



Guidelines for Providing Medicaid School-Based Services During the COVID-19 Pandemic

Version 8 updated May 19, 2020

The purpose of this document is to provide ongoing and updated information regarding the implementation of and billing for Medicaid School-Based Services (SBS) during the COVID-19 pandemic. This document will be updated as new questions arise and/or information needs to be updated, usually on a weekly basis. Please submit additional questions and concerns using the [online Clarification form](#). Thank you for your patience as guidance related to implementing and billing for Medicaid School-Based Services is changing almost daily.

NOTE: The guidance provided in this document is only allowable during the COVID-19 event.

NEW QUESTIONS AND ANSWERS

Listed below are the question numbers and topics that provide updated and/or new guidance since May 5, 2020. Click each link to jump directly to the new or updated guidance.

[5.7: Keeping and Sharing SDRs Securely](#)

[9.5: HIPAA & Consent for Telehealth](#)

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SECTION 1: CANCELLATION AND SOFT-CLOSURE

1. Policies related to providing Medicaid SBS when school is cancelled or on soft-closure

1.1. Can an LEA provide and seek reimbursement for Medicaid SBS when school is cancelled?

No. LEAs may not provide or seek reimbursement for any Medicaid School-Based Services when school is cancelled. Parents may elect to access services from a community provider when school is cancelled. These services are part of the Medicaid State Plan and are not tied to a budget.

1.2. Can an LEA provide and seek reimbursement for Medicaid SBS during a soft-closure?

Yes. Since all students, including students with disabilities, receive instruction during a soft-closure, an LEA may provide and seek reimbursement for Medicaid SBS during a soft-closure within the provisions outlined in a student’s IEP. As always, Medicaid will not reimburse for any services that are educational in nature.

1.3. Where can LEAs provide Medicaid SBS during a soft-closure?

LEAs can provide services at a school, a student’s home (if allowable by the LEA and parent), other community locations, or via Telehealth, *within Telehealth requirements*. The service provider must indicate the location where the service occurred, including Telehealth, on the service detail report (SDR). It will be up the LEA and a student’s parents to determine the appropriate location and/or use of Telehealth based on the individualized needs of the student, as long as the location is designed to protect the health, safety, and well-being of the student and the LEA staff or service provider. If the LEA determines in-home services could compromise the health, safety, and well-being of staff providing the service, then services may be provided via Telehealth, within Telehealth guidelines. Parents may determine that in-home services could jeopardize the health, safety, and well-being of their child. IEP teams should work closely

with parents to make decisions regarding in-home services and document discussions/decisions in the Written Notice.

1.4. Can we deliver Medicaid SBS outside of what is normally considered the “typical school day?” For example, during evening hours and/or weekends.

Medicaid School-Based Services delivered to students using alternate modes (online, packets, virtually) are not restricted to what would normally be considered a “typical school day.” It is likely that the “typical school day” has shifted for many students and community-based services may need to be provided during what is normally considered the “typical school day.” The school district provider must work with the student’s parent(s)/guardian(s) to schedule School-Based Services during a mutually agreeable time that may include evening or weekend hours. *It is important for school-based and community-based providers to coordinate their services with each other and the families with whom they are working.*

SECTION 2: DOCUMENTATION

2. Documentation Considerations During COVID-19

2.1. What documentation is required if an LEA will provide Medicaid SBS via Telehealth to students during a soft-closure who have not previously received Telehealth?

If a student will receive Medicaid SBS via Telehealth for the first time during a soft-closure, Medicaid will not require that the IEP be amended. In this case, the use of Telehealth is considered an alternative mode of delivery and a temporary measure. However, LEAs should use the Written Notice to communicate with parents regarding this change in service delivery. Telehealth should be clearly documented on the SDR and the *GT modifier* should be used when billing.

2.2. How should LEAs proceed with providing and billing for Medicaid SBS when a student’s IEP, Department Approved Assessment, and/or Personal Care Services (PCS) documentation are overdue during a soft-closure or school cancellation?

The Division of Medicaid recognizes that some students’ IEPs may become overdue during a soft-closure or school cancellation. Therefore, LEAs may use the Written Notice or other documentation, as appropriate, to extend a student’s Medicaid SBS without an IEP meeting. The Written Notice or other document must specify that the IEP meeting will be held upon the reopening of school.

The Division of Medicaid has temporarily suspended IDAPA rules related to Department Approved Assessments and PCS documentation timelines, including the 365-day rules, annual rules, or 3-year evaluation rules. This means that, on a temporary basis, there are no overdue Department Approved Assessments or PCS documentation. Once the COVID-19 pandemic is over, all Medicaid IDAPA rules will revert back to pre-3/13/2020 rules.

2.3. How should LEAs document the provision of Compensatory Education for Medicaid?

LEAs may provide compensatory education to students with IEPs when schools reopen based on the individual needs of the student as determined by the IEP team. Medicaid will allow a temporary increase in the services defined on a student's IEP to provide compensatory education, as long as the temporary increase in services is clearly documented on the Written Notice or other appropriate documentation.

2.4. Billing Codes for Medicaid SBS delivered via Telehealth

2.4.1. How do I code Medicaid SBS that will be delivered via Telehealth during COVID-19? Will there be a new fee schedule? How will I know a provider has delivered services via Telehealth?

2.4.2. There appears to be only one billing code related to SLP Telehealth services. Do we use that code for both SLP-Assistants and SLP-Professionals who provide telehealth?

The provider's SDR should indicate that services were provided via Telehealth. That information will help you with billing. The billing codes found on the [current School-Based Fee Schedule](#) will remain the same, except you will add the *GT modifier* to any other modifier when the service is provided via Telehealth. During the COVID-19 pandemic, LEAs may disregard the asterisk (*) on the current *School-Based Fee Schedule* that indicates only professionals may provide services via Telehealth.

SLP Specific: LEAs will use the SLP codes from the current *School-Based Fee Schedule* listed below when billing for SLP services delivered via Telehealth. Be sure to add the *GT modifier* to any other modifiers associated with the specific service.

- 92507 HM Individual Speech/Hearing Therapy – Paraprofessional by School District (1 unit = 15 minutes)
- 92507 HO Individual Speech/Hearing Therapy – Professional by School District (1 unit = 15 minutes)

2.5. What place of service (POS) codes should be used when billing for Medicaid SBS during soft-closure?

Regardless of the physical location where the student receives a service, LEAs should continue to use the POS identified on the IEP: either POS 03-School or POS 99-Other. Do not use any other POS codes for Medicaid SBS during a soft-closure.

2.5.1. You mention that POS 03-School or POS 99-Other should be used to bill for services within the school setting. We are considering the telehealth setting an extension of our school. Should we continue to use POS 03-School for these services delivered via telehealth? When would we use POS 99-Other?

Yes, if the place of service identified on the student's IEP is school, then use POS 03-School. In this example, the service is now being delivered via Telehealth. LEAs would continue to bill using POS 03-School, with the *GT modifier* to identify the services as being provided via Telehealth. If the place of service identified on the student's IEP is a location other than school, then use POS 99-Other. LEAs will not use a POS code that is different from what they have used in the past. If POS 99-Other has not been in the past, do not use it now.

As explained in [Medicaid Information Release MA20-20: Guidance for CHIS, Children's DD, and School-Based Services](#), the LEA should bill the code(s) and location on the student's IEP, not the alternate location; home, library, or other community location. Remember, Telehealth is not a location and is designated with a *GT modifier*, in addition to the billing code and modifier.

2.6. Because we are meeting with parents by means other than face-to-face, it is more difficult to obtain parent signatures. Can school staff obtain parent signature for Medicaid consent orally at this time?

No. Schools are required by federal law to obtain written parental consent prior to accessing Medicaid on behalf of the child. 34 CFR 300.154(d)(2)(iv).

2.7. Are there any changes to the Physician Referral/Recommendation requirement for SBS during the COVID19 soft closure of schools in Idaho? Is the current rule in place or has there been a change to the 30-day look-back rule for SBS services?

The current requirement for the physician referral/recommendation remains in place, including the 30-day look-back rule.

SECTION 3: MEDICAID INFORMATION RELEASES

3. Idaho Department of Health and Welfare Information Releases during COVID-19 that may impact Medicaid School-Based Services. Visit the [Idaho Department of Health and Welfare Information Releases webpage](#) to view a complete list of information releases.

3.1. [MA20-07 - COVID-19 Telehealth - Updated April 7, 2020](#)

On Tuesday, March 17, The Idaho Department of Health and Welfare posted an Information Release regarding Telehealth. Please also review the new information released regarding HIPAA compliance. Effective immediately, the US Department of Health and Human Services Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. Visit [COVID-19 and HIPAA guidance from the US Department of Health and Human Services](#) for more information.

3.2. [MA20-14 – COVID-19 Therapy Services Telehealth](#)

This Information Release provides guidance related to providing OT, PT, and SLP services via Telehealth during COVID-19. *It is important to note that SLP-Assistants are not specifically mentioned in MA20-14 because SLP-Assistants are not allowed to provide services in the community. However, SLP-Assistants are allowed to provide School-Based speech services via Telehealth.*

3.3. [Medicaid Information Release MA20-20: Guidance for CHIS, Children's DD, and School-Based Services](#)

This document provides service delivery flexibilities and best practices related to delivering CHIS, Children's DD and School-Based Services during the COVID-19 pandemic.

SECTION 4: STUDENT'S HOMES

4. Providing Medicaid School-Based Services to students in their homes

4.1. **Can BI and CBRS providers provide services to students in their homes while a student participates in internet educational services?**

Medicaid will reimburse for BI and CBRS services provided to students in their homes while students participate in online/virtual instruction, as long as doing so does not jeopardize the health, safety, and well-being of students or staff.

4.2. Can Medicaid SBS be provided in a student's home?

Yes, but only if the LEA is operating under a soft-closure and the IEP team determines that in-home services will not jeopardize the health, safety, and well-being of the student or the staff providing the service. If the LEA determines in-home services could compromise the health, safety, and well-being of staff providing the service, then services may be provided via Telehealth, within Telehealth guidelines. Parents may determine that in-home services could jeopardize the health, safety, and well-being of their child. IEP teams should work closely with parents to make decisions regarding in-home services and document discussions/decisions in the Written Notice.

If school is cancelled, then Medicaid SBS would not be allowable. See [Medicaid SBS When School is Cancelled](#) guidance below for more information.

SECTION 5: TELEHEALTH - GENERAL

5. Delivering and seeking reimbursement for Medicaid SBS provided via Telehealth during COVID-19

5.1. What online platforms can be used to deliver Medicaid SBS via Telehealth? Could we use Google Hangouts or Skype?

According to the [FAQs on HIPAA and Telehealth – PDF](#) document posted to the [COVID-19 and HIPAA guidance from the US Department of Health and Human Services](#) webpage, “Covered health care providers will not be subject to penalties for violations of the HIPAA Privacy, Security, and Breach Notification Rules that occur in the good faith provision of telehealth during the COVID-19 nationwide public health emergency (FAQs on HIPAA and Telehealth – PDF, question 4, p. 2). Question 9, bullet 4 of the FAQ document indicates that “...public-facing remote communication products, such as TikTok, Facebook Live, Twitch, or a chat room like Slack [are]...unacceptable forms of remote communication for telehealth because they are designed to be open to the public or allow wide or indiscriminate access to the communication” (p. 4). Question 10 indicates that it would be acceptable to use “non-public facing remote communication...platforms such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Whatsapp video chat, or Skype...” (p. 4) to deliver Telehealth services. “Such

products also would include commonly used texting applications such as Signal, Jabber, Facebook Messenger, Google Hangouts, Whatsapp, or iMessage. Typically, these platforms employ end-to-end encryption, which allows only an individual and the person with whom the individual is communicating to see what is transmitted. The platforms also support individual user accounts, logins, and passcodes to help limit access and verify participants. In addition, participants are able to assert some degree of control over particular capabilities, such as choosing to record or not record the communication or to mute or turn off the video or audio signal at any point” (pp. 4-5).

5.2. Using telephonic modalities when providing Medicaid SBS via Telehealth

5.2.1. Can Medicaid SBS be delivered telephonically? Example 1: A speech/language pathologist (SLP) sends home a packet, then calls the student on the phone to work with the student on skills from the packet. Example 2: A student is participating in a synchronous online lesson with a teacher while the BI or CBRS provider is watching the student online and communicating with the student over the phone.

5.2.2. Are phone calls, emails, and/or texts billable in regards to School-Based Services when doing therapy programs with the families and students via these routes (anything not video related)? There is conflicting information on the Idaho Training Clearinghouse and the Idaho Department of Health and Welfare websites.

Original guidance indicated that Medicaid SBS cannot be delivered telephonically; that a visual/video component was required to qualify as Telehealth. [MA20-14 – COVID-19 Therapy Services Telehealth](#) states that “[...]services that can be provided effectively telephonically without real-time video may also be covered via telehealth. Services that cannot be effectively completed without visual interaction are not included in this modification and continue to require a video component.”

It is important to note that the allowance of telephonic delivery of services discussed in MA20-14 – COVID-19 Therapy Services Telehealth applies only to therapy services (OT, PT, and SLP). As of April 7, 2020, no other Medicaid School-Based Service may be delivered telephonically.

5.3. Is Microsoft Teams an acceptable online platform to deliver Telehealth? Our district already has this system in place and we have been utilizing it for all students and staff. It delivers enterprise-grade security and compliance that is extensible and customizable to fit the needs of every school.

According to Question 10 of the [FAQs on HIPAA and Telehealth – PDF](#) document posted to the [COVID-19 and HIPAA guidance from the US Department of Health and Human Services](#)

webpage, it would be acceptable to use “non-public facing remote communication...platforms such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Whatsapp video chat, or Skype...A ‘non-public facing’ remote communication product is one that, as a default, allows only the intended parties to participate in the communication.” As long as the online platform being used for Telehealth is a “non-public facing” remote communication product, a Medicaid School-Based Services provider may use it to deliver services.

5.4. Is there anything in place related to Medicaid reimbursement for students who need internet access?

No. Medicaid will not reimburse for expenses related to facilitating a student’s access to the internet.

5.5. In order to seek reimbursement for Medicaid SBS via Telehealth, should LEAs obtain an updated physician referral/order indicating the alternative mode of delivery?

No updated physician's referral/order is required to provide services via Telehealth.

5.6. What additional qualifications are required for providers who deliver Medicaid SBS via Telehealth?

Any CHIS, CBRS, OT, PT, and SLP provider who meets the qualifications outlined in [IDAPA 16.03.09 Medicaid Basic Plan Benefits](#), Section 855.01-04, 08, 10, 13, 14, & 17, may provide services via Telehealth, as long as the provider has means and knowledge to complete the service with fidelity and ensures the criteria in Information Release [MA20-07 – Telehealth and COVID-19](#) are met.

5.7. Are providers allowed to have their SDRs at home with them? Our providers will be offering services via telehealth during our soft closure. What is the best practice to ensure that our documents are as secure at home as they are in the school building? In addition, would Google docs be an appropriate location to securely share scanned SDRs with paraprofessionals and case managers?

All these questions are related to HIPAA and Telehealth during COVID-19, for which the US Department of Health and Human Services (HHS) has created several guidance documents. All of these guidance documents are available at [HHS HIPAA and COVID-19 webpage](#).

The HHS is allowing latitude related to HIPAA compliance. It is up to each LEA to develop the practices they will follow to comply with HHS guidance during COVID-19.

According to the HHS [Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#):

During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.

OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.

SECTION 6: TELEHEALTH – ASSESSMENTS & EVALUATIONS

6. Assessments and Evaluations via Telehealth during COVID-19

6.1. What is the guidance regarding OT, PT, and SLP evaluations/assessments conducted via Telehealth? The March 17, 2020 Medicaid Information Release MA20-07 states: “Claims for services delivered via telehealth will be reimbursed at the same rate as face-to-face services.” The March 25, 2020 Medicaid Information Release MA20-14 states: “Evaluations must still be done in-person.” Can OT/PT/SLP evaluations/assessment only be done in-person, or can they also be conducted via telehealth? Does the term “services,” used in MA 20-07, include evaluations/assessments?

Information release [MA20-07 - COVID-19 Telehealth - Updated April 7, 2020](#) was revised to allow OT, PT, and SLP evaluations to be conducted via Telehealth.

6.2. Our school nurse is wondering how to complete PCS assessments during soft-closure due to COVID-19. Is it okay to complete the PCS assessment via telephone interview with parents and not see the student? If so, do we note it somewhere that the PCS assessment was completed via telephone due to COVID-19?

Yes, PCS assessments may be completed telephonically at this time. However, it is not necessary. The Division of Medicaid has temporarily suspended IDAPA rules related to PCS documentation timelines, including the 365-day rules, annual rules, or 3-year evaluation rules. This means that, on a temporary basis, LEAs do not need to conduct a PCS assessment until schools reopen. Once the COVID-19 pandemic is over, all Medicaid IDAPA rules will revert back to pre-3/13/2020 rules.

6.3. I am assuming the PCS assessment needs to be postponed until school is back in session. Then next fall we will need to complete the PCS assessment ASAP. We have case managers who prefer that the PCS assessment be completed to line up with the IEP due dates. For example: Johnny's PCS assessment was done in August 2020 when schools reopen. His IEP is due in January 2021 and case manager wants the PCS assessment completed again in January to align with IEP due date. Will we be limited to completing and billing for only one PCS assessment during next school year?

No, the LEA would be able to bill for the PCS assessment conducted when school is back in session and for a new PCS assessment to align with the student's IEP date. Another option would be to conduct the PCS assessment telephonically during this time, as a way to keep the PCS assessment and IEP dates in alignment.

6.4. During COVID-19 we are having to juggle many different schedules and some of our testing plans are being altered at this time. If the team was planning to evaluate a student and listed the specific evaluator's name on the Consent for Assessment, but that evaluator is no longer able to complete that assessment, can a different, qualified evaluator complete the assessment? If yes, can we bill Medicaid? Can we evaluate a student based on a Consent for Assessment that has a specific job title identified that is not the job title of the person who will actually conduct the assessment (i.e., special education teacher identified on the Consent for Assessment, but the school psychologist is going to complete the test)? If yes, can we bill Medicaid?

Consent for Assessment is an IDEA requirement. The most important issue related to who completes an assessment or evaluation comes down qualification, i.e. is the person qualified to administer and interpret the assessment. If a person is qualified to administer and interpret the assessment or evaluation outlined on the *Consent for Assessment*, then that person may do so.

Medicaid does not require consent for assessment; therefore, the information regarding who is responsible for the assessment is not relevant to Medicaid. As outlined on page 126 if [IDAPA 16.03.09.883.02](#).

Evaluation and Diagnostic Services. Evaluations to determine eligibility or the need for health-related services may be reimbursed even if the student is not found eligible for health-related services. Evaluations completed for educational services only cannot be billed. Evaluations completed must: (3-30-07)

- a. Be recommended or referred by a physician or other practitioner of the healing arts. A school district or charter school may not seek reimbursement for services provided more than thirty (30) days prior to the signed and dated recommendation or referral; (3-28-18)
- b. Be conducted by qualified professionals for the respective discipline as defined in Section 855 of these rules; (3-20-14)
- c. Be directed toward a diagnosis; (7-1-16)
- d. Include recommended interventions to address each need; and (7-1-16)
- e. Include name, title, and signature of the person conducting the evaluation. (7-1-16)

SECTION 7: TELEHEALTH – CHIS & CBRS

7. Delivering CHIS and CBRS via Telehealth during COVID-19

7.1. Can group Speech, Behavioral Intervention (BI) or Community Based Rehabilitation Services (CBRS) be provided via Telehealth? What permissions would be required from parents?

Yes, as long as the service can be safely and effectively delivered via Telehealth and within Telehealth guidelines. It would be up to the IEP team or provider to discuss any privacy concerns with parents and document the conversation and parent permission in a Written Notice or other appropriate documentation. Please refer to [COVID-19 and HIPAA guidance from the US Department of Health and Human Services](#) for more details regarding HIPAA privacy concerns and permissions.

7.2. How many BI and/or CBRS students are allowed in a group setting during a soft-closure?

Newly released temporary rules related to Medicaid School-Based Services ([DAPA 16.03.09.853.03.a.i and 03.d.i for CHIS, Habilitative Skill (Hab Skill) and Behavioral Intervention

(BI)] have increased the number of students allowed in group setting services up to 6 during COVID-19. Hab Skill and BI providers may serve up to 6 students in a group setting, as long as all the students in the group can benefit from group services. These group size guidelines apply to face-to-face and Telehealth services. This increase in group size, from 3 to 6, is allowable only during the COVID-19 pandemic. If BI group services are being offered face-to-face, keep in mind that [Governor Little's Statewide Stay-Home Order](#) limits gatherings to 10 people and that people in the group must practice social distancing.

The group ratio for CBRS group services is not specified in IDAPA rule, but is up to the discretion of the provider and as long as all the students in the group can benefit from group services. These group size guidelines apply to face-to-face and Telehealth services. If CBRS group services are being offered face-to-face, keep in mind that [Governor Little's Statewide Stay-Home Order](#) limits gatherings to 10 people and that people in the group must practice social distancing.

7.3. During COVID-19 our district is looking at creative ways to provide educational supports to students who have received Behavioral Intervention and Behavioral Consultation services. One of the ways we are doing this is to have for our Intervention Professionals consult with and train parents regarding the implementation of a behavior intervention plan and/or how to support their child's appropriate behavior at while learning from home. According to IDAPA16.03.09.855.02 (pp.137-139) Behavioral Consultation (BC) is a service that assists other service professionals by consulting with the IEP team during the assessment process, performing advanced assessment, coordinating the implementation of the behavior implementation plan, and providing ongoing training. Can we bill for Behavioral Consultation services when Intervention Professionals consult with and train parents, as they would teachers and/or paraprofessionals at school?

According to page 127 of [IDAPA 16.03.09.853.03.b](#). Behavioral Consultation:

Behavioral consultation assists other service professionals by consulting with the IEP team during the assessment process, performing advanced assessment, coordinating the implementation of the behavior implementation plan and providing ongoing training to the behavioral interventionist and other team members. (7-1-13)

The reference to “behavioral interventionist and other team members,” includes other team members who are qualified to provide any services under the CHIS umbrella. “Other team members” does not mean IEP team members. Therefore, Medicaid will not reimburse LEAs for

time that professionals consult with parents regarding how to support their children at home during a soft closure as a School-Based Service.

However, services in the community may allow for parents to receive training around supporting their child at home, including these times of soft school closures.

SECTION 8: TELEHEALTH – PARAPROFESSIONALS

8. Using paraprofessionals to deliver Medicaid SBS via Telehealth during COVID-19

8.1. Can LEAs seek reimbursement for OT, PT, or Speech services provided by a paraprofessional via Telehealth during this time?

Any OT, PT, and SLP provider who is identified in Medicaid SBS rules (IDAPA 16.03.09.855) can provide services via Telehealth. *It is important to recognize that the inclusion of SLP-Assistants providing services via Telehealth applies only to Medicaid School-Based Services.*

8.2. Can LEAs seek reimbursement for CBRS and CHIS Telehealth services provided by a paraprofessional?

Yes. Any CBRS or CHIS providers identified in [IDAPA 16.03.09 Medicaid Basic Plan Benefits](#) Section 855.01 – 04, & 12 (p. 137- 143) may provide services via Telehealth during this time, as long the services are provided safely and effectively in accordance with [MA20-07 - Medicaid Provider Information Regarding Telehealth](#).

8.3. What are the supervision requirements for paraprofessionals providing Medicaid SBS via Telehealth?

The supervision requirements for paraprofessional providing Medicaid SBS via Telehealth are the same as those that would normally apply to face-to-face services.

SECTION 9: TELEHEALTH - THERAPIES

9. Delivering Therapy Services (OT, PT, and SLP) via Telehealth during COVID-19

9.1. Is it safe for PTs to guide parents to manipulate their child's limbs when providing PT services via Telehealth?

It is not within the purview of Medicaid or the SDE to determine how a PT, or other practitioner, would deliver services. It would be up to the practitioner, using professional judgment, to determine if it would be safe to guide parents in manipulating their child's limb or provide services under the direction of the PT. It would also be up to the LEA to decide if this practice would be acceptable.

9.2. Providing related services via Telehealth outside of “regular school hours”

9.2.1. Are Telehealth providers, such as OTs, PTs, or SLPs, allowed to provide Medicaid SBS over the weekend or during spring break?

9.2.2. Some parents are requesting that related services be delivered via Telehealth during the evening hours because both parents work during the day and can only monitor Telehealth therapy sessions after work.

Medicaid SBS must be outlined on a student's IEP and be medically necessary for a student to participate in their educational program. During a soft-closure, it is likely that the “regular school day” has shifted for many students. Therefore, related services (such as OT, PT, and SLP) may be billed as School-Based Services, as long as the related service is being provided to fulfill the student's IEP. The SDR should include the actual time the services occurred and be designated as being delivered via Telehealth. Providers should work with parents to schedule therapy sessions during a time that is mutually agreeable to support the health, safety, and well-being of students and providers. It will be important to differentiate these related services from Community-Based Services.

Medicaid SBS cannot be provided during spring break because schools are closed and not providing instruction to any students during that time.

9.3. Some parents cannot participate in live virtual speech therapy sessions with their students. Can we bill for SLP services if we send the link to pre-recorded therapy sessions to the parents and get confirmation they viewed it with their student?

Medicaid will only reimburse for synchronous services delivered in real-time.

9.4. I need clarification on billing for an SLP evaluation conducted via Telehealth. Are we able to bill from the date that schools started soft-closure or just from the 4/7/20 update to the [Medicaid Information Release MA20-07 - COVID-19 Telehealth - Updated April 7, 2020](#)?

Any therapy evaluation completed via Telehealth may be reimbursed by Medicaid effective March 17, 2020, which reflects the date the [Information Release MA20-07](#) was originally released.

9.5. It is our LEA’s understanding that Written Notice about delivering Medicaid SBS via Telehealth during a soft-closure was required, but is an additional consent needed for HIPAA reasons? If our related service providers were already seeing students in the school in group therapy sessions, can those sessions continue via Telehealth and would additional consent be required? If our related service providers were only providing individual therapy to a student that will now be moved into a group session, would additional consent be required or would the original written notice and communication with the team be sufficient?

There are no additional consent requirements for Telehealth purposes. Use of the Written Notice remains best practice when a student’s therapy services will be provided via Telehealth because of a soft-closure.

No additional consent is required to provide group therapy via Telehealth, as long as group therapy is outlined on the student’s IEP. However, from a confidentiality point of view, it would be up to the IEP team or provider to discuss any privacy concerns with parents and document the conversation and parent permission in a Written Notice or other appropriate documentation.

Regarding moving from individual to group therapy services via Telehealth, an LEA may only seek reimbursement for the services outlined on a student’s IEP. Any change between individual and group services should be documented on the student’s IEP, with Telehealth issues addressed as outlined above.

SECTION 10: ASSESSMENT & EVALUATION

10. Miscellaneous questions related to delivering and/or billing for Medicaid SBS during the COVID-19 Pandemic.

10.1. Can an LEA bill Medicaid for achievement testing?

According to page 126 of [IDAPA 16.03.09.853.02](#) “Evaluation and Diagnostic Services. Evaluations to determine eligibility or the need for health-related services may be reimbursed even if the student is not found eligible for health-related services. Evaluations completed for educational services only cannot be billed.” Therefore, if achievement testing is conducted only for educational purposes, an LEA cannot bill for reimbursement for the administration of achievement testing.

10.2. If a student was in the process of being assessed before the COVID-19 soft-closure but the full evaluation was not completed, could the LEA bill for the testing the school psychologist had completed or wait until the full evaluation is completed and eligibility is determined? What if the student transfers to another school and the evaluation will be completed by a different school psychologist/school team? For example:

- **A student with a suspected specific learning disability: Cognitive testing was completed before the COVID-19 soft-closure, but academic testing will have to be completed at a different school before the student’s eligibility can be determined.**
- **A student with a suspected other health impairment: The social/emotional rating scales were completed, but academic assessments will have to be completed at a different school before the student’s eligibility can be determined.**

Think of these situations in terms of school psychologist #1, who administered an assessment before COVID-19 soft-closure at one school, and school psychologist #2, who may administer additional assessments and will use school psychologist #1’s test scores and observations to complete the full evaluation at the new school.

- School psychologist #1 would bill for the assessment they completed using 96136 and 96137 – psychologist test administration and scoring.
- School psychologist #2 would bill for any assessment(s) they administer using 96136 and 96137 – psychologist test administration and scoring. School psychologist #2 would also bill for the evaluation using 96130 and 96131 – psychological testing evaluation. School psychologist #2 could incorporate the test scores and observations completed by school psychologist #1 into the final evaluation.

10.3. Since there is going to be a backlog of assessments and evaluations for the fall due to the COVID-19 Pandemic and our schools would officially be in session on August 17, would assessments and evaluations completed when school is not in session, say August 1 – 14, be reimbursable?

During this time, if an LEA needs to complete assessments and/or evaluations before school reopens and if a student’s parent/guardian agrees, then the LEA may seek reimbursement for assessments and evaluations completed prior to the school reopening for a new school year.

SECTION 11: MISCELLANEOUS

11. Miscellaneous questions related to delivering and/or billing for Medicaid SBS during the COVID-19 Pandemic.

11.1. Letters to LEA Business Managers regarding new Federal Medicaid Assistance Percentages (FMAP).

The following response is quoted directly from a letter sent to LEA Business Managers dated April 29, 2020:

What You Need to Know:

- New Match Rates:
 - Each year, the federal government establishes new FMAP (Federal Medical Assistance Percentages) rates which prescribe the amount of federal matching payments for state medical assistance (Medicaid).
 - As a part of the congressional response to the COVID-19 pandemic, FMAP rates have been adjusted.
 - The adjustment is retroactive to January 1, 2020.
 - The school's required contribution for Medicaid claims is now 23.46% (down from 29.66%).
 - Claims eligible under the Children's Health Insurance Plan (CHIP) now require a school contribution of 4.92% (the previous rate was 9.26%).
 - The adjusted rates are...expected to remain in effect through the end of the quarter in which the public health emergency ends.
- Claim Reimbursements:
 - There will be no change to how claims are processed because of this new rate.
 - Schools will still be required to submit payment for the applicable share of costs to DHW prior to claims being paid.
- Adjustments:
 - DHW began processing claims with the lower match contribution requirements as of April 1, 2020.
 - As mentioned above, the reduced FMAP rates are retroactive to January 1, 2020. This means schools with claims paid during the period of January 1, 2020 through March 31, 2020 were required to contribute at the higher rate.
 - The difference in rates will be credited to school trust accounts.

- Adjustments will happen automatically. *You do not need to take any action...*
- [DHW] anticipate[s] the adjustments to be posted by the end of May and visible on May 2020 statements.

Special Education Directors should consult with their Business Managers regarding other details related to the new FMAP rates.

CLARIFICATION OF TERMS

- **Cancel/Cancellation:** The term *cancel/cancellation* will be used in this document to mean that an LEA has cancelled school, closed school buildings, and is not providing any form of instruction to all students; such as virtual classes/instruction, take-home packets, etc. Medicaid SBS cannot be provided or billed when school is cancelled.
- **Soft-Closure:** The term *soft-closure* will be used in this document to mean that a local education agency (LEA) has closed school buildings, but is providing some form of alternative instruction to all students; such as virtual classes/instruction, take-home packets, etc. The type of instruction provided to all students, including students with disabilities, during a soft-closure are at the discretion of the LEA. That being said, LEAs have an obligation to “ensure that students with disabilities also have equal access to the same opportunities, including the provision of FAPE. . . SEAs, LEAs, and schools must ensure that, to the greatest extent possible, each child with a disability can be provided the special education and related services identified in the student’s IEP [or Section 504 plan].” [Q & A COVID-19 Guidance \(OSEP 3/20\), Q/A A-1](#)

RESOURCES

[COVID-19 and HIPAA guidance from the US Department of Health and Human Services](#)

[Current School-Based Services Fee Schedule](#)

[FAQs on HIPPA and Telehealth – PDF](#)

[Idaho Department of Health and Welfare Information Releases](#)

[IDAPA 16.03.09 Medicaid Basic Plan Benefits](#)

[MA20-07 - COVID-19 Telehealth - Updated April 7, 2020](#)

[MA20-13 – COVID-19 Telehealth HIPAA Guidance](#)

[MA20-14 – COVID-19 Therapy Services Telehealth](#)

[MA20-20 – COVID-19 Guidance for CHIS, Children’s DD, and School-Based Services](#)

[Q & A COVID-19 Guidance \(OSEP 3/20\), Q/A A-1](#)

Please send additional questions to:

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