

SBCH Samples & Forms

Session Note Samples

Single Day Note

Session Note			
Service: School Counseling Student Name: John S. Date: June 8, 2015			
Date	Time	Service Type	Content/ Objective Description
6/8	10am	Individual	Talked about ways to cope with angry feelings and how to be safe when he has these feelings

Provider Signature: _____

Multi Day Note

Session Note			
Service: School Counseling Student Name: John S. Date: June 8, 2015 – June 15, 2015			
Date	Time	Service Type	Content/ Objective Description
6/8	10am	Individual	Talked about ways to cope with angry feelings and how to be safe when he has these feelings
6/11			Did not see - Student on field trip
6/15	10:40	Group	Activity about ways of expressing anger; students began conversation about ways to manage different responsibilities and frustrations

SCHOOL BASED CHILD HEALTH SERVICES MEDICAID SERVICE INFORMATION: PART 1

DAS ID **LEA CODE**

NAME

Student Last Name **First Name**

SS# **DOB** **GENDER**

MEDICAID#

DATE OF SERVICE			SERVICE CODE (Sort by code, then by date)	SERVICE UNITS Unit = 1 minute thru 15 minutes
Month	Day	Year		

Evaluation Codes:

01 Speech fluency Eval
 02 Speech sound production Eval
 03 Speech sound production *with* Language comprehension/express
 04 Behavioral, qualitative analysis voice
 21-Assessments, unlisted Evals
 51- PT Eval
 71-Psychological Eval
 81-Psychiatric Eval
 91- OT Eval

Treatment Codes:

Services must be in Student's IEP

Ind. – Group

22 - 23 Audiology
 42 - 43 Respiratory Svces
 44 Group Respiratory Svces
 52 - 53 Physical Therapy
 62 - 63 LSH Therapy
 (Lang-Speech-Hearing)
 82 - 83 Counseling/Psych
 92 - 93 Occupational Therapy

Other Codes:

12 Medical Diagnostic and Evals
 13 Durable Medical Equipment
 14 Diagnostic Lab Services
 15 Assistive Technology Assess
 24 Optometric/Vision Service
 31 **81 with Medical Services**
 72 **Nursing – RN/APRN**
 73 **Nursing - LPN**
 84 Family psychotherapy

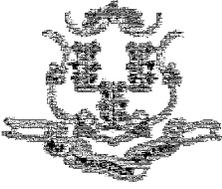
Provider Name _____ **Position** _____

This is to certify that the foregoing information is true, accurate, and complete. I understand that payment of this claim will be from Federal and State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws.

Provider Signature _____ **Date** _____

Supervising Clinician Name _____ **Position** _____
 (For non-licensed providers only)

Supervising Clinician Signature _____ **Date** _____



State of Connecticut

Lookup Detail View

Name

Name

[Redacted] Jones, Bridget

License Information

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Status Reason	Licens Pending
Occupational Therapist	977	07/31/2017	10/17/1990	[Redacted] [Redacted]	ACTIVE	CURRENT	None

Jones, Bridget

Generated on: 10/28/2015 10:39:31 AM

State of Connecticut Medicaid School Based Child Health Monthly Service Information: Part 2

Note: A copy of this form must be filed in the student's permanent service record. Additional pages should be used when necessary. Electronic records used through billing vendor software may be used as a substitute for this form.

1. Service for Month/Year: October / 2015

2. Name of student receiving services: Skywalker Luke
Last Name First Name MI

3. Student Date of Birth: 10 / 03 / 2000

4. Select the service provided to the student:

- Counseling
 Nursing
 Occupational Therapy
 Physical Therapy
 Speech/Language
 Other: _____

5. Select the setting the service was provided in:

- Individual
 Group
 Other: _____

6. List the IEP Goals Addressed for this student:

- a. Demonstrate improved visual motor skills with 80% accuracy 4 out of 5 trials with 2-3 verbal visual prompts
 b. _____
 c. _____
 d. _____
 e. _____

7. List the activities performed in addressing the above goals (what kind of treatment did the student receive):

- a. student worked on sensory motor, fine motor, visual motor, visual perception and bilateral coordination skills
 b. with rolling over therapy ball, weight bearing on hands, picking up and placing shape card onto matching
 c. picture, clipping paper clips to edge of card and matching clip to color on card, and writing
 d. _____
 e. _____

8. List the progress for the goals listed above (what was observed during treatment, what was the outcome):

- a. Able to weight bear on hands while over ball and maintain position on hands, collapsing one elbow at a time
 b. Named shape with prompts for rectangle and matched care to appropriate picture
 c. Demonstrated adequate bilateral coordination skills to hold card with one hand and clip with other hand
 d. Required demonstration and minimal assist initially to clip paper clip to edge of card but made progress with each attempt
 e. Required moderate prompts to stay focused on task as he was easily distracted

9. List any other relevant information you wish to include pertaining to the goals, activities, and progress reported above:

Bridget Jones Bridget Jones 11 / 01 / 2015
Service Provider Signature Printed Name of Service Provider Date

*Services provided by a speech language assistant must be signed by a supervising, licensed SLP.

Supporting Documentation – Administrative Provider – for RMTS moments and validation requests

February 16 - 20, 2015						Search DSS-SBCH - Calendar (Ctrl+E)
	16 Monday	17 Tuesday	18 Wednesday	19 Thursday	20 Friday	
7 am						
8:00	E-mails - to do	Prep for PPTs	Snow Day	Snow Day	PD preparation	
9:00					E-mails and phone calls	
10:00	Calendar updates	Copying			Filing and copying	
	PPT Scheduling	Meeting				
11:00		Meeting			Reports	
		E-mails and phone calls				
12 pm	lunch	Lunch			Lunch	
	Meeting with Accounting					
1:00	Meeting with Sue	out of district contracts	PD preparation			
	Input billing to vendor system		SBCH correspondence			
2:00		Bus Duty	Personal Time			
3:00	Bus Duty					
4:00						

Supporting Documentation – Direct Service Provider – for RMTS moments and validation request

February 09 - 13, 2015		Search DSS-SBCH - Calendar (Ctrl+E) 🔍				
	9 Monday	10 Tuesday	11 Wednesday	12 Thursday	13 Friday	
7 am						
8 ⁰⁰	SNOW DAY	replied to emails	PPT meeting	Out sick	Holiday-no school	
		Individual Counseling-Smith				
9 ⁰⁰		Individual Counseling-Cooper				
		Group Counseling-Jones, Davis, Burns				
10 ⁰⁰		PPT	Evaluation-new student			
11 ⁰⁰		Return phone calls, emails				
12 ^{pm}		Lunch	Lunch			
1 ⁰⁰		Documentation & billing	Prep for meetings			
		Return phone calls, emails				
2 ⁰⁰	Prep for next day	Documentation & billing				
		Student in crisis				
3 ⁰⁰	Bus Duty	Bus Duty				
4 ⁰⁰						

The below documentation would not fully
satisfy a validation request because it
does not account for the entire day.

Supporting Documentation – Direct Service Provider – for RMTS moments and validation request

Student	DOB	Therapy	Service Date	Mode	Minutes
Parker, Peter	5/17/2001	Psychology	3/12/15	Counseling-Individual	30
Tim, Tiny	11/1/2000	Psychology	3/12/15	Psych-Evaluation	120
Mouse, Mickey	2/2/2002	Psychology	3/12/15	Counseling-Group	30
Tim, Tiny	10/10/2002	Psychology	3/12/15	Psych-Evaluation	45
Duck, Donald	11/1/2000	Psychology	3/12/15	Counseling-Individual	30
Lane, Lois	6/28/2002	Psychology	3/13/15	Counseling-Individual	30
Parker, Peter	5/17/2001	Psychology	3/13/15	Counseling-Group	30
Kent, Clark	3/25/2002	Psychology	3/13/15	Psych-Evaluation	120



Billing Medicaid for Health-Related Services in Student's Individualized Education Program (IEP)

Information and Answers for Families

Why are school districts billing Medicaid?

The Individuals with Disabilities Education Act (IDEA) allows certain services provided under an Individualized Education Program (IEP) to be covered by Medicaid. Medicaid funds help pay for the costs of providing these services.

What can school districts bill Medicaid for?

School districts can only bill for health-related services that are outlined in the student's IEP. In general, services for which school districts may bill Medicaid are: audiologist services, evaluation and testing, nursing services, occupational therapy, physical therapy, speech therapy, psychological services and social work services.

Notification Form for the Use of Public Benefits or Insurance for School-Based Service

School:

Address:

Phone:

Web Site:

Do school districts need parental consent to bill Medicaid?

Yes. Before billing Medicaid for the first time, the school district must ask for your permission to bill your or your child's public benefits or insurance to pay for your child's related services under the IDEA. School districts are required by the Family Educational Rights and Privacy Act (FERPA) to obtain parental consent before sharing information about a student. This includes sharing personally identifiable information about a student to Medicaid. To receive funding from Medicaid to help pay for the cost of services, the school district must have parental consent to bill Medicaid.

Can parents withdraw their consent to bill Medicaid?

Yes. Parents have the right to withdraw their consent at any time.

If consent is not given by parents to bill Medicaid, will their children still receive IEP services?

Yes. Districts are required to provide all IEP services, at no cost to parents, even if the district cannot bill Medicaid. A school district may not require parents to sign up for or enroll in public insurance programs in order for their child to receive a free, appropriate education under IDEA, Part B.

Continued ►

If school districts bill Medicaid, will Medicaid services that parents or guardians receive outside school be affected?

No. Medicaid services received outside school and the child's IEP are authorized separately. The district may not use your child's benefits under a public benefits or insurance program if that use would result in a decrease of any other insured benefit; result in the family paying for services that would otherwise be covered by a public benefits or insurance program and that are required for the child outside of time the child is in school; result in discontinuation of coverage; or result in the risk of loss of eligibility for home and community based waivers based on aggregate health-related expenditures.

If medical service benefits are affected, families may contact **HUSKY Health** at 1-800-859-9889 (Monday – Friday, 9 a.m. – 7 p.m.).

If behavioral health service benefits have been affected, families may contact the **Connecticut Behavioral Health Partnership** at 1-877-552-8247 (Monday – Friday, 9 a.m. – 7 p.m.).

Are school districts required to notify parents? If so, how often must parents be notified?

As the parent or guardian of a student who has or may have a disability, you have certain rights under federal and state law. Your child's school district must provide you with written notification of these rights regarding parental consent prior to accessing your public benefits or insurance for the first time and annually thereafter. This document serves as your written notification.

Where can parents get more information about this?

The US Department of Education Web site at <http://www2.ed.gov/policy/speced/reg/idea/part-b/part-b-parental-consent.html>.



CONSENT FORM FOR ACCESSING PARENT(S)/GUARDIAN(S) OR STUDENT'S PUBLIC BENEFITS OR INSURANCE FOR HEALTH-RELATED SERVICES IN STUDENT'S INDIVIDUALIZED EDUCATION PROGRAM (IEP)

This consent form allows the _____ (*School District*) to bill your or your child's public benefits or insurance for covered health-related services (such as physical therapy or speech therapy) in your child's Individualized Education Program (IEP). The funds received from your or your child's public benefits or insurance help pay for the cost of providing these services.

Student's Rights to Special Education*

- ✓ Your child's right to receive the services listed in his or her IEP will continue, without interruption and at no cost to you, whether or not you sign this form.
- ✓ Giving consent will not impact your or your child's public benefits or insurance coverage.
- ✓ You have the right to refuse consent or withdraw your consent at any time.

Consent for the _____ (*School District*) to Access Parent(s)/Guardian(s) or Student's Public Benefits or Insurance for Student's Health-Related Educational Services

Student's Name: _____
Last Name
Middle Name
First Name

Student's Date of Birth: _____ Student's SASID # _____

The school district is seeking permission to access your or your child's public benefits or insurance and to release the following personally identifiable information in order to do so (*To be filled out by the school district*)

What records are being disclosed? (such as, records or information about the services that may be provided to a particular child)	What is the purpose of the disclosure of the records? (such as, eligibility determination, billing for services and auditing)	To what agency are the records being disclosed? (such as Medicaid)
Records and information relating to the student's IEP	Eligibility, determination, billing for services, and auditing	State of CT Medicaid Agency (DSS)

I have reviewed my child's IEP dated: _____. I understand and agree to give my consent for _____ (*School District*) to bill my or my child's public benefits or insurance, in accordance with state and federal laws, for health-related educational services in my child's IEP. By signing this consent I authorize the _____ (*School District*) to release my child's records (as indicated above) to my or my child's public benefits or insurance as necessary for the purposes indicated above. I understand that, upon request, I may receive copies of records disclosed pursuant to this authorization.

I do not give my consent or am withdrawing my consent to the accessing of my or my child's public benefits or insurance and I do not consent or am withdrawing consent to the disclosure of the previously described personal data. I understand that my refusal does not affect my child's access to any service(s) to which he/she is entitled under the Individuals with Disabilities Education Act*.

Parent/Guardian Name and Signature:

Print Name
Signature
Date

**CONSENT FORM FOR ACCESSING PARENT(S)/GUARDIAN(S) OR STUDENT'S PUBLIC BENEFITS
OR INSURANCE FOR HEALTH-RELATED SERVICES IN STUDENT'S INDIVIDUALIZED
EDUCATION PROGRAM (IEP)**

Page 2 of 2

Parent/Child's Public Insurance Carrier: _____

Parent/ Child's Benefit Identification Number: _____

Parent(s') Address: _____

Parent(s') Phone Number(s): _____

Note:

*Under the Individuals with Disabilities Education Act (IDEA), a school district may ask a parent for consent to access the parent's or their child's public benefits or insurance to pay for health-related services (such as physical therapy or speech therapy) set forth in their child's IEP (Individualized Education Program). Before accessing these benefits for the first time, the school district must provide written notification of information about the consent as well as obtain the parent's written permission to use these benefits. In addition, the school district must provide the parent with the written notification each year. You have the right to refuse such consent; should you refuse consent, your child will still receive all services set forth in their IEP at no cost to you.

This form must be maintained and made available for audit purposes.



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

To: Superintendents of School Districts Participating in Medicaid School Based Child Health Program

From: Kate McEvoy, Esq., Director of Health Services *KM*

Re: Impact of School Based Health Services Program on HUSKY Health Services

Date: April 10, 2014

Background Parents and guardians of children with Individual Education Plans (IEPs) have expressed concern that, if they give a school district permission to bill the HUSKY Health Program (Medicaid) for medical services that are provided through the school district, this will affect the benefits their children may receive under the Husky Health Program outside of school.

Clarification There is no basis for this concern. Permitting the school to bill the Husky Health Program does not change or reduce the benefits that students may receive under the Husky Health Program.

No Lifetime Caps There are no lifetime limits or caps on the amount of services that a HUSKY Health Program member may receive. If a service is covered by the HUSKY Health Program, and the service is medically necessary, the Husky Health Program will pay for it.

Medically Necessary Services The Husky Health Program pays for services that are covered and that are medically necessary for the member. This is true whether or not the school district bills the HUSKY Health Program for services that it provides through the IEP.

For example, if a student's school district bills the HUSKY Health Program for services that it provides to a student, but the parent believes that more services are medically necessary outside of the school setting, the parent may, by communicating through the family medical provider, ask the HUSKY Health Program to cover additional services. If the HUSKY Health Program agrees that more services are medically necessary, the HUSKY Health Program will pay for them. **Please assure parents and guardians that consenting to have the school district bill the HUSKY Health Program will not affect a student's access to medically necessary health services through the HUSKY Health Program.**

Questions If you have any questions about the above information please email your inquiry to DSS at DSS.SBCH@ct.gov.



Billing Medicaid for Health-Related Services in Student's Individualized Education Program (IEP)

Information and Answers for Families

Why are school districts billing Medicaid?

The Individuals with Disabilities Education Act (IDEA) allows certain services provided under an Individualized Education Program (IEP) to be covered by Medicaid. Medicaid funds help pay for the costs of providing these services.

What can school districts bill Medicaid for?

School districts can only bill for health-related services that are outlined in the student's IEP. In general, services for which school districts may bill Medicaid are: audiologist services, evaluation and testing, nursing services, occupational therapy, physical therapy, speech therapy, psychological services and social work services.

Notification Form for the Use of Public Benefits or Insurance for School-Based Service

School:

Address:

Phone:

Web Site:

Do school districts need parental consent to bill Medicaid?

Yes. Before billing Medicaid for the first time, the school district must ask for your permission to bill your or your child's public benefits or insurance to pay for your child's related services under the IDEA. School districts are required by the Family Educational Rights and Privacy Act (FERPA) to obtain parental consent before sharing information about a student. This includes sharing personally identifiable information about a student to Medicaid. To receive funding from Medicaid to help pay for the cost of services, the school district must have parental consent to bill Medicaid.

Can parents withdraw their consent to bill Medicaid?

Yes. Parents have the right to withdraw their consent at any time.

If consent is not given by parents to bill Medicaid, will their children still receive IEP services?

Yes. Districts are required to provide all IEP services, at no cost to parents, even if the district cannot bill Medicaid. A school district may not require parents to sign up for or enroll in public insurance programs in order for their child to receive a free, appropriate education under IDEA, Part B.

Continued ►

If school districts bill Medicaid, will Medicaid services that parents or guardians receive outside school be affected?

No. Medicaid services received outside school and the child's IEP are authorized separately. The district may not use your child's benefits under a public benefits or insurance program if that use would result in a decrease of any other insured benefit; result in the family paying for services that would otherwise be covered by a public benefits or insurance program and that are required for the child outside of time the child is in school; result in discontinuation of coverage; or result in the risk of loss of eligibility for home and community based waivers based on aggregate health-related expenditures.

If medical service benefits are affected, families may contact **HUSKY Health** at 1-800-859-9889 (Monday – Friday, 9 a.m. – 7 p.m.).

If behavioral health service benefits have been affected, families may contact the **Connecticut Behavioral Health Partnership** at 1-877-552-8247 (Monday – Friday, 9 a.m. – 7 p.m.).

Are school districts required to notify parents? If so, how often must parents be notified?

As the parent or guardian of a student who has or may have a disability, you have certain rights under federal and state law. Your child's school district must provide you with written notification of these rights regarding parental consent prior to accessing your public benefits or insurance for the first time and annually thereafter. This document serves as your written notification.

Where can parents get more information about this?

The US Department of Education Web site at <http://www2.ed.gov/policy/speced/reg/idea/part-b/part-b-parental-consent.html>.

