

NEW JERSEY
DEPARTMENT OF THE TREASURY



SCHOOL-BASED MEDICAID
REIMBURSEMENT PROGRAMS
PROVIDER HANDBOOK

JULY 2017

TABLE OF CONTENTS

INTRODUCTION	1
CHAPTER 1: MEDICAID OVERVIEW	2
CHAPTER 2: SEMI OVERVIEW	5
CHAPTER 3: MEDICAID ADMINISTRATIVE CLAIMING (MAC) OVERVIEW	9
CHAPTER 4: GENERAL REQUIREMENTS AND COMPLIANCE	10
Provider Enrollment	10
Newly Participating Districts.....	10
Record Retention for Medicaid Purposes	10
Parental Consent.....	11
IEP Requirements and Provider Qualifications.....	12
Required Data	12
CHAPTER 5: COVERED SERVICES AND PRACTITIONER QUALIFICATIONS FOR FEE- FOR-SERVICE REIMBURSEMENT.....	13
Audiology.....	14
Health-Related Evaluation Services	15
Physical Therapy	15
Occupational Therapy	16
Speech Therapy	17
Psychological Counseling	20
Nursing Services.....	20
Specialized Transportation Services	21
CHAPTER 6: SERVICE DOCUMENTATION REQUIREMENTS	23
CHAPTER 7: COST SETTLEMENT	25
Staff Pool List (SPL)	25
Random Moment Time Study (RMTS)	25
District Calendars	26
Annual Cost Report	26
CHAPTER 8: GLOSSARY OF ACRONYMS.....	27

INTRODUCTION

In 1993, the New Jersey Departments of Education (DOE), Human Services (DHS) and the Treasury began the Special Education Medicaid Initiative (SEMI). The purpose of SEMI is to recover a portion of costs for certain Medicaid-covered services provided to Medicaid-eligible students enrolled in participating New Jersey local education agencies (LEAs).

SEMI is designed to recover costs for certain services already provided to eligible students. This revenue is beneficial to both the LEAs and the State. SEMI is a separate and unique project from all other Medicaid programs because it is limited to services provided in educational settings under the auspices of the Commissioner of Education. Before SEMI, costs for school-based health services were largely covered by State and local tax dollars. As a result of SEMI, participating LEAs can enable themselves and the State to recover some of the costs for these mandated services through Federal Medicaid revenue. The services continue to be provided at no cost to the student or his/her parents.

Federal Medicaid revenue is available through SEMI only if Federal and State Medicaid requirements are met. These requirements are discussed in detail in this Provider Handbook. This Provider Handbook is to be used by all LEAs participating in the SEMI program, including Special Services School Districts, as well as Department of Children and Families (DCF) campuses and Office of Education.

CHAPTER 1: MEDICAID OVERVIEW

Enacted in 1965, Title XIX of the Social Security Act established the Medicaid program. Medicaid is a government-sponsored insurance program for eligible low-income individuals and families. Title XIX requires each state to establish a Medicaid program for individuals residing within the state. Medicaid is jointly funded by the federal government and by the individual states. Federal oversight for the Medicaid program lies with the United States Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS). Each state Medicaid agency is also required to provide oversight for its Medicaid program.

Section 1903(c) of the U.S. Code allows Medicaid reimbursement for medically necessary school-based health services provided to Medicaid-eligible students. The services must be covered in the State plan for Medicaid, as approved by CMS, and provided by qualified practitioners with credentials which meet State and Federal requirements. Medicaid reimbursement is not available for academic educational services.

In New Jersey, the Medicaid program is administered by the Department of Human Services through the Division of Medical Assistance and Health Services. The New Jersey Medicaid program includes all federally mandated Medicaid services and covers all federally mandated categories of individuals eligible under Federal rules.

Free Care Rule

School-based health services that are provided to all students without charge are not reimbursable by Medicaid at this time in New Jersey. This reflects CMS's "free care rule". CMS allows two exceptions to the free care rule: (1) services listed in a student's Individualized Education Program (IEP); and (2) services provided under a Title V Maternal and Child Health grant. Although school-based related services listed in an IEP are exempt from the free care rule, other school-based health services are not. However, based on current Federal law, school-based health services are not considered "without charge" if:

- A cost or fee is established for each service;
- Information is collected regarding Medicaid-eligible students' other health insurance; and
- Safeguards are implemented to ensure that Medicaid does not pay for a student's health care services when other coverage is available.

The procedures above help to ensure that Medicaid is the payer of last resort for non-IEP services. Like all states, the New Jersey Medicaid Program is required by Federal law to collect from all applicants for benefits information regarding the applicants' other health insurance. The Medicaid program is also required to establish procedures to ensure that Medicaid does not pay for services when other health coverage is available. Therefore, if all of the conditions listed above are met, school-based health services are not considered "without charge". (U.S. DHHS DAB Decision No. 1924)

Qualified Practitioners

Medicaid reimbursement is available to an LEA for those services provided by qualified practitioners as defined in Chapter 5 of this Handbook.

The LEA shall be responsible for verifying and maintaining that each service billed to Medicaid was provided by appropriately qualified practitioners as of the date the service was provided.

Place of Service

For Medicaid purposes, school-based health services may be provided at the school, the student's home (if necessary), or in a community setting if the services are listed in the student's IEP.

Third-party Liability and Medicaid

The Medicaid program, by law, is intended to be the payer of last resort; that is, all other liable third-party resources must meet their legal obligation to pay claims for services provided to Medicaid recipients before Medicaid is billed. Examples of third parties which may be liable to pay for services include employment-related private health insurance and court-ordered health insurance derived by non-custodial parents. New Jersey DHS obtains information about other health coverage from each Medicaid beneficiary at the time of application for benefits and pursues third-party resources in accordance with the New Jersey State plan for Medicaid. This helps to ensure that Medicaid is the payer of last resort for all medical services. In some instances, providers may be reimbursed by Medicaid for a service provided to an individual with other liable health insurance. In these instances, UNISYS, the Medicaid fiscal intermediary, will follow up with the other health insurance and process all claims with private insurance.

Medicaid Waiver Cases

Some children, especially those with very severe disabilities, may become eligible for Medicaid services under one of New Jersey's Home and Community-based waiver programs. These programs provide Medicaid coverage in the community for children and adults whose disabilities are severe enough to warrant facility-based care (such as hospitals and nursing homes). Under the waiver programs, there is a "cap" on the expenditures for each case. ***In order to avoid duplicating claims, LEA service claims will not be processed for a student who also receives services under a waiver program.***

Medicaid Managed Care

New Jersey enrolls the Medicaid-eligible population into Medicaid Managed Care Organizations (MCOs). The services provided under SEMI are independent of the health care provided by the MCOs. Participation in SEMI has no impact on students' Medicaid health care provided outside of school.

CHAPTER 2: SEMI OVERVIEW

SEMI allows for recovery of a portion of costs for Medicaid-covered services provided to Medicaid-eligible, Special Education students. The SEMI program determines this by using data submitted by the LEA related to services provided to the students (Fee-for-Service – FFS - component) and the costs associated with providing the services; i.e. list of staff, corresponding salary and benefit data and completion of the Random Moment Time Study to determine work effort (Cost Settlement component). The goal at the end of the academic year is to assess whether that LEAs have been properly reimbursed for their portion of allowable expenses under the SEMI program. This is determined during the cost settlement reconciliation process, whereby the reconciliation could be either a positive or negative settlement for the LEAs for the year.

Department of Education Accountability Regulations

NJDOE Accountability Regulations, N.J.A.C. 6A:23A-5.3, require every school district and county vocational school district, *with the exception of any district that obtains a waiver*, to take appropriate steps to maximize participation in the program by following the policies and procedures and to comply with **all** program requirements:

- Include 90% of annual revenue projection in district's budget
 - For alternate revenue projection regulations, see N.J.A.C. 6A:23A-5.3(c)
- By the end of each fiscal year, district must achieve:
 - 100% budgeted fee-for-service revenue
 - 90% parental consent response documented
 - This includes positive, negative and "no response"
- Each quarter, districts must:
 - Achieve 90% quarterly RMTS compliance rate
 - Submit Certified Public Expenditures (CPE) forms
- Certify required data by assigned deadlines
 - Quarterly staff pool lists (SPL)
 - SPL participants are required to have a unique, valid email address listed in the LEA's RMTS account
 - Quarterly financials
 - Annual cost report
- Maintain and implement proper record retention policies and procedures

Including the LEAs, there are six major agencies involved in the SEMI program. These agencies closely coordinate activities related to the SEMI program in order for the

State to maintain appropriate oversight and to help ensure compliance with Medicaid billing requirements. The agencies and their functions are briefly described below:

NEW JERSEY DEPARTMENT OF THE TREASURY

- Serves as Contract Manager on behalf of the State of New Jersey
- Researches and resolves fiscal issues for LEAs
- Provides assistance with SEMI and MAC payments
- Facilitates signing of Memorandum of Understanding for MAC program by all parties
- Maintains SEMI-MAC public website

NEW JERSEY DEPARTMENT OF EDUCATION

- Provides policy and guidance
- Coordinates the process for board approval for participation by LEA
- Certifies LEAs for participation in the SEMI program

NEW JERSEY DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES (MEDICAID PROGRAM)

- Conducts Medicaid provider enrollment
- Issues Medicaid provider numbers to LEAs
- Provides Medicaid technical assistance
- Communicates requirements of program specifics to ensure that Federal Medicaid regulations are followed
- Processes and adjudicates claims
- Provides policy guidance

PUBLIC CONSULTING GROUP (PCG)

- Receives and processes Billing Agreements (Electronic Data Interchange) from newly Medicaid enrolled LEAs
- Provides a toll-free Help Desk to provide technical assistance to LEAs regarding SEMI service documentation issues
- Manages/hosts EdPlan™ for LEA's electronic service documentation and compliance for fee-for-service program component
 - Conducts Medicaid eligibility verification for New Jersey students
 - Provides initial user names and passwords for LEA provider documenting services on EdPlan

- Provides training to providers for service documentation using EdPlan and/or paper related service documentation forms
- Manages/hosts PCG Claiming System for LEA's documentation of MAC and Cost Settlement program requirements
 - Provides initial user names and passwords for SEMI administrators at LEA
 - Provides training to administrators for reporting and certifying data
- Prepares and submits claims for FFS Medicaid reimbursement, MAC, and Cost Settlement consistent with Medicaid billing requirements
- Provides on-going Medicaid legal and regulatory compliance monitoring

LOCAL EDUCATION AGENCY (LEA)

- Pre-enrolls with the Department of Education to certify LEA status by submitting board approval and assurances for program implementation related to participation in SEMI program
- Completes the Medicaid Provider Application package to enroll as a Medicaid provider with the Medicaid program and receives a unique seven-digit Medicaid provider number which will be used for billing purposes
 - Obtains assistance, as needed from the Medicaid office to complete the various forms included in the application package
- Designates PCG as the LEA's Medicaid billing agent
- Appoints a SEMI Coordinator to coordinate with PCG in fulfilling the LEA's operational responsibilities for SEMI
- Verifies that student services submitted to PCG for Medicaid claiming are included in the student's IEP which is valid for the dates of service
- Verifies that service providers have the appropriate qualifications or credentials for Medicaid billing
- Verifies that signed written parental consent to bill Medicaid has been obtained prior to submitting service records to PCG for Medicaid billing
- Verifies that transportation services billed to Medicaid are: (1) for transportation on specialized vehicles; (2) included in the student's IEP; (3) for a student who received another Medicaid covered service on the day for which transportation is billed; and (4) for a student who actually used the transportation service
- Monitors service documentation compliance by related service providers and conducts necessary follow-up

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES (DCF), OFFICE OF EDUCATION/CAMPUSES

- Conducts Office of Education evaluations
- Provides Medicaid technical assistance and transportation to DCF Campuses
- Appoints a SEMI Coordinator to coordinate with PCG in fulfilling the operational responsibilities for SEMI
- Verifies that student services submitted to PCG for Medicaid claiming are included in the student's IEP which is valid for the dates of service
- Verifies that service providers have the appropriate qualifications or credentials for Medicaid billing

CHAPTER 3: MEDICAID ADMINISTRATIVE CLAIMING (MAC) OVERVIEW

The purpose of the Medicaid Administrative Claiming (MAC) program is to promote the availability of Medicaid-covered health services such as those services covered by the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program, ages 3-21. MAC allows SEMI participating districts to receive quarterly reimbursement for the administrative work required to support the Medicaid-funded services provided to students. These quarterly claims utilize data that has already been submitted for the cost settlement component of the SEMI program such as staff submitted on the SPL and RMTS compliance. To receive reimbursement from a MAC quarterly claim, each LEA must:

1. Submit salary and benefit data as financial documentation;
2. Sign a certified public expenditure form to be retained on file; and
3. Certify that all reported financial data is accurate.

These items must be completed on a quarterly basis in the PCG Claiming System. Without a certified SPL, the LEA is not eligible to receive any MAC claim for the corresponding quarter.

Note: The Cost Settlement process is discussed in detail in Chapter 7.

The MAC program is designed to recover some of the costs associated with LEA-based health and outreach activities, costs that are not reimbursable under the SEMI program. Some of these activities include assisting family and State outreach with:

- Outreach to the Medicaid program
- Facilitating an application for Medicaid
- Care planning and coordination for Medical/Mental Health Services
- Client assistance to access Medicaid Services
- Program planning, policy developing, and monitoring of Medicaid Services

CHAPTER 4: GENERAL REQUIREMENTS AND COMPLIANCE

Provider Enrollment

Upon the LEA's completion of the certification process with the Department of Education for participation in SEMI, the Office of Special Education Policy and Procedure advises the Medicaid Program that the LEA is eligible to be enrolled as a Medicaid provider. To enroll, the LEA must complete a New Jersey Medicaid Provider Application Package, which consists of the following forms:

1. Special Education Provider Application;
2. Provider Agreement (FD-62);
3. National Provider Identifier (NPI) application instructions;
4. Disclosure of Ownership (HCFA-1513); and
5. Billing Agreement

The LEA is mailed a Medicaid Provider Application Package with instructions for completion. Technical assistance with completion of the application documents is available by calling the SEMI contact in the Department of Human Services, Division of Medical Assistance and Health Services at 609-588-2905.

Upon completion of the enrollment process, the Medicaid Provider Enrollment Unit will assign the LEA a unique Medicaid provider number. PCG will use the LEA's Medicaid provider number in Medicaid billing.

Newly Participating Districts

It is suggested that newly participating districts have pre-enrollment materials in process prior to April 1st of that fiscal year in order to request the creation of an EdPlan site and participate in the SEMI program for the current fiscal year. Any requests sent to PCG after this date will require the district to begin participation July 1st of the upcoming fiscal year.

Record Retention Period for Medicaid Purposes

All LEAs must maintain all service and financial records, supporting documents, and other recipient records relating to the delivery of services reimbursed by Medicaid for, at least, seven (7) years from the date of service. Parental consent forms must also be maintained in the district for at least seven years after a student has

withdrawn from the district. All records must be retrievable and made available upon audit.

Parental Consent

In accordance with United States Department of Education (USDE) rules and guidelines, LEAs must provide written annual notification of rights to parents prior to obtaining signed SEMI parental consent, and annually thereafter. Annual notification outlines parents' rights and reviews information for what parents are giving consent. The annual notification form, for which a template is provided in Appendix E, does not need to be signed or returned to the district, however, the district should include procedures for how/when the notification is distributed to be in accordance with annual distribution requirements outlined by Individuals with Disabilities Education Act (IDEA) regulations.

After the parent has received the written notification form, the LEA must obtain a signed SEMI parental consent form from the parent/guardian of a student before health services provided can be submitted to Medicaid for reimbursement (*Sample SEMI parental consent form and annual notification form provided in Appendix E*). The signed SEMI parental consent form is valid for the length of the student's enrollment in the LEA.

The original signed copy of the SEMI parental consent form shall be maintained by the LEA as part of the student's educational records. SEMI coordinators must indicate on the student's personal information page, in EdPlan, the effective date of the parental consent. Detailed instructions on how to enter the information into EdPlan are provided in the EdPlan SEMI Coordinator Manual, Appendix A. Parental consent is not required for the LEA to release student information to PCG, in its capacity as the billing agent of the LEA, although PCG can only submit a claim for current positive SEMI parental consent.

SEMI Parental consent authorization and parental notification forms are provided in several languages, including:

- ♦ English
- ♦ Arabic
- ♦ Chinese Cantonese
- ♦ Chinese Mandarin
- ♦ Haitian Creole
- ♦ Hindi
- ♦ Korean
- ♦ Portuguese
- ♦ Punjabi
- ♦ Russian
- ♦ Spanish

Parental consent for SEMI can be a sensitive topic, so LEAs should thoroughly explain the SEMI consent form with that in mind. Parents and guardians should be informed of the purpose for notification and required signature. For best practices for obtaining SEMI parental consent, please review Appendix G of the SEMI Provider Handbook.

IEP Requirements and Provider Qualifications

Therapy services provided to Medicaid-eligible students and submitted to Medicaid for reimbursement must be:

1. Included in the student's IEP that is valid for the dates of service; and
2. Administered by a healthcare provider, qualified on the dates of service to provide such services under State and Federal law and regulation

Evaluation services must also be administered by qualified providers under State and Federal statutes and regulations.

Required Data

In order to allow verification of the existence of the documentation necessary to support the services billed to Medicaid, each LEA is **required** to enter the following data into EdPlan:

- IEP start and end dates
- Provider certification dates
- Primary disability
- Placement where services are rendered
- Physician authorization dates (nursing services only)

PCG will not submit claims to Medicaid for reimbursement until the required data is entered. This requirement is intended to provide verification of the existence and maintenance of the documentation required to support Medicaid claims by the LEA. Failure to maintain such documentation may result in the creation of a financial liability for the LEA.

CHAPTER 5: COVERED SERVICES AND PRACTITIONER QUALIFICATIONS FOR FEE-FOR-SERVICE REIMBURSEMENT

Covered Services:

LEAs may bill Medicaid for providing medically necessary health services to students. Health services required in the student's Individualized Education Program (IEP) are considered to be medically necessary for Medicaid billing purposes. Services provided to determine the student's need for an IEP, such as evaluations, are also reimbursable by Medicaid. To be reimbursed by Medicaid, the services must also be properly documented and provided by qualified personnel as described in this Handbook. Medicaid-covered school-based health services include:

- A. Audiology;
- B. Evaluation services to determine a student's health care needs;
- C. Physical therapy;
- D. Occupational therapy;
- E. Speech therapy (includes both in-person and via telepractice);
- F. Psychological counseling;
- G. Nursing services; and
- H. Specialized transportation services.

Services that are not reimbursable:

- Educational services and associated costs, including IEP meetings without a health-related component;
- Therapy services not documented as medically necessary in the IEP as valid on the dates of service;
- Student Medicaid eligibility verification;
- Transportation services other than specialized transportation;
- Services by providers who are not qualified or licensed providers for the services rendered as required by Federal Medicaid requirements and State law; and
- Services provided without charge to all students, as "without charge" is defined by Federal law.

A. AUDIOLOGY

In accordance with New Jersey statute, audiology includes “the nonmedical and nonsurgical application of principles, methods, and procedures of measurement, testing, evaluation, consultation, counseling, instruction, and habilitation or rehabilitation related to hearing, its disorders and related communication impairments for the purpose of nonmedical diagnosis, prevention, identification, amelioration or modification of these disorders and conditions in individuals or groups of individuals with speech, language or hearing handicaps, or to individuals or groups of individuals for whom these handicapping conditions must be ruled out” (N.J.S.A. 45:3b-2(d)).

According to Federal Medicaid regulations, “services for individuals with speech, hearing, and language disorders means diagnostic, screening, preventive, or corrective services provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law” (42 CFR § 440.110(c)(1)).

The Federal Medicaid regulations also state that a qualified audiologist is an individual who holds a master’s or doctoral degree in audiology that maintains documentation to demonstrate that he or she is licensed by the State to provide audiology services and the State’s licensure requirements meet or exceed the standards for obtaining a Certificate of Clinical Competence from the American Speech-Language-Hearing Association (ASHA) (see 42 CFR §440.110(c)(2)). The New Jersey Department of Education does not issue an educational certificate for audiology.

Practitioner Qualifications: Audiology services must be provided by of an audiologist who is qualified to bill Medicaid in accordance with State and Federal guidelines. A qualified audiologist is an individual who is licensed by the State Audiology and Speech-Language Pathology Advisory Committee in accordance with New Jersey statute (see N.J.S.A. 45:3B-1 et seq.).

The LEA must maintain documentation that these qualifications are met for audiologists whose services are billed to Medicaid. The required documentation must include a copy of the State of New Jersey license.

Audiology services required in a student’s IEP must be documented as referred by a licensed physician or a qualified audiologist within the scope of his or her practice under New Jersey law. This documentation must be maintained in the student’s

records in accordance with New Jersey rules. Certification current to the date of service must be maintained with the service documentation or IEP.

B. HEALTH-RELATED EVALUATION SERVICES

Health-related evaluation services include initial evaluations, reevaluations, revisions with a change in related services, and annual reviews. These services are defined in the Department of Education regulations (see N.J.A.C. 6A:14, Subchapter 3). Medicaid reimbursement is available for the medical component of the evaluation services when provided by qualified clinical practitioners as described in this Handbook.

Health-related evaluation services identify the need for specific services and the evaluation results are used to develop the student's IEP, which prescribes the range and frequency of services the student needs in order to have access to a free and appropriate public education. The date of the IEP meeting or the date of the completed reevaluation or annual review constitutes the claimable evaluation service. Each LEA must develop an internal process in coordination with either the head of the Child Study Team or the Director of Special Education to collect and record each claimable evaluation service on an appropriate documentation form.

Initial and reevaluations for a Medicaid-eligible student are covered even if the evaluation results in a determination that the student is not eligible for the special education program. Individual evaluations by a non-district neurologist or other medical professional are not separate claimable services, but are included as part of an evaluation service. Additionally, evaluations are not eligible for reimbursement unless a Medicaid qualified provider is in attendance at the IEP meeting, and the attendance of that practitioner at the meeting must be educationally appropriate.

Note: Special Services School Districts (SSSD) and DCF campuses are not eligible to submit claims for health-related evaluation services, as evaluations are performed and are the responsibility of the sending district or the Office of Education, respectively.

C. PHYSICAL THERAPY

In accordance with New Jersey statute, physical therapy "includes the identification of physical impairment or movement-related functional limitation that occurs as a result of injury of congenital or acquired disability, or other physical dysfunction through examination, evaluation and diagnosis of the physical impairment or movement-related functional limitation and the establishment of a prognosis for the

resolution or amelioration thereof, and treatment of the physical impairment or movement-related functional limitation, which shall include, but is not limited to, the alleviation of pain, physical impairment and movement-related functional limitation by therapeutic intervention, including treatment by means of manual therapy techniques and massage, electro-therapeutic modalities, the use of physical agents, mechanical modalities, hydrotherapy, therapeutic exercises with or without assistive devices, neuro-developmental procedures, joint mobilization, movement-related functional training in self-care, providing assistance in community and work integration or reintegration, providing training in techniques for the prevention of injury, impairment, movement-related functional limitation, or dysfunction, providing consultative, educational, other advisory services, and collaboration with other health care providers in connection with patient care, and such other treatments and functions as may be further defined” (N.J.S.A. 45:9-37.13).

Physical therapy services, as defined in Federal regulations, (42 CFR § 440.110(a)), must be “prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided to a recipient by or under the direction of a qualified physical therapist.” Physical therapy services required in a student’s IEP must be documented as prescribed by a qualified physical therapist within the scope of his or her practice under New Jersey law. This documentation must be maintained in the student’s records in accordance with New Jersey administrative code (N.J.A.C. 6A:32, Subchapter 7).

Practitioner Qualifications: Physical therapy and physical therapy evaluations must be provided by a physical therapist licensed by the State Board of Physical Therapy Examiners and certified or endorsed by the Department of Education. Physical therapy can also be provided by a licensed physical therapist assistant under the direct supervision of a licensed physical therapist. “Direct supervision” means the supervising physical therapist is present on-site and readily available to respond to any consequence regarding a student’s treatment or reaction to treatment. The licensed physical therapist must sign the monthly related service documentation form or approve the logs of the Non-SEMI qualified physical therapist in EdPlan.

D. OCCUPATIONAL THERAPY

In accordance with New Jersey statute, occupational therapy includes the “evaluation, planning and implementation of a program of purposeful activities to develop or maintain functional skills necessary to achieve the maximal physical or mental functioning, or both, of the individual’s daily occupational performance” (N.J.S.A. 45:9-37.53).

In accordance with Federal regulations (42 CFR § 440.110(b)), occupational therapy services must be “prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided to a recipient by or under the direction of a qualified occupational therapist” (42 CFR § 440.110(b)). Occupational therapy services required in a student’s IEP must be documented as prescribed by a qualified occupational therapist within the scope of his or her practice under New Jersey law. This documentation must be maintained in the student’s records in accordance with the New Jersey Administrative Code (N.J.A.C. 6A:32, Subchapter 7).

Practitioner Qualifications: Occupational therapy and occupational therapy evaluations must be provided by an occupational therapist licensed by the State Occupational Therapy Advisory Council and certified or endorsed by the Department of Education. Occupational therapy can also be provided by a certified occupational therapy assistant (COTA) under the supervision of a licensed occupational therapist. “Supervision” means the responsible and direct involvement of a licensed occupational therapist for the development of an occupational therapy treatment plan and the periodic review of the implementation of that plan. The licensed occupational therapist must sign the monthly related service documentation form or approve the logs of the Non-SEMI qualified occupational therapist in EdPlan.

E. SPEECH THERAPY

In accordance with New Jersey statute, speech therapy, or speech-language pathology, includes the “nonmedical and nonsurgical application of principles, methods and procedures of measurement, prediction, nonmedical diagnosis, testing, counseling, consultation, habilitation and rehabilitation and instruction related to the development and disorders of speech, voice, and language for the purpose of preventing, ameliorating and modifying these disorders and conditions in individuals or groups of individuals with speech, language, or hearing handicaps, or individuals or groups of individuals for whom these handicapping conditions must be ruled out” (N.J.S.A. 45:3b-2(e)).

<p>Note: Practitioner qualifications vary for health-related evaluation and for direct services as described below.</p>
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Practitioner Qualifications for Medicaid Claiming (Effective February 2011)

According to Federal Medicaid regulations, “services for individuals with speech, hearing and language disorders means diagnostic, screening, preventive, or corrective services provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician or other licensed

practitioner of the healing arts within the scope of his or her practice under State law" (42 CFR § 440.110(c)(1)).

Evaluation/Referral for Speech Services

In New Jersey, in order to bill for speech-language services as documented in a student's IEP, a student's evaluation/IEP (Health-related evaluation services, as identified in Section B of this Handbook) must specify that speech services are recommended/ordered by a:

A. Licensed physician

- OR-

B. Licensed practitioner of the healing arts within the scope of his or her practice under State law and holds a Department of Education* certification as a Speech-language specialist (N.J.A.C. 6A:9B-14.6)

who must provide documentation that identifies the referral of speech services that are included in or with the student's IEP. An acceptable written referral can be the completed evaluation and results, which address the student's communication problem and needs relative to speech-language services.

** Provisional certifications are not permissible for use in the SEMI program.*

Speech-Language Services

Both State and Federal guidelines must be met in order for services to be eligible for reimbursement. Speech services (as of February 2011) provided to eligible students will be considered for Medicaid reimbursement when the services are provided by a practitioner who is:

A. Certified or endorsed by the Department of Education* and holds an American Speech-Language-Hearing Association (ASHA) Certificate of Clinical Competence

- OR-

B. Certified or endorsed by the Department of Education* and holds a valid license authorized by the State Audiology and Speech-Language Pathology Advisory Committee in accordance with New Jersey law at N.J.S.A. 45:3B-1 et seq.

** Provisional certifications are not permissible for use in the SEMI program.*

Reimbursable Services Provided by "Under the Direction"

Speech services provided "under the direction" are claimed at the discretion of the LEA.

If the district has speech providers who do not meet the Federal Medicaid regulations of a qualified speech provider (as outlined above), the district can choose to have the non-SEMI-qualified staff member "supervised" by an ASHA-certified or licensed speech provider for SEMI purposes. If a district chooses to use "under the direction", the supervisee must meet minimum qualifications of full DOE certification. The supervisor must be SEMI-qualified and meet all Federal Medicaid regulations of a qualified speech language pathologist.

"Under the direction" means that the ASHA-certified or licensed personnel:

- Maintains responsibility for the services delivered;
- Sees the student, at least, once, and periodically thereafter, as needed;
- Provides input into the type of care provided;
- Monitors treatment status after treatment has begun;
- Meets regularly with the staff being supervised; and
- Is available to the supervised staff.

The speech-language pathologist who is ASHA-certified or licensed must sign the monthly related service documentation form or approve the logs of the non-SEMI qualified provider in EdPlan.

Please note that only direct services are eligible for reimbursement "under the direction". Additionally, speech services provided by a qualified ASHA-certified provider or licensed provider cannot be considered claimable unless the IEP evaluation – assessment and validation for such services - was recommended by a practitioner meeting the requirements as stated in the Evaluation/Referral for Speech Services section above.

Record Retention

The LEA **must** retain all of the following documentation:

- DOE certificate
- ASHA certificate
- New Jersey State license

Certification current to the date of service must be maintained with the service documentation or IEP.

F. PSYCHOLOGICAL COUNSELING

Psychological counseling includes the provision of assessment and therapy services. Psychological services is “the application of psychological principles and procedures in the assessment, counseling or psychotherapy of individuals for the purposes of promoting the optimal development of their potential or ameliorating their personality disturbances and maladjustments as manifested in personal and interpersonal situations” (N.J.S.A. 45:14B-2). Psychotherapeutic counseling is defined as the “ongoing interaction between a social worker and an individual, family or group for the purpose of helping to resolve symptoms of mental disorder, psychosocial stress, relationship problems or difficulties in coping with the social environment, through the practice of psychotherapy” (N.J.S.A. 45:15BB-3).

Practitioner Qualifications: Psychological counseling must be provided by individuals licensed or otherwise authorized to provide psychological counseling services by New Jersey law and the State Board of Psychological Examiners or the State Board of Social Work Examiners and certified by the Department of Education. School certified psychologists and school certified social workers meet these criteria.

Crisis intervention, guidance counseling, drug counseling/treatment, or other similar services provided on an ad hoc basis and not specified in the IEP are not reimbursable under the SEMI program.

G. NURSING SERVICES

In accordance with New Jersey statute, a registered professional nurse (RN) may provide nursing services including “diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist. Diagnosing in the context of nursing practice means the identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen within the scope of the practice of the registered professional nurse. Such diagnostic privilege is distinct from a medical diagnosis. Treating means selection and performance of those therapeutic measures essential to the effective management and execution of the nursing regimen. Human responses mean those signs, symptoms, and processes which denote the individual’s health need or reaction to an actual or potential health problem” (N.J.S.A. 45:11-23) (b). A licensed practical nurse may provide services, as

permitted by New Jersey law, "under the direction" of a registered nurse or licensed or otherwise legally authorized physician or dentist. (N.J.S.A 45:11-23(1)(b)).

In order to be eligible for reimbursement through the SEMI program, nursing services:

- Must be specified in the IEP with a frequency. Nursing Services delivered "as needed" are not eligible for reimbursement through the SEMI Program;
- Must be services that can only be delivered by a licensed nurse (LPN or RN); and
- Must be consistent with the physician's orders or prescriptions must be on file.

Practitioner Qualifications: Nursing and nursing evaluation services must be provided by a registered professional nurse (RN) or a licensed practical nurse (LPN) licensed by the New Jersey Board of Nursing. Services by an LPN must be provided "under the direction" of a licensed RN or licensed or otherwise legally authorized physician or dentist. The RN must sign the monthly related service documentation form or approve the logs of the Non-SEMI qualified nurse in EdPlan.

H. SPECIALIZED TRANSPORTATION SERVICES

Specialized transportation services include transportation to receive Medicaid approved school-based health services. This service is limited to transportation of an eligible child to health-related services as listed in a student's IEP.

- The specialized transportation service is Medicaid reimbursable if:
 1. Provided to a Medicaid-eligible student;
 2. Student has an IEP that is valid on the dates of service;
 3. Student received health-related services of either audiology, OT, PT, speech, nursing or psychological counseling as indicated in his/her IEP on the date for which transportation is billed; and
 4. The LEA incurs the cost of the transportation service.
- Specialized transportation services are defined as transportation that requires a specially equipped vehicle, or the use of specialized equipment to ensure a child is taken to and from the child's residence to school or to a community provider's office for IEP health-related services. Specialized transportation service is reimbursable if it is:

1. Transportation provided by or under contract with the LEA, to and from the student's place of residence, to the school where the student receives one of the health-related services covered by SEMI;
 2. Transportation provided by or under contract with the LEA, to and from the student's place of residence to the office of a medical provider who has a contract with the school to provide one of the health-related services covered by SEMI; or
 3. Transportation provided by or under contract with the LEA from the student's place of residence to the office of a medical provider who has a contract with the school to provide one of the health-related services covered by SEMI and returns to school.
- When claiming transportation costs as direct services, each LEA will be responsible for maintaining written documentation, such as a trip log, for individual trips provided. No payment will be made to parents providing transportation. Appendix E includes a sample transportation trip log.
 - A Special Services School District (SSSD) cannot submit claims for specialized transportation.
 - LEAs cannot submit specialized transportation claims for students attending a SSSD or DCF campus.
 - Each provider intending to receive transportation reimbursement must maintain records which fully document the basis for all claims for specialized transportation services.

CHAPTER 6: SERVICE DOCUMENTATION REQUIREMENTS

LEAs must maintain student records which fully document the basis upon which all claims for reimbursement are made. A complete set of records includes the student's complete IEP, evaluation reports, service encounter documentation, progress notes, billing records, and practitioner credentials. All documentation must be available, if requested, for State and Federal audits.

Each service encounter with a student must be fully documented, including the duration of the encounter. The IEP alone is not sufficient documentation to prove that a service was provided. The basic minimum elements to be documented for each service encounter are:

- Date of service
- Student's name
- Student's date of birth
- Type of service
- Name, signature, and clinical discipline of the service provider
- Duration of service
- Service setting (group or individual)

In addition to the above required elements of documentation, the service provider must document the specific services provided during each encounter and the student's progress toward specified clinical objectives.

Services can be documented electronically using PCG's EdPlan or by using paper logs:

EdPlan: Services documented with EdPlan will include all information required for a completed service record prior to uploading the record for Medicaid billing. Practitioners are encouraged to upload service data as frequently as possible, but not less than weekly.

Paper Logs: Services documented on paper must be recorded on the related service documentation form. Related service providers are responsible for fully completing the form prior to submitting the logs to the SEMI coordinator. The practitioner and the LEA are responsible for ensuring that only fully completed and accurate logs are submitted. The LEA is responsible for reviewing all paper logs and entering the information into EdPlan for billing purposes. Appendix C includes a sample service documentation form.

In documenting health services, student information must be handled and maintained in a confidential manner in compliance with The Federal Educational Rights and Privacy Act (FERPA), The Health Insurance Portability and Accountability Act (HIPAA), and Medicaid laws. All information regarding the delivery of health services must be maintained in the student's file that is accessible in the event of an audit.

CHAPTER 7: COST SETTLEMENT

The U.S. Department of Health and Human Services' Centers for Medicare & Medicaid Services (CMS) requires that New Jersey use a cost settlement process whereby interim reimbursements are compared to reported annual expenditures to identify actual cost of providing medically-related, school-based services. This process in New Jersey reforms the Medicaid reimbursement from a "prospective fee based" method to a "retrospective cost based" approach. This means that LEAs must demonstrate that interim rates paid for school-based services accurately reflect the actual cost of providing medical services.

LEAs demonstrate actual costs through completion of the following program requirements:

Quarterly Staff Pool List (SPL)

The SPL determines which staff are eligible for the Random Moment Time Study (RMTS) and also allows LEAs to claim a portion of salary and benefit costs for individuals listed in the Staff Pool List for that quarter. The SPL must be certified prior to the start of each quarter, by the established deadlines. Each SPL participant is required to have a unique, valid email address in the Claiming System, where the SPL is created and certified. If an LEA cannot provide a valid email address for each SPL participant, that participant must be removed from the SPL and the LEA will be unable to claim costs for said individual. LEAs will only be able to report costs for staff included on the quarterly SPL.

Random Moment Time Study (RMTS)

RMTS is used to calculate direct medical service costs and assists in determining potential reimbursement for each district. The RMTS is a five question online survey administered quarterly to a subset of staff who have been submitted on the LEA staff pool list. It is crucial that staff participate, as costs can only be claimed for RMTS participants.

If selected for a moment, participants will be asked to respond to what they were doing at a particular minute in time. These are to be completed regardless of whether the participant is working at that moment or not. Reminders of upcoming moments will be sent five days, three days, and one day prior to their moment.

RMTS is a statewide compliance percentage that gets applied to claims received by all participating LEAs. The RMTS benchmark is 90% each quarter, and must be met in order to produce a valid claim. It is important that this compliance rate is met

each and every quarter, as the RMTS results are used in a calculation known as the “direct medical percentage”. To help district’s compliance percentages, districts can run the Compliance Report on the PCG Claiming System to determine if past moments have been responded to or if they are still outstanding.

District Calendars

At the start of each quarter, LEAs must complete a calendar listing all scheduled days off for that respective quarter. The calendar, which includes the start and end time of their school day, will be used when drawing the RMTS quarterly sample. This will ensure that staff are not selected for moments outside of the school schedule.

Annual Cost Settlement Process

LEAs submit an annual cost report after the close of each fiscal year in order to receive or retain reimbursement for services rendered. Actual costs of providing Medicaid-covered health-related services are compared to Medicaid reimbursement received. If costs exceed the reimbursement, the LEA receives a settlement; conversely, if reimbursement exceeds costs, the LEA pays back the difference. Several factors are included in the determination of LEA costs: salaries, benefits, and other related expenditures for participating direct service staff; the Indirect Cost Rate (ICR); the statewide direct service RMTS percentage, and the special education Medicaid Eligibility Ratio (MER).

Below are the 9 CMS-approved cost and data elements used to determine Medicaid costs for Direct Medical Services:

1. Salary costs for eligible SEMI service providers employed by LEAs
2. Benefit costs for eligible SEMI service providers employed by LEAs
3. Contractor costs for eligible SEMI service providers
4. Approved Direct Medical Service Material and Supply costs
5. Depreciation costs for Approved Direct Medical Service Materials and Supplies
6. Random Moment Time Study (RMTS) Percentage Results (pre-populated by PCG)
7. Approved Private Schools for Students with Disabilities Tuition Costs
8. LEAs Indirect Cost Rates (ICR) (pre-populated by PCG)
9. Individualized Education Program (IEP) Ratio (pre-populated by PCG)

LEAs are required to report gross expenditures and then properly reduce expenditures for funds paid from other federal funding sources.

CHAPTER 8: GLOSSARY OF ACRONYMS

ASHA - American Speech-Language-Hearing Association

COTA – Certified Occupational Therapy Assistant

DCF – New Jersey Department of Children and Families

DHS – New Jersey Department of Human Services

DOE – New Jersey Department of Education

DSA – Data Sharing Agreement

FERPA – Family Education Rights and Privacy Act

FFS – Fee-for-Service

HIPAA – Health Insurance Portability and Accountability Act

ICR – Indirect Cost Rate

IDEA – Individuals with Disabilities Education Act

IEP – Individualized Education Program

LEA – Local Education Agency

LPN – Licensed Practical Nurse

MER - Medicaid Eligibility Ratio

OT – Occupational Therapist

PCG - Public Consulting Group, Inc.

PT – Physical Therapist

PTA – Physical Therapy Assistant

RN – Registered Nurse

SSSD – Special Services School District

USDE – United States Department of Education

APPENDIX A

EDPLAN SEMI COORDINATOR MANUAL

A copy of the most recent SEMI Coordinator Manual is located on the Main Menu page of EdPlan.

APPENDIX B

EDPLAN RELATED SERVICE PROVIDER MANUAL

A copy of the most recent EdPlan Related Service Provider Manual is located on the Main Menu page of EdPlan.

APPENDIX C

RELATED SERVICE DOCUMENTATION FORMS

Special Education Medicaid Initiative (SEMI) Service Log - Nursing Services

District Name _____ Service Month/Year _____
 Student Name _____ Date of Birth _____
 Student ID _____

Comments/Progress Summary:

Date of Service	Duration	Size	Progress			Health-Related Evaluation Service				Direct Service														Other (Non-billable)												
	(Individual or (G)roup	Progressed	Maintained	Regressed	Annual	Initial	Reevaluation	Revision	Blood Pressure Monitoring	Blood Sugar Monitoring	Catheterization	Chest Physiotherapy	Gastrostomy Tube Feeding	Medication Administration	Nutrition Management	1:1 service during school day	1:1 service during transportation	Ostomy Care	Other medically necessary service	Pain Management	Peak Flow Monitoring	Seizure Management	Snack Administration	Tracheotomy	Transfers/Ambulating	Ventilators	Student not present	Service Provider not Present	Consultation	Other	Professional Responsibilities					
				</																																

**NEW JERSEY SPECIAL EDUCATION MEDICAID INITIATIVE (SEMI)
RELATED SERVICE DOCUMENTATION FORMS**

Use these forms (one per student) to document Evaluations and related services supported by the student's IEP. Blank form may be duplicated.

INSTRUCTIONS

TOP SECTION

District Name	Enter the name of your school district
Service Month/Year	Enter the service month and year (e.g. Sept 2005 or 9/05)
Student Name (Last, First, Middle Initial)	Enter the student's last name, first name, middle initial
Date of Birth	Enter the student's date of birth
Student ID	Enter the student's 10-digit State Identification Number (SID)

PROFESSIONAL SERVICE LOG

Date	Enter the date service was rendered
Activities	Check applicable service type(s)

PROGRESS INDICATOR (Check only **one** that applies; for direct services only)

Progressed	Student's progress during particular activity/service - Check if applicable
Maintained	Student's progress during particular activity/service - Check if applicable
Regressed	Student's progress during particular activity/service - Check if applicable

SERVICE TIME – MEETING

Hours	Enter the number of hours direct service was delivered
Minutes	Enter the number of minutes direct service was delivered

SERVICE TYPE

Individual	Enter "I" if service was rendered in a one to one setting
Group	Enter "G" if service was rendered in a group setting

MONTHLY PROGRESS SUMMARY

Monthly Progress Summary	Enter a brief summary of the student's progress this month
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SIGNATURES

Provider's Signature	Enter your signature
Print Provider Name	Enter your name
Date	Enter the date you are signing the form
Signature – "Under the Direction"*	The Medicaid qualified practitioner fulfilling the "under the direction" requirement must sign when services are provided by a Physical Therapy Assistant, Certified Occupational Therapy Assistant, Licensed Practical Nurse, or a DOE Certified Speech-Language Specialist without ASHA Certification or a NJ License
Name/Title	The Medicaid qualified practitioner fulfilling the "under the direction" requirement enters his/her name and title
Date	The Medicaid qualified practitioner fulfilling the "under the direction" requirement enters the signature date

APPENDIX D

TRANSPORTATION TRIP LOG

APPENDIX E

PARENTAL CONSENT FORM AND PARENTAL CONSENT NOTIFICATION FORM

Sample Medicaid Annual Notification Regarding Parental Consent

Background: The State of New Jersey has participated in a Federal program, Special Education Medicaid Initiative (SEMI), since 1994. The program assists school districts by providing partial reimbursement for medically-related services listed on a student's Individualized Educational Program (IEP).

The SEMI program is under the auspices of the New Jersey Department of the Treasury through its collaboration with the New Jersey Department of Education and New Jersey Division of Medicaid Assistance and Health Services.

In 2013, the regulations regarding Medicaid parental consent for school-based services changed. Now the regulations require that, prior to accessing a child's public benefits or insurance for the first time, and annually thereafter, school districts must provide parents/guardians written notification and obtain a one-time parental consent.

Is there a cost to you?

No. IEP services are provided to students while at school at no cost to the parent/guardian.

Will SEMI claiming impact your family's Medicaid benefits?

The SEMI program does not impact a family's Medicaid services, funds, or coverage limits. New Jersey operates the school-based services program differently than the family's Medicaid program. The SEMI program does not affect your family's Medicaid benefits in any way.

What type of services does the School-Based Services program cover?

Evaluations	Psychological Counseling
Speech Therapy	Audiology
Occupational Therapy	Nursing
Physical Therapy	Specialized Transportation

What type of information about your child will be shared?

In order to submit claims for SEMI reimbursement, the following types of records may be required: first name, last name, middle name, address, date of birth, student ID, Medicaid ID, disability, service dates and the type of services delivered.

Who will see this information?

Information about your child's special education program may be shared with the New Jersey Division of Medicaid Assistance and Health Services and its affiliates, including the Department of the Treasury and the Department of Education for the purpose of verifying Medicaid eligibility and submitting claims.

What if you change your mind?

You have the right to withdraw consent to allow for Medicaid billing at any time. If you would like to revoke consent, please contact the school in which your child is enrolled in writing.

Will your consent or refusal to consent affect your child's services?

No. Your school district is still required to provide services to your child pursuant to his or her IEP, regardless of your Medicaid eligibility status or your willingness to consent for SEMI billing.

What if you have questions?

Please call your school district's Special Education department with questions or concerns, or to obtain a copy of the parental consent form.

Method of Delivery: (check one) Mailed to parent(s) Emailed to parent(s) IEP meeting Hand Delivered

APPENDIX F

DATA SHARING AGREEMENT

NEW JERSEY SPECIAL EDUCATION MEDICAID INITIATIVE (SEMI) AND
MEDICAID ADMINISTRATIVE CLAIMING (MAC) PROGRAM
DATA SHARING AGREEMENT

Whereas, the _____ School District (hereinafter referred to as "School District"), located in _____, New Jersey, provides education and related health services to enrolled students, including services compensated under the New Jersey Medicaid program; and

Whereas, Public Consulting Group (PCG) is a consulting firm performing Medicaid reimbursement services for the New Jersey Department of the Treasury; and

Whereas, PCG, in performing said Medicaid services, also assists School District to identify students with Medicaid, to calculate the Medicaid eligibility rate (MER), to submit Medicaid claims, and to develop more effective Medicaid outreach programs;

Therefore, for mutual benefit and consideration duly acknowledged by both parties to this Agreement, it is hereby agreed as follows:

1. School District will provide PCG, as its agent for performing the services described above, access to student files for the sole purpose of carrying out said services.
2. PCG will act as agent for School District for the sole purpose of properly performing the Medicaid-related services described above.

TERM: PCG will provide the said services with respect to all schools beginning with the of January through March, 2005 and will continue to provide said services until the agreement is terminated by either party following thirty (30) days advance notice.

INDEMNIFICATION: PCG will indemnify and hold School District harmless from all claims, losses, expenses, fees, including attorney fees, costs and judgments that may be asserted against School District as a result of any negligence by PCG in performing services under this agreement.

CONFIDENTIALITY: PCG agrees to take reasonable steps to ensure the physical security of data that comes under its control and to abide by all pertinent laws and regulations relating to confidentiality of such data.

APPLICABLE LAW: This Agreement is governed by the laws of the State of New Jersey.

(Print Name & Title) (Date)

(Signature) (School District)

(Public Consulting Group Representative) (Date)



APPENDIX G

REVENUE OPTIMIZATION GUIDE

Revenue Optimization Guide

New Jersey Special Education Medicaid Initiative (SEMI) Program



Introduction

The SEMI/MAC Revenue Optimization Guide provides a summary of the key data required prior to reimbursement and provides best practices and strategies for improvement in each area to ensure compliance with the New Jersey Department of Education Accountability Regulations, which require districts to maximize participation in the SEMI Program.

Table of Contents

Fee-For-Service

- ❖ Service Documentation:
 - Logging Health-Related Evaluation Services
- ❖ Compliance Data to Support Services:
 - Parental Consent
 - IEP Implementation Dates (Begin/End Dates)
 - Provider Certifications and Licensures

MAC

- ❖ Administrative Cost Pool:
 - Best Practices
- ❖ Direct Service Cost Pools:
 - Best Practices

Fee-for-Service – Completed in EdPlan Service Documentation

Best Practices:

As best practice for revenue optimization, districts should take the following actions for service documentation:

- Log all services for all students, regardless of Medicaid eligibility
- Log all services for all students, regardless of if multiple services are provided to the same student in an individual day
- For efficiency, service providers should log directly into the district’s EdPlan site, as opposed to completing paper services logs and requiring all data entry to be completed by one person
 - If providers are logging directly in the site, paper service logs are not required to be maintained at the district
 - If the district chooses to have the SEMI coordinator perform data entry for users, the “On Behalf Of” functionality can be enabled on your EdPlan site, which allows eliminates the transfer of passwords between staff

Expectations:

As outlined in district revenue projections, each Medicaid-eligible student should have at least 18 related services logged each school year. Eligible related services for the SEMI program includes:

Audiology	Nursing	Occupational Therapy*	Physical Therapy*	Psychological Counseling	Social Work Services	Speech Therapy*
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*Occupational Therapy, Physical Therapy, and speech services all require referrals by a physician or a State licensed provider of that service type (i.e. licensed physical therapist referring a student for physical therapy services). If the district cannot produce a written referral indicating that the student was evaluated and referred for the service, all subsequent related services (OT, PT, Speech) are not eligible for reimbursement.

Health-Related Evaluation Services

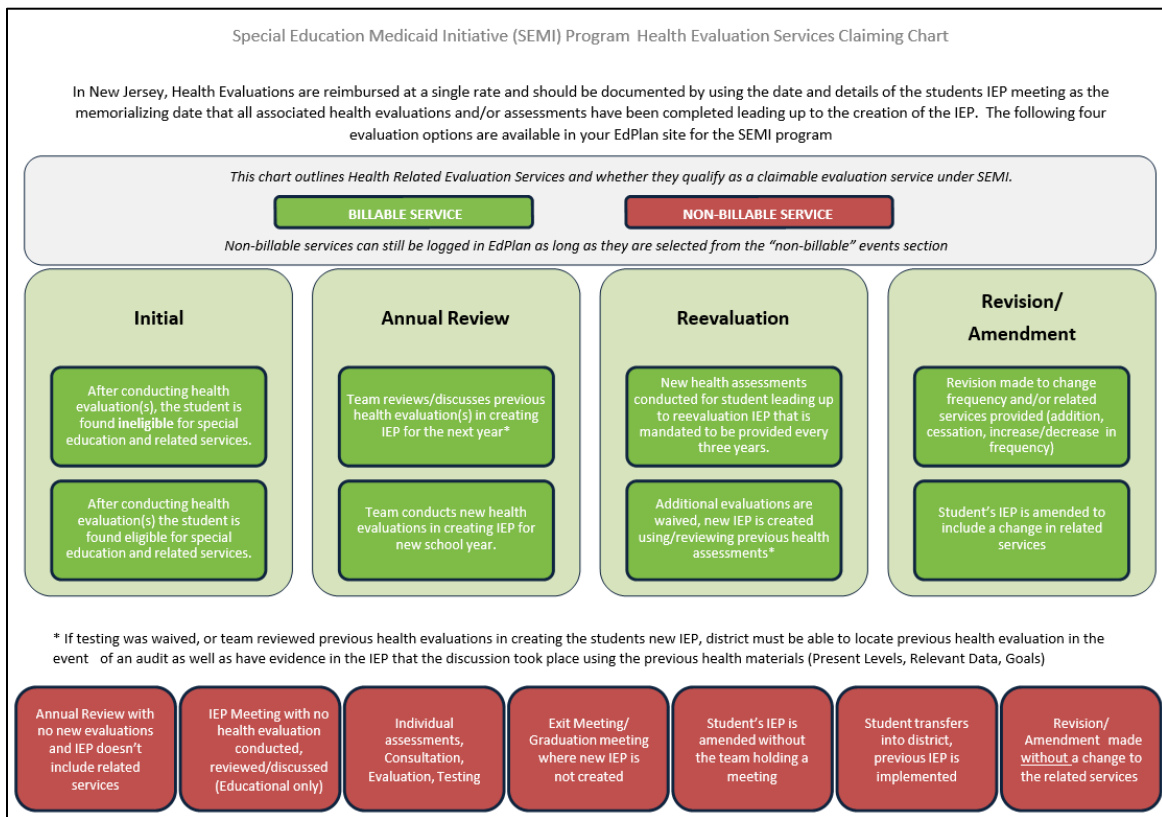
Best Practices:

- All providers in attendance (who sign the signature page) are encouraged to log the Health-related Evaluation Service for SEMI if there is a medical/health component

- Medicaid reimbursement is available only for **the medical component** of the evaluation services when provided by qualified clinical practitioners
 - If LDTC is conducting meeting, SEMI Qualified staff can attend and log for SEMI purposes
 - Districts should ensure it is educationally relevant for any provider to be in attendance at an IEP meeting; if it is not educationally relevant for participation, providers should not be included only for reimbursement
 - Educational only IEPs are not reimbursable events in the SEMI program
- Logging the service for reimbursement does not indicate the provider is responsible for carrying out the students' IEP
 - Health-related Evaluation Services are not reimbursable “under the direction”. A SEMI qualified provider must have been in attendance, signed the signature page, and logged the details into their EdPlan/IEP account

Expectations:

Each district must be clear with what constitutes a reimbursable “Health-related Evaluation Service” in the SEMI program, and only those that are reimbursable should be logged as such. If the district would like to log an event that is non-billable, they can do so but they must ensure that they are appropriately logged as non-billable events. Below is a reminder of the four categories of reimbursable Health-Related Evaluation Services.



Parental Consent

Best Practices:

- **Explain the SEMI Consent Form:** Inform students and families that their signature does not indicate whether or not they are Medicaid-eligible. Instead, they are providing the school district permission to submit health-related service data to Medicaid for reimbursement, should they ever become eligible.
- **School Registration Packets:**
 - Initial Registration: Include the SEMI Parental Consent Form in the initial school registration packet. This procedure yields parental consent for both special education and regular education students. Should a regular education student become classified for special education, the parental consent will be on file. Registration packets for transfer students: Include the SEMI Parental Consent Form in the registration packet for special education students transferring into the district. This works especially well in districts where registration takes place at a central location.
- **Referral Process:** Before a student is evaluated for services, present the SEMI Parental Consent Form for signature. This can be done in the Special Services Department at the same time the parent/legal guardian is completing paperwork to have their child evaluated.
- **Initial and Annual Review IEP Meetings:** Present the SEMI Parental Consent Form for signature at the initial and annual review IEP meetings.
- **Committed staff member:** Have staff with a well-established relationship with the student and/or parent/legal guardian explain the SEMI Parental Consent Form for signature.
- **Send form home with students:** Ask the homeroom teacher and/or special education teacher to have students take the SEMI Parental Consent Form home with them for signature. Completed SEMI Parental Consent Forms should be returned to the student's case manager or the Special Services Department.
- **Mass mailing:** Mail the SEMI Parental Consent Form with a cover letter written on district letterhead. For convenience, include a self-addressed stamped envelope.

Expectations:

Each district must send initial notification of parents' rights prior to obtaining written consent from the parent for reimbursement to the school district in the SEMI program. Following written parental approval, the school district must continue to provide written notification of rights annually thereafter. The school district must maintain the signed parental consent on file, and it must be accessible in the event of an audit to support reimbursed services.

IEP Implementation Dates (Begin/End Dates)

Best Practices:

To ensure that student demographics and dates are kept current and complete, districts should send student data files to PCG at least once per quarter (every three months). In addition to basic student demographics, files must include the following data fields for every special education student that the district is responsible for in order to optimize the upload:

- Primary Disability
- Placement
- IEP Begin and End Dates
- Parental Consent – Type and Dates
- Physician Authorization Dates

Expectations:

Prior to reimbursement of direct services, PCG will review the LEA EdPlan/IEP site and only submit services which fall between valid IEP begin and end dates. For example, if the students IEP begin and end dates are 1/2/2017 – 1/1/2018 only related services which fall within these dates will be considered for reimbursement. Districts who will be sending student data files for upload must review the “Guide to Formatting Student Data File” to understand each required field.

Provider Certifications and Licensures

Best Practices:

- SEMI Coordinators should implement procedures to require staff to provide copies of current licensure and certification information, at a minimum, at the beginning of each school year
 - After obtaining paper copies, the SEMI coordinator should cross reference what is already on file at the district to ensure that hard copies are accessible in the event of an audit
 - In addition to ensuring paper copies are accessible, the SEMI coordinator should also cross reference the certification data in EdPlan to ensure that they are updated and entered correctly (having multiple certifications entered on the same line with the appropriate SEMI Qualification Status indicated from the dropdown)
- The SEMI Coordinator should use the “Provider Summary Report” on a monthly basis to ensure complete and current information

- If there are staff who have expired license information, the SEMI coordinator should use the Department of Consumer Affairs website to lookup the new end date in addition to requesting a hard copy
- If staff are not “SEMI Qualified” but do meet minimum requirements, the district should consider utilizing “Under the Direction” in order to receive reimbursement for services
 - If “under the direction” is used, all involved parties must be aware of and compliant with the requirements as outlined in Chapter 5 of the SEMI Provider Handbook
 - The supervisee would still be responsible for directly providing and entering the services into EdPlan
 - The supervisor would be responsible for reviewing the logs using the “Supervisor Approval Wizard” for approval/denial prior to the services being eligible for reimbursement

Expectations:

Districts are required to collect and enter certification and licensure information for all providers in their EdPlan/IEP sites, as well as a designation of “SEMI Qualified” or “Not SEMI Qualified.”

In order to be considered SEMI Qualified, the following certifications and licensures are required:

Service Provider	SEMI Qualified Requirement	What to Enter In EasyTrac™/ EasyIEP™	What to Update In EasyTrac™/ EasyIEP™
Audiologist	NJ Audiology/ Speech Pathology License OR ASHA	NJ License OR ASHA	Update license end date OR ASHA end date
Nurse	NJ Registered Nurse	NJ License	Update license end date
Occupational Therapist	DOE Certification <i>and</i> NJ License	DOE Certification <i>and</i> NJ License	Update license end date
Physical Therapist	DOE Certification <i>and</i> NJ License	DOE Certification <i>and</i> NJ License	Update license end date
Psychologist	DOE Certification	DOE Certification – <i>No end date</i>	None
Social Worker	DOE Certification	DOE Certification – <i>No end date</i>	None
Speech Therapist	DOE Certification <i>and</i> NJ License OR DOE Certification <i>and</i> ASHA	DOE Certification <i>and</i> NJ License OR DOE Certification <i>and</i> ASHA	Update license end date OR ASHA end date

Medicaid Administrative Claiming (MAC) – Completed In The PCG Claiming System™

Administrative Cost Pool

Best Practices:

If you have staff who perform activities in these categories as a regular part of their job, they should be listed in the administrative cost pool

- Medicaid Outreach
- Facilitating Medicaid Eligibility
- Transportation Related to Medicaid Services
- Translation Related to Medicaid
- Program Planning, Policy Development and Interagency Coordination Related to Medical Services
- Medical/Medicaid Specific Training
- Referral, Coordination and Monitoring of Medicaid Services
 - Example: LDT-Cs

Expectations:

Activities which are not considered Medicaid outreach under any circumstances are: (1) general preventive health education programs or campaigns addressing lifestyle changes, and (2) outreach campaigns directed toward encouraging persons to access social, educational, legal or other services not covered by Medicaid.

Direct Service Cost Pools

Best Practices:

Please consider the following items, each quarter, prior to certification.

- Review all staff who are on current SPL in the PCG Claiming System
- Do you have any vacancy/placeholder positions on your SPL?
 - ✓ Inactivate any vacancy positions and add new entry with hired staff names
- Have you hired new staff?
 - ✓ Review Direct Service Providers who will be at your district during the upcoming quarter
 - ✓ Review administrative staff members who are eligible to be included on SPL
- Have you removed all Out of District (OOD) providers from your SPL?
- Have you had staff leave your district?
 - ✓ Be sure to inactivate staff who have left your district

- ✓ If staff have been replaced, inactivate old staff member and add new entry for incoming staff member
- Have any staff had name changes?
 - ✓ Be sure to update spelling of existing staff listed on your Staff Pool List
- Have any staff changed roles?
 - ✓ Does their new role still qualify them to be included on the SPL?
 - If yes, keep them on but update their job title/job code
 - If no, inactivate them from the SPL
- Are any staff previously paid with district funds now 100% federally funded?
 - ✓ Please do not include any staff who are 100% federally funded
- Does each staff member have a unique and working email address listed?
 - ✓ Verify that the correct email address is listed for all participants
 - If their email address changed, update it in the PCG Claiming System site
 - ✓ If unique emails cannot be provided, the district cannot include that person on the SPL and therefore costs associated to that staff member will not be allowable in financial reporting

Expectations:

Prior to quarterly certification of the SPL, the district must review all staff entered in the direct service cost pool to ensure a complete and accurate list. All staff whose services will be reimbursed (directly or under the direction) must be entered on the SPL.