State of Connecticut
Department of Social Services
Medicaid SBCH Program

Billing Manual, Department of Administrative Services Medicaid Services Information Forms and Instructions

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Section 1 – Background

Pursuant to Title XIX of the Social Security Act (the Act), the Medicaid program provides medical assistance to certain low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid (CMS) administer the program. Each state administers its Medicaid program in accordance with a CMS-approved State plan. Although the State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements.

In Connecticut, Medicaid is operated by the Department of Social Services, the single State agency administering the Connecticut Medical Assistance Program. The School Based Child Health Medicaid program (SBCH) is the mechanism by which the Local Educational Agency (LEA) may seek Medicaid reimbursement for Medicaid-related health-care services when provided to an eligible student pursuant to the student's Individualized Education Program (IEP). The SBCH also provides a means for LEAs to seek federal reimbursement for expenditures related to administrative activities that are included in the SBCH provider agreement that are related to the state's Medicaid program.

The Department of Administrative Services (DAS) functions as an authorized representative of the Local Educational Agency (LEA) subject to all the confidentiality requirements, regulations, and Statutes governing the State Department of Education (SDE) and the educational records of students including, but not limited to, the Family Educational Rights and Privacy Act (FERPA), 34 CFR Part 99; the confidentiality provisions of the Individuals with Disabilities Act (IDEA), 34 CFR Part 300; and Section 10-76 of the General Statutes of Connecticut, and Section 10-76d of the Regulation of Connecticut State Agencies.

DAS prepares and submits claims, by paper or electronic format, for all Medicaid eligible special education students for services provided accordingly with the student's Individualized Education Program (IEP) and covered under the Medicaid State Plan School Based Child Health Program.

DAS receives and posts responses to the LEA submitted Medicaid claims; notifies submitting LEAs of identified errors, reviews, corrects and resubmits rejected claims for payment processing, develops and maintains the School Based Child Health Services billing and claiming system, and develops and maintains the electronic interface process with HP Enterprise Services, the DSS fiscal agent concerning claims submission and the Remittance Advice (RA).

Section 2 – SBCH Qualified Provider Titles and Qualifications

Qualified Provider Title	Qualifications
Advanced Practice Registered Nurse (APRN)	Means a person licensed under section 20-94a of the Connecticut General Statutes
Alcohol and Drug Counselor	Means a person licensed or certified pursuant to section 20-74s of the Connecticut General Statutes
Audiologist	Means a person licensed to practice audiology pursuant to section 20-395c of the Connecticut General Statutes
Audiology Assistant	Has the same meaning as provided in section 20-395a of the Connecticut General Statutes
Clinical Psychologist	Means a person licensed pursuant to section 20-188 to the Connecticut General Statutes
Licensed Clinical Social Worker (LCSW)	Means a person licensed pursuant to section 20-195n of the Connecticut General Statutes
Licensed Hearing Instrument Specialist	Has the same meaning as provided in section 20-396 of the Connecticut General Statutes
Licensed Practical Nurse (LPN)	Means a person licensed pursuant to section 20-96 of the Connecticut General Statutes
Licensed Professional Counselor	Means a person licensed pursuant to section 20-195dd of the Connecticut General Statutes
Licensed Speech and Language Pathologist	Has the same meaning as provided in section 20-408 and 20-410 of the Connecticut General Statutes
Marital and Family Therapist	Means a person licensed pursuant to section 20-195c of the Connecticut General Statutes
Naturopathic Physician	Means a person licensed pursuant to section 20-37 of the Connecticut General Statutes
Occupational Therapist	Means an individual licensed pursuant to section 20-74b or section 20-74c of the Connecticut General Statutes
Occupational Therapy Assistant	Has the same meaning as provided in section 20-74a of the Connecticut General Statutes

Qualified Provider Title	Qualifications
Optometrist	Means a person licensed pursuant to Chapter 380 of the Connecticut General Statutes to practice optometry as delineated in subsections (a) (1) and (2) of the section 20-127 of the Connecticut General Statutes
Physical Therapist	Means a person licensed pursuant to 20-70 or 20-71 of the Connecticut General Statutes
Physical Therapist Assistant	Has the same meaning as provided in section 20-66 of the Connecticut General Statutes
Physician	Means a person licensed pursuant to section 20-13 of the Connecticut General Statutes
Physician Assistant	Means a person licensed pursuant to section 20-12b of the Connecticut General Statutes
Respiratory Care Practitioner	Has the same meaning as provided in 20-162n of the Connecticut General Statutes
Registered Nurse (RN)	Means a person licensed to practice nursing pursuant to subsection (a) of section 20-87a of the Connecticut General Statutes
School Counselor (includes previously Certified Guidance Counselors)	Means a person certified by the State Department of Education pursuant to 10-145d-556 to 10-145d-558, inclusive, of the Regulations of Connecticut State Agencies
School Marriage and Family Therapist	Means a person certified by the State Department of Education pursuant to 10-145d-556b to 10-145d-566f, inclusive, of the Regulations of Connecticut State Agencies
School Nurse	Means a person certified by the State Department of Education pursuant to sections 10-145d-548 to 10-145d-550, inclusive, of the Regulations of Connecticut State Agencies
School Psychologist	Means a person certified by the State Department of Education pursuant to sections 10-145d-560 to 10-145d-562, inclusive, of the Regulations of Connecticut State Agencies
School Social Worker	Means a person certified by the State Department of Education pursuant to section 10-145d-564 to 10-145d-566, inclusive, of the Regulations of Connecticut State Agencies
Speech and Language Pathologist Assistant	Means a person providing assistance to a speech and language pathologist pursuant to subsection (5) of section 20-413 of the Connecticut General Statutes

Section 3 – School Based Child Health Covered Services, MSI Codes and Descriptions

Medicaid Service Information (MSI) Part 1 claim forms must be completed by the LEA for each Medicaid eligible student for services provided as recommended through the student's IEP. The MSI, Part 1 form must be completed at least on a monthly basis to record and log the amount of service time provided and should reflect the amount of service time written into the child's PPT for Medicaid eligible, SBCH covered health services (see matrix of SBCH covered health services). Forms may be obtained on the SBCH website at http://www.ct.gov/dss/cwp/view.asp?a=2349&q=526930. Click on the link labeled "Forms and Guides".

For example (in district billing):

Discipline	Evaluations	Individual	Group	See Matrix
Assessment	21			
Audiology	21	22	23	
Counseling	81	82	83 (Psychologist, Social Worker, Counselor)	
Nursing	21	72	73	
Occupational Therapist	91	92	93	
Optometric Services	21	24		
Psychological Testing	71	82	83 (Psychiatrist, Psychologist)	
Physical Therapy	51	52	53	
Respiratory Care Services	21	42	44	
Speech and Language	01, 02, 03, 04	62	63	

For example (out of district billing):

Discipline	Evaluations	Individual	Group	See Matrix
Assessment	26			
Audiology	26	27	28	
Counseling	86	87	88 (Psychologist, Social Worker, Counselor)	
Nursing	26	77	78	
Occupational Therapist	96	97	98	
Optometric Services	26	29		
Psychological Testing	76	87	88 (Psychiatrist, Psychologist)	
Physical Therapy	56	57	58	
Respiratory Care Services	26	47	49	48
Speech and Language	06, 07, 08, 09	67	68	

MATRIX – School Based Child Health Covered Services, MSI Codes and Descriptions

ASSESSMENT

MSI Code (In-district)	MSI Code (Out of district)	Unit of Service/Max Units	CPT Code	Description	Practitioner	State Plan Description
15	20	15 min / 8 units max	97755	Assistive Technology Assessment (to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility (direct 1:1 contact by provider, with written report	Audiologist, Audiologist Assistant, Chiropractor, Counselor, Hearing Instrument Specialist, Naturopath, Nurse LPN, Nurse Practitioner (APRN), Nurse (RN), Occupational Therapist, Occupational Therapy Assistant, Optometrist, Physical Therapist, Physical Therapy Assistant, Physician, Podiatrist, Psychiatrist, Psychologist, Respiratory Therapist, Social Worker, Speech-Language Pathology Assistant	"Assessment" means an evaluation conducted to determine a child's health related needs for purposes of the IEP and shall be covered, as necessary, to assess or reassess the need for medical services in a child's treatment plan. Assessment services include the identification and assessment of health-related needs for medical services for the purpose of determining educational recommendations. Payment for the assessment costs is available under Medicaid once a child's IEP has been approved.
21	26			Unlisted evaluation and management services (per 15 minutes, up to a maximum of six services per member per date of service)		

AUDIOLOGY

MSI Code (In-district)	MSI Code (Out of district)	Unit of Service	Description	Practitioner	State Plan Description
22	27	15 min	Hearing Screening	Audiologist, Audiologist's Assistant under the direction of the Audiologist	Audiology services include those services as defined in Subsection (3) of Section 20-408 of the CGS. Audiology services are provided by providers who meet the qualifications in accordance with 42 CFR 440.110(c)(3) and acting within his or her scope of practice under Connecticut State Law who is licensed to practice audiology pursuant to section 20-395 (a), (c) of the Connecticut General Statutes. Audiology services means services that include the following: • Identification of children with hearing loss; • Determination of the range, nature and degree of hearing loss, including referral for medical or other professional attention for the treatment of hearing; • Provision of treatment activities, such as language habilitation, auditory training, speech reading (lip reading), hearing evaluation and speech conservation; • Creation and administration of programs for the prevention of hearing loss; • Determination of the child's need for individual or group amplification, selecting and fitting an appropriate aid and evaluating the effectiveness of amplification.
23	28	15 min	Hearing Service, miscellaneous	Audiologist, Audiologist's Assistant under the direction of the Audiologist Hearing Instrument Specialist	

BEHAVIORAL HEALTH SERVICES

MSI Code (In-district)	MSI Code (Out of district)	Unit of Service/Max Units	CPT Code	Description	Practitioner	State Plan Description
81	86	Per hour	90801	Psychiatric diagnostic interview examination	Psychiatrist, Psychologist, Social Worker, Counselor	Behavioral health services means diagnostic and treatment services involving mental, emotional, or behavioral problems; disturbances or dysfunctions; or the diagnosis and treatment of substance abuse. Services include those within the scope of practice set forth in Subsections (a) and (b) of Section 20-195, Subsection (a) of Section 20-195a, Subsection (a) of Section 20-195m, and Subsection (b) of Section 195-a of the CGS. Behavioral health services must be provided by a qualified provider who meets the requirements of 42 CFR Section 440.60 or 42 CFR Section 440.50(a). Behavioral Health services include, but are not limited to: • Mental Health evaluations; • Psychological testing including, but not limited to: a. Administration of psychological tests and other assessment procedures; b. Interpretation of assessment results; c. Acquisition, integration, and interpretation of information about child behavior and conditions related to learning; and d. Planning and management of a program of psychological services including psychological counseling for children and parents. • Counseling services such as individual, group or marital and family counseling, or psychotherapy for the treatment of mental, emotional, behavioral or substance abuse condition to alleviate the condition and encourage growth and development.
71	76	Per hour / 8 units max	96101	Psychological testing (includes psychodiagnostic assessment of emotionally, intellectual abilities, personality and psychopathology, per hour of the psychologist's or physician's time, both face-to-face time with the administering tests to the patient and time spent interpreting test results and preparing the report (may bill multiple units)	Psychiatrist, Psychologist	
82	87	30 min / 8 units max	90832	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, face-to-face with the patient (may bill multiple units)	Psychologist, Social Worker, Counselor	
83	88	15 min / 4 units max	90853	Group Psychotherapy (other than of a multiple-family group), may bill multiple units	Psychologist, Social Worker, Counselor	
84	89	15 min	90847	Family psychotherapy (conjoint psychotherapy) with patient present, may bill multiple units	Psychologist, Social Worker, Counselor	

CLINICAL DIAGNOSTIC LABORATORY SERVICES

MSI Code (In-district)	MSI Code (Out of district)	Unit of Service	Description	Practitioner	State Plan Description
14	19		Unlisted chemistry procedure	N/A	Clinical diagnostic laboratory services include those services recommended by the PPT such as simple diagnostic tests and procedures performed in the school. Clinical diagnostic laboratory services are provided by providers who meet the qualifications in accordance with 42 CFR 440.30 and 42 CFR 440.130 and acting within his or her scope of practice under Connecticut State Law. These service include, but are not limited to: • Blood sugar by a finger stick; • Urine dipstick, and • Hematocrit

MEDICAL SERVICES

MSI Code (In-district)	MSI Code (Out of district)	Unit of Service	Description	Practitioner	State Plan Description
12	17	Per encounter	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Physician, Chiropractor, Podiatrist, Naturopath, Optometrist	Medical services means medical diagnostic and evaluative services recommended by the PPT to determine the child's medically related disability as approved by the licensed practitioner of the healing arts as defined in Section 20-1 of the CGS and provided by the qualified SBCH service provider. These services include, but are not limited to: • Medical evaluations used to identify a child's health related needs as a part of the IEP process; and • Medically necessary EPSDT services including health care services, diagnostic services, treatments and other measures to correct and ameliorate physical defects, mental illnesses and other disabilities.

NURSING SERVICES

MSI Code (In-district)	MSI Code (Out of district)	Unit of Service / Max Units	CPT Code	Description	Practitioner	State Plan Description
72	77	15 min / 32 units	T1002	Services up to 15 minutes (may bill multiple units)	Nurse (RN or APRN)	Nursing services include those services within the scope of practice set forth in Subsections (a), (b), and (c) of Section 20-87a of the CGS. Nursing services include, but are not limited to: • Assessment and development of individualized health care plans;; • Medical treatments and procedures including, but not limited to, suctioning, tracheotomy care, catheterization, toileting, ostomy management and care; • Administration or monitoring of medication needed by a student during school hours; • Consultation with licensed physicians, parents and staff regarding the effect of the medication; • Monitoring of health status, for example, monitoring of shunt functioning or respiratory status; and • Individual health counseling and instruction and emergency interventions.
73	78	15 min / 32 units	T1003	LPN/LVN Services, up to 15 minutes (may bill multiple units)	Nurse (LPN)	

OPTOMETRIC SERVICES

MSI Code (In-district)	MSI Code (Out of district)	Unit of Service	Description	Practitioner	State Plan Description
24	29	15 min	Vision service, miscellaneous	Optometrist, Physician, Nurse Practitioner (APRN)	Optometric services include those services as defined in Section 20-127 of the Connecticut General Statutes. Optometric services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.50(a), 440.166(a) and acting within his or her scope of practice under Connecticut State Law. Optometric services include, but are not limited to: • The assessment for visual acuity, color blindness, near vision and strabismus; and • The diagnosis of abnormalities related to the eye and optic nerve.

OCCUPATIONAL THERAPY

MSI Code (In-district)	MSI Code (Out of district)	Unit of Service/Max Units	CPT Code	Description	Practitioner	State Plan Description
91	96	15 min 2 hours max (8 units)		Occupational Therapy Evaluation	Occupational Therapist	Occupational therapy services include those services as defined in Subsection (1) of Section 20-74a of the CGS. Occupational therapy services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(b) and acting within his or her scope of practice under Connecticut State Law. Occupational therapy services include, but are not limited to: • Identification of children with occupational therapy needs; • Evaluation for the purpose of determining the nature, extent and degree of the need for occupational therapy services; • Improving, developing or restoring functions impaired or lost through illness, injury, or deprivation; • Preventing through early intervention, initial or further impairment or loss of function; and • Planning and utilization of a program of activities to develop or maintain adaptive skills designed to achieve maximum physical and mental functioning of the student in daily life tasks.
92	97	15 min / 8 units max	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercised to develop strength and endurance, range of motion and flexibility (may bill multiple units)	Occupational Therapist, Occupational Therapy Assistant	
93	98	15 min / 8 units max	97150	Therapeutic procedure(s) group (two or more individuals) per 15 minutes, may bill multiple units	Occupational Therapist, Occupational Therapy Assistant	

PHYSICAL THERAPY

MSI Code (In-district)	MSI Code (Out of district)	Unit of Service/Max Units	CPT Code	Description	Practitioner	State Plan Description
51	56	15 min 2 hour max (8 units max)		Physical Therapy Evaluation	Physical Therapist	Physical Therapy services include those services as defined in subsection (2) of Section 20-66 of the CGS. Physical therapy services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(a) and acting within his or her scope of practice under Connecticut State Law. Physical therapy services include, but are not limited to: • Identification of children with physical therapy needs; • Evaluation for the purpose of determining the nature, extent and degree of the need for physical therapy services; • The provision of physical therapy services for the purpose of preventing or alleviating movement dysfunction and related functional problems; • Obtaining, interpreting, and integrating information appropriate to program planning; • Diagnosis and treatment of physical disability, injury or disease using physical and mechanical means, including, but not limited to heat, cold, light, air, water, sound, electricity, massage, mobilization, and therapeutic exercise with or without assistive devices; and • The performance and interpretation of tests and measurements to assist pathopsychological, pathomechanical and developmental deficits of human systems to determine treatment and assist in diagnosis and prognosis.
52	57	15 min / 8 units max	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercised to develop strength and endurance, range of motion and flexibility (may bill multiple units)	Physical Therapist, Physical Therapy Assistant	
53	58	15 min / 8 units max	97150	Therapeutic procedure(s) group (two or more individuals) per 15 minutes, may bill multiple units	Physical Therapist, Physical Therapy Assistant	

RESPIRATORY CARE SERVICES

MSI Code (In-district)	MSI Code (Out of district)	Unit of Service	Description	Practitioner	State Plan Description
42	47	15 min	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-to-one, each 15 minutes (includes monitoring)	Respiratory Therapist	Respiratory care services include those services as defined in Subsection (2) of Section 20-162n of the CGS. Respiratory care services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.130 and acting within his or her scope of practice under Connecticut State Law.
43	48	15 min	Therapeutic procedures to improve function, other than described by CG037, face-to-face, one-to-one, each 15 minutes (includes monitoring)	Respiratory Therapist	
44	49	15 min	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)	Respiratory Therapist	

SPEECH AND LANGUAGE PATHOLOGY SERVICES

MSI Code (In-district)	MSI Code (Out of district)	Unit of Service/Max Units	CPT Code	Description	Practitioner	State Plan Description
01	06	Per Evaluation	92521	Evaluation of speech fluency (e.g., Stuttering, cluttering)	Speech-Language Therapist	Speech and language pathology services have the same meaning as provided in section 20-408 of the CGS. Speech/Language services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(c) and acting within his or her scope of practice under Connecticut State Law. Speech and language pathology services include but are not limited to: • The identification of children with speech and language impairments; • The diagnosis and appraisal of specific speech and language impairments; • Referrals for medical or other professional attention necessary for the treatment of speech or language impairments; • Provision of speech or language services for the treatment or prevention of communicated impairments; • Evaluation of and application of principles, methods, and procedures of measurement, prediction, diagnosis, testing, counseling, consultation, rehabilitation, and instruction related to eh development of speech, voice or language; and • Preventing, ameliorating or modifying speech disorder conditions in children or groups of children.
02	07	Per Evaluation; Cannot be billed with MSI Code 03	92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	Speech-Language Therapist	
03	08	Per Evaluation; Cannot be billed together with MSI Code 02	92523	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)	Speech-Language Therapist	
04	09	Per Evaluation	92524	Behavioral and qualitative analysis of voice resonance	Speech-Language Therapist	
62	67	15 min, 4 hour max (8 units max)	92507	Treatment of speech, language, voice, communication, and/or auditory disorder (per 15 minutes, may bill multiple units)	Speech-Language Therapist, Speech-Language Pathology Assistant, or Audiologist's Assistant	
63	68	15 min / 8 units max	92508	Treatment of speech, language, voice, communication and/or auditory processing disorder; group, two or more individuals (per 15 minutes, may bill multiple units	Speech-Language Therapist, Speech-Language Pathology Assistant, or Audiologist's Assistant	

***In the case that an Evaluation for a child is conducted across a time-period involving more than one day (for example, 15 minutes carried out on Day 1, 15 minutes carried out on Day 2, etc.), the practitioner should not submit a bill for that given Evaluation until the date of completion of that Evaluation. Each of the new services codes may thus be billed (in accordance with the Special Rules noted) once per Evaluation per child, upon the date of completion of that Evaluation. Multiple bills should not be submitted for the same Evaluation for the same child that is conducted over the course of more than one day.

Section 4 – General Program Information

- The Medicaid Reimbursement Procedure begins when a child is recommended and evaluated for Special Education Services through the Planning and Placement Team (PPT) process.

- Special Education Medicaid eligible related services are recommended on page 11 of the IEP.

- Consultation is not a billable service. 504 students are not considered Special Education students, and therefore services provided to this group are not billable.

- Service plans which are sometimes used in lieu of actual IEP services in private and parochial schools do not cover billable services.

- Out of District Medicaid eligible students are billable in the program through the responsible home district and MSI-Part 1 forms are completed with the cooperation of the placement district. Placement districts may complete the forms independently and forward to the responsible home district or provide the necessary data/information to the home district so as to complete the forms. Data and/or forms should be furnished to the responsible home district within a timely manner so as to meet submission deadlines.

- Initially and annually, the related service providers are trained by the LEA or SBCH staff to fill out the monthly service form (MSI-Part 1) documenting each day and amount of time they saw that student along with the proper codes and information required on the form for that month. Support from Department Heads is critical for training, Case Management, and timely submissions.

- If a student cannot be seen for any reason beyond the service provider's control, service providers are instructed to record the missed session along with the reason in their daily log or records, or on the back of the MSI-Part 1. When a month is completed, they are to sign and date each form in blue ink and submit the form to the DAS by the 15th of the following month.

- Evaluations will not be claimed as services until the students are determined eligible. DSS will obtain data from the State Department of Education (SDE) on their statewide data recording the percentage of students undergoing initial evaluations who were found eligible for special education services for use in the Random Moment Time Study direct services percentage for Cost Reporting purposes.

- In the case that any SHL evaluation for a child is conducted across a time period involving more than one day (for example 15 minutes carried out on day 1, 15 minutes carried out on day 2, etc.) the practitioner should not submit a bill for that given evaluation until the date of completion of that evaluation. Each of the new services codes thus may be billed (in accordance with the Special Rules noted) once per evaluation per child, upon the date of completion of that evaluation. Multiple bills should not be submitted for the same evaluation for the same child that is conducted over the course of more than one day.

- If any reviews are held that are face-to-face with the student and do not include testing, it is considered a direct service to a student and is eligible for Medicaid reimbursement. A copy of the evaluation is sent along with the MSI-Part 1 form. The original is retained in the student's SBCH file.

- Service providers must also complete a Narrative (Part 2) form reporting monthly to document the progress of their student in relationship to their set goals. These narrative forms are also due from the service providers by the 15th of the following month.

- When these forms are submitted by providers to the LEA, the LEA reviews them for accuracy and completeness. It is the LEA's discretion how to account for submitted forms as well as how to communicate to providers the necessity to submit the required paperwork/documentation in a timely manner.

- As MSIs are received by the LEA, they should be processed. The first step in processing is to confirm and/or add the DASID. If the DASID is left blank, then the MSI is processed as an enrollment into the DAS billing system.

- For each enrollment, research the student's Medicaid eligibility from the secure file posted on the web at https://sfile.ct.gov sent by the Department of Social Services (DSS) on a monthly basis. Notification of the updates list is sent once per month to the individual(s) identified by the district via email. Medicaid eligibility lists are processed by the 3rd workday of the month. The Department of Social Services is responsible for establishing access to the system for school districts. Note that only one individual in your district may have access to the listing. If you have a billing vendor, the billing vendor will default as the primary individual to have access. All requests for access must be made through written correspondence (email) to the Department. Please feel to email the department at DSS.SBCH@ct.gov.

- If the student is found to be eligible, enter the Social Security number (required), Medicaid number (required) on the form to ensure that the form matches the DSS information. Note differences such as AKAs (also known as) or FKAs (formerly known as).

- If the student is not found to be eligible, he/she is then considered a "no med" student. The "no med" student information should be kept collectively and reviewed for eligibility at least every six months.

- When Narrative (Part 2) forms are submitted, forms are verified, logged and retained by the LEA in the student's SBCH file. These forms are not submitted with the billing to DAS. However, service documentation requirements as noted in the SBCH Regulations 17b-262-220 must also be adhered to.

- At least monthly, the accumulated claiming forms are batched by MSI-Direct Services and MSI-Evaluations (with DASID numbers), and MSI-New Enrollments (without DASID numbers) and recorded into a Batch Log by Batch numbers. The batch cover should include your LEA three digit town numbers, a unique batch number, the number and type of MSIs, the date, and a contact name, email address, and telephone number. The batches are then submitted to the Department of Administrative Services (DAS) for processing. The originals are retained by the LEA to be included in the student SBCH file. Copies are mailed directly to the DAS, SBCH Medicaid, 5th floor North, 165 Capitol Avenue, Hartford, CT 06106-1630.

- Once the batches are received by DAS, they are date stamped and logged in. The batches are then data entered, scanned, copies are shredded, and the batch is logged out. All batch covers and any MSIs that the LEA needs to see are returned. If for any reason an MSI was not processed at DAS as written, it will be returned with notations (RTL, DNB). The LEA will review and try to resolve the problem to correct the data inconsistencies or re-submit the MSI. Most RTLs are already billed if eligible at the date of service.

- Eligible charges are processed into claims that are submitted as a bill to Electronic Data Service/Hewlett Packard (EDS/HP). EDS/HP reports to the Local Educational Area (LEA) via the Remittance Advice (RA) through www.ctdssmap.com.

- The RAs are reviewed by DSS. DSS will issue a monthly checked based on the last RA of the month. The LEA receives 25% of the claimed amount, less any receivables due to the State, on the RA Monthly Summary.

- The SBCH program is audit driven. It is therefore, imperative to keep all applicable records audit ready to ensure positive conclusions.

- Participating LEA staff is required to complete the quarterly Random Moment Time Study (RMTS) for rate setting purposes. The RMTS process identifies the portion of time that staff, from each participating school district, spends performing Medicaid reimbursable tasks under the SBCH program.

- Participation in the Time Study is crucial to the accuracy of Time Study results. The results of the time study are incorporated into the CMS-approved Connecticut SBCH Program Cost Report, required annually by the Department of Social Services. Cost Reports are required annually by DSS. Additional information pertaining to the relationship between the SBCH Time Study, Cost Reports, and Settlement process is provided in Section 5.

Section 5 – SBCH Program Timing

The SBCH Time Study, Cost Reports, and Settlement processes are all related to each other. The start of the SBCH reimbursement system begins with your direct service providers working with your students and providing them the very valuable SBCH services included in their IEPs. The second step in the SBCH system is the participant selection for the Time Study. If qualified staff is not included in the Time Study pools, then they cannot be included in the Cost Reports. All qualified staff is required to be included in the Time Study pools so that they are available for participation in the Time Study process. Sampled staff complete requested moments through the RMTS on-line system administered by UMass. The results of the applicable Time Study system are compiled on a quarterly basis; verified for an 85% response (or compliance) rate; adjustments are done if not at the 85% rate; and after the school year, quarterly Time Study responses are validated. When supporting documentation does not validate Time Study submissions, this may result in a possible reduction to the overall Time Study efforts. The state-wide compiled, validated time study efforts are then used to determine the SBCH Medicaid reimbursable costs.

SBCH Cost Reports and determination of SBCH allowable direct costs

Direct costs that are reported on the SBCH Cost Report (on the Provider Register sheets and the Worksheets) by each participating district are used to determine their Medicaid-reimbursable direct costs for SBCH using the statewide time study results for direct service providers. Cost Reports undergo a Desk Review process whereas DSS staff reviews costs and staff reported to the Time Study participant pool to ensure acceptable SBCH cost items have been included. As part of this process, DSS may request additional information (RAI) from the district to complete the desk review process.

The Cost Report is finalized and the Time Study direct efforts are applied to finalized direct costs. For example, in the 2010-2011 school year, the direct percentage reported statewide on the time studies was 51.44% for direct service providers and 24.92% for Medicaid billing providers. In the 2011-2012 school year, the direct percentage reported statewide on the time studies was 34.84% for direct service providers and 32.14% for Medicaid billing providers. These percentages are applied to Worksheet #2 Direct Service Personnel; Worksheet #3-404 Purchased Professional and Technical Services; Worksheet #4-407 Supplies & Materials; Worksheet #5-408 Purchased Property Services; and Worksheet #9-411 All Other Expenditures.

Each district's specific Medicaid penetration rate is applied to their Medicaid-reimbursable direct costs to determine their Medicaid-allowable direct costs for the SBCH program. Final district SBCH direct Medicaid-allowable costs are compared to the Interim claims submitted and paid throughout the school year and the variance (Costs-Claims) amount, also known as the settlement amount, is either paid to the district at 25% (if costs exceed claims) or recouped from the district at 25% if costs do not exceed claims.

The application of the time study results for the Medicaid-reimbursable direct costs and the Medicaid penetration rate for the Medicaid-allowable direct costs are both outlined in the State Plan Amendment (SPA) for the School Based Child Health program.

SBCH Cost Reports and determination of SBCH allowable admin costs

Administrative costs are reported on the Admin Register sheet and the Direct Service Provider Register sheets by each participating district. Administrative costs are used to determine the district's Medicaid-reimbursable admin costs for SBCH using the state-wide time study results for admin providers and direct service providers. Each time study pool has administrative activities that result in the Medicaid administrative percentage. For example, in the 2010-2011 school year, the administrative percentage for admin staff was 16.38% and for direct service providers was 7.5%. In the 2011-2012 school year, the administrative percentage for administrative staff was 10.27%, for direct service providers was 3.87%, and for Medicaid billing providers was 5.84%. The Time Study percentages are applied to Worksheet #2a Administrative Staff. Also included in the determination of administrative costs is the depreciation for equipment and building and improvements, with no time study effort application.

Each district's Medicaid penetration rate is then applied to their Medicaid-reimbursable administrative costs to determine their Medicaid-allowable admin costs for the SBCH program. Since the administrative claim is done at the final settlement, the result is the payment of the administrative claim at the 25% rate, similar to the payment percentage on the direct costs.

Section 6: Instructions for Completing the MSI Claim Form – Parts 1 & 2 (Paper Claim Submissions Only)

MSI Form – Part 1

a. Use Blue Ink only

b. Please refer to sample on following page.

c. Verify the student's Last name, First name, and date of birth. Enter if necessary.

d. List only dates of actual service in a MM DD YY format.

e. Enter the appropriate service code from the DSS specifications (refer to the matrix on pages)

f. If you have multiple codes, sort by service code, then by date. Enter all dates for evaluations, then all days for individuals, then group.

g. The service unit column should reflect 15 minutes for each service unit. If a student is seen for 1 to 15 minutes, enter 1 unit; 16 to 30 minutes, enter 2 units; 31 to 45 minutes, enter 3 units; and so forth.

h. If you need to make any corrections, draw a single line through and initial change.

i. Be careful not to bill any dates that are holidays, vacations, snow dates, or when either you or the student was absent. These dates may be recorded on the back of the MSI.

j. Print the provider name and position.

k. Be sure to sign and date each form at the bottom in the space provided in blue ink. Originals are kept by the LEA for audit purposes. A copy is sent to DAS.

l. All non-certified or non-licensed related service providers providing direct contact services, such as Speech Assistants, complete and sign all billing forms as the actual service provider. The supervising clinician prints their name and position and then signs on the "Supervising Clinician Signature" line below your name.

m. If you need more dates of service lines then what the form provides, use an additional MSI Part 1 Claiming Form to continue your service log. DO NOT create additional boxes or lines on the existing MSI Part 1 Claiming Form.

n. IF the student was not serviced regularly for the time written into his/her IEP for any reason, every effort should be made to make up that time. Any missed service time should be recorded somewhere in a daily log or on the back of the MSI so the information is available for any audit requests.

SAMPLE FORM

SCHOOL BASED CHILD HEALTH SERVICES MEDICAID SERVICE INFORMATION: PART 1

DAS ID _____ LEA CODE **SB**

c.

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		

d. e. g.

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

j. 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.

k.

Provider Signature _____ Date _____

l.

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

l.

Supervising Clinician Signature _____ Date _____

Revised 01/09/2014

MSI Form – Part 2

Medicaid Service Information Form Part 2, also referred to as a Part 2 Narrative Form, needs to be completed monthly. Along with the blank MSI Part 1 Claiming forms you will also receive blank MSI Part 2 Narrative forms for the applicable months.

a. Please use blue ink.

b. Please refer to sample on following page.

c. Your progress note should reflect that you have a relationship with the student you serviced and should address the goals set. IF the student was not serviced regularly for the time written into his/her IEP, you should make a note to that effort.

d. Part 2 Narrative forms need to be filled out on a student only if you serviced him/her during that narrative month. If a student transfers in district at any time during a narrative month, each provider that has services him/her should complete a MSI Part 1 Claiming form and a progress note for the time they saw the student.

e. Part 2 Narrative forms reflect progress for the designated service month only.

f. Part 2 Narrative forms should be signed and dated in blue ink and only originals should be submitted to the LEA.

SAMPLE FORM

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: _____/_____

2. Name of student receiving services: _____ _____ _____
   Last Name First Name MI

c. & f.

3. Student Date of Birth: ____/_____/_____

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. _____
   b. _____
   c. _____
   d. _____
   e. _____

7. List the activities performed in addressing the above goals (what kind of treatment did the student receive):
   a. _____
   b. _____
   c. _____
   d. _____
   e. _____

8. List the progress for the goals listed above (what was observed during treatment, what was the outcome):
   a. _____
   b. _____
   c. _____
   d. _____
   e. _____

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

_____ _____ ___/____/___
Service Provider Signature Printed Name of Service Provider Date

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

V2, 07_22_2015

Section 7 – Program Limitations

- Program Payments shall not be made for:

    a. Any services not covered in the IEP;

    b. For services of an unproven, experimental, cosmetic or research nature or for any diagnostic, therapeutic or treatment procedures in excess of those deemed medically appropriate and necessary by the department to treat the child's condition;

    c. For any immunizations, biological products and other products or examinations and laboratory tests for preventable diseases available free of charge from the Department of Public Health;

    d. For speech services involving non-diagnostic, non-therapeutic, routine, repetitive and reinforces procedures or services for the child's general good and welfare;

    e. For services which are provided free of charge to all students, such as routine screenings; or

    f. For cancelled visits or appointments not kept.

Section 8 – Funds Usage, Documentation & Records Retention Requirements

- **Funds Usage** - As stated in Connecticut General Statute **Conn. Gen. Stat. ß 10-76d (2013) (a)(6)** Payments received pursuant to this section shall be paid to the local or regional board of education which has incurred such costs in addition to the funds appropriated by the town to such board for the current fiscal year. Please refer to the link below:

    http://www.cga.ct.gov/current/pub/chap_164.htm#sec_10-76d

- A permanent service record documenting each SBCH service provided to each Medicaid eligible child shall be maintained by the LEA at which the child is enrolled at the time of service. The permanent service record may be in paper or electronic format, shall provide an audit trail, and shall include, but is not limited to:

    a. The written evaluation and the results of any diagnostic tests;

    b. The child's diagnosis, in a manner acceptable to the department;

    c. The IEP signed in accordance with section10-76d (b) (9) of the Connecticut General Statutes; and

    d. Progress notes signed by a licensed or certified allied health professional which performed or supervised the services within the scope of his or her practice under state law.

- For each date of service, the qualified health care provider shall keep a service record within the child's record containing all of the following:

    a. The date of service;

    b. The type of service;

    c. The units of service;

    d. A brief description of the service provided;

    e. Whether the service was performed in a group or individual setting; and

    f. The signature of the qualified health care provider performing the service

- The LEA shall maintain a current record of the applicable license(s) or certification(s) of practice of all licensed or certified persons performing SBCH services.

- The LEA shall maintain all supporting records of costs reported for SBCH services.

- All records shall be maintained for at least 6 years.

Section 9 – Establishment of Rates

The department shall establish payment rates for each service provided under the SBCH program. Interim rates for SBCH services shall be established for services beginning October 1, 2010. Interim rates are provisional in nature, pending the completion of cost reconciliation, time study, and cost settlement for that period. Cost settlement may result in retrospective rates to be processed through the department's Medicaid claiming system or an adjustment to the aggregate claim and a settlement issued to a District or a receivable collected from a District. The department will adjust interim rates periodically upon review of cost settlements and determination of rate changes.

Section 10 – Audit & Compliance Review

All supporting accounting and business records, statistical data, the child's permanent service record and all other records relating to the provision of SBCH covered services paid for by the Department shall be subject to audit or compliance review by authorized personnel. If an audit discloses discrepancies in the accuracy or allowability of actual direct or indirect costs or statistical data as submitted for each state fiscal year by the State Department of Education and its LEAs, the department's rate for said period shall be subject to adjustment. All documentation shall be made available to authorized personnel upon request in accordance with 42 CFR, Part 431. The SDE shall take full responsibility for any Medicaid claims disallowed due to inadequate documentation by any LEA or failure to comply with requirements set forth in statute or regulation.