



Peoria Medicaid Fee-For-Service

Clinician Information Manual

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What is Fee-For-Service?

Fee-For-Service is a school-based health services program reimbursed by Medicaid Title XIX and XXI in order to meet the Early Periodic Screening, Diagnosis and Treatment (EPSDT) entitlement for Medicaid eligible students.

Fee-For-Service is reimbursable for the following services:

1. Initial Case Study Evaluations and Three Year Re-evaluations
2. Hearing, Vision & Developmental Assessments/Screenings to determine if there is a condition, which would warrant the development or modification of a student's IEP/IFSP.
3. Direct Services including:
 - Speech/Language Therapy
 - Physical Therapy
 - Occupational Therapy
 - Nursing
 - School Psychology
 - School Social Work
 - Audiology
 - School Health Aide
 - Medical Services
 - Purchase of Medically related Equipment & Supplies
4. Transportation required for Special Education purposes

SPECIAL NOTE

For Peoria Consortium Fee-For-Service participants, costs related to face-to-face consultations with students, parents and/or guardians (except MDC, IEP/IFSP meetings) are captured through costs for your services; therefore, face-to-face consultations with students, parents and/or guardians are not to be recorded either on the service tickets or the case notes.

All medically related consultation activity including MDC, IEP/IFSP meetings is documented through the Administrative Claim Time Study by staff chosen to participate in time study data recording.



Special Notes

Activities Not to be Documented:

Do not Document Time for the Following Activities Related to Fee-for-Service Services for Medicaid Claiming Purposes:

1. Preparation
2. Follow-up
3. Face-to-Face Consultation with Students, Parents and/or Guardians
4. Report-Writing
5. Staff Travel Time

Note: The cost of the time related to providing these services is calculated into the cost of your category of services (e.g.: speech, psychologist, nurse, etc.) for your district/joint agreement.

If you were to document these services on the service tickets, the services would be claimed twice and subject to audit exception.

504 Services Not to be Claimed:

Services written in a Section 504 plan of the 1973 Rehabilitation Act may not be claimed for Medicaid Fee-For-Service reimbursement. Reimbursement under the Fee-For-Service program is limited to services written into student IEPs or IFSPs.

Crisis Intervention Services Not Directly Related to a Student's IEP:

Services explicitly written into student IEPs or IFSPs and services related to a student's disability are to be claimed. **Other services not related to a student's disability, such as a sprained ankle or fever, are not to be claimed.**

Group Therapy:

The number of participants in a group session should be limited to assure effective delivery of services.
Note: The group size limitation of 6 (six) for therapy and counseling services no longer exists.



(Special Notes cont'd.)

IEP Goals/Objectives Specificity:

In order to be billable, IEP goals and/or objectives must include:

1. Scope – Description of the service to be provided (e.g.: range of motion therapy)
2. Frequency and Duration – The number and length of treatment sessions per week (e.g.: 30 minutes 2 times per week, medication administration twice daily)

Billable Units of Service:

15 minutes of service equals 1 (one) service unit. A direct service written in a student's IEP must be at least seven and a half ($7\frac{1}{2}$) minutes in duration to be billable.

NURSING SERVICES UNITS vs. EVENTS

EVENT - Medication Administration - Duration is between $2\frac{1}{2}$ to $< 7\frac{1}{2}$ minutes.

UNIT - Any Billable Service or combination of Services and/or Medication Administration - Duration must be at least $7\frac{1}{2}$ minutes.

Rule for Rounding Partial Units of Service:

In those instances in which the amount of therapy provided does not correspond with the 15-minute unit of time (e.g.: a 20 minute therapy session), the amount of time recorded should be rounded down if the service time is less than seven and a half ($7\frac{1}{2}$) minutes (Ex. 1). The time recorded should be rounded up if the service time is seven and a half ($7\frac{1}{2}$) minutes (Ex. 2).

- Ex. 1: One 20 minute session is recorded as 1 service unit
Ex. 2: One 23 minute session is recorded as 2 service units



Parental Consent of Intent to Claim Medicaid Fee-For-Service Reimbursement

Parents must give consent that a school district or joint agreement may bill Medicaid for services provided to their child. Failure to provide this consent will result in a disallowance of revenue received or a requirement that the district or joint agreement discontinue the billing.

Provision for Parental Consent

Parental consent must be given annually beginning with the time a student initially becomes eligible for special education services **and** the district or joint agreement intends to initiate billing activity.

This consent can be obtained in the following ways:

1. A consent form is included in the student's IEP.
2. The social worker (or for speech only students, the speech pathologist) may provide the consent form so that only one letter of consent is obtained for each student. In some instances, the consent may be obtained by support staff.



Ways to Obtain Medicaid Eligibility Information

For eligibility inquiries related to small numbers of students, use the steps listed below to ensure obtaining the most complete information in the shortest period of time.

- 1) **Ask the Child's Parent/Guardian:** Request a student's Medicaid number at the time his/her social developmental history is gathered. Oftentimes the Social Worker will ask the parent/guardian(s) for the student's Medicaid number.

Note: Ensure that the number given to you is the child's 9-digit Medicaid number and not the child's Social Security Number, Food Stamps Only Number, or Case Identification Number.

- 2) **Contact your Peoria Medicaid Billing Specialist:**
 - a) Call with your request for 1 to 3 names, or
 - b) Fax a list (see next page) of students (list must be legible).

NOTE: Please submit student's legal birth name (no nicknames), date of birth and social security number if available.

- 3) **Call your local Department of Human Services (DHS) office.** DHS staff has access to eligibility information.





Speech/Language Pathologist Credential Requirements for Medicaid Billing Purposes

The Federal requirements for Speech/Language Pathologists working in hospitals, doctor's offices and nursing homes are based on Federal requirements for Medicaid reimbursement in those environments. The Illinois Department of Public Aid (IDPA) has specified that these same requirements must be followed in order for Speech/Language Pathologists in schools to be able to claim Medicaid reimbursement without being supervised.

The following is a listing of IDPA criteria for Speech/Language Pathologists in schools to submit Medicaid Fee-For-Service claims without being supervised.

Speech/Language Pathologist

1. Type 03 / Type 09 / Type 10 or Type 73 Teaching Certificate endorsed in Speech/Language Pathology and a Certificate of Clinical Competence
2. Type 73 School Services Personnel Certificate endorsed in Speech/Language Pathology with equivalent educational requirements & work experience necessary for the Certificate of Clinical Competence
3. Type 73 School Services Personnel Certificate endorsed in Speech/Language Pathology, licensed by the Illinois Department of Professional Regulation, in accordance with the Illinois Speech/Language Pathology and Audiologist Practice Act
4. Type 73 School Services Personnel Certificate endorsed in Speech/Language Pathology with completed academic requirements, in the process of acquiring supervised work experience to qualify for licensure in accordance with the Illinois S/L Pathology and Audiologist Practice Act.

Other Speech Services Personnel

In order to submit valid claims that will withstand audit review, all Speech/Language Pathologists and Speech/Language Paraprofessionals that do not meet the criteria requirements listed above must have their work supervised and their case notes co-signed by a Speech/Language Pathologist whose credentials meet the criteria listed above. These staff members include Bachelor level Speech staff members grandfathered as Speech/Language Pathologists by ISBE.



Case Notes/Progress Documentation Requirements

It is a requirement for audit purposes that every clinician claiming a billable service for a Special Education Medicaid Eligible student must maintain Case Notes and Progress Documentation.

The form must include the year, month and day on which the service was provided, a description of the service, the time the service was provided (From/To) and an original signature (first initial and last name) for each service date.

In addition to the service-specific documentation requirements listed in the paragraph above, LEAs must maintain documentation of the student's response and progress resulting from the claimed service. Student progress must be documented no less than quarterly.

If the delivery of the service is not documented by case notes, School Health Aide Daily Service Logs or other documentation such as quarterly progress and diagnostic reports as appropriate, funds generated without meeting these requirements will be disallowed in the event of an audit.

Signature Requirements – The following criteria must be met:

1. The Case Notes/Progress Documentation Form must be signed (first initial, last name) by the servicing clinician each time a service is provided.
2. For all LPNs, OT/PT Assistants, Speech/Language Pathologists without a Certificate of Clinical Competence or equivalent education and work experience, or a license from the Illinois Department of Professional Regulation (IDPR) or in the process of acquiring necessary work experience for the IDPR license, and Speech Paraprofessionals and Interns, a supervisor's signature is required on this form monthly as well as the signature (first initial, last name) of the supervised clinician who delivered the service.
3. The Progress Report is to be signed quarterly by the servicing clinician (first initial, last name) and, if applicable, the supervising clinician.

A form such as the sample Case Notes/Progress Documentation Form on the following page or other form or documentation must be maintained by each JA/District for six (6) years for audit purposes. (Please do not send to the Peoria Medicaid Fee-For-Service office.)

Note #1: If a clinician chooses to use a case documentation form different from the sample provided on the following page, care must be taken to assure that all data elements are included.

Note #2: An electronic copy of this Case Notes form is provided on our website. Access may be gained as follows: www.ppsm.net. Click on "Case Notes/Progress Documentation Form".



School Health Aide: Implementation Issues

The following information related to the implementation of School Health Aide Fee-for-Service reimbursement claiming is pertinent:

1. School Health Aide services, documented in the student's IEP/IFSP, provide assistance with activities of daily living and are necessitated by the student's medical condition. These services include, but are not limited to such things as:
 - a. Physical disabilities support for such things as: wheelchair transfers, bathrooming, handwriting support, etc.
 - b. Assistance with food, nutrition, and diet activities
 - c. Redirection and intervention for behavior

Note #1: Inclusion of goals and objectives in an IEP for School Health Aide services is not appropriate. School Health Aide services are intended to help compensate for a student's lack of capacity caused by a medical condition.

Note #2: Services not eligible for reimbursement include educational support activities, such as tutoring and educational materials preparation, interpreting and Braille services.

2. School Health Aide activities included in an IEP must be accompanied by a range of either the number of times the activity will be performed or the amount of time to be spent performing the activity per day or per week.

Ex. Bathrooming – 2 to 5 times per day or
Lunch feeding assistance – 20-45 minutes daily

Note: In those instances in which an IEP specifies that the School Health Aide time is 100% dedicated to the medical support needs of a student, all of the designated time may be claimed for reimbursement.

Ex. 1: Handwriting/page-turning support for a physical disabilities student in a general education class

Ex. 2: School Health Aide redirecting attention of a BD/ED student

3. Direction, supervision and any necessary training related to School Health Aide services are to be performed by the appropriate school medical staff person including: Speech Pathologist, Physical Therapist, Occupational Therapist, School Psychologist, School Social Worker, RN/School Nurse or Audiologist.

The supervising clinician must co-sign the Daily Service Log monthly. An example of a Daily Service Log is provided on pages 27-28. If you use another format, care must be taken to ensure that all data elements are included.

4. School Health Aides may not provide group services (two or more students at the same time); however, School Health Aides may serve more than one student one-at-a-time sequentially.
5. School Aides must provide Service Ticket information so that their medically related activities can be documented and claims submitted for reimbursement. **Only** medically related School Health Aide activities are to be recorded on service tickets (educational activities are not to be claimed).
6. School Health Aides do not need to maintain case notes; however, they do need to complete a Daily Service Log for each student (Daily Service Logs must be signed daily with first initial and last name).
7. Daily Service Logs must include the same School Health Aide activities as written in the student's IEP.
8. School Health Aides do not need to provide quarterly progress reports.
9. School Health Aide Daily Service Logs must be maintained by each JA/District for six (6) years for audit purposes. **(Please do not send to the Peoria Medicaid Fee-For-Service office).**

Note: An electronic copy of the Daily Service Log is provided on our website. Access may be gained as follows: www.ppsm.net. Click on "School Health Aide Daily Service Log".

See “**School Health Aide Daily Service Log**” link
on Fee-for-Service Web Page

See “**School Health Aide Daily Service Log**” link
on Fee-for-Service Web Page



Hearing, Vision and Developmental Assessment/Screening Documentation Requirements

Opportunities and Limitations Related to Claiming Reimbursement for Assessment/Screening Activities:

1. Reimbursement for Hearing and Vision Screening activities may be claimed if:
 - a. there is documentation to show that the screening was part of an effort to identify a disability
 - or**
 - b. hearing and/or vision screening activities are written in a student's IEP.

Screening activities performed for the purpose of meeting State requirements for the general population of students may not be claimed.

Examples of documentation include such things as, but not limited to:

- 1) records of 504 meetings
 - 2) pre-referral activities
 - 3) pre-diagnostic case study educational domains meetings or similar documentation
2. Screening activities including hearing, vision and the administration of developmental assessment instruments for which procedure codes are provided on the Hearing, Vision & Developmental Assessment/Screening Documentation Form may be submitted for reimbursement claims for Medicaid eligible students age 3 through age 20.
 3. School staff members who perform hearing and vision screening activities must have been trained and must be currently certified by the Illinois Department of Public Health in order to be reimbursable.
 4. Reimbursement claims for administration of developmental assessment instruments for which there are procedure codes may be submitted only if the assessment instruments are administered by Speech Pathologists, Occupational or Physical Therapists, School Psychologists, School Social Workers, Nurses or Audiologists.
 5. Procedure codes for billable developmental assessments are listed on the Hearing, Vision & Developmental Assessment/Screening Form. There are no other assessment procedures recognized at this time by the Illinois Department of Public Aid (IDPA).





Healthy Kids (EPSDT) – Hearing & Vision Screenings

EPSDT is an acronym for Early Periodic Screening, Diagnosis and Treatment. This Healthy Kids Program provides Federally funded health insurance support for Medicaid eligible students.

SERVICE DESCRIPTION	Vision screening, ages 3 through 20 with documentation related to IEP Development/IEP Requirement Hearing screening, age 1 for high risk, age 3 through 20 related to IEP Development/IEP Requirement
STAFF QUALIFICATIONS	Non-physician personnel administering vision and/or hearing screening tests to preschool and school age children must be certified by the Illinois Department of Public Health. Certification is awarded upon successful completion of specialized training in the use of vision/hearing screening instruments and in working with children.
UNIT OF SERVICE	1 unit of service will be billed for a vision screening, and 1 unit of service will be billed for a hearing screening.
BILLABLE ACTIVITIES	The hearing and/or vision screening of an individual child, following the procedures established by the Illinois Department of Public Health with IEP related documentation, are billable. Please refer to the Hearing, Vision & Developmental Assessment/Screening Instruments on the following page.

Healthy Kids (EPSDT) – Developmental Assessments

SERVICE DESCRIPTION	Developmental assessments, ages 1 through 20, once a year unless additional assessments are medically necessary
STAFF QUALIFICATIONS	Clinicians eligible to bill for Medicaid Fee-For-Service reimbursement are qualified to administer the assessment instruments listed on the Hearing, Vision & Developmental Assessments/Screening Instruments on the following page.
UNIT OF SERVICE	1 unit of service will be billed for each specified developmental assessment instrument.
BILLABLE ACTIVITIES	Reimbursable developmental assessment instruments are listed on the Hearing, Vision & Developmental Assessment/Screening Instruments on the following page.



Developmental Assessment Instruments

The Illinois Department of Public Aid (IDPA) has included additional Screening Assessment and Evaluation Assessment Instruments for reimbursement.

92551 Hearing

99173 Vision

96110 Developmental Screening Assessment Instruments: Ages & Stages Questionnaire (ASQ), ASQ: Social Emotional (ASQ:SE), Battelle Developmental Screener Bayley Infant Neurodevelopment Screener Brief Infant Toddler S & E Assessment (TITSEA), Brigance Early Preschool Chicago Early Developmental Screening; Denver DST/Denver II, Developmental Profile II, Dial 3, Dial-R Developmental Assessment, Early Language Milestone Scales Screen, Early Screening Inventory, Early Screening Profiles (AGS), Infant-Toddler Symptom Checklist; Minneapolis Preschool Screening Instrument, Parent's Evaluation of Development (PEDS), Project Memphis DST, Revised Developmental Screening Inventory, Revised Parent Developmental Questionnaire, Temperament & Atypical Behavior Scale (TABS)

96111 Developmental Evaluation Assessment Instruments: Battelle Developmental Inventory, Bayley Scales of Infant Development, Child Behavior Checklist 2-3 and Caregiver-Teacher Report Form, Ages 2-5; Child Development Inventory, Conner's Rating Scales, Early Coping Inventory, Erhardt Development Comprehension Assessment, Hawaii Early Learning Profile, Infant-Toddler Developmental Assessment, Infant-Toddler Social & Emotional Assessment (ITSEA), McCarthy Screening Test, Otis-Lenon School Ability Test, Piers-Harris Children's Self-Concept; Temperament & Atypical Behavior (TABS), Vineland Adaptive Behavior Scales, Vineland Social-Emotional Scales, Vineland Social Maturity Scales

Details to be observed in order to "audit proof" your Developmental Assessment claims:

1. Developmental Assessment Instruments must be administered by psychologist, social worker, speech, occupational, or physical therapist, nurse or audiologist staff (not teachers) whose training is appropriate for valid and reliable Assessment Instrument administration.
2. Use one of the Developmental Screening or Evaluation Assessment Instruments listed below.
3. Maintain documentation in student folders of the name(s) of the Developmental Assessment Instruments used and the results obtained.

Note: Based on information contained in the Fourteenth Mental Measurements Yearbook, the following Developmental Screening Assessment Instruments have been found to be invalid and not reimbursable:

1. Comprehensive Identification Process
2. Fluority Preschool Speech and Language Screening Test
3. Bankson Language Test
4. Goldman-Fristo-Woodcock Test of Auditory Discrimination



Clinician Credential Information Form

Purpose:

State law requires that all school staff involved in filling out Medicaid Fee-For-Service paperwork must be properly credentialed. Therefore, all staff billing for Fee-For-Service Reimbursement must have a copy of their Clinician Credential Form on file with Peoria Public Schools Medicaid Services.

Directions For Use:

Each new staff member that is enrolled as a provider of School-Based Medicaid Services is asked to:

1. Provide information requested at the top of the form (please see pg. 34).
2. Check all professional credential information that applies.
3. Return the form to the Medicaid Office at Peoria Public Schools.

Note: This form only needs to be completed one time unless there is a change in your certification/license status, your name, or if you change employers.



Clinician Credential Information Form

(Clinician's Name)

(Date)

(Certificate/License Number)

(Employing School District/Joint Agreement)

Please check your appropriate credentials:

Speech/Language Pathologist

- Type 03 / Type 09 / Type 10 or Type 73 Teaching Certificate endorsed in Speech/Language Pathology and a Certificate of Clinical Competence
- Type 73 School Services Personnel Certificate endorsed in Speech/Language Pathology with equivalent educational requirements & work experience necessary for the Certificate of Clinical Competence
- Type 73 School Services Personnel Certificate endorsed in Speech/Language Pathology, licensed by the Illinois Department of Professional Regulation, in accordance with the Illinois Speech/Language Pathology and Audiology Practice Act
- Type 73 School Services Personnel Certificate endorsed in Speech/Language Pathology with completed academic requirements, in the process of acquiring supervised work experience to qualify for licensure in accordance with the Illinois S/L Pathology and Audiology Practice Act.
- Speech/Language Pathologists (ISBE certified) without a Certificate of Clinical Competence or equivalent education and work experience, or a license from IDPR or are acquiring necessary work experience for the IDPR license.
- Speech/Language Paraprofessional with ISBE approval practicing under the supervision of a qualified Speech/Language Pathologist.



School Social Worker

- _____ Type 73 certificate endorsed in School Social Work
- _____ Social Work Intern with ISBE approval who provides counseling and evaluation services under the direction of a qualified Social Worker as defined above

Audiologist

- _____ Masters Degree in Audiology and licensure by the Illinois Department of Professional Regulation
- _____ Masters Degree in Audiology and Certificate of Clinical Competence in Audiology

Nurse

- _____ Registered Nurse (RN), licensed by the Illinois Department of Professional Regulation
- _____ School Nurse (LSN) with a Type 73 Certificate endorsed in school nursing
- _____ Licensed Practical Nurse (LPN), licensed under the Illinois Nursing Act, working under the direction of a RN or LSN

Occupational Therapist

- _____ Occupational Therapist, registered by the American Occupational Therapy Association and licensed by the Illinois Department of Professional Regulation
- _____ Certified Occupational Therapist Assistant practicing under the direction of a licensed Occupational Therapist

Physical Therapist

- _____ Physical Therapist licensed by the Illinois Department of Professional Regulation
- _____ Certified Physical Therapist Assistant practicing under the direction of a licensed Physical Therapist

School Psychologist

- _____ Psychologist with a Type 73 Certificate endorsed in school psychology
- _____ Psychologist Intern with ISBE approval who provides services under the direction of a qualified School Psychologist

School Health Aide

- _____ School Health Aide trained to provide medical service under the direction and supervision of skilled professional medical personnel.



**Service Descriptions as
Outlined by IDPA**



Audiology Services

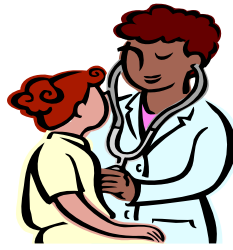
SERVICE DESCRIPTION

Audiology services necessary for the development of the student's IEP or IFSP or documented in the IEP or IFSP include, but are not limited to:

- 1) Evaluations, tests, tasks, and interviews to identify hearing loss in a student whose auditory sensitivity and acuity are so deficient as to interfere with normal functioning
- 2) Auditory training and speech reading
- 3) Counseling and guidance regarding hearing loss
- 4) Determining the need for group and individual amplification
- 5) Providing for selection and fitting of hearing aids
- 6) Evaluating the effectiveness of amplification

PROFESSIONAL QUALIFICATIONS

Master's degree in Audiology and licensure by the Illinois Department of Professional Regulation **or** Master's degree in Audiology and Certificate of Clinical Competence in Audiology



Medical Services

SERVICE DESCRIPTION

Medical services necessary for the development of the student's IEP/IFSP, performed for the purpose of identifying or determining the nature and extent of the student's medical or other health-related condition

PROFESSIONAL QUALIFICATIONS

State of Illinois licensed physician



Nursing Services

SERVICE DESCRIPTION

Nursing services, necessary for the development of the student's IEP/IFSP or documented in the IEP/IFSP, are professional services relevant to the medical and rehabilitative needs, provided through direct service intervention.

Note: For Peoria Consortium Fee-For-Service participants, costs related to face-to-face consultations with students, parents and/or guardians are captured through costs for your services; therefore, face-to-face consultations with students, parents and/or guardians are not to be recorded either on the service tickets or the case notes.

Nursing services include, but are not limited to:

- 1) Administration or monitoring medication
- 2) Catheterization
- 3) Evaluations and assessments
- 4) Tube feeding
- 5) Suctioning
- 6) Monitoring a student's health condition
- 7) Providing information and recommendations regarding the student's condition and plan of care

PROFESSIONAL QUALIFICATIONS

Registered Nurse (RN), licensed by the Illinois Department of Professional Regulation **or** School Nurse (LSN) with a Type 73 Certificate endorsed in school nursing **or** Licensed Practical Nurse (LPN), licensed under the Illinois Nursing Act, working under the direction of a RN or LSN.

“Under the direction of” means that work is performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly (at least monthly) reviews the work performed, and who is accountable for the results. The supervisor must co-sign documentation of all services provided by practitioners under his or her direction on the Case Notes/Progress Documentation Form.



Occupational Therapy Services

SERVICE DESCRIPTION

Occupational therapy services necessary for the development of the student's IEP or IFSP or documented in the IEP/IFSP include, but are not limited to:

- 1) Evaluations of problems which interfere with the student's functional performance
- 2) Implementation of a therapy program of purposeful activities which are rehabilitative, active or restorative as prescribed by a licensed physician. These activities are designed to:
 - a. Improve, develop or restore functions impaired or lost through illness, injury or deprivation
 - b. Improve ability to perform tasks for independent functioning when functioning is impaired or lost
 - c. Prevent, through early intervention, initial or further impairment or loss of function
 - d. Correct or compensate for a medical problem interfering with age appropriate functional performance

Occupational therapy services may be provided in either an individual or group setting. The number of participants in the group session should be limited to assure effective delivery of service.

A physician's order is required for occupational services. The physician's order must be updated annually and be maintained in the student's health record.

PROFESSIONAL QUALIFICATIONS

Occupational therapist, registered by the American Occupational Therapy Association and licensed by the Illinois Department of Professional Regulation **or** a certified occupational therapist assistant, practicing under the direction of a licensed Occupational therapist

"Under the direction of" means that work is performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly (at least monthly) reviews the work performed, and who is accountable for the results. The supervisor must co-sign documentation of all services provided by practitioners under his or her direction on the Case Notes/Progress Documentation Form.



Physical Therapy Services

SERVICE DESCRIPTION

Physical therapy services necessary for the development of the student's IEP or documented IFSP or IEP/IFSP include, but are not limited to:

- 1) Evaluations and diagnostic services
- 2) Therapy services which are rehabilitative, active or restorative. These services are designed to correct or compensate for a medical problem and are directed toward the prevention or minimization of a disability, and may include:
 - a. Developing, improving or restoring motor function
 - b. Controlling postural deviations
 - c. Providing gait training and using assistive devices for physical mobility and dexterity
 - d. Maintaining maximal performance within a student's capabilities through the use of therapeutic exercises and procedures

Physical therapy may be provided in either an individual or group setting. The number of participants in the group session should be limited to assure effective delivery of service.

The IEP/IFSP must document the physical therapy diagnosis by a physician, as required by the Illinois State Board of Education. The physical therapy diagnosis must be updated annually and retained in the student's medical record.

PROFESSIONAL QUALIFICATIONS

Physical therapist, licensed by the Illinois Department Professional Regulation **or** Certified physical therapist assistant practicing under the direction of a licensed physical therapist

“Under the direction of” means that work is performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly (at least monthly) reviews the work performed, and who is accountable for the results. The supervisor must co-sign documentation of all services provided by practitioners under his or her direction on the Case Notes/Progress Documentation Form.



Psychological Services

SERVICE DESCRIPTION

Psychological services necessary for the development of the student's IEP/IFSP or documented in the student's IEP/IFSP are diagnostic or active treatments with the intent to reasonably improve the student's physical or mental condition and are provided to the student whose condition or functioning can be expected to improve with interventions. These services include, but are not limited to:

- 1) Testing and evaluation that appraise cognitive, emotional and social functioning and self-concept
- 2) Interviews and behavioral evaluations including interpretations of information about the student's behavior and conditions relating to functioning
- 3) Therapy, including providing a program of psychological services for the student with diagnosed psychological problems
- 4) Unscheduled activities for the purpose of resolving an immediate crisis situation

Psychological services may be provided in an individual, group or family setting. The number of participants in the group should be limited to assure effective delivery of service.

PROFESSIONAL QUALIFICATIONS

School Psychologist with a Type 73 Certificate endorsed in school psychology **or** a psychologist intern with ISBE approval, who provides services under the direction of a qualified school psychologist.

“Under the direction of” means that work is performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly (at least monthly) reviews the work performed, and who is accountable for the results. The supervisor must co-sign documentation of all services provided by practitioners under his or her direction on the Case Notes/Progress Documentation Form.



School Health Aide Services

SERVICE DESCRIPTION

School Health Aide services, documented in the student's IEP/IFSP, provide assistance with activities of daily living and are necessitated by the student's medical condition. These services include, but are not limited to:

- 1) Transferring and ambulating
- 2) Assistance with food, nutrition, and diet activities
- 3) Bowel and bladder care
- 4) Redirection and intervention for behavior

These services are generally the responsibility of family members when the student is at home.

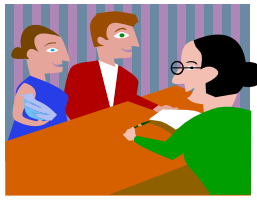
PROFESSIONAL QUALIFICATIONS

School Health Aide services are provided by staff who have been trained and remain under the direction and supervision of a skilled professional medical personnel (e.g.: Speech/Language Pathologist, Occupational Therapist, Physical Therapist, Nurse, School Psychologist, School Social Worker, and/or Audiologist).

Note: Services provided to the student by family members are not claimable.

Exception: In the instance of a student who receives services through a home and community-based waiver and continuity of care is determined to be in the best interest of the student, the student's provider under the waiver program may continue to provide the personal care services in the school setting.

"Under the direction of" means that work is performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly (at least monthly) reviews the work performed, and who is accountable for the results. The supervisor must co-sign documentation of all services provided by practitioners under his or her direction on all Service Logs.



Social Work Services

SERVICE DESCRIPTION

Social work services necessary for the development of the student's IEP/IFSP or documented in the student's IEP/IFSP are diagnostic or active treatments provided with the intent to reasonably improve the student's physical or mental condition or functioning. Social work services include those services provided to assist the student or family members in understanding the nature of the disability, the special needs of the student, and the student's development. Service activities include, but are not limited to:

- 1) Screenings, Assessments, and Evaluations
- 2) Social development studies
- 3) Counseling and therapy
- 4) Unscheduled activities for the purpose of resolving an immediate crisis situation

Social work services may be provided in an individual, group or family setting. The number of participants in the group session should be limited to assure effective delivery of service.

PROFESSIONAL QUALIFICATIONS

School Social worker with a Type 73 certificate endorsed in school social work **or** a social work intern with ISBE approval who provides counseling and evaluation services under the direction of a qualified social worker as defined above

“Under the direction of” means that work is performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly (at least monthly) reviews the work performed, and who is accountable for the results. The supervisor must co-sign documentation of all services provided by practitioners under his or her direction on the Case Notes/Progress Documentation Form.



Speech / Language Services

SERVICE DESCRIPTION

Speech/Language therapy services necessary for the development of the student's IEP/IFSP or documented in the student's IEP/IFSP include, but are not limited to:

- 1) Diagnostic services
- 2) Screening and Assessment
- 3) Preventative services
- 4) Corrective services

Speech/Language services may be provided in either an individual or group setting. The number of participants in the group session should be limited to assure effective delivery of services.

PROFESSIONAL QUALIFICATIONS

Type 03, Type 09, Type 10, and Type 73 Teaching Certificate endorsed in Speech/Language Pathology and a Certificate of Clinical Competence from the American Speech/Language and Hearing Association **or** Type 73 School Services Personnel Certificate endorsed in Speech-Language Pathology with the equivalent educational requirements and work experience necessary for the Certificate of Clinical Competence **or** Type 73 School Services Personnel Certificate endorsed in Speech-Language Pathology, licensed by the Illinois Department of Professional Regulation, in accordance with the Illinois Speech-Language Pathology and Audiology Practice Act **or** Type 73 School Services Personnel Certificate endorsed in Speech-Language Pathology with completed academic requirements, in the process of acquiring supervised work experience to qualify for licensure in accordance with the Illinois Speech-Language Pathology and Audiology Practice Act **or** Speech/Language Paraprofessional with ISBE approval practicing under the supervision of a qualified Speech/Language Pathologist.

“Under the direction of” means that work is performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly (at least monthly) reviews the work performed, and who is accountable for the results. The supervisor must co-sign documentation of all services provided by practitioners under his or her direction on the Case Notes/Progress Documentation Form.



Transportation Services

Medicaid funding is reserved for transportation services to and from school for children on days when they receive a medical service in school and specialized transportation needs are specifically identified in their IEP. In addition, if a child with special health care needs is transported with special accommodations in order to be transported to and from school for a medical service, such transportation may be billed to Medicaid.

NOTE: A child with special education needs, as identified in the IDEA, who rides the regular school bus to school with other non-disabled children should not have transportation listed in his or her IEP/IFSP, and the cost of the bus ride should not be billed to Medicaid.

SERVICE DESCRIPTION

Transportation services, contained in the student's IEP or IFSP, are those services provided to transport the student to and from the student's place of residence and the location where health-related services are provided, as well as from school to the site of medical or therapy services and back. **The student's specific needs must require special accommodation for transport in order to receive the LEA health-related or medical services.**

Special Accommodations Definition: Special Accommodation transportation is defined as transportation services for which a school district or joint agreement incurs a cost over and above that which would be required if the child were a general education student transported to his/her home school.

Examples of special accommodations transportation include, but are not limited to:

- 1) The special education equipment such as lifts, ramps, safety seats and seatbelts
- 2) Specialized personnel including nurses and bus aides
- 3) Restricted transportation such as transportation with other students with disabilities
- 4) Modified routing schedule for the purpose of transporting a student to a school other than his/her home school or to reduce the length of travel
- 5) Modified pickup/drop-off including adult supervision/assistants to safely assist the child on the bus from home and off the bus at school
- 6) Medical disability adaptations including air conditioning and specialized air filters and the bus driver trained in resuscitation techniques
- 7) Communication links to the student's home or to hospital necessitated by health conditions



PROVIDER QUALIFICATIONS

Transportation services are provided by entities licensed by the Illinois Secretary of State and, where appropriate, by local regulating agencies. Transportation may be provided by the enrolled LEA-based health services provider or by a contracted vendor of transportation. Transportation services may include, but are not limited to, transport in specialized vehicles such as adapted buses, lift vehicles, vans and transportation where assistance is provided on a vehicle or where special needs must be taken into consideration because of a student's health condition.

CLAIMABLE SERVICES

One round trip on any day the student receives a Medicaid covered service other than transportation.

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