

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. The 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 elements.
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 provider's 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:

When an assessment indicates that Medicaid-covered services are required, a qualified medical staff member must develop and maintain a Plan of Care (POC) for the student. The POC is intended to provide a concise overview of the student and the student's medical condition(s) and be a useful resource not only for the educational staff but also for the student, caregivers, and health care professionals. The POC should be based on assessment data. The POC must demonstrate medical necessity, include specific and achievable goals for each condition, recommend frequency and duration of interventions and plan for care coordination. Treatment goals should be measurable, and time bound as appropriate. The individualized POC must be developed, maintained, and updated based on status or goal changes by licensed medical providers acting within their scope of practice. All POCs must be updated at least annually.

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. 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.

Written Plan of Care Require Elements for Nursing, Therapy (OT, PT, Speech) and Behavioral Health

- Student Name/Unique ID.
- Student Date of Birth.
- Date of Plan.
- Duration of Plan (must be written at least annually).
- Name of persons contributing to the plan development.
- Student Diagnosis (ICD10 code).
- Assessment data or reference assessment document and date.
- Authorized Service.
- Frequency and Duration of Service required to meet goals.
- Ordering Provider/NPI.
- Date of Authorization/Order.
- Goals- specific, measurable and time bound including indicators when the service is no longer necessary.
- Recommended interventions.
- Documentation of delegated services.
- Plan for coordination of care - informing parents of progress and coordination with outside providers.
- Name/Signature of Provider completing the Plan of Care.
- Name/Signature/NPI of authorizing or ordering provider if provider completing the plan requires authorization (attach order if applicable).

*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 attached to the plan.

Licensed 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. Licensed Psychologist
6. Nurse Practitioner

ii. Licensed providers who require a separate ordering document:

1. Occupational Therapists
2. Registered Nurses
3. Audiologists

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.