

**710 - SCHOOL BASED CLAIMING PROGRAM**

EFFECTIVE DATE: 07/03/19

APPROVAL DATE: 06/13/19

**I. PURPOSE**

This Policy provides information about the health care services available through the School-Based Claiming Program, specifically, the Direct Service Claiming (DSC) Program. Through this Program, AHCCCS provides Medicaid coverage of certain services to be rendered by Qualified Providers who are employed by, or contracted with, the member's Local Education Agency (LEA). LEAs include public school districts, charter schools not sponsored by a school district and the State School for the Deaf and Blind.

**II. DEFINITIONS****DIRECT SERVICE CLAIMING (DSC)**

Claiming for medical services provided by or through a Local Education Agency (LEA) to children who are both Medicaid eligible and who have been identified as eligible under the Individual with Disabilities Education Act (IDEA)-Part B.

**EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT PROGRAM (EPSDT)**

A comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral health conditions for AHCCCS members under the age of 21. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in Federal Law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS State Plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

**INDIVIDUALIZED EDUCATION PLAN (IEP)**

A formal written plan developed and implemented for the purposes of providing special education and related services to a child with a disability who is determined eligible under the Individuals with Disabilities Education Act (IDEA), Part B.

**INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

Established in Part B of the IDEA, ensures that children with special education needs receive a free and appropriate public education.

**LOCAL EDUCATION AGENCY (LEA)**

As defined by 34 CFR 300.28, and for purposes of this Policy, public school districts, charter schools not sponsored by a school district and the State School for the Deaf and Blind.

**QUALIFIED PROVIDER**

An individual who provides qualifying covered services and who meets all the applicable licensure/certification requirements, is registered with AHCCCS and has obtained an AHCCCS provider ID number, and is employed by or working under contract with an LEA or one of its individual schools.

**III. POLICY**

**A. GENERAL REQUIREMENTS**

Through the DSC Program, AHCCCS provides Medicaid coverage of certain services to be rendered by Qualified Providers.

All the following general requirements shall be met for the service to be considered a DSC covered service.

1. DSC providers shall be registered with AHCCCS prior to providing services to members enrolled in the DSC Program, and shall carry liability insurance as required by the AHCCCS Provider Participation Agreement.
2. Services are covered only for Title XIX members who are EPSDT aged, and who have been determined by the LEA to be eligible for special education and related services under the IDEA, Part B.
  - a. Medicaid covered services will only be reimbursable for members who are at least three years of age and less than 21 years of age and who have been determined eligible for Title XIX and IDEA, Part B services. Members age 21 to age 22 who are eligible for Medicaid services provided under IDEA are covered within the same service limitations that apply to all eligible AHCCCS members age 21 and older.
3. Assessment, diagnostic, and evaluation services are covered under the DSC Program only when one or more DSC covered services are included in the member's IEP as a result of the assessment, diagnostic or evaluation, and claims or other documentation that demonstrate the service(s) have been provided.
  - a. If an assessment, diagnostic, or evaluation service is provided as part of the eligibility determination process for the DSC Program, it will be covered if the member is indeed determined to be eligible for the Program and receives a DSC covered service. If the member is not determined to be eligible for the DSC Program, or the evaluation results in a service that is not covered under the DSC Program, the assessment, diagnostic, or evaluation is not covered.
4. In order for a covered service to be reimbursed under the DSC program, it shall be determined by a Qualified Provider to be medically necessary and shall be included in the member's IEP.

5. The appropriate Qualified Provider for each particular service identified in the IEP shall determine and include in the IEP the scope, frequency and duration of the service to be provided and sign and date the IEP.
6. Services shall be provided in accordance with the IEP for the purpose of developing, improving, or maintaining skills required for the member to begin and/or continue to receive education through the public school system.
7. The services shall be provided during a regular school day within a public school unless the member's IEP specifies an approved alternative setting due to the member's medical condition. Approved alternative settings include a clinic, medical professional office or other medical facility, another school, or the member's residence. These settings are included in this Policy as a "public school setting."
8. Prior authorization is not required for a DSC assessment, evaluation, diagnostic, or treatment service if it is provided as part of the DSC eligibility determination process, or when the service is included in the eligible member's IEP and provided in a public school setting. However, claims for reimbursement for eligible services are subject to a pre-payment review.

For complete information regarding billing for services, and available training or technical assistance related to the DSC Program, contact the AHCCCS contracted Third Party Administrator (TPA).

## **B. MEDICAL AND FINANCIAL RECORDS**

1. A medical record shall be kept at the school for each AHCCCS member who receives services through the DSC Program. The record shall be maintained by the service provider(s) who renders services to the member. It shall provide accurate documentation of the member's health care needs that will be addressed through the Program, changes in the member's health status, and medically necessary services that have been provided.
2. Medical records shall be well organized and comprehensive, with sufficient detail to promote effective member care and quality review. Each medical record shall be kept up-to-date and include all of the following:
  - a. A copy of the member's current, valid IEP that includes DSC covered services with outcome oriented goals. An IEP is considered current and valid when the date of service falls within the date-span reflected on the IEP, and the IEP has been signed and dated by the appropriate Qualified Providers for each claimable service. The IEP shall contain a "prescription" or recommendation from the appropriate Qualified Provider for each medical service and include details regarding the scope, frequency, and duration. The appropriate Qualified Provider for each particular service identified in the IEP shall determine and include in the IEP the scope, frequency, and duration for the medical service under his/her direction. The IEP shall be signed and dated by the appropriate Qualified Provider(s),

- b. Periodic summary reports of the member's progress toward treatment goals which shall be completed, signed, and dated with the date (delivery) of service by the appropriate Qualified Provider for each eligible service, and
    - c. A clinical note giving a description of service modalities provided, the date, and the time spent providing the service. The note shall be signed and dated by the Qualified Provider at the time the service is provided with the date (delivery) of the service.
  3. The member's medical record shall include documentation that diagnostic, treatment, and disposition information related to the member is transmitted correctly to his/her primary care provider, and other health care providers as appropriate, to promote continuity of care and quality management of the member's health care.
  4. Medical records may be documented on paper or in an approved electronic format.
    - a. Records documented on paper shall be written legibly in blue or black ink, signed and dated,
    - b. If records are physically altered, the stricken information shall be identified as an error and initialed by the person altering the record, whiteout is not allowed,
    - c. If kept in an electronic file, the provider shall establish a method of indicating the initiator of information and follow up documentation regarding an electronic signature. The provider shall have processes in place to ensure that information is not altered inadvertently. This would include the use of any electronic format for records provided as documentation to support a claim, such as electronic IEP systems or electronic service logs,
    - d. A system shall be in place to track when, and by whom, revisions to information are made. The appropriate Qualified Provider shall be easily identifiable as the person making alteration to the record, and
    - e. Any transmission of, or accessibility to, information included in a member's medical record shall conform to current AHCCCS policies, and Health Insurance Portability and Accountability Act requirements when notified by AHCCCS of the effective implementation date.
  5. The LEA shall submit to the TPA, in an AHCCCS approved format, quarterly and annual cost reports. Each quarterly and annual report shall be certified by the LEA administrator prior to submission to the TPA.
  6. Each participating LEA shall maintain appropriate financial documentation that verifies State/local funds were expended for each type of service provided to students enrolled in the DSC Program. In addition, LEAs are responsible for meeting all of the requirements outlined in the School Based Claiming Participation Agreement entered into with the AHCCCS contracted TPA.
  7. Medical records shall be accessible and available to AHCCCS, the Centers for Medicare and Medicaid Services, the AHCCCS contracted TPA and health care providers serving the member. On a periodic and ongoing basis as appropriate, a review of medical records will be conducted to assess the medical necessity of services, the appropriateness of services provided and the completeness of the

medical records for AHCCCS members receiving services through the DSC Program. Records reviewed may include IEP, attendance records, evaluations and/or assessments, clinical notes, progress notes, services logs, provider qualification documentation, and any additional documentation needed to support the claim.

### **C. COVERED SERVICES**

The following covered services are provided to members eligible for the DSC Program when rendered by a Qualified Provider within their scope of practice.

#### **1. Audiology Services**

- a. Audiology is a DSC covered service, within certain limitations, to evaluate hearing loss and rehabilitate persons with hearing loss that may not be improved by medication or surgical treatment. Audiology services provided under the DSC program shall include:
  - i. Medically necessary services regarding the diagnosis or treatment of eligible members, and
  - ii. Individual and group instruction/treatment, which may include auditory training, speech therapy, reading, and audiometry.
- b. Audiological services shall be provided by Audiologists licensed with the Arizona Department of Health Services (ADHS) and meet the requirements in 42 CFR 440.110,
- c. The following audiology exclusions are not covered under the DSC Program, but are covered and available for eligible Medicaid members through AHCCCS Contractors, or the AHCCCS/DFSM for FFS members:
  - i. Exams or evaluations for hearing aids,
  - ii. Exams or evaluations for cochlear implants,
  - iii. Evaluations for prescription of speech-generating and non-speech-generating augmentative and alternative communicating devices, and
  - iv. Therapeutic service(s) for the use of speech-generating and non-speech-generating devices, including programming and modification, and devices such as hearing aids, cochlear implants, and speech-generating and non-speech-generating devices.

#### **2. Behavioral Health Services**

- a. Behavioral health services provided under the DSC Program shall include:
  - i. Assessments,
  - ii. Individual, group and family therapy and counseling,
  - iii. Psychological and developmental testing,
  - iv. Neurobehavioral status examinations and neuropsychological testing, and
  - v. Cognitive skills training.
- b. Qualified Providers shall be licensed or certified as follows:
  - i. Psychiatrists shall be licensed per requirements in A.R.S. §36-501, or the regulatory body of the State where the psychiatrist resides,
  - ii. Psychologists shall be licensed per requirements in A.R.S. §32-2061, or the regulatory body of the State where the psychologist resides, and

- iii. Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC) and Licensed Marriage and Family Therapists (LMFT) shall have current licensure by the Arizona Board of Behavioral Health Examiners as a LCSW, LPC or LMFT, or if outside Arizona, be licensed or certified to practice independently by the local regulatory authority.

3. Nursing Services

- a. AHCCCS covers nursing services provided to eligible members when rendered by Qualified Providers within their scope of practice. The following Qualified Providers are eligible to provide nursing services under the School Based Claiming Program:

- i. School-Based Registered Nurse (RN) and Licensed Practical Nurse (LPN)

- 1) Shall be licensed according to A.R.S. §32-1601 or the regulatory body of the State where the nurse resides,
- 2) Shall follow the IEP and provide care to students within the scope of their practice (A.A.C. R4-19-401 et. seq.), and
- 3) Shall provide direct nursing and may also provide training and oversight of School-Based Health Aides.

- ii. School-Based Health Aides

- 1) Shall be specially trained and approved by the schools in general care. School-Based Health Aides shall follow the IEP for each student. School-Based Health Aides are supervised by a nurse or other appropriate licensed personnel employed by, or contracted with, the LEA,
- 2) Training received by the Health Aide(s) related to the specific needs of the student shall be documented by the LEA, and
- 3) School-Based Health Aides shall have current certification in first aid and Cardiopulmonary Resuscitation (CPR). Certification in first aid and CPR shall meet the following standards:
  - a) Training in first aid and CPR shall be provided or sponsored by a nationally recognized organization (e.g. American Heart Association, American Red Cross, etc.), using an established training curriculum,
  - b) Training sessions shall be in person, in order for the participant to demonstrate learned skills such as mouth-to-mouth resuscitation and chest compressions. Web-based training without the benefit of on-site return demonstration of skills is not acceptable, and
  - c) Certificates of completion of first aid and CPR training shall be provided to the LEA and to AHCCCS upon requesting provider registration as an AHCCCS provider.

4. Physical and Occupational Therapy

For the purposes of the DSC program, Physical Therapists and Occupational Therapists may operate as both ordering and rendering providers. Claims submitted for services provided by a Physical Therapist or Occupational Therapist require the Referring/Ordering/Prescribing provider NPI when submitting claims.

- a. PT and OT services that may be provided under the DSC Program include:
  - i. Therapy evaluations and re-evaluations,

- ii. Therapeutic procedures, exercises and activities to develop strength, endurance, range of motion, and/or flexibility, and to improve functional performance. Services may be provided on an individual or group basis,
  - iii. Neuromuscular re-education to develop, improve or maintain movement, balance, coordination, kinesthetic sense, posture, and proprioception,
  - iv. Gait training and stair climbing,
  - v. Massage necessary to effect change or improve function (e.g. effleurage, petrissage or tapotement),
  - vi. Manual therapy techniques (e.g. mobilization/manipulation),
  - vii. Orthotics fitting and training for upper or lower extremities,
  - viii. Prosthetic training, for upper or lower extremities,
  - ix. Wheelchair management/propulsion training,
  - x. Physical performance test or measurement (e.g. musculoskeletal, functional capacity) along with a written report,
  - xi. Therapeutic activities for development of cognitive skills including compensatory training and/or sensory integrative activities to improve attention, memory, problem solving, and
  - xii. Application of a modality such as manual electrical stimulation.
- b. Providers of physical and occupational therapy services shall be Qualified Providers and be licensed as follows:
- i. Occupational Therapists shall be licensed by the Arizona Board of Occupational Therapy Examiners, or the governing Board of the State where the Therapist practices or a certified Occupational Therapists Assistant (under the supervision of the Occupational Therapist according to A.A.C. R4-43-401 et seq) licensed by the Arizona Board of Occupational Therapy Examiners,
  - ii. Physical Therapists shall be licensed by the Arizona Board of Physical Therapy or the governing Board of the State where the Therapist practices or a Physical Therapy Assistant (under the supervision of the PT, according to A.A.C. R4-24-301 et seq) certified by the Arizona Physical Therapy Board of Examiners,
5. Speech Therapy
- For the purposes of the DSC program, Speech Therapists may operate as both ordering and rendering provider. Claims submitted for services provided by a Speech Therapist require the Referring/Ordering/Prescribing provider NPI when submitting claims.
- a. Speech Therapy (ST) services that may be provided under the DSC Program include:
- i. Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status,
  - ii. Treatment of speech, language, voice, communication, and/or auditory processing disorders, including aural rehabilitation. Services may be provided on an individual or group basis,
  - iii. Laryngeal function studies,
  - iv. Evaluations or treatment of swallowing or swallowing dysfunction, oral function for feeding, and

- v. Aural rehabilitation following cochlear implant, including evaluation of aural rehabilitation status and hearing, therapeutic services, with or without speech processor programming.
  - b. Providers of speech therapy services shall be Qualified Providers and be licensed as follows:
    - i. Speech therapy Qualified Providers shall meet the Federal requirements of 42 CFR 440.110, and services may be provided by the following professionals within their scope of practice:
      - 1) A qualified Speech-Language Pathologist (SLP) licensed by the Arizona Department of Health Services (ADHS), or
      - 2) A SLP who has a temporary license from ADHS and is completing a clinical fellowship year. He/she shall be under the direct supervision of an American Speech-Language-Hearing Association (ASHA) certified speech-language pathologist. AHCCCS registration will be terminated at the end of two years if the fellowship is not completed at that time, or
      - 3) A qualified SLP Assistant (SLPA) (under the supervision of the SLP and according to A.R.S. §36-1940.04 and R9-16-501 et seq) licensed by the Arizona Department of Health Services. The SLPA shall be identified as the treating provider and bill for services under his or her individual National Provider Identification (NPI) number (a group ID number may be utilized to direct payment). SLPAs can only perform services under the supervision of a SLP and within their scope of service as defined by regulations.
6. Transportation
- a. Transportation to and from school may be claimed as a Medicaid service when all of the following conditions are met:
    - i. Special transportation is specifically listed in the IEP as a required service,
    - ii. The child requires transportation in a vehicle adapted to serve the needs of an individual with a disability. The member could otherwise be transported in a regular school bus, but behavioral challenges necessitates transport separately from other non-IDEA eligible children, and
    - iii. A DSC reimbursable medical service is provided on the day that specialized transportation is billed.
  - b. For a transportation claim to be reimbursed, there shall be a paid-related service claim on file or a third party liability denial of a related service claim,
  - c. Transportation services are billed in units of 1-way trips. The LEA shall be registered with AHCCCS as a transportation provider and shall meet the same provider qualifications as all AHCCCS Medicaid transportation providers, and shall:
    - i. Submit proof of insurance,
    - ii. Maintain on file:
      - 1) Copies of the front and back of the driver's license for each transportation provider and the LEA's proof of insurance,
      - 2) A trip log, which contains:
        - a) The student's name,
        - b) Date the student was transported,



- c) Mileage transported from point of origin to destination, not to include, additional mileage related to multiple pickups, and
  - d) Driver's initials verifying that student was provided transportation.
- d. The following transportation exclusions are specific to the DSC Program:
  - i. The member's transportation services are reimbursed at an all-inclusive rate. The rate includes reimbursement for any School-Based Health Attendant(s) required during the transportation,
  - ii. Transportation services will not be covered when:
    - 1) The member is transported on a regular school bus with non-IDEA eligible students who are attending the school,
    - 2) The member does not receive a DSC reimbursable service during the school day,
    - 3) The member is transported from the school and back for a medical service that is not paid for by the school under IDEA,
    - 4) Transportation services are for educational purposes only,
    - 5) Transportation is provided in an adapted vehicle with specialized equipment or supervision, but the child's medical condition does not require the specialized services, or
    - 6) Transportation is provided by a parent, relative, or friend.