

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES



# **LOCAL EDUCATION AGENCIES (LEA) SERVICES PROVIDER MANUAL**

NOVEMBER 1, 2020

**South Carolina Department of Health and Human Services**

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# 1

## PROGRAM OVERVIEW

The South Carolina Department of Health and Human Services (SCDHHS) provides Medicaid reimbursement for medically necessary services provided to Medicaid-eligible individuals in the Local Education Agency (LEA). Medical Necessity means the need for treatment services is necessary to diagnose, treat, cure, or prevent an illness, or participation in services is reasonably expected to relieve pain, improve and preserve health, or be essential to life. This includes, but is not limited to, children under the age of 21 years who have or are at risk of developing sensory, emotional, behavioral or social impairments, physical disabilities, medical conditions, intellectual disabilities or related disabilities, or developmental disabilities or delays.

Each LEA recognized as such by the South Carolina Department of Education has contracted with SCDHHS to provide Medicaid-reimbursable school-based services to Medicaid-eligible children with special needs. Individual service providers employed or contracted by a LEA must meet the specified Medicaid provider qualifications.

### INDIVIDUALS WITH DISABILITIES EDUCATION ACT AND MEDICAID

The development of an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP) is a requirement of the Individuals with Disabilities Education Act (IDEA). Medicaid requires school-based services to be indicated on the IEP, IFSP or the Individualized Treatment Plan (ITP). However, Medicaid will not reimburse for any administrative or direct services performed for pre-IEP/IFSP activities. Medicaid will not reimburse for the IEP team member meetings or the cost related to attendance at those meetings by medical professionals.

The following policies apply when an LEA relies upon Social Security Act §1903(c) (42 U.S.C. 1396b(c)) as its basis for billing Medicaid:

- Medicaid-reimbursed school-based rehabilitative therapy services must be included in the IEP or IFSP.
- Medicaid-reimbursed school-based rehabilitative behavioral health services are required to be included in the IEP, IFSP, ITP or Individual Plan of Care (IPOC).
- Medicaid-reimbursed Medicaid Adolescent Pregnancy Prevention Services (MAPPS) are not required to be included in the IEP, IFSP or ITP.

LEAs must adhere to the applicable IDEA requirements when Medicaid-reimbursed school-based services are included in the IEP or IFSP. However, Rehabilitative Behavioral Health Services (RBHS) must be indicated on an IPOC. The IEP or IFSP may be used as the IPOC if all of the minimum components are indicated. If IDEA permits the Medicaid-reimbursed school-based service to be documented in attachments to the IEP file, then such documentation meets these requirements.

**NOTE:** References to supporting documents and information are included throughout the manual. This information is found at the following locations:

- [Provider Administrative and Billing Manual](#)
- [Forms](#)
- [Section 4 - Procedure Codes](#)

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## COVERED POPULATIONS

### ELIGIBILITY/SPECIAL POPULATIONS

#### **School-Based Rehabilitative Therapy Services**

In order to be eligible for school-based rehabilitative therapy services, a Medicaid-eligible individual must:

- Be under the age of 21 years
- Have a current and valid IEP, IFSP or an early and periodic screening, diagnosis and treatment (EPSDT) examination that identifies the need for rehabilitative therapy services

#### **Orientation and Mobility Services**

To be eligible to receive Medicaid-reimbursable orientation and mobility (O&M) services, an individual must meet all of the following requirements:

- Be a Medicaid beneficiary under the age of 21 years whose need for services is identified through a current and valid IEP or IFSP
- Have a vision report completed by an optometrist or ophthalmologist that verifies visual impairment or blindness

#### **School-Based Rehabilitative Behavioral Health Services**

In order to be eligible for RBHS, an individual must meet the following requirements:

- Be under the age of 21 years
- Have a confirmed psychiatric diagnosis from the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (excluding irreversible dementias, intellectual disabilities or related disabilities, and developmental disorders unless they co-occur with a serious behavioral health disorder that meets the current edition DSM criteria)

The use of Z-codes is allowed but this is considered a temporary diagnosis. Z-codes do not replace a psychiatric diagnosis from the current edition of the DSM or ICD. After six months, medical necessity must be established by a psychiatric diagnosis, if continuation of treatment is needed. Z-codes may not be used for ages seven and up for longer than six-month duration. The use of Z-codes is not time limited for children ages 0 to 6 of age.

- Meet specific medical necessity criteria for the individual service(s) authorized

Medically necessary” means that the service is directed toward the maintenance, improvement, or protection of health or toward the diagnosis and treatment of illness or disability. Please refer to the “Service-Specific Medical Necessity Criteria” within the RBHS Manual for additional information.

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## ELIGIBLE PROVIDERS

### PROVIDER QUALIFICATIONS

LEAs and/or subcontractors must meet all applicable Medicaid provider qualifications, as well as the applicable state licensure regulations, in addition to any specified requirements by the State Department of Education for the provision of Medicaid school-based services. The contracted LEA is responsible for ensuring the individuals rendering Medicaid school-based services are approved, credentialed or licensed.

LEAs may contract with any qualified provider for school-based services. The LEA must utilize the subcontract format approved and provided by SCDHHS. This can be found in the applicable appendix of the LEA contract. This format includes the federal and state contractual components required to ensure that Medicaid reimbursement is available. There may be additional state and/or federal requirements for approval by SCDHHS. LEAs may include other terms and conditions necessary to define the responsibilities of both parties.

All subcontracts (e.g., billing contracts, contracted providers, etc.) are subject to the terms of the LEA's contract with SCDHHS, and the LEA provider is held solely responsible for the performance of the subcontractor. Additionally, a copy of the LEA's contract with SCDHHS, if applicable, must be provided to the subcontractor by attachment to the subcontract. Please contact the SCDHHS Provider Service Center (PSC) at +1 888 289 0709 or submit an online inquiry at <http://www.scdhhs.gov/contact-us> if a copy of the current SCDHHS subcontract format is needed.

Medicaid reimbursement is available for school-based rehabilitative services (e.g., speech-language pathology, audiology, physical therapy, occupational therapy and O&M services) when provided by or under the direction of the qualified rehabilitative therapy provider for which the beneficiary has been referred. Referrals must be made by a physician or other licensed practitioner of the healing arts (LPHA) within the scope of his or her practice under state law.

### **Provider Qualifications for Rehabilitative Behavioral Health Services**

All school districts can render diagnostic assessments and psychological evaluation and testing services to all beneficiaries who meet medical necessity.

All school districts enrolled with a managed care organization (MCO) can render all RBHS (including diagnostic assessments and psychological evaluation and testing) to all beneficiaries who meet medical necessity.

Potential LEA providers must submit the following information to the Division of Behavioral Health Services in order to become an approved RBHS provider:

- List of professional staff
- List of professional license(s)
- List of RBHS services that the district will render

Please forward this information to:

South Carolina Department of Health and Human Services  
Division of Behavioral Health  
PO Box 8206  
Columbia, SC 29202-8206

Or

[Behavioralhealth002@scdhhs.gov](mailto:Behavioralhealth002@scdhhs.gov)

If additional information or clarification is needed, the potential provider will be contacted. Upon approval, the LEA will be notified of the application status by the Division of Behavioral Health.

Please refer to the RBHS Services Manual for additional information on program and administrative policies.

### **Staff Qualifications**

**Please refer to the Medicaid RBHS policy manual for staff qualifications.**

In addition to the professionals and paraprofessionals listed in the RBHS manual, Certified School Psychologists I, II and III and licensed psycho-educational specialists are permitted to provide RBHS services to eligible beneficiaries.

### **School Psychologist I**

A school psychologist I is an individual that is currently certified by the South Carolina Department of Education and holds a master's degree from a regionally or nationally accredited college or university with an advanced program for the preparation of school psychologists and qualifying score on the South Carolina Board of Education required examination.

### **School Psychologist II**

A school psychologist II is an individual that is currently certified by the South Carolina Department of Education and holds a specialist degree from a regionally or nationally accredited college or university with an advanced program for the preparation of school psychologists, and has a qualifying score on the South Carolina Board of Education required examination.

### School Psychologist III

A school psychologist III is an individual that is currently certified by the South Carolina Department of Education and holds a doctoral degree from a regionally or nationally accredited college or university with an advanced program for the preparation of school psychologists, has a qualifying score on the South Carolina Board of Education required examination and completed an advanced program approved for the training of school psychologists.

### Psycho-Educational Specialist

A psycho-educational specialist is an individual that holds a 60-hour master’s degree, plus 30 hours, or a doctoral degree in school psychology from a regionally accredited institution approved by NASP or the American Psychiatric Association or its equivalent, certification by the South Carolina Department of Education as a school psychologist level II or III, two years of experience as a certified school psychologist (at least one year of which is under the supervision of a licensed psycho-educational specialist) and satisfactory score on the PRAXIS Series II exam. The psycho-educational specialist must be licensed by the South Carolina Board of Examiners of Professional Counselors, Marriage and Family Therapists.

**Note:** A school psychologist I must be supervised by a school psychologist II, III or a licensed psycho-educational specialist, and each evaluation must be signed by the supervising school psychologist.

TITLE OF PROFESSIONAL	QUALIFICATIONS	SERVICES ABLE TO PROVIDE
Certified School Psychologist I, II, III	Must hold a master’s or doctoral degree from a program that is primarily psychological in nature (e.g., counseling, guidance or social science equivalent) from an accredited university or college and one year of experiences working with the population to be served. Training and/or certification information must be sent to SCDHHS for approval.	DA, IP, FP, GP, MFGP, SPD, BHS, CM, B-Mod, FS, PRS, PTE
Licensed Psycho-Educational Specialist	Must hold a current license from the appropriate State Board of Examiners or a regionally accredited institution of higher education whose program is approved by the National Association of School Psychologists or the American Psychological Association or from a degree program that the Board finds to be substantially equivalent based on criteria established by the South Carolina Board in regulation. In addition, a psycho-educational specialist is certified by the South Carolina Department of Education as a school psychologist level II or III, must have two years of experiences as a certified school psychologist (at least one year of which is under the supervision of a licensed psycho-educational specialist) and a satisfactory score on the PRAXIS Series II exam.	DA, IP, FP, GP, MFGP, SPD, BHS, CM, B-Mod, FS, PRS, PTE

If the LEA is credentialed with a MCO and the certified school psychologist I, II, III will be rendering services other than DA and PTE, please refer to the RBHS Manual Staff Qualification chart's qualified mental health professional requirements.

SERVICE	ABBR	SERVICE	ABBR
Diagnostic Assessment	DA	Psychological Testing and Evaluation	PTE
<b>Refer to RBHS Manual for the following:</b>			
Behavioral Health Screening	BHS	Individual Psychotherapy	IP
Crisis Management	CM	Multiple Family Group Psychotherapy	MFGP
Behavioral Modification	B-Mod	Psychosocial Rehabilitative Services	PRS
Family Support	FS	Service Plan Development	SPD
Family Psychotherapy	FP	Group Psychotherapy	GP

**Maintenance of Staff Credentials**

Please refer to RBHS manual.

**Staff Training**

Please refer to RBHS manual.

**Staff Monitoring/Supervision of Staff**

Please refer to RBHS manual.

**Who Can Confirm Medical Necessity?**

Please refer to RBHS manual.

**Provider Referral Process**

Referrals may be made to private providers enrolled in the SC Medicaid Program. Referrals from an LEA must be done via encrypted email, fax and hard copy mail.

The Rehabilitative Behavioral Health Services Referral Form must be completed and signed by an LPHA. The form must document presence of serious mental health and/or substance use disorder(s) or serious emotional disturbance (SED) from the current edition of the DSM or the ICD, excluding irreversible dementias, intellectual disabilities or related disabilities and developmental disorders, unless they co-occur with a serious mental health disorder that meets the current edition DSM criteria.

Upon receipt of the Rehabilitative Behavioral Health Services Referral Form from an LEA, the private provider will submit the form to the Quality Improvement Organization (QIO) for prior authorization.

### **General Staff-to-Beneficiary Ratio Requirements**

Please refer to RBHS manual.

### **South Carolina Motor Vehicle Driving Record**

If an employee's position description requires that he or she transport beneficiaries, a copy of their motor vehicle record (MVR) shall be kept in the employee's personnel record. Individuals whose MVR shows involvement in more than two accidents in the last three years in which said individual was at fault, or against whom more than eight current violation points have been assessed, shall be unqualified to transport beneficiaries.

Providers must also adhere to any other state or federal regulations regarding transportation of beneficiaries as applicable (e.g., "Jacob's Law").

### **Supervision**

In accordance with the Centers for Medicare and Medicaid Services (CMS) directives, CMS has interpreted the term "under the direction of" to mean that the provider is individually involved with the patient and accepts ultimate legal responsibility for the services rendered by the individuals that he or she agrees to direct. The supervisor is responsible for all the services provided or omitted by the individual that he or she agrees to directly supervise.

At no time may the individual being supervised perform tasks when the supervisor cannot be reached by personal contact, phone, pager or other immediate means. The supervisor must make provisions, in writing, for emergency situations including designation of another qualified provider who has agreed to be available on an as-needed basis to provide supervision and consultation to the individual when the supervisor is not available. All clinical service note entries made by a staff who requires supervision must be cosigned by the supervisor (unless otherwise indicated for a specific Medicaid reimbursement service).

The supervisor must be readily available to offer continuing supervision. "Readily available" means that the supervisor must be physically accessible to the individual being supervised within a certain response time based upon the medical history and condition of the beneficiary and competency of personnel. Supervision should involve specific instructions from the supervisor to the individual regarding the treatment regimen, responses to indications of adverse beneficiary reactions and any other issues necessary to ensure the appropriate provision of the Medicaid-reimbursable services.

All supervisory staff licensed by Labor, Licensing and Regulation (LLR) must adhere to any provisions as required by LLR.

In addition to the above requirements, South Carolina Medicaid requires a supervising entity (physician, dentist or any program that has a supervising health professional component) to be physically located in South Carolina or within the 25-mile radius of the South Carolina border.

## **Audiological Services Program**

Please refer to Section 440.110(c)(3) of the Code of Federal Regulations for guidance regarding qualified audiological services staff.

## **Physical Therapy Services**

### **Physical Therapist**

A physical therapist is a person licensed to practice physical therapy by the South Carolina Board of Physical Therapy Examiners. In accordance with 42 CFR 440.110(a)(2)(i)(ii), a qualified physical therapist is an individual who is (i) A graduate of a program of physical therapy approved by both the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Physical Therapy Association or its equivalent; and (ii) where applicable, licensed by the State.

### **Physical Therapist Assistant**

A physical therapist assistant is an individual who is currently licensed by the South Carolina Board of Physical Therapy Examiners. A physical therapy assistant provides services under the direction of a qualified physical therapist.

## **Supervision of Physical Therapy Assistants**

Physical therapist assistants shall perform their duties in accordance with applicable licensure requirements only after examination and evaluation of the child and development of a treatment plan have been completed by a licensed physical therapist. Additionally, the supervising therapist must review and initial each summary of progress completed by the assistant. These licensed individuals must adhere to any provisions as required by the South Carolina Department of LLR.

## **Occupational Therapy Services**

### **Occupational Therapist**

An occupational therapist is a person licensed to practice occupational therapy by the South Carolina Board of Occupational Therapy. In accordance with 42 CFR 440.110(b)(2)(i)(ii), a qualified occupational therapist is: (i) certified by the National Board of Certification for Occupational Therapy; or (ii) a graduate of a program in occupational therapy approved by the Committee on Allied Health Education and Accreditation of the American Medical Association and engaged in the supplemental clinical experience required before certification by the National Board of Certification for Occupational Therapy.

### **Occupational Therapy Assistant**

An occupational therapy assistant is an individual who is currently licensed as a certified occupational therapy assistant by the South Carolina Board of Occupational Therapy who works under the direction of a qualified occupational therapist pursuant to 42 CFR 440.110(b)(2)(i) or (ii).

## **Supervision of Occupational Therapy Assistants**

Occupational therapy assistants shall perform their duties in accordance with applicable licensure requirements only after examination and evaluation of the child and development of a treatment plan have been completed by a licensed occupational therapist. Additionally, the supervising therapist must review and initial each progress summary completed by the assistant. These licensed individuals must adhere to any provisions as required by South Carolina Department of LLR.

## **Speech-Language Pathology Services**

Speech language pathology services are provided by or under the direction of a speech-language pathologist. We recognize that some individuals in the school setting will be licensed through LLR as speech-language pathologists, speech-language pathology assistants, speech-language pathology interns or speech-language pathology therapists. These licensed individuals will need to adhere to any provisions as required by LLR. The licensed speech-language pathologist can supervise the licensed speech-language pathology intern and speech-language pathology assistant or speech-language pathology therapist.

A speech-language pathologist, in accordance with 42 CFR 440.110(c)(2)(i)(ii)(iii), is an individual who meets one of the following conditions: (i) Has a certificate of clinical competence from the American Speech and Hearing Association; (ii) has completed the necessary equivalent educational requirements and work experience to qualify for the certificate; and (iii) has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

A speech-language pathology assistant is an individual who is currently licensed by the South Carolina Board of Examiners in speech-language pathology. The speech-language pathology assistant works under the direction of a qualified speech-language pathologist pursuant to 42 CFR 440.110(c)(2)(i) and (ii).

A speech-language pathology intern is an individual who is currently licensed by the South Carolina Board of Examiners in speech-language pathology and is seeking the academic and work experience requirements established by the American Speech and Hearing Association for the Certification of Clinical Competence in speech-language pathology. The speech-language pathology intern works under the direction of a qualified speech-language pathologist pursuant to 42 CFR 440.110(c)(2)(i) and (ii).

A speech-language pathology therapist is an individual who does not meet the credentials outlined in the 42 CFR 440.110(c)(2)(i)(ii) and (iii) that must work under the direction of a qualified speech language pathologist.

## **Orientation and Mobility Services**

### **Orientation and Mobility Specialist**

An O&M specialist is an individual who holds a current and valid certification in orientation and mobility from the Academy for Certification of Vision Rehabilitation and Education Professionals or

an individual who holds a current and valid certification in orientation and mobility from the National Blindness Professional Certification Board.

Providers who render O&M services must meet the following requirements:

- The service must be recommended by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law.
- The service must be provided for a defined period of time for the maximum reduction of physical or mental disability and restoration of the individual to his or her best possible functional level.
- The service must be furnished by individuals working under a recognized scope of practice established by the state or profession.

#### **Other Medicaid-Covered School-Based Services Staff**

A nurse is defined as an individual who is currently licensed as a registered nurse (RN) or a licensed practical nurse (LPN) by the State Board of Nursing for South Carolina.

Services performed by health room aides, nurses' aides or any other unlicensed medical personnel are not Medicaid reimbursable.

**Licensed Practical Nurse**

An LPN must adhere to the following when providing nursing services:

- An LPN must be supervised at all times by a RN. The RN may either be physically present or accessible by phone or pager (exceptions to onsite supervision are allowable in accordance with SC Code of Law, Title 40-33-770).
- The LPN can provide any service allowable under state licensure and regulations.
- The LPN must follow the policies, procedures and guidelines for the employing entity.
- The RN supervisor will provide the initial assessment of the child's condition as appropriate and establish a plan of care based on the child's medical condition in accordance with state licensure and regulation. If the LPN receives additional information regarding the child's health condition after the initial assessment, the LPN will consult with the RN in accordance with Advisory Opinion #23 of the South Carolina Board of Nursing.
- Supervision by the RN of the LPN must be performed at a minimum of every 60 days. This can be done through direct observation or a review of clinical service notes.

**Physician Oversight**

Medicaid recognizes nursing services as those that fall within the scope of practice of an RN or LPN as authorized by the South Carolina State Board of Nursing. Nursing services may be billed to Medicaid provided all services rendered are allowed under state law. Administering prescription medications and conducting medical acts must be under the direction of a physician, dentist or other authorized personnel or included in a written protocol. If a nurse is practicing in an "Extended Role" according to the Nurse Practice Act (§ 40-33-270 of the 1976 code), a written physician preceptor agreement and a written protocol must be agreed upon by the physician and nurse, signed and dated by both parties, and reviewed annually. The preceptor agreement and written protocols must be readily available for review by SCDHHS upon request.

All requirements stated in the Nurse Practice Act (§40-33-270 of the 1976 code) and the Medical Practice Act (§40-47-10) must be met and followed. Additionally, specific requirements for written protocols may be found in these statutes. If a physician preceptor agreement and written protocols are in place, the physician must be readily available and be able to be contacted in person or by telecommunications or other electronic means to provide consultation and advice when needed.

**Special Needs Transportation Program**

In order to participate in the Special Needs Transportation Program, the LEA must meet all participatory requirements set forth in the program's contractual agreement with the State Department of Education (SDE). The term "Local Education Agency" refers to any of the local entities that are recognized by SDE as school districts. Information concerning participation in the Medicaid Transportation Program may be obtained by contacting the PSC at +1 888 289 0709,

submitting an online inquiry at <http://www.scdhhs.gov/contact-us> or writing to Post Office Box 8206, Columbia, SC 29202-8206.

Special needs transportation providers (LEAs) shall provide required transportation services to meet the needs of Medicaid-eligible school students with special needs in a vehicle adapted to serve the needs of the disabled. This shall include a specially adapted school bus used for transporting beneficiaries to and from reimbursable Medicaid services that are provided at a school or other facility when identified in the IEP.

# 4

## COVERED SERVICES AND DEFINITIONS

Reimbursement is available for services that conform to accepted methods of diagnosis and treatment. Reimbursement is not available for services determined to be unproven, experimental or research-oriented, in excess of those deemed medically necessary to treat the beneficiary's condition, or not directly related to the beneficiary's diagnosis, symptoms or medical history. Reimbursement is not available for time spent documenting services or traveling to or from services, or for canceled visits and missed appointments.

Medicaid reimbursement is available for the following school-based services:

- Audiological
- Physical therapy
- Occupational therapy
- Speech and language pathology
- O&M
- Rehabilitative behavioral health services:
  - Behavioral health screening
  - Diagnostic assessment(s)
  - Psychological testing and evaluation
  - Individual psychotherapy
  - Group psychotherapy
  - Family psychotherapy
  - Multiple family group psychotherapy
  - Service plan development
  - Crisis management
  - Psychosocial rehabilitation services

- Behavior modification
- Behavioral health screening
- Family support
- Nursing services for children under 21 years
- Administrative claiming
- MAPPS
- Non-emergency transportation

Reimbursement is not available for services provided in an inpatient hospital or other institutional care facility.

## REHABILITATIVE BEHAVIORAL HEALTH SERVICES

Please refer to “Covered Services” within the RBHS manual.

## SCHOOL-BASED REHABILITATIVE THERAPY SERVICES

### **Evaluations**

Evaluations must occur prior to the provision of the Medicaid rehabilitative therapy service. Evaluations must be completed by the enrolled Medicaid provider of services after receiving the referral from another LPHA.

### **Reevaluations**

A reevaluation is performed subsequent to the initial evaluation and relates to the disorder. A reevaluation must be completed after receiving an updated referral from another LPHA. A reevaluation must be conducted annually (every 12 months) for each beneficiary; however, a reevaluation can be within a six-month time frame. A reevaluation must be completed when enough time has passed to accurately assess the beneficiary’s progress. This service may be performed twice a year.

The results of the evaluation must include a narrative summary. The documentation must justify the number of units billed.

### **Individualized Education Program or Individualized Family Service Plan/Individual Treatment Plan**

If the evaluation findings indicate a Medicaid rehabilitative therapy service is determined to be medically necessary, the evaluation must result in the development of an IEP or IFSP, and the service must be indicated on the IEP or IFSP.

If the evaluation findings do not indicate the need for provision of a Medicaid rehabilitative therapy service, then the results of the evaluation must be indicated on the IEP, IFSP, ITP or the evaluation

instrument in order to be reimbursed by Medicaid. The ITP may be developed as a separate document or may appear as a clinical service note.

Medicaid will not reimburse for providers attending an IEP or an IFSP meeting.

### **Individual Treatment Plan**

If an evaluation indicates that therapy is warranted, the therapist must develop and maintain a treatment plan that outlines long-term goals and short-term objectives, as well as the recommended scope, frequency and duration of treatment. The IEP or IFSP may suffice as the treatment plan as long as the IEP or IFSP contains the required elements for a treatment plan as outlined below.

The treatment plan should serve as a comprehensive plan of care by outlining the service delivery that will address the specific needs of the beneficiary. The treatment plan must be individualized and should specify problems to be addressed, goals of treatment, types of interventions to be utilized, planned frequency of service delivery, criteria for achievement and estimated duration of treatment. Each ITP should specify the exact service the beneficiary should be receiving (i.e., individual or group therapy). If it is found medically necessary for a beneficiary to receive both individual and group therapy services, the ITP must reflect the frequency and duration of treatment for each service (e.g., 30 minutes group therapy per week and 15 minutes individual therapy two times per week). Indicating the beneficiary's strengths and weaknesses in the treatment plan is recognized as good clinical practice and is strongly recommended. The treatment plan must contain the signature and title of the therapist and the date signed.

### **Treatment Plan Review**

The treatment plan should be reviewed and updated according to the level of progress. If a determination is made during treatment that additional services are required, these services should be added to the treatment plan. When long-term treatment is required, a new referral must be obtained annually, and a new treatment plan must be developed after reevaluation.

### **Audiological Services**

In accordance with 42 CFR 440.110(c)(1), audiological services for individuals with hearing disorders means diagnostic, screening, preventive or corrective services provided by or under the direction of an audiologist for which a patient is referred by a physician or other LPHA within the scope of his or her practice under state law. It includes any necessary supplies, equipment and services related to hearing aid use. Audiological services involve testing and evaluation of hearing-impaired children less than 21 years of age who may or may not be improved with medication or surgical treatment.

Audiological services include diagnostic, screening, preventive and/or corrective services provided to individuals with hearing disorders or for the purpose of determining the existence of a hearing disorder by or under the direction of an audiologist. A physician or other LPHA, within the scope of his or her practice under state law, must refer individuals to receive these services. A referral occurs when the physician or other LPHA has asked another qualified health care provider (licensed

audiologist) to recommend, evaluate or perform therapies, treatment or other clinical activities for the beneficiary.

### **Hearing Aids**

Hearing aids may be provided for individuals under the age of 21 years when the medical need is established through an audiological evaluation. The attending audiologist may send a request for a hearing aid or aids, along with a physician's statement completed within the last six months indicating that there is no medical contraindication to the use of a hearing aid, to the South Carolina Department of Health and Environmental Control's (DHEC) local Children's Rehabilitative Services (CRS) office. DHEC will arrange for the requested hearing aids. Children birth to 21 years of age should be enrolled in the CRS program. Requests for hearing aids for children birth to 21 years of age should be sent to:

CRS Central Office  
Robert Mills Complex  
PO Box 101106  
Columbia, SC 29211

For more information, call CRS at (803) 898-0784.

### **Pure Tone Audiometry**

#### **Pure tone audiometry (threshold), air only**

In pure tone audiometry, earphones are placed and the patient is asked to respond to tones of different pitches (frequencies) and intensities. The threshold is recorded for a number of frequencies in each ear. This service may be performed six times every 12 months.

### **Audiological Evaluation**

#### **Comprehensive audiometry threshold evaluation and speech recognition**

In comprehensive audiometry, earphones are placed and the patient is asked to respond to tones of different pitches (frequencies) and intensities. The threshold is recorded for a number of frequencies on each ear. Bone thresholds are obtained in a similar manner except a bone oscillator is used on the mastoid or forehead to conduct the sounds. The patient is also asked to repeat bisyllabic (spondee) words. The threshold is recorded for each ear. The word discrimination score is the percentage of spondee words that a patient can repeat correctly at a given intensity level above speech reception threshold in each ear. This service may be performed once every 12 months.

#### **Comprehensive audiometry threshold evaluation and speech recognition**

An audiological evaluation is when appropriate components of the initial evaluation are reevaluated and provided as a separate procedure. The necessity of an audiological evaluation must be appropriately documented. This service may be performed six times every 12 months.

### **Tympanometry (Impedance Testing)**

#### **Tympanometry (impedance testing)**

Using an ear probe, the eardrum's resistance to sound transmission is measured in response to pressure changes. This service may be performed six times every 12 months.

### **Acoustic Reflex Testing; Threshold**

#### **Acoustic reflex testing; threshold**

Acoustic reflex testing, threshold is used in determining the differential diagnosis between sensory, conductive or central hearing loss. Acoustic reflex test results give the clinician valuable information regarding the severity of a hearing loss and the possible cause of a hearing loss. It is also a valuable test in detecting problems in the auditory pathway. This service may be performed two times every 12 months.

### **Electrocochleography**

#### **Electrocochleography**

An electrocochleography tests the internal components of the implanted receiver and connected electrode array. This procedure verifies the integrity of the implanted electrode array and is completed immediately after the operation. This procedure is to be completed only by a licensed audiologist on a cochlear implant team. This service may be performed once per implantation.

### **Hearing Aid Examination and Selection**

#### **Hearing aid examination and selection; monaural**

History of hearing loss and ears are examined, medical or surgical treatment is considered, if possible, and the appropriate type of hearing aid is selected to fit the pattern of hearing loss. This service may be performed six times every 12 months.

### **Hearing Aid Check**

#### **Hearing aid check; monaural**

The audiologist inspects the hearing aid and checks the battery. The aid is cleaned, and the power and clarity are checked using a special stethoscope that attaches to the hearing aid. This service may be performed six times every 12 months.

#### **Hearing aid re-check; monaural**

The audiologist inspects the hearing aid and checks the battery. The aid is cleaned, and the power and clarity are checked using a special stethoscope that attaches to the hearing aid. This service may be performed six times every 12 months.

### **Evaluation of Auditory Rehabilitation Status**

#### **Evaluation of auditory rehabilitation status; first hour**

This service involves the measurement of patient responses to electrical stimulation used to program the speech processor and functional gain measurements to assess a patient's responses to his or her cochlear implant. Instructions should be provided to the parent/guardian, teacher and/or patient on the use of a cochlear implant device to include care, safety and warranty procedures.

This procedure is to be completed only by a licensed audiologist on a cochlear implant team and may be performed 10 times a year.

### **Fitting/Orientation/Checking of Hearing Aid**

#### **Fitting/orientation/checking of hearing aid**

Includes hearing aid orientation, hearing aid checks and electroacoustic analysis. The service may be provided six times every 12 months.

### **Dispensing Fee**

#### **Dispensing fee, unspecified hearing aid**

The dispensing fee is time spent handling hearing aid repairs. This service may be performed six times every 12 months.

### **Ear Impression**

#### **Ear impression, each**

Taking of an ear impression; please specify one or two units for one or two ears. This service may be performed six times every 12 months.

Modifiers LT and RT have been removed from ear impression services. If you are billing this service, instead of using the modifiers to identify the right and left ear impression, SCDHHS asks that you put one unit with no modifier if you are billing only one ear impression. If you are billing both ear impressions, SCDHHS asks that you put two units with no modifier.

### **Physical Therapy Services**

In accordance with 42 CFR 440.110(a), physical therapy means services prescribed by a physician or other LPHA within the scope of his or her practice under state law and provided to a beneficiary by or under the direction of a qualified physical therapist. It includes any necessary supplies and equipment. Physical therapy services involve evaluation and treatment to prevent, alleviate or compensate for movement dysfunction and related functional problems for maximum reduction of physical or mental disability and restoration of a beneficiary to his/her best possible functional level. Physical therapy involves the use of physical agents, mechanical means and other remedial treatment to restore normal physical functioning following illness or injury. Specific services rendered: physical therapy evaluation, individual and group therapy (a group may consist of no more than six children).

### **Physical Therapy Evaluation**

Evaluation of physical therapy, typically 20 minutes

Evaluation of physical therapy, typically 30 minutes

Evaluation of physical therapy, typically 45 minutes

Reevaluations of physical therapy established plan of care

A physical therapy evaluation is a comprehensive evaluation that should be conducted in accordance with the American Physical Therapy Association and South Carolina Board of Physical Therapy Examiners guidelines, the physician or other LPHA, the physical therapist's professional judgment and the specific needs of the child. The evaluation should include a review of available medical history records, observation of the patient and an interview, when possible. The evaluation must include diagnostic testing and assessment, and a written report with recommendations.

### **Individual and Group Physical Therapy**

Individual therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

Group therapeutic procedure(s), group (two or more individuals; no more than six individuals)

Individual or group physical therapy is the development and implementation of specialized physical therapy programs that incorporate the use of appropriate modalities; performance of written and/or oral training of teachers and/or family regarding appropriate physical therapy activities/therapeutic positioning in the school or home environment; recommendations on equipment needs; and safety inspections and adjustments of adaptive and positional equipment. Physical therapy performed on behalf of one child should be documented and billed as individual physical therapy. Physical therapy performed on behalf of two or more clients should be documented and billed as group physical therapy. A group may consist of no more than six children.

### **Progress Summary Notes**

The progress summary is a written note outlining the child's progress that must be completed by the physical therapy practitioner every three months from the start date of treatment. The purpose of the progress summary is to record the longitudinal nature of the child's treatment, describe the child's attendance at therapy sessions, document progress toward treatment goals and establish the need for continued participation in therapy.

The progress summary must be written by the physical therapy practitioner, contain the therapist's signature and title, as well as the date written, and must be filed in the child's clinical record. The progress summary may be developed as a separate document or may appear as a clinical service note. If a progress summary is written as a clinical service note, the entry must be clearly labeled "progress summary".

### **Occupational Therapy Services**

In accordance with 42 CFR 440.110(b)(1), occupational therapy means services prescribed by a physician or other LPHA within the scope of his or her practice under state law and provided to a beneficiary by or under the direction of a qualified occupational therapist. It includes any necessary supplies and equipment. Occupational therapy services are channels to improve or restore functional abilities for maximum reduction of physical or mental disability and restoration of a beneficiary to his/her best possible functional level. Occupational therapy services are related to self-help skills, adaptive behavior, fine/gross motor, visual, sensory motor, postural and emotional

development that have been limited by a physical injury, illness or other dysfunctional condition. Occupational therapy involves the use of purposeful activity interventions and adaptations to enhance functional performance. Specific services rendered: Occupational therapy evaluation, individual and group occupational therapy (a group may consist of no more than six children), fabrication of orthotics, fabrication of thumb and finger splints.

### **Occupational Therapy Evaluation**

Evaluation of occupational therapy, typically 30 minutes

Evaluation of occupational therapy, typically 45 minutes

Evaluation of occupational therapy, typically 60 minutes

Reevaluation of occupational therapy established plan of care

An occupational therapy evaluation is a comprehensive evaluation that should be conducted in accordance with the American Occupational Therapy Association and South Carolina Board of Occupational Therapy guidelines, the physician or other LPHA referral, the occupational therapist's professional judgment and the specific needs of the child. The evaluation should include a review of available medical history records and an observation of the patient and interview, when possible. The evaluation must include diagnostic testing and assessment and a written report with recommendations.

### **Individual and Group Occupational Therapy**

Individual therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes

Group therapeutic procedure(s), group (two or more individuals; no more than six individuals)

Individual or group occupational therapy involves the development and implementation of specialized occupational therapy programs that incorporate the use of appropriate interventions, occupational therapy activities in the school or home environment and recommendations on equipment needs and adaptations of physical environments.

Occupational therapy performed directly with one child should be documented and billed as individual occupational therapy. Occupational therapy performed for two or more individuals should be documented and billed as group occupational therapy. A group may consist of no more than six children.

### **Fabrication of Orthotic**

Fabrication of orthotics for upper and lower extremities and thumb and finger splints: Fabrication of orthotics is the fabrication of orthotics for lower and upper extremities and the fabrication of thumb splint and finger splint is the fabrication of orthotics for the thumb and the fabrication of finger splint is the fabrication of orthotic for the finger.

### **Fabrication of Orthotic**

Lower extremity orthoses, not otherwise specified (NOS)

### **Fabrication of Orthotic**

Upper limb orthosis, not otherwise specified (NOS)

### **Wrist Hand Finger Orthosis**

#### **Wrist hand finger orthosis**

Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment

### **Speech-Language Pathology Services**

Reimbursable speech-language pathology services are evaluative tests and measures utilized in the process of providing speech-language pathology services and must represent standard practice procedures. Only standard assessments (e.g., curriculum-based assessments, portfolio assessments, criterion referenced assessments, developmental scales and language sampling procedures) may be used. Tests or measures described as “teacher-made” or “informal” are not acceptable for purposes of Medicaid reimbursement. The following services are components of speech-language pathology services.

In accordance with 42 CFR 440.110(c)(1), speech-language pathology services include diagnostic, screening, preventive or corrective services provided by or under the direction of a speech-language pathologist, 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. It includes any necessary supplies and equipment. Speech-language pathology services are defined as evaluative tests and measures utilized in the process of providing speech-language pathology services and must represent standard practice procedures. Only standard assessments (e.g., curriculum-based assessments, portfolio assessments, criterion referenced assessments, developmental scales and language sampling procedures) may be used. Tests or measures described as “teacher-made” or “informal” are not acceptable for purposes of Medicaid reimbursement. Specific services rendered: speech evaluation, individual speech therapy and group speech therapy (and group may consist of no more than six children).

Speech-language pathology services involve the evaluation and treatment of speech and language disorders for which medication or surgical treatments are not indicated. Services include preventing, evaluating and treating disorders of verbal and written language, articulation, voice, fluency, mastication, deglutition, cognition/communication, auditory and/or visual processing and memory, and interactive communication; as well as the use of augmentative and alternative communication systems (sign language, gesture systems, communication boards, electronic automated devices, mechanical devices) when appropriate.

## **Speech Evaluation**

Evaluation of speech fluency (e.g., stuttering, cluttering)

Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)

Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)

Behavioral and qualitative analysis of voice and resonance

Evaluation of oral and pharyngeal swallowing function

Upon receipt of the physician or other LPHA referral, a speech evaluation is conducted. A speech evaluation is a face-to-face interaction between the speech-language pathologist and the child for the purpose of evaluating the child's dysfunction and determining the existence of a speech disorder. The evaluation should include review of available medical history records and must include diagnostic testing and assessment, and a written report with recommendations. This service may be performed once per lifetime.

Note: Reimbursement is available for a subsequent initial evaluation if, and only if, it is conducted as the result of a separate and distinct speech disorder. Presentation of medical justification is required. Contact the PSC or submit an online inquiry for more information.

## **Reevaluation of speech, language, voice, communication and/or auditory processing**

Speech reevaluation includes a face-to-face interaction between the speech-language pathologist and the child for the purpose of evaluating the child's progress and determining whether there is a need to continue therapy. Reevaluation may consist of a review of available medical records and diagnostic testing and/or assessment, but must include a written report with recommendations.

Any evaluation performed subsequently to the initial evaluation and related speech disorder is considered a reevaluation and should be billed under this code.

## **Individual Speech Therapy**

**Treatment of speech, language, voice, communication and/or auditory processing disorder; individual**

Individual speech therapy is the delivery of remedial services for identified speech and/or language handicaps to a child whose speech and/or language patterns deviate from standard, based on evaluation and testing, to include training of teacher or parent with child present. Individual speech therapy services may be provided in a regular education classroom.

### **Group Speech Therapy**

Treatment of speech, language, voice, communication and/or auditory processing disorder; group, (two or more individuals; no more than six individuals)

Group speech therapy is the delivery of remedial services for identified speech and/or language handicaps in a group setting to children whose speech and/or language patterns deviate from standard, based on evaluation and testing, to include training of teacher or parent with child present. Group speech therapy services may be provided in a regular education classroom.

### **Speech Language Disorders**

Reimbursement may be available for assessment and treatment of the following categories of speech-language disorders:

- A developmental language disorder is the impairment or deviant development of comprehension and/or use of a spoken, written and/or other symbol system (e.g., sign/gesture). A developmental language disorder ranges from mild delays to severe impairment. The disorder may evidence itself in the form of language (phonologic, morphologic and syntactic systems), content of language (semantic system) and/or function of language in communication (pragmatic system) in any combination.
- An acquired language disorder (non-developmental) occurs after gestation and birth, with no common set of symptoms. Acquired language disorders may differ in the areas of language affected and in severity, and may occur at any age. Causes may include focal and diffuse lesions such as those associated with traumatic brain injury and other kinds of brain injury or encephalopathy.
- An articulation disorder is incorrect production of speech sounds due to faulty placement, timing, direction, pressure, speech or integration of the movement of the lips, tongue, velum or pharynx.
- A phonological disorder is a disorder relating to the component of grammar that determines the meaningful combination of sounds.
- A fluency disorder is an interruption in the flow of speaking characterized by atypical rate, rhythm and repetitions in sounds, syllables, words and phrases. This may be accompanied by excessive tension, struggle behavior and secondary mannerisms.
- A voice disorder is any deviation in pitch, intensity, quality or other basic vocal attribute which consistently interferes with communication or adversely affects the speaker or listener or is inappropriate to the age, sex or culture of the individual.
- A resonance disorder is an acoustical effect of the voice, usually the result of a dysfunction in the coupling or uncoupling of the nasopharyngeal cavities.
- Dysphagia is difficulty in swallowing due to inflammation, compression, paralysis, weakness or hypertonicity in the oral, pharyngeal or esophageal phases.

## **Orientation and Mobility Services**

O&M services are provided to assist individuals who are blind and visually impaired to achieve independent movement within the home, school and community settings. O&M services utilize concepts, skills and techniques necessary for a person with visual impairment to travel safely, efficiently and independently through any environment and under all conditions and situations. The goal of these services is to allow the individual to enhance existing skills and develop new skills necessary to restore, maximize and maintain physiological independence.

### **Assessment**

An O&M assessment is a comprehensive evaluation of the child's level of adjustment to visual impairment and current degree of independence with or without assistive/adaptive devices, including functional use of senses, use of remaining vision, tactile/Braille skills and ability to move safely, purposefully and efficiently through familiar and unfamiliar environments. Assessment must include a review of available medical history records, diagnostic testing and assessment, and written report with recommendations.

### **Reassessment**

An O&M reassessment is an evaluation of the child's progress toward treatment goals and determination of the need for continued services. Reassessment may consist of a review of available medical history records and diagnostic testing and assessment, but must include a written report with recommendations. Reassessment must be completed at least annually but more often when appropriate.

### **Services**

O&M services is the use of systematic techniques designed to maximize development of a visually impaired child's remaining sensory systems to enhance the child's ability to function safely, efficiently and purposefully in a variety of environments. O&M services enable the child to improve the use of technology designed to enhance personal communication and functional skills such as the long cane, pre-mobility and adapted mobility devices, and low vision and electronic travel aids.

O&M services may include training in environmental awareness, sensory awareness, information processing, organization, route planning and reversals, and training in balance, posture, gait and efficiency of movement. O&M services may also involve the child in group activities to increase their capacity for social participation or provide adaptive techniques and materials to improve functional activities such as eating, food preparation, grooming, dressing and other living skills.

## **Other Medicaid-Covered School-Based Services**

Services that are part of an EPSDT examination are not reimbursable under this program. However, services rendered subsequent to and as a result of an anomaly discovered during an EPSDT exam are reimbursable. EPSDT provides a comprehensive and preventive, well child screening program in South Carolina. EPSDT provides comprehensive and preventive health services to Medicaid -eligible children from birth to age 21 years through periodic medical screenings. If you would like additional information about the EPSDT program, contact the PSC at +1 888 289 0709 or

submit an online inquiry at <http://www.scdhhs.gov/contact-us>. Mass screenings are not reimbursable under this program; however, vision and hearing assessments are reimbursable if they are performed in conjunction with a nursing assessment for IEP services.

Reimbursement is available for services that conform to accepted methods of diagnosis and treatment for appropriate personnel. Reimbursement is not available for time spent documenting services, time spent traveling to or from services or for cancelled visits and missed appointments. Medicaid will only pay for nursing direct service provision. Observation is included in the direct services payment as long as the nurse (RN or LPN) is attending to one individual during a face-to-face encounter. If the child needs monitoring after a specific service provision, then his or her plan of care documentation must reflect the ongoing need for monitoring. Although the nurse may be accountable for the time the child is in the health room, it may not be Medicaid-billable time.

Reimbursable nursing services under this program will include any service that an RN or LPN is allowed to provide under state licensure and regulation. Nursing services can include, but are not limited to, the following: nursing care assessments, nursing procedures, emergency care or individual/group health counseling.

### **Nursing Services for Children Under 21 Years**

Nursing services for children under 21 years are those specialized health care services including nursing assessment and nursing diagnosis; direct care and treatment; administration of medication and treatment as authorized and prescribed by a physician or dentist and/or other licensed/authorized healthcare personnel; nurse management; health counseling and emergency care. An RN as allowed under state licensure and regulation must perform acts of nursing diagnosis or prescription of therapeutic or corrective measures.

The need for services must be appropriately documented in an IEP, IFSP or ITP or clinical service notes, when appropriate.

### **Nursing Assessment**

- Nursing assessment of applicants registering for early child development programs
- Nursing assessment of children referred for special education eligibility evaluation
- Nursing assessment related to the IEP, IFSP or ITP
- Nursing assessment of new or previously identified medical/health problems based on child initiated or teacher/staff referral to nurse, including substance use assessment, child abuse assessment, pregnancy confirmation, etc.
- Home visits for comprehensive health, developmental and/or environmental assessment

Nursing referrals for any reasons are Medicaid reimbursable only when they occur as a part of a nursing assessment.

### Nursing Care Procedures

- Administration of immunizations to children in accordance with state immunization law
- Medication assessment, monitoring and/or administration
- Interventions related to the IEP, IFSP or ITP
- Nursing procedures required for specialized health care including, but not limited to, feeding, catheterization, respiratory care, ostomies, medical support systems, collecting and/or performance of test, other nursing procedures and development of health care and emergency protocols (See chart included on this page)

NURSING PROCEDURES REIMBURSED BY MEDICAID	
Feeding	Nutritional assessment Naso-gastric feeding Gastrostomy feeding Jejunostomy tube feeding Parenteral feeding (IV) Naso-gastric tube insertion or removal Gastrostomy tube reinsertion
Catheterization	Clean intermittent catheterization Sterile catheterization
Respiratory Care	Postural drainage Percussion Pharyngeal suctioning Tracheostomy tube replacement Tracheostomy care
Ostomies	Ostomy care Ostomy irrigation
Medical Support Systems	Ventricular peritoneal shunt monitoring Mechanical ventilator monitoring and emergency care Oxygen administration Nursing care associated with Hickman/Broviac/IVAC/IMED Nursing care associated with peritoneal dialysis Apnea monitoring Medications: Administration of medications-oral, injection, inhalation, rectal, bladder, instillation, eye/ear drops, topical, intravenous
Collecting and/or Performance of Test	Blood glucose Urine glucose Pregnancy testing

NURSING PROCEDURES REIMBURSED BY MEDICAID	
Other Nursing Procedures	Sterile dressing Soaks
Development of Health Care and Emergency Protocols	Health care procedures Emergency Protocols Health for IEP, IFSP or ITP

### Emergency Care

Emergency care is the assessment, planning and intervention for emergency management of a child with a chronic or debilitating health impairment.

The provision of emergency care may include the following:

- Nursing assessment and emergency response treatment (e.g., CPR, oxygen administration, seizure care, administration of emergency medication and triage).
- Post-emergency assessment and development of preventive action plan

### Telemedicine

Please refer to the Physicians Services Provider Manual for information regarding coverage and billing for this service.

### Rehabilitative Behavioral Health Services

Rehabilitative behavioral health services shall be provided in accordance with South Carolina Medicaid guidelines set forth in SCDHHS' Medicaid Rehabilitative Behavioral Health Services Provider Manual and appropriate Medicaid bulletins. RBHS must not be rendered concurrently with academic instruction/classroom time.

If the LEA refers the child or adolescent to a private RBHS provider for services, the private RBHS provider must not exceed the recommendations from the LEA. The LEA should provide the specific recommendations for services in writing to the private RBHS provider.

### Medicaid Adolescent Pregnancy Prevention Services

MAPPS shall be provided in accordance with South Carolina Medicaid guidelines set forth in SCDHHS' Medicaid Enhanced Services Provider Manual and appropriate Medicaid bulletins.

### Special Needs Transportation Program

The special needs transportation program is designed to provide transportation to Medicaid-eligible school students with special needs requiring transportation to medically necessary services in school-based settings provided directly by the LEA. This population includes but is not limited to children under the age of 21 years who have sensory impairments, physical disabilities, intellectual disabilities or related disabilities, and/or developmental disabilities or delays. Each LEA recognized

by the SDE is responsible for the arrangement and coordination of special needs transportation services.

Special needs transportation reimbursement is available for transportation provided to the following rehabilitative therapy and related health care services:

- Audiological
- Physical therapy
- Occupational therapy
- Speech and language pathology
- Psychological testing and evaluation
- O&M
- Behavioral health services
- Nursing services for children under 21 years
- Administrative claiming
- MAPPS
- Non-emergency transportation

An appropriate Medicaid-reimbursable school-based service other than transportation must be rendered on the date of transport to be reimbursable for special needs transportation. Medicaid transportation is not reimbursable when the requirement for transportation service is not identified in the IEP.

### **Beneficiary Escorts**

The SDE does not receive an additional reimbursement for an escort to accompany the beneficiary to an authorized medical service. The rate of reimbursement agreed upon in the contract is considered sufficient to cover the cost of an escort, attendant or other passenger that is required to accompany the Medicaid special needs student. The assignment of an escort to a special needs bus should be indicated in the student's IEP. If upon arrival at pick-up a student requires an escort and one is not present, LEA providers should follow SDE procedures established to respond to such circumstances.

### **Beneficiary Complaints**

Beneficiaries with complaints regarding special needs transportation services should first contact their LEA provider. If the complaint cannot be resolved, a meeting should be scheduled with the LEA, SDE and the complainant. If the complaint still cannot be resolved, SDE should contact the PSC or submit an online inquiry with the beneficiary's concerns. The complainant should contact SCDHHS directly at +1 888 549 0820.

### **Vehicle Requirements**

For the purpose of establishing the vehicle requirements relating to special needs transportation services, LEAs will utilize a vehicle adapted to serve the needs of the disabled to include a specially adapted school bus and the current policies and procedures as defined by the State Department of Education, Board of Education in accordance with Section 59-67-20, Code of Laws of South Carolina for the Operation of the Public Pupil Transportation Services Reg. No. R 43-80 (as amended).

### **CARE COORDINATION**

It is the responsibility of the LEA to coordinate care among all service providers.

If a beneficiary is receiving treatment from multiple service providers, there must be evidence of care coordination in the beneficiary's clinical record.

If the LEA refers the child or adolescent to a private RBHS provider for services, the private RBHS provider must not exceed the recommendations from the LEA. The LEA should provide the specific recommendations for services in writing to the private RBHS provider.

### **OUT OF HOME PLACEMENT**

In accordance with the Code of Federal Regulations, 42 CFR § 435.1009-1011, Rehabilitative Services are not available for beneficiaries residing in an institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. An institution may be deemed as an for Mental Diseases based on its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such.

Inpatient Psychiatric Hospitals and Psychiatric Residential Treatment Facilities (PRTF) receive an all-inclusive, per diem rate for services. Rehabilitative Behavioral Health Services provided to beneficiaries in these settings are not Medicaid reimbursable.

# 5

## UTILIZATION MANAGEMENT

All providers will ensure that only authorized amounts of services are provided and submitted to SCDHHS for reimbursement. The provider will ensure that all services are provided in accordance with all SCDHHS policy requirements. Reimbursement received in excess of authorized amount/duration is subject to recoupment.

### PRIOR AUTHORIZATION

#### **School-Based Rehabilitative Therapy Services**

School districts that refer children to private therapists/audiologists must provide their seven-digit prior authorization number (beginning with “ED”) to the private therapist/audiologist. The private therapist/audiologist then must enter this number in field 23 on the CMS-1500 claim form.

### OTHER SERVICE LIMITATIONS

#### **Special Needs Transportation Program**

##### **Program Compliance Review**

A program review will be conducted at least once during the contract year to evaluate compliance with program policies and procedures. Contract compliance reviews are conducted to identify areas where programmatic development or improvement is needed and to ensure that Medicaid policy is being met. The completed review will identify service delivery problems and recommend corrective action utilizing quality assurance methodologies approved by SCDHHS. This is also an opportunity to note program strengths and recognize the dedication and commitment the LEA provides to Medicaid beneficiaries.

During a compliance review, the following will be evaluated:

- Verification of an appropriate Medicaid-reimbursable service other than transportation has been rendered on the date of transport as compared with the Trip Dispatch/Passenger Log
- Verification of the requirement for transportation service has been identified in the IEP for a Medicaid-eligible special needs student
- Compliance with policy and procedures of the Medicaid Transportation Program to be reimbursable for special needs transportation

Non-emergency contractual transportation services may be provided by the LEAs for Medicaid-eligible students requiring transport off site to and from Medicaid-reimbursable services. Transportation services must be contracted directly through SCDHHS.



# 6

## REPORTING/DOCUMENTATION

### REHABILITATIVE BEHAVIORAL HEALTH SERVICES

Please refer to RBHS manual.

### SCHOOL-BASED REHABILITATIVE THERAPY SERVICES

#### **Clinical Records**

As a condition of participation in the Medicaid program, providers are required to maintain and allow appropriate access to clinical records that fully disclose the extent of services provided to the Medicaid beneficiary. The maintenance of adequate records is regarded as essential for the delivery of appropriate services and quality medical care. Providers must be aware that these records are key documents for post-payment review. In the absence of appropriately completed clinical records, previous payments may be recovered by SCDHHS. It is essential that an internal records review be conducted by each LEA to ensure that the services are medically necessary and appropriate both in quality and quantity, and that service delivery, documentation and billing comply with Medicaid policy and procedure.

LEAs are required to maintain a clinical record on each Medicaid-eligible child that includes documentation of all Medicaid-reimbursable services. This documentation must be sufficient to justify Medicaid payment. Clinical records must be current, meet documentation requirements and provide a clear descriptive narrative of the services provided and progress toward treatment goals. The information in the clinical services notes must be clearly linked to the goals listed on the IEP/IFSP. For example, descriptions should be used to clearly link information from goals to the interventions performed and progress obtained in the clinical service notes. Clinical records should be arranged logically so that information may be easily reviewed, copied and audited.

The provider of services is required to maintain clinical records on each Medicaid-eligible child. Each clinical record must include the following:

- A referral for services by a physician or other LPHA
- A Release of Information form signed by the child's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims and requesting payment of government benefits on behalf of the child (this may be incorporated into a Consent for Treatment form)
- Test results and evaluation reports
- A current and valid IEP or IFSP or valid ITP indicating the child's need for services

- Clinical service notes
- Progress summary notes

### **Records Maintenance**

There must be a record for each beneficiary that includes sufficient documentation of services rendered to justify Medicaid participation. The record should be arranged in a logical manner so that the clinical description, course of treatment and services can be easily and clearly reviewed and audited. All clinical records must be kept in a confidential and safeguarded manner as outlined in the Provider Administrative and Billing Manual.

### **Medical Services Documentation**

Documentation of services should comply with guidelines set forth under each service in this section. Adequate documentation must reflect the following:

- A description of the service
- The need for the service
- The provider who delivered the service
- The length of time of the service delivered
- Future plans for continued care, if applicable

A reviewer should be able to discern from the information that adequate and appropriate observations were used in assessing needs and planning care.

Notations should be concise, but descriptive and pertinent. Although minimum parameters must be addressed, documentation should reflect individualization of care.

### **Abbreviations and Symbols**

Each provider must maintain a list of approved abbreviations and symbols used in the beneficiary's clinical record.

### **Legibility**

All entries must be in ink or typed, legible and in chronological order. These entries must be dated (month, day, and year) and legibly signed with the appropriate signatory authority. Providers must maintain a signature sheet that identifies all staff names, signatures and initials.

### **Error Correction Procedures**

The child's clinical record is a legal document. Therefore, extreme caution should be used when altering any part of the record. Appropriate procedures for the correction of errors in legal documents must be followed when correcting an error in a clinical record. Errors in documentation should never be totally marked out and correction fluid should never be used. Draw one line through

the error, enter the correction and add signature/initials and date next to the correction. If warranted, an explanation of the correction may be appropriate.

## Referrals

Referral by other licensed practitioners of the healing arts for rehabilitative therapy services only (Speech-language pathology, occupational therapy, physical therapy, O&M services and audiology)

Referral means the physician or other LPHA has asked another qualified health provider to recommend, evaluate or perform therapies, treatment or other clinical activities to or on behalf of the beneficiary being referred. It includes any necessary supplies and equipment.

When the IEP/IFSP multidisciplinary team is used as the referral source for rehabilitative therapy services, the team must include an individual who meets the other LPHA as defined by Medicaid. The other LPHA initial referral must be obtained from a LPHA other than the individual direct provider of the rehabilitative service.

The referral documentation must occur prior to the provision of the Medicaid evaluation and rehabilitative therapy service. The referral must meet the following requirements:

- Be updated before the annual renewal of reevaluation and the IEP
- Be obtained from an LPHA other than the direct provider of services (e.g., the referring LPHA cannot supervise the service or co-sign the documentation)
- Be clearly documented in the clinical record with the name, date and title of the provider
- Explain reason for referral

The following list indicates the professional designations of those considered as LPHAs for the purpose of Medicaid reimbursement of school-based rehabilitative therapy services (speech-language pathology, occupational therapy, physical therapy, O&M services and audiology):

- Licensed physician assistant
- Licensed advanced practice RN
- RN
- Licensed audiologist
- Licensed occupational therapist
- Licensed physical therapist
- Licensed speech-language pathologist

- Licensed professional counselor
- Licensed marriage and family therapist
- Licensed psychologist
- Licensed independent social worker
- Licensed master social worker
- Licensed baccalaureate social worker

A beneficiary is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law.

### **Release of Information**

A Release of Information form must be signed by the child's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims. This is required for requesting payment of government benefits on behalf of the child. This may be incorporated into a Consent for Treatment form.

### **Clinical Service Notes**

Services should be documented in the clinical service notes. A clinical service note is a written summary of each treatment session. The purpose of these notes is to record the nature of the child's treatment by capturing the services provided and summarizing the child's participation in treatment. In the event that services are discontinued, the provider must indicate the reason for discontinuing treatment on the clinical service notes.

Clinical service notes must:

- Provide a pertinent clinical description of the activities that took place during the session, including an indication of the child's response to treatment as related to stated goals listed in the IEP, IFSP or ITP
- Reflect delivery of a specific billable service as identified in the physician's or other LPHA's referral and the child's IEP, IFSP or ITP
- Document that the services rendered correspond to billing [as to date of service and type of service rendered. Length of time of service delivery should be noted if clinically indicated]
- Be individualized with patient's level of participation and response to intervention when documenting group services

When completing clinical service notes:

- Each entry must be individualized and patient-specific. Each entry must stand on its own and may not include arrows, ditto marks, “same as above,” etc.
- All entries must be made by the provider delivering the service and should be accurate, complete and recorded immediately.
- All entries must be typed or legibly handwritten in dark ink. Copies are acceptable, but must be completely legible. Originals must be available if needed.
- All entries must be dated and legibly signed with the provider’s name or initials and professional title.
- All entries must be filed in the child’s clinical record in chronological order by discipline.

All clinical service notes used must include a narrative summary. The documentation must justify the number of units billed.

### **Progress Summary Notes**

The progress summary is a written note outlining the child’s progress that must be completed by the provider every three months from the start date of treatment or when medically necessary. The purpose of the progress summary is to record the longitudinal nature of the child’s treatment, describe the child’s attendance at therapy sessions, document progress toward treatment goals and objectives, and establish the need for continued participation in treatment.

The progress summary must be written by the provider, contain the provider’s signature and title as well as the date written and must be filed in the child’s clinical record. The progress summary may be developed as a separate document or may appear as a clinical service note. If a progress summary is written as a clinical service note, the entry must be clearly labeled “progress summary”.

## **SPECIAL NEEDS TRANSPORTATION PROGRAM**

### **Trip and Passenger Pupil Log Form**

A Trip and Passenger Pupil Log Form is used daily by the driver to record route information and other ridership data as required by SCDHHS for billing and claims reimbursement for each Medicaid passenger (pupil) accessing transportation each day. This SDE or LEA form will provide basic information for completion of transportation billing and claims generation for reimbursement for each Medicaid passenger (pupil).

These forms are required to be kept in the provider’s files as secure documentation. All information on the form is necessary for performance and financial audit purposes. If you choose to format a different version of the SDE-approved form, you are required to submit it to SDE for approval before using it.

District forms shall include:

- District Name, Address, Phone Number
- Route Number (as applicable)
- Driver (Name)
- Vehicle Number/License Tag Number/District Number
- Date
- Passenger Name

Upon completion, drivers are required to sign the log in the space provided.

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## BILLING GUIDANCE

### SCHOOL-BASED ADMINISTRATIVE CLAIMING

Some of the activities routinely performed by school districts are activities that could be eligible for Medicaid reimbursement under the School District Administrative Claiming Program. The South Carolina Medicaid School-Based Administrative Claiming Guide is intended to provide information for schools, State Medicaid Agencies, Centers for Medicare and Medicaid Services staff and other interested parties on the existing requirements for claiming Federal Financial Participation. To obtain a copy of the guide, contact the PSC or submit an online inquiry at <https://www.scdhhs.gov/Contact-Info>.

### USE OF Z-CODES

The use of Z-codes is allowed but this is considered a temporary diagnosis for ages 7 and older. The use of Z-codes is not time limited for children ages 0 to 6 of age. Z-codes can be used in any diagnosis field on the claim form.