

## **Medicaid School Program (MSP) Plan of Care (POC) IEP/ETR Requirements**

Chapter 5101:3-35 of the Ohio Administrative Code (OAC), effective December 1, 2008, set forth the provisions for claiming Medicaid cost reimbursement for special education medically related services provided by Medicaid School Program (MSP) providers. Eligible MSP services shall be listed in a Plan of Care (POC) that is incorporated into the eligible child's Individualized Educational Program (IEP). Also eligible for reimbursement are medically related assessment/evaluations that are part of the initial Evaluation Team Report (ETR) and subsequent annual reassessment/reevaluations.

MSP requirements do not change a Local Educational Agency's responsibility to comply with IDEA and the *Operating Standards for Ohio Educational Agencies serving Children with Disabilities*. Therefore, the information described below is supplemental to the ETR PR-06 and IEP PR-07 annotation documents posted on <http://www.edresourcesohio.org/>. The annotations provide detailed instructions for every item on the forms. Only items requiring additional MSP instructions will be included below. This document does not contain all the requirements of the MSP only it's interaction with the IEP and ETR process.

If you are a Medicaid School Program Provider and will be billing Medicaid for cost reimbursement, you must follow the additional requirements listed below for every child regardless of their eligibility for Medicaid when planning for ETRs that include Medicaid reimbursable evaluation/assessment and developing IEPs that include services/supports that could qualify for Medicaid reimbursement. Covered services that are allowable for Medicaid reimbursement provided through MSP providers are listed in the appendix of OAC 5101:3-35-04.

The MSP Plan of Care (POC) does not replace or reduce the documentation requirements defined by a qualified practitioner's licensing regulations regarding a "Plan of Care" for treatment. Whenever POC is noted below, it is referencing the MSP Plan of Care.

### **Evaluation Team Report (ETR) PR-06**

#### **Evaluation Planning Form**

If the MSP provider intends to claim reimbursement for evaluations/assessments or reevaluations/reassessments conducted for the ETR, they must assign them to a medical practitioner that meets the certification requirements as defined in OAC 5101:3-35-05. Academic assessments conducted by the School Psychologist would not meet the criteria for cost reimbursement.

#### **Parental Consent**

Per IDEA (34 C.F.R. 300.154(d)(2)(iv)(A) Methods of ensuring services), whenever a district wishes to conduct any assessment/evaluation that is not given to all students, they must request informed consent consistent with 34 C.F.R. 300.9 from the parents of the child. Districts should be familiar with the use of the PR-01 notification and PR-05 consent forms.

According to federal regulations, school districts are required to obtain informed parental consent each time that access to public Medicaid benefits or insurance is sought. The Federal interpretation from the Office of Special Education Programs (OSEP) is that consent for a specified amount of service for a specified amount of time (e.g. services on an IEP since they include specifics on amount and duration) would be sufficient to enable parents to make an informed choice. The district would therefore not be required to obtain a separate consent each time a provider bills during the year that the IEP is effective.

The school district must notify parents that a parent's refusal to allow access to Medicaid benefits or other insurance does not relieve the school district of its responsibility to insure that all required IEP services are provided at no cost to the parents. The MSP does not have any impact on access to Medicaid benefits outside of school such as limits on services per year. A child could receive therapy services at school on the MSP and additional therapy outside of school through Medicaid.

Since the district has to obtain informed consent (through the use of the PR-01 notification and PR-05 consent forms) to do new evaluations, it would be logical for the district to obtain MSP consent for the release of information to bill Medicaid at the same time. A parent signature on the IEP (PR-07) or Parent Consent (PR-05) will not be sufficient to meet this requirement. OEC is developing a sample consent form that satisfies the requirements of IDEA. Districts may develop their own forms

### **Part 1: Individual Evaluator's Assessment**

Each Medicaid qualified practitioner will complete a Part 1 form for any evaluations/assessments that they conduct as part of the ETR process.

**Evaluator Name:** Enter the first and last name of the individual evaluator who conducted the assessment/evaluation that will be summarized in this part.

**Position:** Enter the position/title/credentials held by the individual evaluator who conducted the assessment/evaluation summarized in this part, for example, school psychologist.

This information is necessary for MSP to document that the evaluation was conducted by a qualified Medicaid practitioner.

**Areas of Assessment:** Enter the area or areas that were assessed by the individual evaluator who conducted the assessment/evaluation. These areas will be found on the planning form and may include, but are not limited to, vision, hearing, fine and/or gross motor skills, and speech and language development.

**Summary of Assessment Results:** Provide a summary of the evaluation/assessment findings and the child's current level of abilities. The summary should provide a clear and understandable description of the child's current level of performance and the relationship of the assessment results to the reason the child was referred for an evaluation. This establishes the baseline for goals on the IEP.

**Description of Educational Needs:** Describe the needs of the child to support the determination for medically necessary services. This summary can also address other important needs related to the child's educational success including behavior, social-emotional skills, speech and language skills, and functional, physical and medical needs. The evaluator should also describe the strengths of the child as this information can assist in the development of effective interventions and can be used to support the child's success within the general education environment.

**Implications for Instruction and Progress Monitoring:** Describe the general services and supports, which are needed to address the findings from the evaluation/assessment that will improve the child's access to the general education curriculum.

**Evaluator's Signature:** The practitioner who conducted the assessment/evaluation must sign the form. If a person requiring supervision per their license does the assessment/evaluation, the qualified supervisor must also sign the form.

**Date:** The date entered next to the signature should be when this evaluation/assessment was completed. This date (not the date of the ETR meeting) will be used when determining when the child must be re-assessed/re-evaluated to meet requirements for MSP cost reimbursement.

### **Part 5: Signatures**

If the qualified practitioner attends the ETR meeting, they would sign and date this part of the ETR. It is not necessary for them to attend the meeting or to sign this part of the ETR for MSP. If the practitioner were a required member of the ETR team, they would need to sign on this page.

Per IDEA, the date of the ETR meeting establishes the basis for determining when the next ETR is due (within 3 years). This date is not used to determine when the next reassessment/reevaluation is due for MSP services.

## **Individualized Educational Program (IEP) PR-07**

### **Section 6: Measurable Annual Goals**

The **Present Level of Academic Achievement and Functional Performance (PLOP)** is critical to the MSP because within a single area of the IEP the district can cover half of the requirements of the POC. Generally the information contained in this section provides baseline data for developing the IEP and writing measurable annual goals. The information should be stated in clear and concrete terminology. It should explain how the child's disability affects involvement and progress in the general education curriculum.

Any special instructional factors identified in Section 2 of the IEP (behavior that impedes learning, blind/visually impaired, Limited English Proficiency (LEP), communication needs, assistive technology devices, and specially designed physical education) must be addressed in this section.

When MSP services are included on the IEP, a summary of the results must be included in the PLOP. This information should be based upon the most recent assessment/evaluation conducted by a qualified Medicaid practitioner, obtained from a just completed ETR or for years between ETRs from the annual Medicaid reevaluation/reassessment.

This summary should establish the current level of ability (or baseline performance) in the areas evaluated; include the date of the assessment/evaluation was done and the anticipated date for the next assessment/evaluation; and address the medical necessity of the service to support the practitioner's recommendation for services.

The date of the next assessment/evaluation may be different than the next IEP review or ETR date to meet the Medicaid annual re-assessment/re-evaluation timelines. This date may be as soon as six months from the prior assessment/evaluation but no later than 12 months. The timeline for reassessment/revaluation is based on the date the latest assessment/evaluation was conducted and not the date of the ETR or IEP meeting. Each summary must be accompanied by the signature and title of the qualified practitioner.

In the PLOP, reference and identify the location of prescriptions written by a physician for nursing services, as well as prescriptions written by a physician or an advanced practice nurse with certification to prescribe in accordance with Ohio for the dispensation of medications.

### **Measurable Annual Goal**

The IEP team will use available data including the assessment/evaluation, therapy reports on progress, set backs, what is working, what isn't, etc. to create goals and benchmarks/objectives. The IEP must

include specific goals to be achieved as a result of MSP services to be provided, including the level or degree of improvement expected.

For purposes of Medicaid “physical therapy” or “handwriting”, for example are not goals. Although handwriting may be an educationally relevant task to work on, it doesn’t meet the letter of the law regarding “medically necessary”. Rather, the handwriting task could be a venue through which you are working on fine motor skills, along with other skills like stringing beads on a string or manipulating play dough. The goal in this case would be the development of fine motor skills. The practitioner would identify in their assessment the condition that elicited the need for services. In this example, it would be muscular weakness or an identification of a physical condition that includes muscular weakness. It may also refer to a diagnosis made by another qualified professional.

### **Measurable Benchmarks/Objectives**

Although MSP only requires a goal, the Ohio Operating Standards (3301-51-07(H)(c)) requires measurable benchmarks or objectives for every goal. They provide a mechanism for determining whether the child is progressing during the year. A benchmark describes how far the child is expected to progress toward the goal in a specified segment of the year. An objective is a smaller, more manageable task that a child must master as a step toward achieving the goal.

### **Method And Frequency for Reporting The Child’s Progress To Parents**

Although progress reports are not an element of the POC, it is a requirement of the MSP to document progress.

The IEP team determines how progress will be measured. Progress monitoring is linked to the day-to-day instructional and assessment process. The IEP team must decide how each of the annual goals will be measured. Goals can be measured through formal or informal assessment tools. If the IEP team measures progress in some way other than those listed on the form, the method may be typed in the box labeled “Method(s)” that appears after the measurable annual goal.

Progress on IEP goals must be reported to parents at least as frequently as the district sends report cards for all children. This IEP reporting requirement is different than the documentation of progress required for MSP. One of the components specified in the documentation requirements for the provision of each service, defined in OAC 5101:3-35-05 (G) or 5101:3-35-06 (E), includes a description of actual progress the eligible child is making/has made toward the stated goals in the POC for each continuous three-month reporting period. The MSP documentation can be a resource for the development of the parent progress report. The progress report to the parent can be sent on a different schedule than the report card schedule as long as it is as frequently as the report cards are sent.

### **Section 7: Description(s) of Specially Designed Services**

The IEP team, based on the goals developed in Section 6, will determine and define in the IEP the services, amount, duration, and frequencies, which will be provided to assist the child to achieve the goals.

If the Medicaid practitioner who did the latest assessment/evaluation will not be attending the IEP meeting, they can provide written input into the development of goals and services in advance of the meeting. Services and activities that go beyond what is documented on the IEP and the recommendation of the qualified practitioner conducting the assessment/evaluation or are provided solely for the purpose of education, special education or special instruction will not qualify for reimbursement.

The Provider Title should include the name and title of the person expected to provide the service. This person must meet the certification requirements as defined in the MSP rules. The audit process will verify the qualifications of all practitioners.

**CAUTION:** Areas that are marked as “optional entry” or “not required” on the IEP form of this section do not apply to any MSP services/supports. When using any of those categories in Section 7, the LEA must complete for each MSP service/support the type of service, the goal addressed, provider title, the location of services, the duration (begin date and ending date), the amount of time and the frequency.

Targeted Case Management (TCM) services, as defined in OAC 5101:3-35-06, include assessment, care planning, referral and linkage, and monitoring and follow-up activities that will assist the eligible child in gaining access to medical, social, educational and other needed services. TCM services are eligible for reimbursement if provided to an eligible child with an IEP who has been determined to have a developmental disability, according to section 5123.01 of the Revised Code, and is not receiving TCM from county boards of mental retardation and developmental disabilities (CBMRDD). TCM services should be entered in the “Services to Support School Personnel” area of this section. The “Type of Service” column should describe which of the four categories of TCM services are being provided for each applicable goal in the IEP. The case manager responsible for providing the case management service as well as the amount, frequency, and duration that will be provided must be included.

Medically necessary supplies and equipment must be included on the IEP as a related service even though the costs will be included in the cost report. Keep in mind that only supplies and equipment used at school will qualify for MSP cost reimbursement. Typically they will be related to other MSP services (e.g. nursing services) and goals on the IEP.

### **Section 8: Transportation As A Related Service**

When including transportation services, the district will only be able to receive MSP cost reimbursement for transportation from school to the qualified Medicaid service provider and back to school in a specially adapted vehicle. If the LEA has indicated “yes” to “Does the child need transportation to and from provider services?”, they must enter transportation as a related service in Section 7: Description(s) of Specially Designed Services. The amount, frequency and duration (beginning and ending dates) must be completed. The LEA may indicate an independent measurable goal for transportation in Section 6: Measurable Annual Goals or may align this transportation service to the goal(s) that is related to the provider service(s) that the child is being transported to.

### **Section 13: Meeting Participants**

When services, as defined in Parts 5 or 6 of the MSP rules, are agreed to and the IEP finalized, the qualified Medicaid practitioner who did the latest assessment/evaluation **must** sign the IEP. Their signature indicates approval or recommendation of the services, amount, frequency and duration as written by the IEP team. The provider is not required to attend the IEP meeting. If they do not attend the team meeting, they **must** still sign the IEP after the meeting is held. Services provided prior to obtaining sign off on the IEP may not be submitted for cost reimbursement.

### **Amendments**

When the child receiving MSP services fails to show progress toward IEP identified goals over two consecutive three-month periods and there is no documentation that the methods and/or techniques applied have been modified to improve progress, those MSP services will not be eligible for cost reimbursement.

If a child is failing to show progress or regressing on any elements of the IEP, the IEP team is required to reconvene and address the areas of no progress or regression.

When an IEP is amended to change anything about eligible medical services, a qualified Medicaid practitioner must approve modifications in services by signing and dating Section 13 of the amended IEP.