a child ineligible for MSP be billable under MSP? Yes it may, but only if it is one of the medically related evaluations defined in MSP rule 5101:3-35-05.

21. Who is permitted to complete assessments under MSP? Assessments and evaluations conducted by licensed medical professionals, as listed in MSP rule 5101:3-35-05(B), are eligible for cost reimbursement. Licensure board requirements indicate who may complete assessments. MSP requirements do not contradict the standards of licensure boards regarding assessments/evaluations.

BACK CLAIMING

22. What are the requirements for back claiming?

As of July 2009, ODJFS was still discussing the details of the back claiming process. Details of the process will be shared with MSP stakeholders and vendors as soon as they are finalized.

23. Can back claiming be extended to a later date than Sept. 30, 2009?

As of July 2009, ODJFS had no plans to extend the cutoff for back claiming submissions beyond 9/30/09.

BILLING

24. Must a district be restricted to just one billing agent?

ODE/ODJFS has no official policy on how many billing vendors a school district may have.

25. If billings are being submitted by multiple billing agents, will it cause a rejection? The issue is not the number of billing agents, but the claim. The MMIS system denies any claim that is submitted twice using the same National Provider Identification (NPI) number, whether submitted by one billing agent or more than one.

26. What testing supplies are reimbursed under MSP?

Reimbursable testing supplies are those that are used to assess medical, mental health, behavioral or social issues. Supplies or materials used for an academic screening, for example one that reviews reading or math skills, is not reimbursable.

27. What direct services will be billable under audiology?

Please refer to Appendix A of 5101:3-35-04 for information of direct services billable under audiology.

28. Can districts bill MSP for training time spent to familiarize teachers and parents with equipment?

No, the MSP will reimburse only for time used to train the student in equipment use.

29. Why aren't schools allowed to pursue other forms of insurance to cover therapy services?

Schools may pursue other forms of insurance to cover therapy services, but the Individuals with Disabilities Education Improvement Act's (IDEA's) guarantee of a free appropriate public education (FAPE) requires schools to provide services regardless of the funding source. ODJFS may initially pay a claim through MSP, and later choose to obtain reimbursement through other insurance that is available, known as 'Pay and Chase'. If your school district wants to avoid the 'Pay and Chase' for a student with known other insurance, they should not submit their claims for Medicaid reimbursement.

30. Can testing materials be reimbursed under MSP?

Testing materials that have some medical component as such as equipment and supplies (reimbursable, but not billable). Such items need not be indicated on a student's IEP. Many tests are purchased on a student-by-student basis: if that is the case, only materials used by MSP students would be reimbursable. Also, if the tests were purchased 'in bulk', the optimal way to avoid any issues with the auditors would be to pro-rate the purchase so the costs of non-MSP students would not be claimed.

31. How can a district be reimbursed for materials purchased in bulk, such as insulin syringes, that are used by both MSP-eligible students and non-eligible students? You may do this one of two ways:

- (a) Pro-rate the usage of the items by MSP-eligible students. To do this, divide the total number of purchased items by the number of students using the item to get a percentage that each student uses, then multiply this figure by the number of MSP-eligible students; or
- (b) Identify the MSP students using syringes, get a count of the items used by those students over the MSP program year, and "roll up" their cost under the medical equipment and supplies heading in the cost report. Option (b), which assigns a unit cost to each item used, is more accurate, but option (a) is easier and will still satisfy auditors.

32. Can you give an example of something that is MSP reimbursable, but not MSP billable?

There are several potential examples, but here are two:

- Administrative costs associated with MSP are not to be billed as interim claims, but are reimbursable through the cost reconciliation process.
- Medical supplies and equipment do not have interim billing codes, but their costs also are reimbursable and can be recouped in the cost reconciliation process.

33. Can I submit costs for MSP reimbursement if services were previously reimbursed under IDEA?

Medicaid does not allow billing for services already covered under another federal program.

34. Are hearing assessments billable under nursing to MSP?

Yes, please review <u>5101:3-35-04</u>, <u>appendix 1</u> for the available codes and information on who can bill under those codes.

35. Are vision assessments billable under the nursing category to MSP?

Visions assessments are not billable to MSP under the category of nursing. Please review 5101:3-35-04, appendix 1 for the allowable codes.

36. Are general vision and hearing screenings reimbursable under MSP?

Vision and hearing screenings are reimbursable only if they are part of an eligibility determination for special education and are not available to the school population. Usually, screenings are used for general discovery, which the MSP does not reimburse for.

37. Can the MSP provider claim reimbursement for software instruction for the student on a device used in occupational therapy (OT)?

District may file for reimbursement for this instruction, according to <u>5101:3-35-05</u> (B)(1)(c)(ii).

38. If a school delivers therapy services, but want to wait and assess whether the MSP is a good funding option, can that school join the MSP after the beginning of the program year on Oct. 1, 2009?

A school may join the MSP after this date, but it is important to understand that any therapy costs for the quarter(s) in which the school does not participate in the MSP Random Moment Time Study (RMTS) will be pro-rated according to the quarters the school *did* participate. For example, if the school has annual salaries and fringe benefits of \$100,000 for occupational therapists, and the school participates in RMTS for two quarters, the value the school can claim on its cost report for MSP reimbursement will be \$50,000, before applying the RMTS percentage.

39. If a nurse administers medication three times daily to an MSP-eligible student, can the time spent be added up to get a billable unit?

ODE does not advise "rolling up" non-billable units to create billable units. However, the IEP may be written so that one unit of service delivery consists of 18 minutes of nursing services per day—this consisting of three sessions in which medication is given. Also note that while each of the three sessions, independently, does not constitute a billable unit, the total cost of this service delivery can be captured in the MSP cost report.

40. If a school has two students receiving a therapy service jointly, can the school submit an independent claim for each student (i.e., two bills) or should it divide the billable time between the two students?

Rule <u>5101:3-35-04</u> was revised by October 2009 for specific guidance on claims sharing. This language revision is being based on feedback from MSP stakeholders.

41. Is the Current Procedural Terminology (CPT) code found in <u>5101:3-35-04 Appendix 1</u> to be amended?

The list of CPT codes in the MSP reimbursement rule appendix was amended to reflect additional codes requested by MSP stakeholders that are allowable and are not covered under other areas of Medicaid in October 2009. If services related to these codes are delivered before the revision, they will be considered allowable for billing.

42. Is there an MMIS program edit that excludes multiple assessments being delivered on the same day?

There is no edit automatically excluding multiple assessments on the same day.

43. Is a school district required to use a third-party vendor to submit MSP claims? School districts are not required to use a third-party vendor to submit MSP claims. However, they must submit all MSP claims via an Electronic Data Interchange (EDI) partner to claim reimbursement.

44. Is guidance available on the use of IDEA and general revenue funds (GRF) in relation to MSP?

ODE has developed a guidance document that is posted on the MSP web site. To view the document, click here.

45. If a service exceeds the level indicated in a child's IEP, can it be reimbursed under MSP?

Typically, service that exceeds IEP-defined levels is not reimbursable. However, there can be exceptions. The district may seek prior authorization (PA) via ODJFS for services that exceed levels indicated in the IEP. Also, while ODJFS expects that all delivered services will be billed through the interim claiming process, the cost reconciliation process is designed to reconcile the overall costs of service delivery with the actual claims submissions. Keep in mind that the PA process is designed to address limited increases in service needs. If there are large or ongoing increases, the IEP team should reconvene to address possible revisions to the IEP.

46. As of July 2009, have back claims been paid to any MSP providers? Yes, the reimbursement process is underway.

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47. Is a range in service delivery allowed under MSP?

A range in service delivery is allowed, but there must a minimum and maximum. ODE expects the district to provide services at the maximum level at some point during the IEP span. If a range is needed due to flexibility in the school class schedule (i.e., block scheduling with alternating double-length period days and regular class period days), an alternative is to lengthen the frequency stated on the IEP from minutes daily to minutes weekly.

48. Who is responsible for the coding of service deliver claims?

The MSP provider (e.g., the school district) is responsible for assuring that interim claims are properly submitted within 365 days of the delivery of service. However in many cases, this responsibility will be assumed by a third-party vendor that the service provider contracts with.

49. Where can an MSP provider find all the applicable CPT codes for MSP? The CPT codes for the MSP are contained in appendix A of 5101: 3-35-05.

CONTRACTS

50. What are the requirements for competitive bidding in MSP?

Competitively bid contracts are applicable for MSP. However, there are a number of caveats that allow and MSP provider to opt-out of competitive bidding. A list of these opt-outs can be found in the A133 requirements here. Also, there are thresholds for contract amounts that allow for non-competitive bidding (for example, on contracts of less than \$25,000). ODJFS and ODE agree that auditing pertaining to competitive bids in the upcoming year will not be as stringent as in subsequent years, because many contracts were signed before the details were released to MSP providers. If contracts for the upcoming year are not yet signed, competitive bidding should be practiced when appropriate.

51. Must a district submit interim claims for contracted direct services?

A district must submit interim claims for contracted direct services, but it is important to understand that certain aspects of the MSP can be completed by a contractor. These include administrative activities that cannot be claimed through interim billing, but are reimbursable through the MSP cost-reconciliation process.

COST REPORT

52. Must the cost report be completed by a certified public accountant (CPA)?

It is not necessary to have a CPA complete a cost report, however a CPA must verify the agreed upon procedures related to the cost report. While a non-CPA may complete a cost report, a CPA is must submit the report to ODE and must verify that the district has followed all agreed upon procedures for the MSP cost report.

DOCUMENTATION

53. Our school completed a time study in the past. Can we use the results of that time study instead of completing another one?

A school may not use the results of a previous time study. The MSP Random Moment Time Study (RMTS) is specifically designed to work only with the Medicaid Schools Program. It is specific to the period when MSP services are being delivered.

54. Is there an ODE-approved progress report form for MSP that districts can provide to MSP stakeholders and vendors?

ODE does not plan to develop an official progress report form for the MSP. The method of determining progress (with or without evaluation/assessments) should be determined by the medical practitioner. Medicaid, unlike IDEA, does not require a formal report of progress. It merely requires that the practitioner to keep case notes indicating progress toward defined goals over two consecutive, three-month periods – unless the practitioner has altered the method of service delivery to attain progress towards those goals. If a practitioner is showing adequate progress on medically related goals in the case notes, that will satisfy MSP requirements.

55. Can the case notes currently kept to document that a service is "educationally relevant" also serve as the progress notes for the "medically necessary" outcomes of MSP?

Potentially, case notes may serve this dual purpose. Remember that the MSP does not mandate a separate set of documentation or case notes for medically related services. But the MSP does require that medically related service delivery notes indicate progress on medically related goals in the service provider's treatment plan. A service provider could write case notes that document both educational and medical progress; however, the case notes must specifically address the medical issues in addition to educational progress.

- 56. Is the start and end time of the services required as part of MSP documentation? The start and end times for services may be required, but are not always. To find out, review 5101:3-25-05 (G). This requirement calls for documentation of the service duration in minutes or in service start time and end time, depending on the service.
- 57. Are licensed practitioners required to make diagnoses and use "diagnosis codes" under MSP?

Licensed practitioners are not required under the MSP to make diagnoses using diagnosis codes. However, MSP does require ICD-9 codes (International Classification of Diseases, 9th edition) for billing to the MSP. In other words, the disease code is required, not a diagnosis code. For additional information, please see fact sheet titled <u>Diagnostic Codes on MSP Claims</u>.

58. Can a school or district keep MSP documentation only on the Medicaid-eligible children?

Districts may keep MSP documentation only on Medicaid-eligible children. However, Medicaid eligibility continually changes. There is no Medicaid requirement to document for non-eligible students. That said, Medicaid eligibility is determined month to month, meaning the ability to bill Medicaid is in a state of flux. Also, if a school district chooses not to keep documentation for a student, and it is found to be Medicaid eligible after the fact, without the documentation, the school will not have a way to bill Medicaid. Many schools choose not to disclose which students are and are not Medicaid eligible to avoid any perception that services are delivered differently based on payment options available

59. What are the e-signature requirements for parental consent?

ODE recommends only that school districts be able to verify that a parental consent signature is valid. It does not provide specific technology requirements for that verification.

60. Where can a definition of "medically necessary" be found?

The definition of medically necessary is available at 5101: 3-35-01 (A) (13).

ELIGIBILITY

61. Is there a law or requirement that prohibits school districts from knowing which students are Medicaid eligible?

A school district that is an MSP provider can access Medicaid-eligibility data for all enrolled students. However school districts must comply with the Family Educational Rights and Privacy Act (FERPA) regarding the sharing of information in student educational records. Many school districts choose not reveal to service providers whether students are Medicaid eligible, to avoid the perception that service delivery is influenced by funding availability. Another reason they choose not to reveal Medicaid eligibility is that this eligibility is determined from month-to-month, so any list of Medicaid-eligible students is likely to be outdated, unless such a list is re-created each month.

EQUIPMENT

62. Can a student obtain a piece of medical equipment through MSP then use it at home?

Students may use equipment for facilitating educational services only in the educational setting. However, the child or parent may request an identical piece of equipment for ongoing personal use in the home under the Durable Medical Equipment (DME) benefit of State Plan Medicaid. For additional information, see Ohio Administrative Code (OAC) Chapter 5101:3-10.

63. May a school claim reimbursement for a chair lift for a Medicaid-eligible student? If the chair lift is to be used only in the school setting, the school may claim reimbursement. However, if the lift is to be used by the child outside the school setting, the MSP will not cover the cost. (Again, MSP covers only those items used in the educational setting.) In this case the school retains ownership of the equipment when the child leaves the setting. If the child obtains the equipment for use outside the school setting, DME pays for it and the child parent retains ownership. To understand more about durable medical equipment, click here.

64. If a student is home-schooled, will MSP pay for equipment used in that home-based educational setting?

The MSP will pay for equipment used in home-based educational settings under certain conditions. The district may bill the MSP if the child will be using the equipment only during educational home instruction and the school district will retain the equipment after the student completes home-instruction. Districts also may exercise the option of requesting the equipment under Medicaid's Durable Medical Equipment provisions. Under DME, the equipment belongs to the student, not to the school district.

GENERAL

- 65. If a district enters into a tuition relationship with another district, and MSP reimbursement is available, which district should pursue that additional reimbursement the district of service or the district of residence?
 Unless the contract between the two schools specifically indicates otherwise, the district of residence is responsible for pursuing MSP reimbursement. The district seeking reimbursement must be an MSP provider, however.
- 66. Are contractors required to complete the Random Moment Time Study (RMTS)?

 Contractors are not required to participate in the RMTS.
- 67. Must an MSP provider have liability insurance?

An MSP provider must have liability insurance and is responsible to pay for that insurance as a regular business cost.

- **68.** Where can districts access materials from the May and June 2009 MSP trainings? Copies of all MSP presentation materials are located in the Presentation section of the MSP Web page. To access that page click here.
- 69. Can County Boards of Job and Family Services (CDJFSs) assist with MSP details?

 County Boards of Job and Family Services can assist with MSP details in certain areas.

 The Ohio Department of Education does not routinely promote the idea of districts relying on CDJFSs for MSP information. However, CDJFS offices can assist with general Medicaid information, such as eligibility requirements, and with non-MSP related State Plan services such as Durable Medical Equipment.
- 70. Is there an official list of CPAs that are certified to participate in the Medicaid Schools Program?

Currently, there is no official list of CPAs certified to participate in the Medicaid Schools Program.

71. Are county boards of MRDD involved in any way in the MSP?

County boards of MRDD may be involved in MSP, but not as direct providers. These boards may serve as contractors for MSP services through the school district, but may not participate in active billing or back claiming.

72. May ESCs be involved in any way in the MSP?

ESCs may be involved in the MSP, but not as direct providers. ESCs may serve as contractors for MSP services through school districts, but may not participate in active billings or back claiming.

73. Why are county boards of MRDD and ESCs not allowed to participate directly in the MSP program?

The MSP program was designed to support entities that are directly responsible for prescribing educational services through IEPs, and for providing those services. Only public, community, and deaf and blind schools have this responsibility. Therefore these schools are the only eligible, ongoing MSP providers.

74. *Must a child be Medicaid-eligible in order to receive MSP-reimbursable services?*A child must be Medicaid-eligible to receive MSP-reimbursable services. Remember that Medicaid eligibility is dynamic: eligibility is determined monthly, and for any given service it will require effort to determine whether the student was eligible at the time the service was provided.

MEDICAL HOME

75. What are the requirements for coordinating a student's services through a medical home?

MSP providers are required to document their efforts to coordinate the sharing of service information with the medical home. MSP providers have latitude in how they share service information with the medical home of the student (typically, this is shared with the student's primary care physician or managed care plan). Please review <u>5101:3-25-05 (G)(9)</u>, as well as the (ODJFS) MSP provider agreement to learn more.

NURSING SERVICES

76. If a student has a change in medications, must the IEP indicate this?

Medication changes need not be reflected on the IEP because the medications do not constitute the service. The process of administering the medications is the service, and this service may change. Note that MSP covers only nursing services that are beyond those offered to non-MSP students.

77. The spring 2009 Medicaid Schools Program presentation (slide 50) says the plan of care should include the location of prescriptions, if applicable. Usually only nursing services require a prescription. Is a prescription required for non-nursing services? The location of a prescription can be identified only when a prescription is required—as in the case of nursing services. Prescriptions need not be created for non-nursing services that normally do not require prescriptions.

PARENTAL CONSENT

78. Have ODE and ODJFS released official guidance on parental consent?

The fact sheet titled "Parental Consent" and the Recommended Parental Consent Form located on the MSP page of the ODE Web site contain guidance on parental consent. Click here.

79. Is there a recommended parental consent form?

A Recommended Parental Consent Form is posted on the MSP page of the ODE Web site. However, a school district may develop its own form, as long as that form includes all the required elements of parental consent.

80. Will the current consent form published by ODJFS suffice for obtaining parental consent?

This form will not suffice. ODE encourages schools and districts to use the Recommended Parental Consent Form located on the MSP page of the ODE Web site, at the link above.

81. Is parental consent needed for back claims?

Districts must obtain parental consent for services for the district plans to back claim.

82. Should an MSP provider have obtained parental consent by the time of the service delivery, or by the time of the billing?

The MSP provider should have obtained parental consent by the time of MSP billing.

83. Is parental consent needed for each annual assessment?

The district must obtain parental consent for each annual assessment.

84. Is annual parental consent required for all IEPs?

Annual parental consent required for all IEPs.

85. Is parental consent needed for third-party billing?

Parents must consent to the release of information for third-party billing.

86. If a parent refuses parental consent, does Medicaid still require documentation for MSP be maintained?

No. However, once the district decides not to keep documentation required by MSP standards, it will no longer be able to bill MSP if the parents later change their minds. Also, it is useful to know that many school districts require practitioners to maintain identical documentation requirements for all students, regardless of the funding sources for the services.

87. Can a school district ask for parental consent to cover a specific time period, for example, beginning the first day of school?

As long as the period of consent does not exceed 365 days, a school district is permitted to ask for parental consent to cover a specific time period. Districts should be very careful if they are completing an evaluation before the beginning of the school year; the evaluation starts the 365-day clock, which could expire before the end of the school year.

88. If a parent refuses to sign a parental consent form to bill Medicaid, can a district choose not to keep all the MSP-required documentation?

A district may choose not to keep MSP-required documentation if parents refused to give consent for Medicaid billing. However, Medicaid eligibility changes, and so might the thinking of parents about Medicaid billing. MSP providers should ask themselves if the effort they save by forgoing documentation is worth the risk of lacking documentation for Medicaid billing if the parents change their minds.

89. Will parental consent be required for back claiming? Check to see if this is a duplicate question.

ODE has determined that as of June 4, 2009, parental consent *is* necessary for back claiming. ODE recognizes that obtaining this consent will be difficult in many cases; however, Medicaid, FAPE, HIPAA and IDEA requirements call for parental consent.

90. Is ODE going to share additional parameters on release of information from students' records?

ODE has posted information on parental consent and release of information on the MSP page of the ODE Web site. Click here.

PROVIDER

91. Is the salary of a teacher license to instruct children with visual impairments billable under MSP?

There are no direct medical services that a teacher licensed to instruct visually impaired students could deliver under MSP. However, such a teacher may meet the qualifications for TCM, which is billable. Such a teacher's salary also could potentially be claimed in the administrative component of MSP.

92. Are permit-status audiologist services reimbursable through MSP?

While ODJFS has determined that only licensed status audiologists may receive MSP reimbursement, there is an effort by the audiologist licensing board to have these special-status permit audiologists licensed as aides. ODE supports these efforts and has determined that all professionals with appropriate licensing can receive MSP reimbursement.

93. If a contractor such as an ESC is delivering services, what are that contractor's responsibilities?

The contractor is responsible for:

- --Meeting the guidelines of the contract with the MSP Provider of Record (aka the school -- district):
- --Following licensure requirements that specify that certain direct medical services be delivered only by practitioners with appropriate credentials;
- --Providing services as written in the IEP plan of care;
- --Following all documentation requirements as defined in the MSP rules; and
- --Complying with regulatory requirements regarding confidentiality of student information (which are the same as for a school district).

SERVICES

94. May a supervisor's time be billed as TCM if that time is used in an IEP meeting?

As long as the supervisor is the named individual in the IEP for TCM services, and there is no other entity delivering TCM (such as a county MRDD board) for an eligible student, a supervisor's time in an IEP meeting may be billed as TCM. For a student to be eligible, the student must be in the age range of 3-21 years and have a qualifying developmental disability.

NOTE: As of 12/29/09, TCM as a reimbursable service is in suspension for the MSP program.

95. Is an ODE-licensed school psychology allowed to submit for reimbursement for psychological services under MSP?

An ODE-licensed school psychologist may submit for MSP reimbursement for appropriate mental health services, just as other licensed psychologists.

96. What is allowable for nursing services reimbursement in schools?

MSP prohibits billing for any service that normally would be available to non-IEP students in the school (e.g., general screenings).

- 97. May an MSP provider employ an ODE-licensed audiologist for MSP services?

 An MSP provider may employ an ODE-licensed audiologist for MSP services. Please see the licensing requirements listed in 5101:3-35-02 to determine if the requirements have been met for delivery of MSP reimbursable services.
- 98. How will goals related to nursing services show progress over two successive, three-month periods?

ODE and ODJFS are working with CMS to clarify whether treatment plan details suffice for the goal requirement of nursing services. Once a final opinion is arrived at, ODE and ODJFS will share that finding with the MSP stakeholder community.

99. In mental health and under the Old CAFS program, service coordination was and is reimbursable. Can school district claim service coordination for reimbursement under MSP?

An MSP provider may not submit interim claims for service coordination. However, service coordination may fall under the realm of administrative costs, reimbursable under the MSP cost reconciliation process. Therefore, while interim billings for service coordination are not allowable, some service coordination costs may be recouped by the cost report.

NOTE: As of 12/29/09, Ohio is suspending RMTS Cost Pool 3 (Administrative staff only) due to issues with the statewide pool size

100. Are delegated nursing services allowed under the MSP?

Delegated nursing is not a reimbursable service under MSP.

101. Must the case manager be a licensed practitioner? Check for duplication. The case manager need not be a licensed practitioner. Requirements of a case manager can be found in 5101:3-35-06 (2)(b).

TRAINING

102. When will the MSP Cost Report materials be released to the field?

ODE is still finalizing the MSP Cost Report materials. As soon as these documents are ready for distribution, ODE will make them available to the MSP stakeholder community though via e-mail and the MSP page on the ODE Web site.

103. Will there be additional trainings on MSP?

Cost report: ODE will be developing cost report instructions and details of the Agreed Upon Procedures to share with the field in the near future.

General questions: To help MSP participants understand the overall MSP process, ODE is attempting to answer general questions through the schoolmedicaid@ode.state.oh.us email port and to post general information on ODE's MSP Web page. However, targeted trainings for specific licensed therapists may be offered by licensure boards and third-party vendors.

TRANSPORTATION

104. If a school has a contract with a county board of MRDD for both educational and therapy services for a child, may it bill for transportation from the home to the county board of MRDD site under MSP?

A school contracting with a county MRDD board for educational and therapy services may not bill MSP for transportation, because in such a case the MRDD is the school building for the child. Transportation between home and school are currently not billable under MSP.