

CHAPTER IV
COVERED SERVICES AND LIMITATIONS

**CHAPTER IV
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INTRODUCTION

SCHOOL-BASED SERVICES DEFINED

School-based services are:

- Covered under the federal Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit;
- Provided by Local Education Agencies (LEAs)* to children enrolled in Medicaid and Family Access to Medical Insurance Security (FAMIS), Virginia's Children's Health Insurance Program (CHIP);
- Performed by direct service providers that are employed by or contracted with the LEA as defined in Chapter II;
- Provided in accordance with local, state and federal education laws, in addition to Medicaid requirements;
- Billed by the LEA via DMAS' school-based services interim claiming process;
- Carved out of the DMAS managed care delivery system; and
- Reimbursed on a cost basis through an annual cost reconciliation process.

*Local Education Agency is defined in Chapter II of the Local Education Agency Provider Manual.

Covered services include:

- Well-child visits and health-related screenings
- Physical therapy (PT)
- Occupational therapy (OT)
- Speech-language therapy (SLP)
- Audiological services
- Nursing
- Behavioral health, including adaptive behavior treatment and substance use disorder treatment
- Personal care
- Medical evaluation
- Specialized transportation*

*Specialized transportation is covered only when authorized by a special education individualized education program (IEP) plan. Specialized transportation, as a service

itself, is not billed via the interim claiming process. For additional detailed requirements for specialized transportation see the LEA Instruction Guide for Specialized Transportation posted on the DMAS website.

Non-School-Related Services Received from Non-School Providers

Students who receive school-based services may be referred for Medicaid or FAMIS covered services that are rendered and billed separately from the school-based services program (e.g., a student's primary care physician refers the student to outpatient physical therapy services from a private provider). The fact that a student is receiving school-based services does not impact the student's eligibility for—or Medicaid coverage of—services received from non-school-based providers or programs, as long as medical necessity criteria are met.

ELIGIBILITY REQUIREMENTS

School based services are provided under the Medicaid EPSDT benefit. For an LEA to receive reimbursement for providing school-based services, as defined in this manual, the student receiving the service must be currently enrolled in Medicaid, FAMIS, or FAMIS MOMS. The LEA Provider Manual outlines the requirements that LEAs must meet in order to bill for services provided to eligible students.

Checking Student Medicaid Enrollment Status

The Medicaid Enterprise System (MES) Provider Services Solution (PRSS) Provider Portal may be used by authorized LEA Medicaid coordinators and associated billing professionals to access a student's Medicaid or FAMIS information for purposes of checking eligibility and enrollment status. **LEA billing and service provider staff must follow all applicable state and federal laws and regulations concerning access to student information.**

PRSS Provider Portal Registration

Authorized LEA staff that require access to online student Medicaid/FAMIS eligibility information or to DMAS billing systems must complete a registration process to access the Provider Services Solution (PRSS) Provider Portal at <https://vamedicaid.dmas.virginia.gov/>. (MES Provider Portal registration and provider enrollment are separate online modules.)

CRITERIA FOR COVERED SERVICES (GENERAL)

Medical and Service-Specific Evaluations (Assessments)

DMAS covers evaluations performed by a qualified provider acting within the scope of his or her license. This includes medical evaluations performed by a qualified physician, nurse practitioner or physician assistant, and evaluations and/or assessments performed

by a qualified provider of nursing, PT, OT, SLP, audiological or mental/behavioral health services.

Mandated School Health Screenings

State-mandated screenings may be claimed as direct services when performed by an appropriately qualified health care provider as professional services within the scope of their license. To be considered a direct and billable service, **the screening procedure must involve either a level of complexity and sophistication, or the condition of the student must be of a nature that the screening can only be performed by a qualified health provider as defined in Chapter II of this manual.** Screening activities performed by unlicensed staff and/or that do not require a licensed provider to perform the activity as described here, are not direct services and may not be billed to DMAS.

School Based Services Provided in the Student's Home

LEAs may seek reimbursement for covered school-based services provided in the student's home (or other "non-school building" location where the student is at the time the services are provided, e.g., a hospital) by LEA-paid employees or contractors.

Consultation Services

Professional-to-professional consultation activities are not considered direct services according to Medicaid rules. These activities should not be submitted via interim claims.

Professional Therapies

The following guidelines are designed to assist with determining medical necessity for "rehabilitation and habilitation" professional services (therapy services) that are billable to DMAS by LEAs. School-based rehabilitation and habilitation services include PT, OT, SLP and audiological services.

A service may not be billed as a therapy service if it does not require the skill level of a qualified therapist to carry out the activity.

To qualify for reimbursement, school-based therapy services must meet criteria for rehabilitation or habilitation services.

- *Rehabilitation:* Necessary medical services needed for improving or restoring functions that have been impaired by illness/disability/injury.
- *Rehabilitation Therapy to Ameliorate Symptoms or Prevent Disease Progression:* Necessary medical services to ameliorate (to make better or more tolerable) disease symptoms or to prevent disease progression.

- *Habilitation*: Necessary medical services needed to assist a student in developing new skills or functions that they are incapable of developing on their own. (Habilitation services are covered only for students aged 20 or younger.)

Services required for the sole purpose of maintaining current functioning typically do not require the skill level of a qualified therapist acting within the scope of his or her license, and typically do not meet the definitions of rehabilitation or habilitation services. These services, however, may be medically necessary for the student to receive in the school setting. DMAS reimburses for maintenance level services performed by a personal care assistant (PCA) in the schools when supervised by a qualified provider acting within the scope of his or her license (see Personal Care Services section).

ADDITIONAL GUIDANCE FOR THERAPY SERVICES

Definition of a Visit

A visit is defined as a meeting or interaction between a student and a therapy service provider for purposes of providing a covered school-based service. Visits are not defined by increments of time or by a particular location. The furnishing of one or more services by a particular provider on a particular day or at a particular time of day constitutes a visit. For example:

- An SLP provider furnishes one or more covered services to a single student during a single meeting or interaction: this constitutes one visit.
- An OT provider furnishes one or more covered services during two distinctly separate meetings or interactions that occur in the same day (e.g., a morning session and an afternoon session): this constitutes two visits.
- A PT provider and an OT provider furnish different covered services to a single student on the same day at different times: this constitutes two visits.
- A PT provider and an OT provider, working together on the same goal, furnish a covered service for a student during a single meeting (e.g., two therapists are required to perform a single procedure). This constitutes a single visit.

Some OT, PT and SLP therapy services may be provided in a group format, defined as at least two participants. DMAS will reimburse for covered group therapy services for covered students.

Physical Therapy

Physical therapy services may be reimbursed by DMAS under the following conditions:

- The services must be directly and specifically related to an active plan of care developed by a qualified physical therapist;
- The services must be of a level of complexity and sophistication, or the condition

of the student must be of a nature that the services can only be performed by a qualified physical therapy provider;

- Based on the assessment made by the qualified PT, services must be provided with the expectation that the condition of the student will improve in a reasonable and generally predictable period of time, or the services are necessary to ameliorate the condition or slow the disease progression;
- The services provided must be associated with an established diagnosis using the current International Classification of Diseases (ICD) manual; and
- The services must be specific and provide effective treatment for the student's condition in accordance with accepted standards of practice.

The qualified PT must develop a plan of care; however, the implementation of the plan may be carried out by a qualified physical therapy assistant (PTA).

Note: Covered physical therapy services must be provided by qualified physical therapy providers. These services may not be performed by supportive personnel (e.g., unlicensed service providers, including physical therapy aides, personal care assistants, nursing staff, volunteers). Please refer to the Personal Care Assistant Services section of this chapter for more information on covered services performed by these individuals.

Occupational Therapy

Occupational therapy services may be reimbursed by DMAS under the following conditions:

- The services must be directly and specifically related to an active plan of care developed by a qualified occupational therapist;
- The services must be of a level of complexity and sophistication or the condition of the student must be of a nature that the services can only be performed by a qualified occupational therapy provider;
- Based on the assessment made by the qualified occupational therapist, services must be provided with the expectation that the condition of the student will improve in a reasonably and generally predictable period of time, or the services are necessary to ameliorate the condition or reduce disease progression;
- The services provided must be associated with an established diagnosis using the current International Classification of Diseases (ICD) manual; and
- The services must be specific and provide effective treatment for the student's condition in accordance with accepted standards of practice.

A qualified occupational therapist must develop the plan of care; however, the

implementation of the plan may be carried out by a qualified occupational therapy assistant (OTA).

Note: Covered occupational therapy services must be provided by qualified occupational therapy providers. These services may not be performed by supportive personnel (e.g., unlicensed service providers (e.g., occupational therapy aides, personal care assistants, nursing staff, and volunteers). Please refer to Personal Care Assistant Services section of this chapter for more information on covered services performed by these individuals.

Speech-Language Therapy

Speech-language therapy services are services provided to a student that meet all of the following conditions:

- The services must be directly and specifically related to an active plan of care developed by a qualified SLP;
- The services must be of a level of complexity and sophistication or the condition of the student must be of a nature that the services can only be performed by a qualified speech-language therapy provider;
- Based on the assessment made by the qualified SLP, services must be provided with the expectation that the condition of the student will improve in a reasonable and generally predictable period of time, or the services are necessary to ameliorate or reduce the disease progression;
- The services provided must be associated with an established diagnosis using the current International Classification of Diseases (ICD) manual; and
- The services must be specific and provide effective treatment for the student's condition in accordance with accepted standards of practice.

A qualified SLP must develop a plan of care and provide SLP services. (This includes an SLP with a provisional license.)

Note: Covered speech-language therapy services must be provided by qualified speech-language therapy providers. These services may not be performed by supportive personnel (e.g., unlicensed service providers such as speech-language therapy aides, personal care assistants, nursing staff, and volunteers). Please refer to Personal Care Assistant Services section of this chapter for more information.

Audiological Services

Audiological services are services provided to a student that meet all of the following conditions:

- The services must be of a level of complexity and sophistication or the condition of the student must be of a nature that the services can only be performed by a qualified audiological provider;
- The services provided must be associated with an established diagnosis using the current International Classification of Diseases (ICD) manual;
- The services must be specific and provide effective treatment for the student's condition in accordance with accepted standards of practice; and
- Ongoing therapy services must be directly and specifically related to an active plan of care designed by a qualified Audiologist;

Only a qualified Audiologist can develop a plan of care and provide audiological services.

BEHAVIORAL HEALTH SERVICES

Behavioral services include psychological, counseling, psychiatry, crisis, substance use disorder intervention and adaptive behavioral treatment services. Behavioral services include treatment for mental health, behavioral and substance use disorders.

Ongoing Behavioral Health Services

Ongoing school-based psychological, counseling, psychiatry, substance use disorder intervention and adaptive behavioral treatment services are services that are:

- Based on an evaluation performed by a qualified behavioral health provider;
- Directly and specifically related to an active written intervention plan for treatment developed by a licensed behavioral health provider;
- Associated with a specific diagnosis or clinical impression that can be described using the coding methodology of the current ICD manual;
- Required in order to address cognitive, social, emotional or behavioral symptoms that are affecting attention and concentration, the ability to learn, or the ability to participate in educational or social activities.

Unplanned Services

LEAs may bill for unplanned behavioral health services rendered by a qualified behavioral health provider to a student experiencing acute behavioral health symptoms requiring immediate attention. These services may include, but are not limited to, screening and/or evaluation activities, and short-term counseling services designed to stabilize the individual and/or determine need for additional, planned services.

CRITERIA FOR NURSING SERVICES

Qualified providers of nursing services include licensed registered nurses (RNs) and licensed practical nurses (LPNs) working under the supervision of an RN. Covered nursing services are those that are determined to be necessary to assess, monitor, and provide medical or nursing interventions to treat or maintain the student's health or medical condition.

Direct nursing services may include, but are not limited to, the following types of activities when they are determined to be medically necessary and **are of a level of complexity and sophistication, or the condition of the student is such that the activity can only be safely and effectively performed by a qualified provider of nursing services.**

- Performing nursing assessments.
- Providing medically prescribed interventions and procedures, including medication administration when ordered or prescribed by a licensed physician, physician assistant or nurse practitioner.
- Services that do not require the skill level of a licensed nurse, as described above, may not be billed as skilled nursing services even when performed by a licensed nurse, although an RN may supervise such tasks performed by non-licensed personnel as a personal care service. Providing acute nursing care to ill or injured children and managing children with communicable diseases.

If the provision of a billable service that does not require the skill level of a licensed nurse is performed coincidentally with the provision of a professional nursing service, the licensed nurse may bill for the nursing service (e.g., nursing service performed coincidentally with a personal care service).

Service Units

The unit of service for nursing is 15 minutes. Time spent by an RN or LPN in delivering authorized nursing services to a covered student, as a part of the student's school health services plan, may be submitted to DMAS for reimbursement. The approved nursing units may include both nursing and personal care time if the personal care tasks are incidental to the nursing care. Payment of nursing services is limited to 8.0 hours per day or 32 units per day.

PERSONAL CARE ASSISTANCE SERVICES

Personal care assistance services consist of a range of assistance activities provided directly by a person to students with disabilities and chronic conditions that enable them to meet fundamental needs and complete day-to-day tasks in order to participate in

school. Assistance may be in the form of hands-on assistance or cueing so that the student may perform day-to-day tasks as independently as possible. The service requires a written plan of care developed by a DMAS qualified provider to address the student's needs. The student's need for this assistance must be associated with a specified health-related condition, and the service must be performed under the general supervision of a DMAS qualified provider.

Examples of personal care assistance services that may be billable if the above conditions are met include:

- Assistance with activities of daily living (e.g., toileting, eating);
- Assistance that enables the student to participate safely and/or effectively in the learning environment;
- Physical positioning or transfers to prevent injury;
- Performing exercises to maintain range of motion; and
- Assistance with adaptive behavioral functioning performed as part of a written behavior modification plan developed by a licensed mental health provider.
- Supervising the student during non-emergency specialized transportation to or from a site where another DMAS-covered school health service is being performed.

CRITERIA FOR MEDICAL EVALUATION SERVICES

LEAs may bill for medical evaluation services when performed by a physician (see 42 CFR § 440.50) or by a non-physician licensed practitioner acting within their scope of practice under State law (see "medical or other remedial care provided by licensed practitioners" at 42 CFR § 440.60). Persons performing these services must be DMAS qualified providers as defined in Chapter II of this manual acting within the scope of their practice.

SPECIALIZED TRANSPORTATION FOR STUDENTS ENROLLED IN SPECIAL EDUCATION ONLY

Costs associated with non-emergency specialized transportation provided by an LEA may be reimbursed when provided for the transport of an eligible student to and from a location where a covered health service is provided, including IEP-prescribed services provided in schools. Both the covered service and the medical need for specialized transportation must be included in the student's IEP in order to be covered. School based specialized transportation is defined as a medically necessary service (as outlined in the IEP of an enrolled Medicaid beneficiary) provided in a specially adapted vehicle that has been physically adjusted or designed (e.g., wheelchair lifts, ramps, etc.). A specially adapted

vehicle is a vehicle (bus, van, car, mini-bus, etc.) that has been physically adjusted or designed (e.g., wheelchair lifts, ramps, etc.) to accommodate special needs.

Effective July 1, 2022, LEAs are no longer required to submit interim claims for specialized transportation services. Reference the Virginia Local Education Agency Instruction Guide for Medicaid Claiming of Costs Associated with Specialized Transportation at <https://www.dmas.virginia.gov/for-providers/school-based-services/>.

TELEMEDICINE

Telemedicine is a means of providing covered services through the use of two-way, real time interactive electronic communication between the student and the qualified provider located at a site distant from the student. This electronic communication must include, at a minimum, the use of audio and video equipment.

The following school-based services may be provided via telemedicine: PT, OT, speech and language, behavioral health, and medical evaluation services. DMAS does not require the presence of a paid staff person with the student at the time of the service; however, if a paid staff person is present in a supervisory capacity at the time of the service, the LEA may submit a claim for the “originating site fee.”

Reference the DMAS Telehealth Manual Supplement for additional details on DMAS’s requirements for telemedicine.

FOR MORE INFORMATION

For inquiries concerning covered services, specific billing procedures, or questions regarding Virginia Medicaid policies and procedures, email MedicaidSchoolServices@dmas.virginia.gov.