Illinois Medicaid School-Based Health Services (SBHS) Program Changes Frequently Asked Questions:

School Health and Mental Health Service Providers

SUMMARY

The Illinois Department of Healthcare and Family Services (HFS) submitted a Medicaid State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services (CMS) to update and expand the Illinois School-Based Health Services (SBHS) program. This SPA includes two changes:

A. Expand Fee-for-Services (FFS) claiming outside of IEP/IFSP services to any Medicaid-enrolled student in the general education population
B. Move to a cost settlement reimbursement methodology

Upon CMS approval of the SPA, all changes will be retroactive to July 1, 2021.

The issues related to A are covered in this FAQ. The issues related to B are covered in a separate FAQ for LEA business officials.

FEE-FOR-SERVICE (FFS) EXPANSION

1. What is included in the fee-for-service (FFS) expansion?

a) Service eligibility: reimbursement will expand from services included in only an IEP/IFSP to services included in an IEP, IFSP, 504 Plan, an individualized plan of care, or where medical necessity has been otherwise established. All previously eligible services will continue to be eligible for reimbursement.
   - Personal care and specialized transportation services will continue to be limited to IEP/IFSP services only.

b) Student eligibility: reimbursement will expand from Medicaid-enrolled students with an IEP/IFSP only to any Medicaid-enrolled student for any allowable service for which medical necessity has been established

c) Provider eligibility: the list of approved school-based service providers eligible for reimbursement will include five (5) new service providers. All previously eligible service providers will continue to be eligible for reimbursement.

d) Parental consent to bill Medicaid: Parental consent for the FFS expansion program will follow the same requirements as those currently in place for billing for student's with an IEP. The Illinois State Board of Education (ISBE) is requiring a one-time active parental consent to bill allowing LEAs to seek reimbursement for services included in the FFS expansion. Annual updates will still be required to remain in compliance with ISBE requirements.

2. Does a Local Education Agency (LEA) have to participate in the fee-for-service expansion?

No. This expansion is providing additional opportunities to seek reimbursement from Medicaid for services being provided in a school setting but does not include any requirement that LEAs must participate in billing for these additional services.

3. What service providers are eligible for reimbursement?

a) All previously eligible service providers will continue to be eligible for reimbursement.

b) Newly eligible service providers include:
- Licensed Clinical Professional Counselors (LCPCs)
- Licensed Marriage and Family Therapists
- Orientation and Mobility Specialists
- Licenses Clinical Psychologists (LCPs)
- Registered Behavior Technicians (RBTs)

4. Is anything changing with the services that may be provided by or the qualifications for the previously eligible service providers? What about the newly eligible service providers?

No. The services are described in the State of Illinois Medicaid U-200 Handbook. The U-200 includes the requirements for licensure or ISBE endorsement for eligible service providers. The U-200 will be updated to include newly eligible service providers after the SPA has been approved by CMS.

5. How is the expansion different from services provided in an IEP/IFSP?

This expansion allows LEAs to receive reimbursement for health services provided to all Medicaid-enrolled students, not just those students with eligible services in an IEP/IFSP, as long as the service is a Medicaid covered service for which medical necessity has been established. Not every student that receives health services in a school setting requires the creation of an IEP/IFSP, or 504 Plan, and the expansion provides an opportunity for LEAs to receive funding for the provision of these services. While a plan is not required for a service to be billable, medical necessity must be established for the service to be billable.

6. Is anything changing with the requirements for IEPs/IFSPs? What about 504 Plans?

Nothing has changed with the requirements for IEPs or IFSPs.

Nothing has changed with the requirements for 504 Plans. LEAs may now bill for eligible services included in a 504 Plan. If an LEA seeks to bill for 504 Plan services, they must comply with ISBE's requirement to receive parental consent to bill Medicaid for services and the plan must include all of the elements necessary to establish medical necessity.

7. How do we document medical necessity for students with or without an IEP/IFSP?

The requirements for documenting medical necessity are the same for the expansion as the current requirements for IEPs/IFSPs. The manner in which documentation occurs for students without an IEP/IFSP is at the discretion of each LEA. ALL documentation must include:

a) Scope, frequency, and duration of the service (including unit of frequency, such as 2x30 minutes/week or 3x45 minutes/month and start and end dates for the service to be provided);
b) Clinical rationale/justification for the service(s), following standards of clinical practice for each clinical discipline; should be 1-2 sentences that describe why the service is medically necessary to treat the medical (physical or behavioral health) issue(s) and/or a copy of the assessment outlining the disability; and
c) Authorization by a physician or a licensed practitioner of the healing arts.

8. Do we have to create a "plan of care" for a student in order to seek reimbursement?

No. As long as the requirements for medical necessity (see question 7) are documented and all standard Medicaid compliance requirements are met, you may seek reimbursement for these services. This includes reimbursement for newly eligible services such as short-term crisis intervention and/or other eligible services that occur before or without a standardized plan of care (IEP, IFSP or 504 Plan) in place.

LEAs may determine how to best implement compliant documentation of medical necessity for the fee-for-service expansion within their district. This might be achieved through the creation of a new service documentation template for general education students that includes this information or ensuring an electronic service documentation system includes this information, or another method, such as a doctor's order or prescription, so long as the requirements for medical necessity are met. All documentation used to establish medical necessity must be maintained for audit purposes.

9. What does a "care plan" or "plan of care" actually mean?

A patient care plan is a tool used to assist service providers in developing, planning, documenting, and/or evaluating health services. For the School-Based Health Services (SBHS) program, this has typically referred to an IEP, IFSP, or 504 Plan. These are very distinct types of plans of care, with specific federal requirements and compliance measures, that are implemented to meet tailored needs of the special education student population.

However, a plan of care is also simply a reference to how a provider may choose to create and track service provision. A care plan, in the general sense, is not subject to the same stringent federal requirements as an IEP, IFSP, or 504 Plan. Under the expanded FFS program, LEAs may create templates and tools to document medical necessity (see question 7), but these generalized plans of care are simply mechanisms to assist service providers and do not fall under the same guidelines as an IEP, IFSP, or 504 Plan.

10. Does a "licensed practitioner of the healing arts" need to have a separate NPI number in order to sign a plan of care and/or bill for services?

No. Under the Medicaid SBHS program, the claims are submitted by the LEA, not the individual service provider. However, providers that refer services that require ordering/referring practitioner information on the claim must have an individual NPI number and be enrolled in the IMPACT system.

11. If an LEA uses an outside Medicaid provider for health or mental health services within the school, may the LEA bill for those services?

Typically an outside Medicaid provider will bill Medicaid directly. However, if the LEA is incurring the costs for the service provider, and that provider is not billing Medicaid directly, then those costs may be included under the Medicaid SBHS program and billed under the LEA's claim, as long as all other requirements are met for the eligibility of the service provider, the documentation of medical

necessity and documentation of services provided. In order for the costs for these providers to be included on the annual cost report these providers must also be included on the district's staff pool list and participate in the Random Moment Time Study.

12. Can service providers use telehealth to provide services for students?

The current Medicaid rules that were instituted during the pandemic will remain in effect until further notice. The rules allow for audio-only or video communication between the service provider and the student.

The "originating site" of the student can be in a wide range of facilities, including in the student's place of residence or other temporary location within or outside the state of Illinois. A physician or other service provider is not required to be present with the student during the provision of services at the originating site.

A "distant site" refers to the location of the service provider providing the telehealth services. The provider may do so without any geographic or facility restrictions for the services delivered via telehealth.

13. When can we submit reimbursement claims for services under the fee-for-service expansion?

Upon CMS approval of the SPA, districts will be able to claim for newly eligible services provided dating back to July 1, 2021. However, claims for these services will not be able to be submitted until CMS approves the SPA.

Costs of providing services by qualified practitioners will be reimbursed assuming providers have been included in the Random Moment Time Study (RMTS) (please see FAQ for LEA Business Officials for more information).

HFS and ISBE will notify districts when the SPA is approved through a formal provider notice and newly eligible service claims are able to be submitted.

14. Will a separate online platform be used for claiming services for the expanded program or will it be part of the current platform?

Claiming for all services will continue to be submitted to HFS in the same manner and submission of all RMTS and financial data will continue to be conducted on the current Public Consulting Group (PCG) platform at https://claimingsystem.pcgus.com/il. Trainings and informational resources can also be found on this website.

IDENTIFYING MEDICAID-ENROLLED STUDENTS

1. How can we identify the Medicaid-enrolled students?

a) Medicaid enrollment can be checked for general education students in the same manner as the checks are done for special education students, using the Illinois Medical Electronic Data Interchange (MEDI) system.

- The MEDI system does not contain special education status. It checks the data submitted against the entire population of eligible people.

b) It may be useful first to talk with the district's Medicaid billing vendor, who may be able to generate a list of students in the district who are enrolled in Medicaid.

c) It is important to check this list for errors. If a student's name is not listed exactly on the list of students as it is within the Illinois MEDI database (e.g., Pete vs. Peter), the student may not show as Medicaid-enrolled.

d) There are additional useful tips to identify students who may be missing from the list, such as: if the Medicaid-enrolled student has siblings in the district; if a student qualifies for Free and Reduced Price lunch or other programs for low-income students; if a student has qualified in the past and has received services with Medicaid reimbursement.

e) If the district does not have a Medicaid billing vendor or they are not able to assist, then the student's eligibility can be looked up using the Illinois MEDI system, found here: https://www2.illinois.gov/hfs/MedicalProviders/EDI/medi/Pages/default.aspx

- Some districts may be using a Recipient Eligibility Verification (REV) vendor to obtain a list of Medicaid-enrolled students in the district.

TECHNICAL ASSISTANCE

1. Who is Public Consulting Group (PCG)?

PCG is on contract with the Illinois Medicaid Program (HFS) to implement the RMTS process, prepare and submit quarterly claims to HFS, perform the annual FFS rate calculation process, maintain a hotline and claiming platform, and support HFS and school districts in administering the SBHS program. The hotline number is 833-976-1847 or email at ilmac@pcgclaimingsystem.zendesk.com.

2. Can an LEA's billing vendor submit FFS claims directly to HFS or do they have to submit through PCG?

School-Based Fee-for-Service claims will continue to be submitted in the same manner that was in place prior to the change. Staff pool lists, shifts, calendars will be submitted quarterly to PCG. PCG will also collect the quarterly financial expenditure data as well as the information for the annual cost report.

3. Does PCG offer training programs?

Yes. PCG offers specialized periodic trainings for LEA administrators, service providers and business officials. Anyone who is a staff user of the PCG Claiming System receives a notification.

PCG also is preparing a short video to assist eligible staff with their new responsibilities for participating in RMTS.

4. Who can we contact with questions?

Public Consulting Group (PCG) is contracted by HFS to implement the RMTS process, prepare and submit quarterly claims to HFS, perform the annual cost settlement process, maintain an online

claiming platform and LEA assistance hotline, and support HFS and school districts in administering the SBHS program

a) Hotline (toll-free): 833-976-1847
b) Email: ilmac@pcgclaimingsystem.zendesk.com
c) Website: https://claimingsystem.pcgus.com/il

Staff must have an account to access the system. LEA staff with access can add other staff who need access to the system at any time. The PCG Claiming System is found here: https://claimingsystem.pcgus.com/il. Staff are added by selecting User in the green menu bar and then clicking on Add New User. The person added will automatically receive an email from PCG to complete the registration in the system.