

# MSBS Expansion for Non-IEP Services

2022 Fall Training

# CMS Reversal of the “Free Care” Policy

- In December 2014, CMS issued State Medicaid Director Letter #14-006 which stated that states were now allowed to seek reimbursement for services that had previously been ineligible for billing under what was known as the “Free Care Rule”.
  - This rule previously stated that if a service was provided free-of-charge to Medicaid beneficiaries and others, then Medicaid reimbursement could not be sought.
  - Goal was to facilitate and improve access to quality healthcare services and improve the health of communities.
  - **Services provided by schools outside of an IEP/IFSP may be billable to the Medicaid program;** a particular focus is on Nursing and Behavioral Health services.

# NM History of MSBS Expansion

- NM did not choose to pursue early implementation of “Free Care” Services.
- It has taken 5-6 years for several states to evaluate and begin to implement school-based billing for non-IEP services in accordance with this revised CMS guidance.
- In late 2020, NM HSD and PED began meeting to collaboratively with the Office of the Governor and others to discuss the potential of expanding the current MSBS program to include billing for non-IEP services. It was the desire of state and departmental leadership that HSD begin pursuing this expansion.
- In March 2021, NM gathered a team of school participants and joined the Healthy Students, Promising Futures Learning Collaborative to join other states in various stages of implementation and learn best practices.
- HSD set July 1, 2022 as the implementation date of the MSBS expansion.

# NM Work Accomplished for MSBS Expansion

- HSD has worked to expand our work with Fairbanks for them to assist HSD in making updates to the following documents:
  - NM MSBS Administrative Claiming Implementation Plan
  - NM Medicaid State Plan
  - NM Medicaid Guide for School-Based Services
  - MSBS Rule NMAC 8.320.6
- Changes have been made to the Random Moment Time Study, Administrative Claims and Cost Settlement Report.
- HSD has met regularly with staff from PED and school representatives. Through these discussion the team has refined provider types and services included in the free care expansion.
- Behavioral Health templates have been created and will be available for providers to utilize for non-IEP services.

# What Should Districts be Thinking About?

- **Billing for non-IEP services is optional, however if your district is already providing these services, there is no reason not to bill for them.**
  - Nursing Services for non-IEP students are likely being provided at most schools across the state. This would include hearing and vision screenings, medication administration and other regular procedures for conditions including diabetes and asthma that are provided to regular education students. This also includes services delegated to other school staff with proper training from school nurse.
  - The need for Behavioral Health Services to regular education students is increasing and many districts are beginning to provide these services in addition to those provided through an IEP.
    - District employed/contracted staff
    - Referred out to the district's SBHC
    - Referred to outside providers

# How Would Schools Bill for Non-IEP Services?

- **Billing will likely be very similar to what is currently in place for IEP services.**
  - Documentation of Medical Necessity through some sort of Service Plan.
  - For unplanned/crisis services documenting medical necessity is justified through through service documentation.
- **Billing could occur through the same billing systems that the schools are currently using for IEP services.**
  - Provider documentation requirements would be the same as IEP services.

# How Would Schools Bill for Non-IEP Services?

- **New Parental Consent Form**

- HSD has created a parental consent form that combines consent for students who receive IEP and non-IEP services.
- Combined consent benefits, as IEP students may need unplanned non-IEP services throughout the year
- Districts only need to send one parental consent form

- **PCP Notification**

- Non-IEP services do **not** require a PCP notification
- The PCP notification is still a requirement for IEP-services
- The PCP notification process will remain the same for IEP services

# RMTS/PL Free Care Expansion Updates

- RMTS has a new code “4C - Direct Medical Services as Covered by IHCP/BHCP/504/Other.”
  - To use for non-IEP services
  - This is then carried over into the Cost Report Template as an additional calculation within the template.
- Participant List has three new providers categories:
  - Cost Pool 1
    - Physician Assistant (NEW)
    - Delegated Nursing Provider(NEW)
    - Certified Nurse Practitioner (Moved from Cost Pool 2)



# Delegated Nursing Providers

- **“Delegated Nursing Provider”** is a new provider type under the MSBS expansion.
- A delegated nursing provider is a school personnel who assists with nursing services.
  - Does **not** need to be licensed (they will work under supervising RN’s licensure).
  - Needs to receive adequate training from an RN for any service(s) they will provide.
  - Needs to be supervised by a RN that meets MSBS provider requirements.
- For the participant list, a **new cost pool 1 category has been added named “delegated nursing provider.”**
  - Examples of personnel to include in this category:
    - Health assistants
    - Health aides
    - Non-licensed school staff that regularly perform certain nursing services (e.g., medication administration)

# Delegated Nursing Providers Documentation

- Delegated nursing service providers will bill services under the supervising RN's NPI, Medicaid number and licensure.
- Delegated nursing providers can be set up in a 3rd party billing system.
  - If the district is using SNAP, Eduhealth, Etc. for school health documentation the services do not have to be re-entered into the 3<sup>rd</sup> party biller.
- What are some of the responsibilities of the RN?
  - Supervising RNs are responsible for:
    - Providing adequate training
    - Only delegating services the delegated nursing provider has been trained in
    - Overseeing services
    - Checking service documentation
    - Signing off on service documentation

# New CPT Codes for Nursing Services

- New CPT codes and modifiers has been added for nursing services.
  - **T1004**-Nursing aide service
  - **92551**-Hearing Screening
  - **99173**-Vision Screening
  - **96110**-Combined Age-Appropriate Hearing and Vision Screening
- **UD** modifier for delegated services
- **SC** modifier for non-IEP services

# Behavioral Health for Non-IEP Services

- Under the expansion, districts may seek reimbursement for behavioral health services for non-IEP services.
  - Includes unplanned/crisis services
- Non-IEP services (with exception to unplanned services) require a Plan of Care that substantiates medical necessity and is signed by a qualified provider.
  - Plan of care template will be available
- For the participant list, ensure that behavioral health providers are categorized under their licensure (e.g., LCSW, LPCC) versus a Cost Pool 2 category (e.g., behavioral specialist).
  - Previously, Providers servicing general education students were listed in a Cost Pool 2 category to prevent them from populating on the Cost Report.

# New CPT Codes and Modifiers for Behavioral Health

- **S9484-Crisis Mental Health Services, Per Hour**
  - Used for unplanned/crisis behavioral health services
  - Per unique behavioral health issue, this code is available for 30 days after initial unplanned/crisis service
  - The provider will have time to evaluate if continual services are needed; potentially create a plan of care
- **96110-Developmental Screening**
  - Per screening tool, maximum units per day = 5
  - No partial billing
  - Be cautious of allowing LBSWs to use this code; LBSWs should be able to do assessments that have a structured format but for those that require “clinical judgment” such as interpretation of results, that should only be performed by a master level clinicians and higher

# New CPT Codes and modifiers for Behavioral Health

- **96127-Brief Emotional/Behavioral Assessment**
  - Per assessment tool, maximum units per day = 5
  - No partial billing
  - Some examples: assessment for depression, anxiety, suicidal risk, substance use disorder
  - With results that can be used to determine if additional/more in-depth care needs to be provided
  - Be cautious of allowing LBSWs to use this code; LBSWs should be able to do assessments that have a structured format but for those that require “clinical judgment” such as interpretation of results, that should only be performed by a master level clinicians and higher
- **All these codes will have the SC modifier for non-IEP services**

# Non-IEP Behavioral Health Service Documentation

- Submitting documentation for non-IEP services will be very similar to documenting for IEP/IFSP services.
  - Ensure plan of care is in place before services begin
  - Providers need to submit progress notes for services claimed
- The MSBS team has created several **behavioral health templates** that will be available for use, which include:
  - Behavioral health plan of care (with filled out example)
  - Behavioral health progress note (with filled out example)
- Districts may use their own documentation as long as it includes all necessary information to meet MSBS standards.

Behavioral Health Care Plan

<b>Legal Name</b>	<b>Preferred Name (if applicable)</b>	
<b>DOB</b>	<b>Student ID</b>	
<b>Plan Creation Date</b>	<b>Next Review Date</b>	<b>Annual Review Date</b>
<b>Method of Service(s)</b>	<b>Frequency</b>	<b>Duration</b>
<b>Treatment Code(s) (ICD-10)</b>		
<b>Current Medication(s)/Dosage</b>		
<b>Presenting Issue(s)</b>		
<b>Client's Strengths</b>		
<b>Obstacles to Treatment</b>		
<b>Cultural Considerations</b>		



**Cultural Considerations**

**Long Term Goals**

**Short Term Objectives**

**Clinical Interventions**

**Who was involved in developing this treatment plan?**

Student  Parent(s)/Legal Guardian(s) name/relationship

Family member name/relationship

Other name/relationship

**Provider Name/Credentials**

**Supervisor Name/Credentials** *(if applicable)*

**Provider Signature**

**Supervisor Signature** *(if applicable)*

**Date**

**Date**

# Unplanned/Crisis Behavioral Health Documentation

- Unplanned/crisis services are events that are often acute, unforeseen and require immediate attention.
  - Examples include:
    - Suicidal ideation
    - Bereavement/grief
    - Trauma from an accident/natural disaster
- Unplanned behavioral health services may be covered **if medical necessity is justified through service documentation** and signed by the provider.
  - Unplanned service documentation templates are available

# Unplanned Behavioral Health Progress Note

UNPLANNED BEHAVIORAL HEALTH PROGRESS NOTE



<b>Legal Name</b>		<b>Preferred Name (if applicable)</b>	
<b>DOB</b>	<b>Student ID</b>	<b>Date of Service</b>	<b>Location</b> <input type="checkbox"/> School <input type="checkbox"/> Home
<b>Start Time</b>	<b>End Time</b>	<b>Total Duration</b>	<b>Treatment Code (ICD-10)</b>
<b>Description of Service</b>		<b>Procedure Code(s)</b>	<b>Modifier(s)</b> <input type="checkbox"/> SC <input type="checkbox"/> TM <input type="checkbox"/> GT <input type="checkbox"/> U2 <input type="checkbox"/> U3 <input type="checkbox"/> U4
<b>Current Presenting Problem(s)</b>			
<b>Precipitating Event(s)</b>			
<b>Intervention(s)</b>			

**Client's Response to Interventions**

**Suicidal Ideation**

**Notes**

**Homicidal Ideation**

**Notes**

**Risk Factors (*safety assessment*)**

**Protective Factors (*safety assessment*)**

**Follow up Plan and Recommendations**

**Provider Name/Credentials**

**Provider Signature**

**Date**

**Supervisor Name/Credentials (*if applicable*)**

**Supervisor Signature (*if applicable*)**

**Date**

# Non-IEP Behavioral Health Medical Necessity

## **Medicaid defines medical necessity as:**

- Provided for the diagnosis, treatment, cure, or relief of a health condition, illness, injury, or disease; and except for clinical trials that are described within the policy, not for experimental, investigational, or cosmetic purposes.
- Necessary for and appropriate to the diagnosis, treatment, cure, or relief of a health condition, illness, injury, disease or its symptoms.
- Within the generally accepted standards of medical care in the community.
- Not solely for the convenience of the insured, the insured's family or the provider.

## Medical necessity will be substantiated by:

- For **regular non-IEP services** through **plan of care and service documentation**.
- For **unplanned/crisis non-IEP services** **solely through service documentation**.

# Non-IEP Behavioral Health and Confidentiality

- There are additional considerations regarding minor confidentiality for Non-IEP behavioral health services
- In New Mexico:
  - **Minors under the age of 14** may consent to initial assessment and/or early intervention services, limited to verbal therapy, not to exceed a two-week period without parental consent (NMSA 32A-6A-14)
  - **Minors 14 and older** may consent to behavioral health services without parental consent (NMSA 32A-6A-15)
- The parental consent form has been updated to include a section that informs parents/guardians of minor consent laws and student's ability to access some non-IEP behavioral health services

# Non-IEP Behavioral Health and Confidentiality

- Whereas, for IEP services, parental involvement and IEP meetings mean parents/guardians are aware of services provided; Non-IEP services do not have the same parental inclusions built in
- Under FERPA, parents/guardians have the right to access educational records, which include behavioral health service documentation
  - Districts are encouraged to consult with their legal counsel regarding release of documentation of confidential services
    - Ensure notification to students regarding the limitations of confidentiality
  - Emphasis will be for providers to be intentional in how their service documentation is written, especially for minors that are consenting to treatment, and they do not have/want their parents involved
  - Providers be aware of what meets the definition of sole possession records.
    - <https://studentprivacy.ed.gov/faq/what-records-are-exempted-ferpa>
  - HSD has been engaged in conversations with General Counsel from HSD & PED regarding release of information for these confidential services. Additional guidance will be forthcoming

# Potential Changes to Current Systems for Behavioral Health Services

- Districts will need to consider their current system for providing non-IEP Behavioral Health Services and determine if the best methodology going forward may include providing these services within the district so that Medicaid reimbursement can be sought
  - HSD and PED have been discussing the need for additional providers across the state and the need for additional funding for schools to be able to hire additional providers to meet their needs
  - This will need to be a district decision that will be based on local needs and availability of providers and funding



# Additional Considerations

- It is important to ensure district administration understands that Medicaid funding to support provider salaries is “soft” money and may vary significantly each year depending on the cost of providing services and the eligibility rate of the students receiving services
- Nursing Documentation for Hearing and Vision Screenings
  - Districts should consider if they want to claim nursing services solely on the cost report vs. interim claiming
  - Continue to keep supporting documentation in the case of auditing
  - Benefit is to reduce administrative burden of having to submit large amount of service documentation for services such as hearing and vision screenings
- Consider that if a student that has an IEP/IFSP needs additional services (most likely in the case of unplanned/crisis services not related to the IEP/IFSP)
  - Students with IEP/IFSPs are eligible to also have non-IEP services

# Additional Actions to Take Place

- PED will be sending out additional communications to Superintendents, etc. regarding the expansion
- Budget implications for future years will need to be considered in the spring and included in budget requests that are submitted to PED
- State Plan Amendment and RMTS Implementation Plan are pending final CMS approval
  - Changes may be needed based upon these approvals

# QUESTIONS???