Ballston Spa
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CENTRAL SCHOOL DISTRICT

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Guidelines For The Reporting Of Medicaid For Skilled Nursing Services As of December 10, 2015

Skilled Nursing Services eligible for Medicaid reimbursement only include those medically necessary services the student requires to remain in school in order to benefit from special education services. Medicaid reimbursement is available only for Skilled Nursing Services that are episodic in nature, rather than full day, 1:1 nursing.

To be Medicaid reimbursable, Skilled Nursing Services must be supported by a written order, signed and dated by a New York State Medicaid enrolled practitioner who is also a licensed and currently registered physician, a physician's assistant, or a licensed and currently registered nurse practitioner acting within the scope of their practice. The written order is required prior to the initiation of services and new orders are required when there are any significant changes in the student's condition.

The need for "Skilled Nursing Services" must also be indicated on the student's IEP. The actual procedure need not be detailed in order to maintain the confidentiality of the student's treatment plan and medical records maintained by the school. Ideally, the student should have an Individual Health Care Plan maintained by the school nurse (Registered Nurse). The Individual Health Care Plan is fluid and can then be updated by the RN as needed without requiring a CSE Meeting. ***Specific Skilled Nursing Services or medications should not be listed on a student's IEP.***

Individualized Health Care Plan:

- The Individualized Health Care Plan is a fluid nursing care plan that generally consists of the demographics of the student followed by the medical information, pertinent provider orders and the nurse's plan of care for a child with health needs.
- The Individualized Health Care Plan is not required by law, but is customarily used in nursing practice and is recommended for all students with special health care needs.
- Generally, the school nurse (Registered Nurse) is responsible for the development and implementation of the Individualized Health Care Plan.
- A Licensed Practical Nurse *may not* develop or update an Individualized Health Care Plan per the Nurse Practice Act.

- The information on the Individualized Health Care Plan is fluid and confidential and should remain with the student's other confidential medical records and does not need to be shared with the Medicaid Compliance Officer or the Medicaid Billing Clerk.
- Only documentation required to bill for services rendered is required for Medicaid billing purposes.

At the beginning of each school year and periodically throughout the school year, Skilled Nursing Services listed on a student's IEP should be reviewed.

Special Note on Nurse Practitioners: New York State Education Law states that scope of practice requirements specify that a nurse practitioner must have a collaboration agreement with a physician, as well as written practice protocols that the nurse practitioner follows and quarterly reviews by the physician of the nurse practitioner's case records. In order to bill Medicaid, documentation of this collaboration agreement, practice protocols and evidence that the collaborating physician has reviewed patient records must be made available to the Department of Health or its agents for audit purposes.

Skilled Nursing Services must be provided by:

- A New York State licensed and currently registered professional nurse qualified in accordance with the requirements of 42 CFR, Section 440.60(a) and other applicable state and federal law and regulations, acting within his or her scope of practice; or,
- A New York State licensed practical nurse qualified in accordance with 42 CFR, Section 440.60(a) and other applicable state and federal law or regulations, acting within his or her scope of practice "under the direction of" a licensed and currently registered professional nurse, a physician, physician assistant, dentist or other licensed health care provider authorized under the Nurse Practice Act.

PLEASE NOTE: For licensed practical nurses, the "under the direction of" requirement originates from New York State Education Law and is not the same as the "under the direction of" requirements that apply to therapy assistants or teachers of the hearing handicapped.

Access will be provided in IEP Direct of those students receiving Skilled Nursing Services, as/if appropriate.

Nurses will be notified of the students who are Medicaid eligible on a periodic basis.

Parental consent to bill Medicaid must be on file.

License of Registered Nurse or Licensed Practical Nurse must be on file, along with graduation certification.

The following outlines the different roles between a Registered Nurse and a Licensed Practical Nurse:

- Per Section 6902 of Article 139 of the Education Law, a **Registered Nurse** (RN) is defined as being qualified to diagnose and treat human responses to actual or potential

health problems through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens prescribed by a licensed physician, dentist or other licensed health care provider legally authorized under this title and in accordance with the commissioner's regulations. A nursing regimen shall be consistent with and shall not vary any existing medical regimen.

- Per Section 6902 of Article 139 of the Education law, a **Licensed Practical Nurse** (LPN) is defined as being qualified to perform tasks and responsibilities within the framework of case finding, health teaching, health counseling, and provision of supportive and restorative care under the direction of a registered professional nurse or licensed physician, dentist, or other licensed health care provider legally authorized under this title and in accordance with the commissioner's regulations.
- An LPN cannot assess or triage; and, therefore, would not be able to document progress towards a goal(s). LPN's perform designated tasks and report any data they collect to the RN for interpretation.

<u>Following is the responsibility of the school nurse (RN) to supervise an LPN working in the same school</u>:

- Per Section 6902 of Article 139, an LPN must practice within their scope of practice "under the direction of a registered professional nurse, licensed physician, dentist or other licensed provider legally authorized under this title". The RN, school nurse, in the building is not responsible to supervise the LPN unless that is in her job description; however, he/she would be responsible for the provision of direction to the LPN and overseeing the quality of care the students receive. The district is responsible for providing supervision to both district employees and independent contractors or agency nurses that they pay to work in the district. The medical director, school nurse, if there is one, and the board of education are responsible for insuring the students receive the appropriate care.

If services are provided by a Licensed Practical Nurse, the MAR or session note does not need to be co-signed by the Registered Nurse (RN) for the service to be Medicaid reimbursable.

All nurses must have a National Provider Identifier (NPI) number.

A Confidentiality statement must be signed and dated and on file for the use of electronic signatures and for confidentially purposes.

State mandated trainings, IEP Direct trainings and written guidelines for the reporting of Medicaid for the purpose of Medicaid reimbursement will be provided, as needed and as necessary. Open lines of communication with the Director of Special Education and the Medicaid Compliance Officer are available for questions and concerns.

UDO/Supervision will be in place, as needed.

"Under the direction of" means that the qualified practitioner:

- Sees the student at the beginning of and periodically during treatment.
- Is familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts practicing under State law.
- Has input into the type of care provided.
- Has continued involvement in the care provided, and reviews the need for continued services throughout treatment.
- Assumes professional responsibility for the services provided under his or her direction and monitors the need for continued services.
- Spends as much time, as necessary, directly supervising services to ensure students are receiving services in a safe and efficient manner in accordance with accepted standards of practice.
- Ensures that providers working under his or her direction have contact information to permit them direct contact with the supervising registered nurse, as necessary, during the course of treatment.
- Keeps documentation supporting the supervision of services and on-going involvement in the treatment of each student.

The requirements for Medicaid Reimbursement of Services under the SSHSP are as follows:

- Student MUST be Medicaid eligible and be under the age of 21.
- Student is determined to have a disability through the IEP process and have an IEP.

There must be a signed/dated written order requesting this service. The written orders do not need to be on a prescription pad form.

The signed/dated written order must contain the following information:

- The name of the child for whom the order is written.
- The Service being ordered.
- The time period for which services are being ordered (Example: September 8, 2015 through June 23, 2016 or 2015-2016 School Year).
- Student's diagnosis and/or reason/need for ordered services.
- ICD-10 Code.
- Signature of a NYS licensed and currently registered physician, a physician assistant, or a licensed nurse practitioner acting within his or her scope of practice. The ordering provider must also be enrolled as a NYS Medicaid ordering provider.
- The complete date the order was written and signed (Example: May 5, 2016).
- The ordering practitioner's National Provider Identifier (NPI) number or license number.
- Ordering practitioner's contact information (office stamp or preprinted address label can be used and telephone number).

- **PLEASE NOTE**: The date of the written order must be **prior** to delivery of the services that are billed to Medicaid.

The student's IEP reflects the Related Service of Skilled Nursing Services, showing frequency, period and duration of those students who consistently visit the nurse's office. Skilled Nursing Services are also listed in the Special Alerts Section of IEP Direct. For those students who do not consistently visit the nurse's office, Skilled Nursing Services, will be noted in the Special Alerts Section of IEP Direct only.

The Individualized Education Program (IEP) does not establish Medical Necessity:

- Related Services are "designed to enable a child with a disability to receive a free appropriate public education" or "to benefit from special education".
- SSHSP services are a subset of IDEA-defined Related Services.
- The IEP determines which related Services are needed to facilitate the student's education progress; therefore, does not constitute medical necessity.
- The written orders that are in the student's record document medical necessity.

Session Notes should be maintained for the following Skilled Nursing Services:

- Health assessments and evaluations, including necessary consultation with licensed physicians, parents and/or staff regarding health care of a student.
- Medical treatments and procedures, including necessary consultation with licensed physicians, parents and/or staff regarding health care of a student.

Documentation must be kept for each student's visit to the nurse's office. The documentation will be noted as **"Session Notes".** Session notes specifically document that the nurse delivered certain services to a student on a particular date. Session notes must be completed by the nurses delivering school supportive health services that have been ordered by an appropriate practitioner and included in a student's IEP for nursing. Documentation of the services that have been provided should be completed as close to the conclusion of the session as practicable (contemporaneous records).

Session notes should consist of the following information:

- Student's name.
- Specific type of service provided.
- Whether the service was provided individually or in a group (specifying the actual group size).
- The setting in which the service was rendered (public school and building, BOCES and location, clinic, other).
- Date and time the service was rendered (length of session – record session start time and end time).
- Brief description of the student's progress made by receiving the service during the session.

- Name, title, signature, NPI number (credentials) of the person furnishing the service and name, title, signature, NPI number (credentials) of supervising clinician, as appropriate.
- Appropriate CPT Code must be included for billing purposes.

Medication Administration Records

School nursing personnel should maintain accurate records of the medication administered, any special circumstances related to the procedure, and the student's reactions/responses.

Medication orders are valid for 12 months unless otherwise specified. For ease of documentation and tracking, orders for nursing services for a school year are recommended to start on or after 9/1 and end on 8/31 of the following year. Order changes would need to be dated as they occur. Unless the student will be attending summer school, parents/guardians should pick up medications at the end of the school year.

The Medication Log (MAR) must include the following:

- Student's name and date of birth.
- Grade/School.
- Medication name, dosage and route.
- Order start date.
- Order expiration date.
- Prescriber's name/telephone number.
- Parent's name/telephone number.
- Date, time and dosage of medication administered.
- Signature and title of the person administering medications.
- **PLEASE NOTE:** A full **original** signature is required by Medicaid in order to positively identify the licensee.
- In the case of a substitute school nurse, Medicaid requires that the medication administration form be signed by the administering nurse at the time the service is rendered. It is recommended that a note is written periodically in the cumulative health record to summarize.

Nursing documentation should be accurate, objective, concise, thorough, timely and well organized. All entries for paper records should be legible and written in ink that can be photocopied easily (black ink is recommended). The date and exact time should be included with each entry.

Documentation of Consulting Services:

- Consultation between clinical and/or instructional staff should be documented as the professional/clinician sees fit.
- Consultations between/among professionals are not Medicaid reimbursable under SSHSP.

The 8-Minute Rule:

- The 8-Minute Rule is a Medicare billing construct that has to do with billing partial units when using timed CPT codes. The 8-Minute rule indicates that in order to bill for each additional time-based code, you must spend at least eight minutes of each unit providing direct service to the patient. In other words, in order to bill for a 15 minute code, the session must be at least eight minutes long. ***Note that if the total treatment time code is less than 8 minutes, then the treatment alone is non-billable***. The first procedure must be at least 8 minutes, with each one, thereafter, billed in 15-minute increments. A minimum session length of twenty-three minutes is required in order to bill for two units. Only direct, face-to-face time with the patient is considered for timed codes.
- However, because of the School Supportive Health Services Program (SSHSP), services must be delivered in accordance with the student's Individualized Education Program (IEP)**; it is expected that the length of the session being billed would reflect the actual length of the therapy session that was furnished and be consistent with the time frame specified in the student's IEP.**

Contemporaneous notes as related to recordkeeping or session notes constitute:

- The duties of the provider are discussed in Social Services Law at 18 NYCRR Section 504.3(a).
- Providers must prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid Program.
- "Contemporaneous" records means documentation of the services that have been provided as close to the conclusion of the session as practicable.
- In addition to preparing contemporaneous records, providers in the Medicaid Program are required to keep records necessary to disclose the nature and extent of all services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider for a period of **six years from the date the care, services or supplies were furnished or billed, whichever is later.**

Retention of Medicaid Records

Providers in the Medicaid Program are required to keep records necessary to disclose the nature and extent of all services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider for a period of six years after Medicaid reimbursement.

The 2009 Settlement and Compliance Agreement between New York State and the federal agencies effectively ended the January 2002 SED directive that all Medicaid records since January 1, 1990 for reimbursement under School Supportive Health Services be held/retained until further notice. The normal retention policy now in effect is to retain the following records for a minimum of six years from the date that the services were paid.

- All documents relating in any manner to Medicaid reimbursement for services.

- All documents relating in any manner to referrals, prescriptions or orders for these services.
- All documents relating in any manner to the provision of these services; including but not limited to those showing dates that services were provided, the specific service that was provided, those that identify the professional providing the services or under whose direction the services were provided and professional qualifications, progress and other notes, memoranda, correspondence, e-mails, reports, transportation logs and other documents relating to services rendered, as appropriate to the service provided.
- All Individualized Education Programs (will be held on file at District Office and are available in IEP Direct).
- **PLEASE NOTE:** You may need to retain some or all of these documents for a longer retention period than six years due to other retention requirements.
- Medicaid documentation may be destroyed after six years after Medicaid reimbursement, in accordance with District Policies.

Corrections/Edits:

- **White out is not acceptable**.
- Scribbling over is not acceptable.
- Corrections/edits are struck through with one single line and then initialed by the practitioner.

Medicaid Reporting:

- Only **face-to-face time in Skilled Nursing Services** is Medicaid reimbursable.
- To be contemporaneous, best practice is that session notes should be completed within 5 days of the service provided.
- Claiming for Medicaid reimbursement is completed in-house through Medicaid Direct.

Skilled Nursing Services should be reviewed periodically.

Name changes:

- Should a practitioner change their name due to marriage, divorce, etc., they should always sign their name as it appears on their registration.
- Practitioners are required by NYSED to change their name with the Office of the Professions (OP) within 30 days of any legal name change.
- The name will be changed in the official database and will display immediately on the website on-line license verification page.
- A new registration certificate displaying the new name will be mailed to the address on record.
- Practitioners are not required to get a new license parchment.
- The Office of the Professions has specific requirements for submitting name/address changes.

- Practitioners should also change their name with the NPI within 30 days of any legal name change.

Electronic Signatures:

- Electronic signatures are acceptable, if adequate security is in place and confidentiality is maintained.
- The use of an electronic signature has the same validity as a signature affixed by hand.
- Providers must be prepared to authenticate or prove that the record was electronically signed by the person authorized to sign the record.
- The provider's electronic record must have control features, such as individual passwords for electronic signatures.
- The sharing of passwords is prohibited.

Random Moment in Time Study:

- A Random Moment in Time Study (RMTS) is a mechanism for identifying the amount of time SSHSP practitioners spend delivering Medicaid reimbursable activities.
- It is important to note that RMTS is NOT a management tool used to evaluate staff activities or performance.
- The Random Moment in Time Study is a state requirement.
- Medicaid qualified clinicians who perform direct service activities (including "under the direction of" and "under the supervision of" activities) should be participating.
- Notification of your Random Moment in Time Study comes through your e-mail.
- You have 2 days to respond to your e-mail.
- This should only take you a few minutes to respond.
- There are only a few questions to answer.
- Print out your results when prompted for your own record.
- Keep your password for future reference. Each new school year, you will be provided a new password for the RMTS.

The information discussed below is not a part of the requirement for Medicaid billing; however, these are the procedures to follow in preparation for Reevaluation Reviews.

For Reevaluation, the following should be in place **prior** to the meeting:

- Consent for reevaluation signed and dated by the parent.
- Most recent Physical Examination.