

State Of Connecticut, Department of Social Services

Medicaid School Based Child Health Program

User Guide

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Reimbursement & CON
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This user guide replaces the following:

- SBCH Billing Manual, issued September 2014, updated August 2015
- SBCH General Program Information Manual, issued March 2015

Items highlighted in yellow are pending approval by the Centers for Medicare & Medicaid and have not formally been approved at the time of publication.

Overview

The Federal Individuals with Disabilities Education Act (IDEA) ensures that all children with disabilities between the ages of 3 and 21 have available to them a free appropriate public education (FAPE) that emphasizes special education and related services designed to meet their unique needs and prepare them for further education. Under Part B of IDEA, school districts must prepare an individualized education plan (IEP) or **Section 504 plan** which specifies all special education and related services to be provided to a child with a disability. Medicaid, a joint state-federal program, offers school districts reimbursement for many of the covered medical services included in an IEP and provided to Medicaid eligible children.

Pursuant to Title XIX of the Social Security Act (the Act), the Medicaid program provides medical assistance to certain low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid (CMS) administer the program. Each state administers its Medicaid program in accordance with a CMS-approved State Plan. Although the State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements.

In Connecticut, Medicaid is operated by the Department of Social Services, the single State agency administering the Connecticut Medical Assistance Program. The School Based Child Health Medicaid program (SBCH) is the mechanism by which the Local Educational Agency (LEA) may seek Medicaid reimbursement for Medicaid-related health-care services when provided to an eligible student pursuant to the student's Individualized Education Program (IEP). The SBCH also provides a means for LEAs to seek federal reimbursement for expenditures related to administrative activities that are included in the SBCH provider agreement that are related to the state's Medicaid program.

For additional information pertaining to Statutory Regulations, the Connecticut Medical Assistance Program, Connecticut General Statutes, IDEA and other program information, please consult the SBCH webpage at www.ct.gov/dss/sbch. The SBCH webpage provides information on

- an overview of the School Based Medicaid Program
- bulletins providing guidance and important information regarding the School Based Medicaid Program; and
- Statutory regulations, SPA information, and program regulatory information.

Becoming a SBCH Medicaid Provider

To participate in the Medicaid SBCH program and bill the Medicaid SBCH program for services, the EA must be enrolled as a Medicaid provider. The department's contractor, Hewlett Packard (HP) is the responsible party for receipt, review, and approval of all applications of Medicaid provider enrollment. The first step in participating in the SBCH program is to enroll with the State's contractor, Hewlett Packard (HP). To enroll as a provider, districts must:

- Obtain a National Provider Identification (NPI) Number;
- Access the online enrollment application through the website www.ctdssmap.com using the enrollment wizard; and
- Submit a written request on district letterhead to the Department of Social Services, Division of Health Services regarding enrollment in the SBCH program to:

State of Connecticut DSS
SBCH Program – Reimbursement/CON
55 Farmington Avenue, 9th Floor
Hartford, CT 06105-3725

Providers must enroll in the appropriate taxonomy/provider type/specialty to ensure accurate billing and reimbursement rates. The taxonomy for the SBCH program is **251300000X**; the provider type/specialty is **12/120**. Once applications are started using the wizard, you cannot save the application in process and return to it later. It is therefore important that districts allow a minimum of 20 minutes to complete the online application.

For questions or assistance pertaining to the online enrollment process, please contact HP provider services at 1-800-842-8440.

Direct Service Claiming

The Department of Administrative Services (DAS) functions as an authorized representative of the Local Educational Agency (LEA) subject to all confidentiality requirements, regulations, and Statutes governing the State Department of Education (SDE) and the educational records of students. This includes, but is not limited to, the Family Educational Rights and Privacy Act (FERPA), 34 CFR Part 99; the confidentiality provisions of the Individuals with Disabilities Act (IDEA), 34 CFR Part 300; and Section 10-76 of the General Statutes of Connecticut, and Section 10-76d of the Regulation of Connecticut State Agencies.

DAS prepares and submits claims, by paper or electronic format, for all Medicaid eligible special education students for services provided accordingly with the student's Individualized Education Program (IEP) and section 504 plans covered under the Medicaid State Plan School Based Child Health Program. DAS receives and posts responses to the LEA submitted Medicaid claims, notifies submitting LEAs of identified errors, reviews, corrects and resubmits rejected claims for payment processing, develops and maintains the School Based Child Health Services billing and claiming system, and develops and maintains the electronic interface process with HP Enterprise Services, the DSS fiscal agent concerning claims submission and the Remittance Advice (RA).

In order for services to be covered by the SBCH program, the following requirements apply:

1. **IDEA/IEP/Section 504:** Providers may claim only for health-related services provided to students as included in the IEP/Section 504 plan in accordance with IDEA requirements
2. **Parental Consent:** Effective March 18, 2013, the United States Department of Education promulgated the Individuals with Disabilities Education Act (IDEA) Part B final regulations that change the requirements in 34 C.F.R. § 300.154(d) related to parental consent to access public benefits or insurance (such as Medicaid).
3. **Random Moment Time Study (RMTS):** In order to participate in the direct service claiming (DCS) program, a school district must participate in the quarterly, statewide RMTS and must have qualified service providers in the direct service cost pool.
4. **Covered Services:** Only those services included in the State Plan Amendment (SPA) for SBCH are covered.
5. **Provider Qualifications:** Services must be provided by qualified practitioners within the scope of their license, and adhere to any applicable supervisory requirements. Personal Care Assistance service providers are not required to be licensed. Information pertaining to Personal Care Assistance services is below.

6. **Eligible students:** Services must be delivered to students eligible for Medicaid on the date of service.
7. **Documentation:** Documentation records must be maintained for a period of 6 years from the date service was provided and be readily available.

Parental Consent

Section 10-76d of the State of Connecticut General Statutes states “any local or regional board of education, through the planning and placement team established in accordance with regulations adopted by the State Board of Education under this section, shall determine a child’s Medicaid enrollment status. In determining Medicaid enrollment status, the planning and placement team shall: (A) Inquire of the parents or guardians of each such child whether the child is enrolled in or may be eligible for Medicaid; and (B) if the child may be eligible for Medicaid, request that the parent or guardian of the child apply for Medicaid. Each local or regional board of education shall comply with parental consent and written notification requirements under 34 C.F.R. § 300.154 prior to billing for services under the Medicaid School Based Child Health Program”.

Effective March 18, 2013, the United States Department of Education promulgated the Individuals with Disabilities Education Act (IDEA) Part B final regulations that change the requirements in 34 C.F.R. § 300.154(d) related to parental consent to access public benefits or insurance (such as Medicaid). Previously, public agencies were required to obtain parental consent each time access to public benefits or insurance was sought. The new rules ensure that parents of children with disabilities are informed of all of their legal protections when public agencies seek to access public benefits or insurance to pay for services. In addition, the new rules address the concerns expressed by State and local educational agencies that requiring parental consent each time access to public benefits or insurance is sought, in addition to the parental consent required by other federal statutes, imposes unnecessary costs and administrative burdens.

Specifically, these final regulations require that public agencies:

- Obtain a one-time written consent from the parent, after providing the written notification described below, before accessing the child’s or the parent’s public benefits or insurance for the first time. In the event of a change in the type or amount of services provided to a student or a change in the cost of services, LEAs are not required to obtain a new consent.

The consent must specify the following:

- The personally identifiable information that may be disclosed (such as records or information about the services that may be provided to a particular child);
- The purpose of the disclosure (such as billing for services);
- The agency to which the disclosure may be made (such as Medicaid); and
- That the parent understands and agrees that the public agency may access the child's or parent's public benefits or insurance to pay for services.
- Provide written notification to the child's parent before accessing the child's or the parent's public benefits or insurance for the first time and prior to obtaining the one-time parental consent and annually thereafter. The written notification must explain all of the protections available to parents under Part B, as described in 34 C.F.R. § 300.154(d)(2)(v) to ensure that parents are fully informed of their rights before a public agency can access their or their child's public benefits or insurance to pay for services under the IDEA. The notice must be written in language understandable to the general public and in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.

It is important that all LEAs ensure that parents understand that providing their consent to allow a school to submit claims to Medicaid does not alter or reduce the benefits that children are entitled to receive from HUSKY. For additional information pertaining to Parental Consent, please visit the SBCH webpage at www.ct.gov/dss/sbch.

Random Moment Time Study (RMTS)

The Random Moment Time Study (RMTS) quantifies the work of a statewide group of health professionals and support staff involved in the delivery of medical and health-related services provided through the SBCH Medicaid program by randomly sampling moments of time of work efforts of these individuals. For additional information please refer to the SBCH RMTS User Guide.

SBCH Covered Services

Assessments

<u>MSI Code</u> (In-district)	<u>MSI Code</u> (Out of district)	<u>Unit of Service/Max Units</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
15	20	15 min / 8 units max	97755	Assistive Technology Assessment (to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility (direct 1:1 contact by provider, with written report	Audiologist, Audiologist Assistant, Chiropractor, Counselor, Hearing Instrument Specialist, Naturopath, Nurse LPN, Nurse Practitioner (APRN), Nurse (RN), Occupational Therapist, Occupational Therapy Assistant, Optometrist, Physical Therapist, Physical Therapy Assistant, Physician, Podiatrist, Psychiatrist, Psychologist, Respiratory Therapist, Social Worker, Speech-Language Pathology Assistant	“Assessment” means an evaluation conducted to determine a child’s health related needs for purposes of the IEP/504 plan and shall be covered, as necessary, to assess or reassess the need for medical services in a child’s treatment plan. Assessment services include the identification and assessment of health-related needs for medical services for the purpose of determining educational recommendations. Payment for the assessment costs is available under Medicaid once a child’s IEP/504 plan has been approved.

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AUDIOLOGY

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
22	27	15 min	V5008	Hearing Screening	Audiologist, Audiologist's Assistant under the direction of the Audiologist	<p>Audiology services include those services as defined in Subsection (3) of Section 20-408 of the CGS. Audiology services are provided by providers who meet the qualifications in accordance with 42 CFR 440.110(c)(3) and acting within his or her scope of practice under Connecticut State Law who is licensed to practice audiology pursuant to section 20-395 (a), (c) of the Connecticut General Statutes. Audiology services means services that include the following:</p> <ul style="list-style-type: none"> • Identification of children with hearing loss; • Determination of the range, nature and degree of hearing loss, including referral for medical or other professional attention for the treatment of hearing; • Provision of treatment activities, such as language habilitation, auditory training, speech reading (lip reading), hearing evaluation and speech conservation; • Creation and administration of programs for the prevention of hearing loss; • Determination of the child's need for individual or group amplification, selecting and fitting an appropriate aid and evaluating the effectiveness of amplification.
23	28	15 min	V5299	Hearing Service, miscellaneous	Audiologist, Audiologist's Assistant under the direction of the Audiologist Hearing Instrument Specialist	

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BEHAVIORAL HEALTH SERVICES (Psychological and Counseling Services)

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service/Max Units</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
81	86	Per hour	90791	Psychiatric diagnostic interview examination	Psychiatrist, Psychologist, Social Worker, Counselor	Behavioral health services means diagnostic and treatment services involving mental, emotional, or behavioral problems; disturbances or dysfunctions; or the diagnosis and treatment of substance abuse. Services include those within the scope of practice set forth in Subsections (a) and (b) of Section 20-195, Subsection (a) of Section 20-195a, Subsection (a) of Section 20-195m, and Subsection (b) of Section 195-a of the CGS. Behavioral health services must be provided by a qualified provider who meets the requirements of 42 CFR Section 440.60 or 42 CFR Section 440.50(a). Behavioral Health services include, but are not limited to: <ul style="list-style-type: none"> • Mental Health evaluations; • Psychological testing including, but not limited to: <ol style="list-style-type: none"> a. Administration of psychological tests and other assessment procedures; b. Interpretation of assessment results; c. Acquisition, integration, and interpretation of information about child behavior and conditions related to learning; and d. Planning and management of a program of psychological services including psychological counseling for children and parents. • Counseling services such as individual, group or marital and family counseling, or psychotherapy for the treatment of mental, emotional, behavioral or substance abuse condition to alleviate the condition and encourage growth and development.
71	76	Per hour / 8 units max	96101	Psychological testing (includes psycho-diagnostic assessment of emotionally, intellectual abilities, personality and psychopathology, per hour of the psychologist's or physician's time, both face-to-face time with the administering tests to the patient and time spent interpreting test results and preparing the report (may bill multiple units)	Psychiatrist, Psychologist	
82	87	30 min / 8 units max	90832	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, face-to-face with the patient (may bill multiple units)	Psychologist, Social Worker, Counselor	
83	88	15 min / 4 units max	90853	Group Psychotherapy (other than of a multiple-family group), may bill multiple units	Psychologist, Social Worker, Counselor	
84	89	15 min	90847	Family psychotherapy (conjoint psychotherapy) with patient present, may bill multiple units	Psychologist, Social Worker, Counselor	

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BEHAVIOR MODIFICATION SERVICES (APPLIED BEHAVIOR ANALYSIS)

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
70	75	15 Min	H2014	Face-to-face service providing redirection and modeling of appropriate behaviors in order to enhance the student's functioning within their home or community. The service involves regularly scheduled interventions with the student and a qualified professional or paraprofessional.	Professionals with a M.A. or M.S. degree in Psychology, special education, social work or behavior management or professionals with current licensure in clinical psychology or current certification as a Board Certified Behavioral Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA) working under the supervision of a BCBA, and Technicians working under the supervision of a BCBA.	Face-to-face service providing redirection and modeling of appropriate behaviors in order to enhance the student's functioning within their home or community. The service involves regularly scheduled interventions with the student and a qualified professional or paraprofessional. "Behavior Analysis" means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, including the use of direct observation, measurement and functional analysis of the relationship between the environment and behavior, to produce socially significant improvement in human behavior. Services are provided by qualified staff and under the supervision of qualified staff. Behavioral Modification must be listed on the IEP with planned frequency.

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
14	19		Unlisted chemistry procedure	N/A	<p>Clinical diagnostic laboratory services include those services recommended by the PPT such as simple diagnostic tests and procedures performed in the school. Clinical diagnostic laboratory services are provided by providers who meet the qualifications in accordance with 42 CFR 440.30 and 42 CFR 440.130 and acting within his or her scope of practice under Connecticut State Law. These service include, but are not limited to:</p> <ul style="list-style-type: none"> • Blood sugar by a finger stick; • Urine dipstick, and • Hematocrit

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MEDICAL SERVICES

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
12	17	Per encounter	T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Physician, Chiropractor, Podiatrist, Naturopath, Optometrist	<p>Medical services means medical diagnostic and evaluative services recommended by the PPT to determine the child’s medically related disability as approved by the licensed practitioner of the healing arts as defined in Section 20-1 of the CGS and provided by the qualified SBCH service provider. These services include, but are not limited to:</p> <ul style="list-style-type: none"> • Medical evaluations used to identify a child’s health related needs as a part of the IEP process; and • Medically necessary EPSDT services including health care services, diagnostic services, treatments and other measures to correct and ameliorate physical defects, mental illnesses and other disabilities.

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NURSING SERVICES

<u>MSI Code</u> <u>(In-district)</u>	<u>MSI Code</u> <u>(Out of district)</u>	<u>Unit of Service / Max Units</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
72	77	15 min / 32 units	T1002	Services up to 15 minutes (may bill multiple units)	Nurse (RN or APRN)	<p>Nursing services include those services within the scope of practice set forth in Subsections (a), (b), and (c) of Section 20-87a of the CGS. Nursing services include, but are not limited to:</p> <ul style="list-style-type: none"> • Assessment and development of individualized health care plans;; • Medical treatments and procedures including, but not limited to, suctioning, tracheotomy care, catheterization, toileting, ostomy management and care; • Administration or monitoring of medication needed by a student during school hours; • Consultation with licensed physicians, parents and staff regarding the effect of the medication; • Monitoring of health status, for example, monitoring of shunt functioning or respiratory status; and • Individual health counseling and instruction and emergency interventions.
73	78	15 min / 32 units	T1003	LPN/LVN Services, up to 15 minutes (may bill multiple units)	Nurse (LPN)	

OPTOMETRIC SERVICES

<u>MSI Code</u> <u>(In-district)</u>	<u>MSI Code</u> <u>(Out of district)</u>	<u>Unit of Service</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
24	29	15 min	V2799	Vision service, miscellaneous	Optometrist, Physician, Nurse Practitioner (APRN)	<p>Optometric services include those services as defined in Section 20-127 of the Connecticut General Statutes. Optometric services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.50(a), 440.166(a) and acting within his or her scope of practice under Connecticut State Law. Optometric services include, but are not limited to:</p> <ul style="list-style-type: none"> • The assessment for visual acuity, color blindness, near vision and strabismus; and • The diagnosis of abnormalities related to the eye and optic nerve.

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OCCUPATIONAL THERAPY

<u>MSI Code</u> (In-district)	<u>MSI Code</u> (Out of district)	<u>Unit of Service/Max Units</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
91	96	Per Hour (8 units)	97003	Occupational Therapy Evaluation	Occupational Therapist	Occupational therapy services include those services as defined in Subsection (1) of Section 20-74a of the CGS. Occupational therapy services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(b) and acting within his or her scope of practice under Connecticut State Law. Occupational therapy services include, but are not limited to: <ul style="list-style-type: none"> • Identification of children with occupational therapy needs; • Evaluation for the purpose of determining the nature, extent and degree of the need for occupational therapy services; • Improving, developing or restoring functions impaired or lost through illness, injury, or deprivation; • Preventing through early intervention, initial or further impairment or loss of function; and • Planning and utilization of a program of activities to develop or maintain adaptive skills designed to achieve maximum physical and mental functioning of the student in daily life tasks.
92	97	15 min / 8 units max	97110 (modifier GO)	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercised to develop strength and endurance, range of motion and flexibility (may bill multiple units)	Occupational Therapist, Occupational Therapy Assistant	
93	98	15 min / 8 units max	97150 (modifier GO)	Therapeutic procedure(s) group (two or more individuals) per 15 minutes, may bill multiple units	Occupational Therapist, Occupational Therapy Assistant	

PERSONAL CARE ASSISTANCE SERVICES

<u>MSI Code</u> (In-district)	<u>MSI Code</u> (Out of district)	<u>Unit of Service</u>	<u>CPT Code</u>	<u>Description</u>	<u>State Plan Description</u>
74	79	15 min	T1019	Assistance with ADLs and IADL	Personal care services consist of physical assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs). Personal care services must be authorized by a physician or nurse practitioner in order to be reimbursable under the SBCH Medicaid program and do not include skilled services that only health professionals may perform (e.g. home health aide services).

Medicaid School Based Child Health Program

PHYSICAL THERAPY

<u>MSI Code</u> (In-district)	<u>MSI Code</u> (Out of district)	<u>Unit of Service/Max Units</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
51	56	Per Hour (8 units max)	97001	Physical Therapy Evaluation	Physical Therapist	<p>Physical Therapy services include those services as defined in subsection (2) of Section 20-66 of the CGS. Physical therapy services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(a) and acting within his or her scope of practice under Connecticut State Law. Physical therapy services include, but are not limited to:</p> <ul style="list-style-type: none"> ● Identification of children with physical therapy needs; ● Evaluation for the purpose of determining the nature, extent and degree of the need for physical therapy services; ● The provision of physical therapy services for the purpose of preventing or alleviating movement dysfunction and related functional problems; ● Obtaining, interpreting, and integrating information appropriate to program planning; ● Diagnosis and treatment of physical disability, injury or disease using physical and mechanical means, including, but not limited to heat, cold, light, air, water, sound, electricity, massage, mobilization, and therapeutic exercise with or without assistive devices; and ● The performance and interpretation of tests and measurements to assist pathopsychological, pathomechanical and developmental deficits of human systems to determine treatment and assist in diagnosis and prognosis.
52	57	15 min / 8 units max	97110 (modifier GP)	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercised to develop strength and endurance, range of motion and flexibility (may bill multiple units)	Physical Therapist, Physical Therapy Assistant	
53	58	15 min / 8 units max	97150 (modifier GP)	Therapeutic procedure(s) group (two or more individuals) per 15 minutes, may bill multiple units	Physical Therapist, Physical Therapy Assistant	

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RESPIRATORY CARE SERVICES

<u>MSI Code</u> (In-district)	<u>MSI Code</u> (Out of district)	<u>Unit of Service</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
42	47	15 min	G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-to-one, each 15 minutes (includes monitoring)	Respiratory Therapist	Respiratory care services include those services as defined in Subsection (2) of Section 20-162n of the CGS. Respiratory care services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.130 and acting within his or her scope of practice under Connecticut State Law.
43	48	15 min	G0238	Therapeutic procedures to improve function, other than described by CG037, face-to-face, one-to-one, each 15 minutes (includes monitoring)	Respiratory Therapist	
44	49	15 min	G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)	Respiratory Therapist	

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SPEECH AND LANGUAGE PATHOLOGY SERVICES

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service/Max Units</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
01	06	Per Evaluation	92521	Evaluation of speech fluency (e.g., Stuttering, cluttering)	Speech-Language Therapist	<p>Speech and language pathology services have the same meaning as provided in section 20-408 of the CGS. Speech/Language services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(c) and acting within his or her scope of practice under Connecticut State Law. Speech and language pathology services include but are not limited to:</p> <ul style="list-style-type: none"> • The identification of children with speech and language impairments; • The diagnosis and appraisal of specific speech and language impairments; • Referrals for medical or other professional attention necessary for the treatment of speech or language impairments; • Provision of speech or language services for the treatment or prevention of communicated impairments; • Evaluation of and application of principles, methods, and procedures of measurement, prediction, diagnosis, testing, counseling, consultation, rehabilitation, and instruction related to eh development of speech, voice or language; and • Preventing, ameliorating or modifying speech disorder conditions in children or groups of children.
02	07	Per Evaluation; Cannot be billed with MSI Code 03	92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	Speech-Language Therapist	
03	08	Per Evaluation; Cannot be billed together with MSI Code 02	92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)	Speech-Language Therapist	
04	09	Per Evaluation	92524	Behavioral and qualitative analysis of voice resonance	Speech-Language Therapist	
62	67	15 min,4 hr. max (8 units max)	92507	Treatment of speech, language, voice, communication, and/or auditory disorder (per 15 minutes, may bill multiple units)	Speech-Language Therapist, Speech-Language Pathology Assistant, or Audiologist's Assistant	
63	68	15 min / 8 units max	92508	Treatment of speech, language, voice, communication and/or auditory processing disorder; group, two or more individuals (per 15 minutes, may bill multiple units)	Speech-Language Therapist, Speech-Language Pathology Assistant, or Audiologist's Assistant	

***In the case that an Evaluation for a child is conducted across a time-period involving more than one day (for example, 15 minutes carried out on Day 1, 15 minutes carried out on Day 2, etc.), the practitioner should not submit a bill for that given Evaluation until the date of completion of that Evaluation. Each of the new services codes may thus be billed (in accordance with the Special Rules noted) once per Evaluation per child, upon the date of completion of that Evaluation. Multiple bills should not be submitted for the same Evaluation for the same child that is conducted over the course of more than one day.

Personal Care Assistance Services

Personal care services consist of physical assistance with activities of daily living or instrumental activities of daily living as defined below. Note that personal care assistance services must be authorized by a physician or nurse practitioner in order to be reimbursable under the SBCH program.

Activities of Daily Living (ADLs)

1. Mobility: physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment;
2. Assistance with medications or other health-related needs: physically assisting a student to take medications prescribed by a physician that would otherwise be self-administered;
3. Bathing/grooming: physically assisting a student with basic care such as bathing, personal hygiene, and grooming skills;
4. Dressing or undressing: physically assisting a student to dress/undress;
5. Passive range-of-motion exercises: physically assisting a member to perform range-of-motion exercises;
6. Eating: physically assisting a member to eat. This may include assistance with tube-feeding and special nutritional and dietary needs;
7. Toileting: physically assisting a student with bowel and bladder needs.

Instrumental Activities of Daily Living (IADLs)

1. Household services: Physically assisting with household management tasks that are incidental to the care of the member, including laundry, shopping and housekeeping;
2. Meal preparation and clean-up: Physically assisting a student to prepare meals;
3. Transportation: Accompanying the student to medical provider(s);
4. Special needs: Assisting the student with:
 - a. the care and maintenance of wheelchairs and adaptive devices;
 - b. completing the paperwork required for receiving personal care assistance services; and
 - c. other special needs approved by the Medicaid agency as being instrumental to the health care of the student.

Psychological (Behavioral Health Services) Testing & Evaluations

Psychological (Behavioral Health Services) evaluations do not need to result in counseling services in an IEP in order to be billed to Medicaid. Psychological testing and evaluations are considered “standard” in determining the final diagnosis/needs for special education. Parental consent regulations remain in effect.

Provider Titles & Qualifications

Qualified Provider Title	Qualifications
Advanced Practice Registered Nurse (APRN)	Means a person licensed under section 20-94a of the Connecticut General Statutes
Alcohol and Drug Counselor	Means a person licensed or certified pursuant to section 20-74s of the Connecticut General Statutes
Assistant Behavior Analyst, Board Certified	Means a person who has been certified as an assistant behavior analyst by the Behavior Analyst Certification Board as provided in section 20-185(3) of the Connecticut General Statutes
Audiologist	Means a person licensed to practice audiology pursuant to section 20-395c of the Connecticut General Statutes
Audiology Assistant	Has the same meaning as provided in section 20-395c of the Connecticut General Statutes
Behavior Analyst, Board Certified	Means a person who has been certified as a behavior analyst by the Behavior Analyst Certification board as provided in section 20-185i(2) of the Connecticut General Statutes
Behavior Technician	Means a person with a bachelor's degree in a behavioral health field, behavior analysis or related field, plus one year of full-time equivalent providing ASD treatment services, or have an associate's degree in a behavioral health field, behavior analysis or related field, plus two years of full-time equivalent providing ASD treatment services
Clinical Psychologist	Means a person licensed pursuant to section 20-188 of the Connecticut General Statutes
Licensed Clinical Social Worker (LCSW)	Means a person licensed pursuant to section 20-195n of the Connecticut General Statutes
Licensed Hearing Instrument Specialist	Has the same meaning as provided in section 20-396 of the Connecticut General Statutes
Licensed Practical Nurse (LPN)	Means a person licensed pursuant to section 20-96 of the Connecticut General Statutes
Licensed Professional Counselor	Means a person licensed pursuant to section 20-195dd of the Connecticut General Statutes
Licensed Speech and Language Pathologist	Has the same meaning as provided in section 20-408 and 20-410 of the Connecticut General Statutes
Marital and Family Therapist	Means a person licensed pursuant to section 20-105c of the Connecticut General Statutes

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Naturopathic Physician	Means a person licensed pursuant to section 20-37 of the Connecticut General Statutes
Occupational Therapist	Means an individual licensed pursuant to section 20-74b or section 20-74c of the Connecticut General Statutes
Occupational Therapy Assistant	Has the same meaning as provided in section 20-74a of the Connecticut General Statutes
Optometrist	Means a person licensed pursuant to Chapter 380 of the Connecticut General Statutes to practice optometry as delineated in subsection (1)(1) and (2) of the section 20-127 of the Connecticut General Statutes
Personal Care Assistant	Means a person performing activities of daily living or instrumental activities of daily living, as defined in 42.CFR.440.167
Physical Therapist	Means a person licensed pursuant to 20-70 and 20-71 of the Connecticut General Statutes
Physical Therapy Assistant	Has the same meaning as provided in section 20-66 of the Connecticut General Statutes
Physician	Means a person licensed pursuant to section 20-13 of the Connecticut General Statutes
Physician Assistant	Means a person licensed pursuant to section 20-12b of the Connecticut General Statutes
Respiratory Care Practitioner	Has the same meaning as provided in 20-162n of the Connecticut General Statutes
Registered Nurse (RN)	Means a person licensed to practice nursing pursuant to subsection (a) of section 20-87a of the Connecticut General Statutes
School Counselor (includes previously Certified Guidance Counselors)	Means a person certified by the State Department of Education pursuant to 10-145d-556 to 10-145d-558, inclusive, of the Regulations of Connecticut State Agencies
School Marriage and Family Therapist	Means a person certified by the State Department of Education pursuant to 10-145d-556b to 10-145d-566f, inclusive, of the Regulations of Connecticut State Agencies
School Nurse	Means a person certified by the State Department of Education pursuant to sections 10-145d-548 to 10-145d-550, inclusive, of the Regulations of Connecticut State Agencies
School Psychologist	Means a person certified by the State Department of Education pursuant to sections 10-145d-560 to 10-145d-562, inclusive, of the Regulations of Connecticut State Agencies
School Social Worker	Means a person certified by the State Department of Education pursuant to section 10-145d-564 to 10-145d-566, inclusive, of the Regulations of Connecticut State Agencies
Speech and Language Pathologist Assistant	Means a person providing assistance to a speech and language pathologist pursuant to subsection (5) of section 20-413 of the Connecticut General Statutes

Medicaid Eligibility

In order for a direct health service that is provided to a student to be reimbursable, the student must be between the ages of three and 22 years. The SBCH program provides payments to the LEA that has the financial responsibility for providing services to the student. In general, if a student resides in one district and attends school in another, and the district where the student resides is paying for the student to attend school in the other district, only the district in which a student resides may file a Medicaid claim.

Districts are required to verify eligibility of each student using the secure HP Eligibility Verification system. Districts may use the HP verification system as frequently as they wish but no less than one time per month by the 5th of each month. Information regarding the HP eligibility system may be found on the SBCH webpage at www.ct.gov/dss/sbch.

Documentation of Health-Related Services

Providers must document all health related services as outlined in SBCH Bulletin dated July 21, 2015. Documentation is required each time a Medicaid service is delivered to a student. Documentation records must be maintained and readily available. Documentation includes session notes, monthly progress notes (MSI Form-Part 2-Narrative), and RMTS moment documentation. Session notes should be created at the time the service(s) are provided to the student. Session notes, monthly progress notes, and RMTS moment documentation must contain the signature (electronic or written) of the service provider.

In addition, a permanent service record documenting each SBCH service provided to each Medicaid eligible child shall be maintained by the LEA at which the child is enrolled at the time of service. The permanent service record may be in paper or electronic format, shall provide an audit trail, and shall include, but is not limited to:

- a. The written evaluation and the results of any diagnostic tests;
- b. The child's diagnosis, in a manner acceptable to the department;
- c. The IEP signed in accordance with section 10-76d (b) (9) of the Connecticut General Statutes; and
- d. Progress notes signed by a licensed or certified allied health professional which performed or supervised the services within the scope of his or her practice under state law.

For each date of service, the qualified health care provider shall keep a service record within the child's record containing all of the following:

- a. The date of service;
- b. The type of service;
- c. The units of service;
- d. A brief description of the service provided;
- e. Whether the service was performed in a group or individual setting; and
- f. The signature of the qualified health care provider performing the service

The LEA shall maintain a current record of the applicable license(s) or certification(s) of practice of all licensed or certified persons performing SBCH services.

If a student cannot be seen for any reason beyond the service provider's control, service providers are instructed to record the missed session along with the reason in their daily log or records

The LEA shall maintain all supporting records of costs reported for SBCH services. All records shall be maintained for a period of at least 6 years. Documentation is not forwarded to DAS or DSS unless specifically requested to do so in writing.

Interim Billing

Special Education Medicaid eligible related services are recommended on page 11 of the IEP. 504 students are considered Special Education students and therefore services provided to this group are billable. Out of district Medicaid eligible students are billable in the program through the responsible home district. Placement districts may complete forms independently and forward to the responsible home district or provide the necessary data/information/signatures to the home district so as to complete the forms for submission. Data and/or forms should be furnished to the responsible home district within a timely manner so as to meet submission deadlines.

Claims may be submitted electronically or by paper to DAS. LEAs are encouraged to submit claims monthly however may submit claims up to one year from the date service(s) was provided. All SBCH services performed on behalf of Medicaid-eligible students shall be recorded on the required claim forms / in the required electronic format and submitted to the department in accordance with the billing instructions provided by the department and/or their contractor. DAS will provide districts with specific information regarding paper claim submission. Please contact DAS collection services at 860-713-5359.

Claims may only be submitted for Medicaid eligible students for whom the district has parental consent on file. Claims are paid at 25% of the FFP and are made through paper check mailed to the participating LEA. Billing forms may be found on the SBCH webpage at www.ct.gov/dss/sbch.

Psychological (Behavioral Health Services) testing and evaluations do not need to result in counseling services in an IEP in order to be billed however the student is determined as eligible for special education and parental consent must be on file. DSS obtains data from the State Department of Education (SDE) regarding the percentage of students

undergoing initial evaluations who were for eligible for special education services for use in the RMTS direct services percentage for cost reporting purposes.

In instances where any evaluation for a student is conducted across a time period involving more than one day, the practitioner should not submit a claim for that given evaluation until the date of completion of the evaluation. Multiple claims should not be submitted for the same evaluation for the same child that is conducted over the course of more than one day.

Medicaid Payments

FFS Interim Rates are used to process claims for payment. Payments are based upon claims which are received and processed during the specific claim period referenced on the payment spreadsheet provided to participating LEAs when payments are disbursed. If at any time an LEA has a receivable amount due to the program, the amount due will be collected through recoupment of interim payments until the balance is paid in full. Interim rates are provisional in nature, pending the completion of a cost reconciliation and cost settlement for the stated period.

LEAs may access their Remittance Advice (RA) using the DSS secure site at www.ctdssmap.com using the district provided username and password. Information pertaining to understanding RA information may be found on the SBCH webpage at www.ct.gov/dss/sbch.

Funds Usage

As stated in Connecticut General Statute Conn. Gen. Stat. § 10-76d (2013) (a)(6) Payments received pursuant to SBCH program shall be paid to the local or regional board of education which has incurred such costs in addition to the funds appropriated by the town to such board for the current fiscal year.

Cost Report Reconciliation

Reimbursement for SBCH services is based upon Medicaid-allowable actual incurred costs related to service delivery. Direct costs of providing SBCH services include payroll costs and other costs that can be directly charged to SBCH services including costs that are integral to SBCH services. Direct costs shall not include room and board. Other direct costs include costs directly attributable to activities performed by the personnel who are approved to deliver SBCH services, including but not limited to travel, purchased services, materials and supplies. These direct costs are accumulated on the annual CMS approved SBCH Cost Report. The direct costs are reduced by any federal payments for those costs, resulting in adjusted direct costs for SBCH services. Adjusted direct costs are then allocated to identify Medicaid-

reimbursable costs for SBCH services according to the RMTS results that are identified to the process described in the SBCH RMTS User Guide.

Indirect costs are calculated using the unrestricted indirect cost rate set by the Connecticut State Department of Education as the cognizant agency. Indirect costs are equal to adjusted direct costs multiplied by the unrestricted indirect cost rate. The indirect costs are then added to the adjusted direct costs to determine the total SBCH costs.

Medicaid allowable costs are identified applying the Medicaid penetration rate to the total direct costs. The Medicaid penetration rate is the total students with medical services include in IEPs divided by the total Medicaid students receiving medical services included in IEPs with parental consent on file. Each LEA's specific Medicaid penetration rate is applied to their Medicaid-reimbursable direct costs to determine their Medicaid-allowable direct costs for the SBCH program.

Final district SBCH direct Medicaid-allowable costs are compared to the interim claims submitted and paid throughout the school year and the variance (costs-claims) amount, also known as the settlement amount, is either paid to the district at 25% (if costs exceed claims) or recouped from the district at 25% (if costs do not exceed claims). Since administrative claiming is done at the final settlement, the result is the payment of the administrative claim at the 25% rate, similar to the payment percentage on the direct costs. Each SBCH services LEA certifies on an annual basis through its completed SBCH Cost Report its total actual, incurred Medicaid allowable costs, including the federal share and the nonfederal share.

Audit & Compliance Review

All supporting accounting and business records, statistical data, the child's permanent service record and all other records relating to the provision of SBCH covered services paid for by the Department shall be subject to audit or compliance review by authorized personnel. If an audit discloses discrepancies in the accuracy or allow ability of actual direct or indirect costs or statistical data as submitted for each state fiscal year by the State Department of Education and its LEAs, the department's rate for said period shall be subject to adjustment.

All documentation shall be made available to authorized personnel upon request in accordance with 42 CFR, Part 431. The SDE shall take full responsibility for any Medicaid claims disallowed due to inadequate documentation by any LEA or failure to comply with requirements set forth in statute or regulation.