

School Based Medicaid Program (SBMP) Quick Check List

The following provides a quick checklist for the School Based Medicaid Program. For more detailed information on the program, please see the [LDH EPSDT Health and IDEA Related Services Guidelines](#).

1. Programmatic Requirements for Medicaid Claiming:

For a service to be eligible for Medicaid reimbursement and compliant with all relevant regulations, the following programmatic requirements must be met by the LEA:

1. LEA must be enrolled as a Medicaid Provider
2. Student is enrolled in Medicaid on the date of the service
3. Student has a medical diagnosis
4. Service is medically necessary as determined by an authorized medical provider
5. Service is authorized by a medical provider acting within his or her scope of practice
6. Service is provided in accordance with current IEP, IHP, 504 Accommodation Plan or other written plan of care that includes all required components list below
7. If the service provider is an employee of the LEA, they are enrolled in the Random Moment Time Study
8. The LEA has at least an 85% participation rate in the Random Moment Time Study
9. At least a portion of the providers salary is paid for with General Fund money (not IDEA funds)
10. Service must be listed on [LA Medicaid EPSDT and IDEA Fee Schedule](#) and include the CPT code
11. Written parental consent has been given to bill Medicaid

2. Requirements for a Written Plan of Care:

A written plan of care must be in place prior to billing Medicaid for services provided to a student. While IEPs, IHPs and 504s normally have most of the required elements of a written plan of care, they do not necessarily have all of them (for example, the ordering practitioners' signature is not always included). It is the LEAs responsibility to ensure a written plan of care containing all of the following elements is in place prior to billing for any services. These plans must be made available when requested for the SBMP audit.

For Nursing, Therapy (OT, PT, Speech) and Behavioral Health

1. Student first/last name
2. Unique ID (optional)
3. Date of Birth
4. Meeting Date (s)

- a. This can be the IEP meeting date, the date the plan was discussed with the student/parent or any other date that was important in the creation of the plan. It is often the date the plan is signed but can be a different date if appropriately documented
5. Reason for Plan (including evaluation documentation)
 - a. Only evaluations conducted or ordered by the LEA need to be attached.
 - b. Evaluations completed by the student's primary care doctor or other practitioner outside the LEA do not have to be attached.
6. Copy of additional plan (if applicable) (IEP, IHP, 504 Accommodation Plan, Other Medically Necessary Written Plan)
7. Authorized Service(s)
 - a. If multiple services are being authorized, ensure all required elements are completed for each service
8. Date of Service Authorization
 - a. No service can be billed prior to this date. It is often the date the plan is signed but can be a different date if appropriately documented
9. Diagnosis (or exceptionality)
10. ICD-10 code
 - a. HIPPA requires any entity billing Medicaid to use ICD-10 codes in billing. In the school setting, schools may not feel the IEP or otherwise authorizing document is an appropriate place for an ICD-10 code. In those cases, a cover sheet, addendum or any other documentation attached to the plan showing the ICD-10 code is acceptable.
 - b. If the services are ordered by a provider outside the LEA, that provider should include the ICD-10 code in their authorization paperwork.
 - c. Schools also have the option to include the ICD-10 code in parenthesis next to the diagnosis on the written plan of care if they feel it is appropriate.
11. Service Goal(s)
12. Start Date for Service
 - a. This is often the date the plan is signed but can be a different date if appropriately documented.
13. Duration of Service (i.e. school year, 1 semester)
14. Plan for keeping parents informed of goal progress
 - a. This can be as prescribed in the IEP re-evaluation process or any other method and frequency of parental communication as long as it is documented in the written plan of care.
15. Type of Service (Individual/Group) and frequency
16. Name, Title and signature of licensed provider authorizing (ordering) the service(s)

- a. Schools must ensure they have the appropriate authorization on all documents ordering services. In some cases, the ordering provider is a part of the IEP (or other written plan of care) team. In these cases, their signature on the written plan of care is acceptable for authorization. For other provider types, the authorization must come from outside the school team. For these provider types, an additional form ordering the services must be included in the plan.
 - i. Providers who can order their own services (and therefore their signature on the plan is sufficient):
 1. Physical Therapists
 2. Speech Language Pathologists
*except for voice disorders
 3. Licensed Clinical Social Workers
 4. Licensed Professional Counselors
 5. Nurse Practitioners
 - ii. Providers who need a separate ordering document:
 1. Occupational Therapists
 2. Registered Nurses
 3. Audiologists
 4. Personal Care Services providers

17. The NPI number of the licensed practitioner that authorized the service(s) (required after 5/22)

- a. The ordering provider can simply provide this number next to their signature on any authorizing document. If they do not provide this number, schools can look it up [here](#).

For Personal Care Services

The requirements for the PCS Plan are slightly different than those for the other programs. A [PSC Plan of Care template](#) is available if you would like to use it. The PCS Plan must be completed by an ordering MD or appropriately supervised NP, PA or APRN.

1. Start and end date of the plan of care.
 - a. Remember – PCS plans are only valid for 6 months. They must be updated every 6 months to stay valid. If you do not keep this plan in date, all PCS services provided after it expires will not be billable.
2. Student's name, date of birth, demographic information including name of parent, guardian or responsible party, and emergency contact information.
3. List of special instructions and /or procedures required to meet the student's specific needs, worker.
4. A clear summary including the diagnosis and CPT code, condition, sign, or symptom that is creating the need for the service, and ICD 10 codes as applicable.
5. Number of days services are required per week.

- a. It is okay if all services are needed everyday.
6. Total time requested to complete each activity each week.
7. The NPI number of the licensed practitioner that authorized the service(s) (required after 5/22)
 - a. The ordering provider can simply provide this number next to their signature on any authorizing document. If they do not provide this number, schools can look it up [here](#).

3. Requirements for Documenting Services:

Individual documentation is required after every service session. This documentation must be made available when requested for the SBMP audit. Each session must be documented with the following information:

For Nursing, Therapy (OT, PT, Speech) and Behavioral Health

1. Student first/last name.
2. Date of service.
3. Type of service (CPT Code).
4. Individual or group session (if group, # of students in the group).
5. Beginning/ending time for each session.
6. Duration of service in minutes.
7. Description of therapy or method used (must have sufficient detail for the length of the session).
8. Description of the student's response to the therapy.
9. Student's progress toward meeting established goals.
10. Name and signature of service provider/title/credentials and date.
11. Name and signature of supervisor, if required.

For Personal Care Services

The PCS Service documentation is slightly different. A [PCS Service Documentation template](#) is available.

1. Daily notes by PCS provider denoting date of service.
2. Services provided.
3. Total number of hours worked.
4. Time period worked.
5. Condition of recipient.
6. Service provision difficulties.
7. Justification for not providing scheduled service.
8. Any other pertinent information.

Please email sbmp@la.gov with any questions.