

STATE OF NEW JERSEY

**SPECIAL EDUCATION
MEDICAID INITIATIVE (SEMI)**

PROVIDER HANDBOOK

SPECIAL EDUCATION MEDICAID INITIATIVE

(SEMI)

PROVIDER HANDBOOK

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INTRODUCTION

In 1993, the New Jersey Departments of Education (DOE), Human Services (DHS) and Treasury began the Special Education Medicaid Initiative (SEMI). The purpose of SEMI is to recover a portion of costs for certain Medicaid covered services provided to Medicaid-eligible students enrolled in participating New Jersey local education agencies (LEAs).

SEMI is designed to recover cost for certain services already provided to eligible students. This revenue is beneficial to both the LEAs and the State. SEMI is a separate and unique project from all other Medicaid programs because it is limited to services provided in educational settings under the auspices of the Commissioner of Education. Before SEMI, costs for school-based health services were largely covered by State and local tax dollars. As a result of SEMI, participating LEAs can enable themselves and the State to recover some of the costs for these mandated services through Federal Medicaid revenue. The services continue to be provided at no cost to the student or his/her parents.

Federal Medicaid revenue is available through SEMI only if Federal and State Medicaid requirements are met. These requirements are discussed in detail in this Provider Handbook. This Provider Handbook is to be used by all LEAs participating in the SEMI program, including Special Services School Districts, as well as DCF campuses and the Office of Education.

CHAPTER 1: MEDICAID OVERVIEW

Enacted in 1965, Title XIX of the Social Security Act established the Medicaid program. Medicaid is a government-sponsored insurance program for eligible low-income individuals and families. Title XIX requires each state to establish a Medicaid program for individuals residing within the state. Medicaid is jointly funded by the federal government and by the individual states. Federal oversight for the Medicaid program lies with the United States Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS). Each state Medicaid agency is also required to provide oversight for its Medicaid program.

Section 1903(c) of the U. S. Code allows Medicaid reimbursement for medically necessary school-based health services provided to Medicaid-eligible students. The services must be covered in the State plan for Medicaid, as approved by CMS, and provided by qualified practitioners with credentials which meet State and Federal requirements. Medicaid reimbursement is not available for academic educational services.

In New Jersey, the Medicaid program is administered by the Department of Human Services through the Division of Medical Assistance and Health Services. The New Jersey Medicaid program includes all federally mandated Medicaid services and covers all federally mandated categories of individuals eligible under Federal rules. New Jersey has a contract with the UNISYS Corporation to serve as its fiscal intermediary to process all Medicaid claims and to make payments to providers.

Free Care Rule

School-based health services that are provided to all students without charge are not reimbursable by Medicaid. This reflects CMS's "free care rule". CMS allows two exceptions to the free care rule: (1) services listed in a student's Individualized Education Program (IEP); and (2) services provided under a Title V Maternal and Child Health grant. Although school-based related services listed in an IEP are exempt from the free care rule, other school-based health services are not. However, based on current Federal law, school-based health services are not considered "without charge" if:

- A cost or fee is established for each service;
- Information is collected regarding Medicaid-eligible students' other health insurance; and
- Safeguards are implemented to ensure that Medicaid does not pay for a student's health care services when other coverage is available.

The procedures above help to ensure that Medicaid is the payer of last resort for non-IEP services. Like all states, the New Jersey Medicaid Program is required by Federal law to collect from all applicants for benefits information regarding the applicants' other health

insurance. The Medicaid program is also required to establish procedures to ensure that Medicaid does not pay for services when other health coverage is available. Therefore, if all of the conditions listed above are met, school-based health services are not considered “without charge”. (U.S. DHHS DAB Decision No. 1924)

Qualified Personnel

Medicaid reimbursement is available to an LEA for those services provided by qualified practitioners as defined in this Handbook.

The LEA shall be responsible for verifying and maintaining that each service billed to Medicaid was provided by appropriately qualified practitioners as of the date the service was billed.

Place of Service

For Medicaid purposes, school-based health services may be provided at the school, the student’s home (if necessary), or in a community setting if the services are listed in the student’s IEP.

Third-party Liability and Medicaid

The Medicaid program, by law, is intended to be the payer of last resort; that is, all other liable third-party resources must meet their legal obligation to pay claims for services provided to Medicaid recipients before Medicaid is billed. Examples of third parties which may be liable to pay for services include employment-related private health insurance and court-ordered health insurance derived by non-custodial parents. New Jersey DHS obtains information about other health coverage from each Medicaid beneficiary at the time of application for benefits and pursues third-party resources in accordance with the New Jersey State plan for Medicaid. This helps to ensure that Medicaid is the payer of last resort for all medical services. In some instances, providers may be reimbursed by Medicaid for a service provided to an individual with other liable health insurance. In these instances, UNISYS, the Medicaid fiscal intermediary, will follow up with the other health insurance and process all claims with private insurance.

Medicaid Waiver Cases

Some children, especially those with very severe disabilities, may become eligible for Medicaid services under one of New Jersey’s Home and Community-based waiver programs. These programs provide Medicaid coverage in the community for children and adults whose disabilities are severe enough to warrant facility-based care (such as hospitals and nursing homes). Under the waiver programs, there is a “cap” on the

expenditures for each case. *In order to avoid duplicating claims, LEA service claims will not be processed for a student who also receives services under a waiver program.*

Medicaid Managed Care

New Jersey has implemented a mandatory managed care program (HMOs, etc.) for the Medicaid population. The services provided under SEMI are excluded or carved out of the managed care program. SEMI will have no direct involvement with managed care entities in which LEA students/families are enrolled. There will be no negative impact on the students'/families' managed care coverage as a result of participation in SEMI.

CHAPTER 2: SEMI OVERVIEW

This chapter provides an overview of the roles and responsibilities of the agencies involved in SEMI.

Including the LEAs, there are six major agencies involved in the SEMI program. It is important for these agencies to closely coordinate activities related to the SEMI program in order for the State to maintain appropriate oversight and to help ensure compliance with Medicaid billing requirements. The agencies and their functions are briefly described below:

New Jersey Department of Treasury

- Serves as Contract Manager for its contract with Public Consulting Group to administer the SEMI program on behalf of the State of New Jersey

New Jersey Department of Education

- Coordinates the process for board approval for participation
- Certifies LEAs for participation in the SEMI program
- Provides policy guidance

New Jersey Department of Human Services, Division of Medical Assistance and Health Services (Medicaid Program)

- Conducts Medicaid provider enrollment
- Issues Medicaid provider numbers to LEAs
- Provides Medicaid technical assistance
- Communicates requirements of program specifics to ensure that Federal Medicaid regulations are followed
- Processes and adjudicates claims through its fiscal intermediary, UNISYS

Public Consulting Group (PCG)

- Receives and processes Billing Agreements (Electronic Data Interchange) from newly Medicaid enrolled LEAs
- Receives from LEAs and processes verification of parental consent to bill Medicaid
- Provides a toll-free Help Desk to provide technical assistance to LEAs regarding SEMI service documentation issues
- Conducts Medicaid eligibility verification for New Jersey students
- Provides initial user names and passwords for LEA provider documenting services on EasyTrac™

- Provides training to providers for service documentation using EasyTrac™ and/or paper related service documentation forms
- Prepares and submits to DHS claims for Medicaid reimbursement consistent with Medicaid billing requirements
- Provides on-going Medicaid legal and regulatory compliance monitoring

Local Education Agency (LEA)

- Pre-enrolls with the Department of Education to certify LEA status by submitting board approval for participation in SEMI program
- Completes the Medicaid Provider Application package to enroll as a Medicaid provider with the Medicaid program and receives a unique seven-digit Medicaid provider number which will be used for billing purposes
 - Completes the Medicaid Provider Application package
 - Obtains assistance, as needed from the Medicaid office to complete the various forms included in the application package
- Designates PCG as the LEA's Medicaid billing agent
- Appoints a SEMI Coordinator to coordinate with PCG in fulfilling the LEAs operational responsibilities for SEMI
- Verifies that student services submitted to PCG for Medicaid claiming are included in the student's IEP which is valid for the dates of service
- Verifies that service providers have the appropriate qualifications or credentials for Medicaid billing
- Verifies that signed written parental consent to bill Medicaid has been obtained prior to submitting service records to PCG for Medicaid billing
- Verifies that transportation services billed to Medicaid are: (1) for transportation on specialized vehicles; (2) included in the student's IEP; (3) for a student who received another Medicaid covered service on the day transportation is billed; and (4) for a student who actually used the transportation service
- Monitors service documentation compliance by related service providers and conducts necessary follow-up

New Jersey Department of Children and Families (DCF), Office of Education/Campuses

- Conducts Office of Education evaluations
- Provides Medicaid technical assistance and transportation to DHS Campuses
- Appoints a SEMI Coordinator to coordinate with PCG in fulfilling the operational responsibilities for SEMI
- Verifies that student services submitted to PCG for Medicaid claiming are included in the student's IEP which is valid for the dates of service
- Verifies that service providers have the appropriate qualifications or credentials for Medicaid billing

CHAPTER 3: GENERAL REQUIREMENTS

Provider Enrollment

Upon the LEAs completion of the certification process with the Department of Education for participation in SEMI, the Department advises the Medicaid Program that the LEA is eligible to be enrolled as a Medicaid provider. To enroll, the LEA must complete a New Jersey Medicaid Provider Application Package, which consists of the following forms:

- Special Education Provider Application;
- Provider Agreement (FD-62);
- Disclosure of Ownership (HCFA-1513); and
- Billing Agreement.

The Medicaid Program mails the LEA a Provider Application Package with instructions for completion. Technical assistance with completion of the application documents is available by calling the SEMI contact in the Department of Human Services, Division of Medical Assistance and Health Services at 609-588-2905.

Upon completion of the enrollment process, the Medicaid Provider Enrollment Unit will assign the LEA a unique Medicaid provider number. PCG will use the LEAs' Medicaid provider number in Medicaid billing.

Record Retention Period for Medicaid Purposes

LEAs must maintain all service and financial records, supporting documents, and other recipient records relating to the delivery of services reimbursed by Medicaid for, at least, seven (7) years from the date of service. Parental consent forms must be maintained in the district up to 7 years after a student has withdrawn from the district. All records must be retrievable and made available upon audit.

Parental Consent

LEAs must obtain the parent's informed written consent prior to any disclosures of personally identifiable information from education records, including health information, to the Medicaid Program for Medicaid claim submission. Family Education Rights and Privacy Act (FERPA) regulations, at 34 CFR Section 99.30(b) requires that the written consent permitting disclosure of education records must be: (1) signed and dated; (2) specify the records that may be disclosed; (3) state the purpose of the disclosure; and (4) identify the party or class of parties to whom the disclosure may be made.

New Jersey Administrative Code (NJAC) 6A:32-7.5 regulates access to student records. Parental consent is not required for the LEA to release student information to PCG in its

capacity as the billing agent of the LEA. However, a Data Sharing Agreement must be in place between the billing agent and the LEA prior to the release of student information.
Note: DCF campuses and Office of Education need not obtain parental consent.

CHAPTER 4: COVERED SERVICES AND PRACTITIONER QUALIFICATIONS

Covered Services

LEAs may bill Medicaid for providing medically necessary health services to students. Health services required in the student's Individualized Education Program (IEP) are considered to be medically necessary for Medicaid billing purposes. Services provided to determine the student's need for an IEP, such as evaluations, are also reimbursable by Medicaid. To be reimbursed by Medicaid, the services must also be properly documented and provided by qualified personnel as described in this Handbook. Medicaid-covered school-based health services include:

- A. Audiology;
- B. Evaluation services to determine a student's health care needs;
- C. Physical therapy;
- D. Occupational therapy;
- E. Speech therapy;
- F. Psychological counseling;
- G. Nursing services; and
- H. Specialized transportation services.

A. Audiology

In accordance with New Jersey law (at NJSA 45:3B-2), audiology includes the non-medical and non-surgical application of principles, methods and procedures of measurement, testing, evaluation, consultation, counseling, instruction, and habilitation or rehabilitation related to hearing, its disorders and related communication impairments for the purpose of nonmedical diagnosis, prevention, identification, amelioration or modification of these disorders and conditions in individuals or groups of individuals with speech, language or hearing handicaps, or to individuals or groups of individuals for whom these handicapping conditions must be ruled out.

According to federal Medicaid regulations (at 42 CFR § 440.110(c)) "Services for individuals with speech, hearing and language disorders means diagnostic, screening, preventive, or corrective services provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law."

The federal Medicaid regulations also state that a qualified audiologist is an individual who holds a master's or doctoral degree in audiology that maintains documentation to demonstrate the he or she is licensed by the State to provide audiology services and the State's licensure requirements meet or exceed the standards for obtaining a Certificate of

Clinical Competence from the American Speech-Language-Hearing Association (ASHA). The New Jersey Department of Education does not issue an educational certificate for audiology.

Practitioner Qualifications: Audiology services must be provided by or under the direction of a speech pathologist or audiologist who is qualified to bill Medicaid in accordance with State and federal guidelines. A qualified audiologist is an individual who is licensed by the State Audiology and Speech-Language Pathology Advisory Committee in accordance with New Jersey law at NJSA 45:3B-1 et seq. Refer to Section e) for the practitioner qualifications of a speech pathologist.

The LEA must maintain documentation that these qualifications are met for audiologists whose services are billed to Medicaid. The required documentation must include a copy of the State license or other verification of licensure.

Audiology services required in a student's IEP must be documented as referred by a licensed physician or a qualified audiologist within the scope of his or her practice under New Jersey law. This documentation must be maintained in the student's records in accordance with New Jersey rules. Certification current to the date of service must be maintained with the service documentation or IEP.

Services Provided Under Direction: Under Federal Medicaid regulations, at 42 CFR § 440.110(c), audiology services must be provided by or under the direction of a qualified audiologist who is licensed by the State. Audiology services may be billed to Medicaid when provided by an unlicensed individual who is in the process of accumulating 350 clock-hours of supervised clinical experience under the direction of a licensed audiologist. "Under the direction" means that the licensed audiologist:

- Maintains responsibility for the services delivered;
- Sees the student, at least, once;
- Provides input into the type of care provided;
- Monitors treatment status after treatment has begun;
- Meets regularly with the staff being supervised; and
- Is available to the supervised staff.

The licensed audiologist must sign the monthly related service documentation form or approve the logs of the Non-SEMI qualified audiologist in EasyTrac™.

B. Evaluation Services

Evaluation services include initial evaluations, reevaluations, and annual reviews. These services are defined by the Department of Education in the NJAC 6A:14-3. Medicaid

reimbursement is available for the medical component of the evaluation services when provided by qualified clinical practitioners as described in this Handbook.

Evaluation services identify the need for specific services and the evaluation results are used to develop the student's IEP, which prescribes the range and frequency of services the student needs in order to have access to a free and appropriate public education. The date of the IEP meeting or the date of the completed reevaluation or annual review constitutes the claimable evaluation service. Each LEA must develop an internal process in coordination with either the head of the Child Study Team or the Director of Special Education to collect and record each claimable evaluation service on an appropriate documentation form.

Initial and reevaluations for a Medicaid-eligible student are covered even if the evaluation results in a determination that student is not eligible for the special education program. Individual evaluations by a non-district neurologist or other medical professional are not separate claimable services, but are included as part of an evaluation service.

Note: Special Service School Districts (SSSD) and DCF campuses are not eligible to submit claims for evaluation services, as evaluations are performed and are the responsibility of sending district or the Office of Education, respectively.

C. Physical Therapy

In accordance with New Jersey law (NJSA 45:9-37.13), physical therapy includes the identification of physical impairment or movement-related functional limitation that occurs as a result of injury of congenital or acquired disability or other physical dysfunction through examination, evaluation and diagnosis of the physical impairment or movement-related functional limitation and the establishment of a prognosis for the resolution or amelioration thereof, and treatment of the physical impairment or movement-related functional limitation, which shall include, but is not limited to, the alleviation of pain, physical impairment and movement-related functional limitation by therapeutic intervention, including treatment by means of manual therapy techniques and massage, electro-therapeutic modalities, the use of physical agents, mechanical modalities, hydrotherapy, therapeutic exercises with or without assistive devices, neuro-developmental procedures, joint mobilization, movement-related functional training in self-care, providing assistance in community and work integration or reintegration, providing training in techniques for the prevention of injury, impairment, movement-related functional limitation, or dysfunction, providing consultative, educational, other advisory services, and collaboration with other health care providers in connection with patient care, and such other treatments and functions as may be further defined in New Jersey Statutes. (NJSA 45:9-37.13)

In accordance with federal regulations, (42 CFR § 440.110(a)) physical therapy services must be “prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided to a recipient by or under the direction of a qualified physical therapist.” Physical therapy services required in a student’s IEP must be documented as prescribed by a qualified physical therapist within the scope of his or her practice under New Jersey law. This documentation must be maintained in the student’s records in accordance with New Jersey code (NJAC 6A:32, Subchapter 7).

Practitioner Qualifications: Physical therapy and physical therapy evaluations must be provided by a physical therapist licensed by the State Board of Physical Therapy Examiners and certified or endorsed by the Department of Education. Physical therapy can also be provided by licensed physical therapist assistant under the direct supervision of a licensed physical therapist. “Direct supervision” means the supervising physical therapist is present on-site and readily available to respond to any consequence regarding a student’s treatment or reaction to treatment. The licensed physical therapist must sign the monthly related service documentation form or approve the logs of the Non-SEMI qualified physical therapist in EasyTrac™.

D. Occupational Therapy

In accordance with New Jersey law (NJSA 45:9-37.53), occupational therapy includes the evaluation, planning and implementation of a program of purposeful activities to develop or maintain functional skills necessary to achieve the maximal physical or mental functioning, or both, of the individual’s daily occupational performance. (NJSA 45:9-37.53)

In accordance with federal regulations (42 CFR § 440.110(b)), occupational therapy services must be “prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided to a recipient by or under the direction of a qualified occupational therapist.” Occupational therapy services required in a student’s IEP must be documented as prescribed by a qualified occupational therapist within the scope of his or her practice under New Jersey law. This documentation must be maintained in the student’s records in accordance with New Jersey code (NJAC 6A:32, Subchapter 7).

Practitioner Qualifications: Occupational therapy and occupational therapy evaluations must be provided by an occupational therapist licensed by the Occupational Therapy Advisory Council and certified or endorsed by the Department of Education. Occupational therapy can also be provided by a certified occupational therapy assistant (COTA) under the supervision of a licensed occupational therapist. “Supervision” means the responsible and direct involvement of a licensed occupational therapist for the development of an occupational therapy treatment plan and the periodic review of the implementation of

that plan. The licensed occupational therapist must sign the monthly related service documentation form or approve the logs of the Non-SEMI qualified audiologist in EasyTrac™.

E. *Speech Therapy*

In accordance with New Jersey law (at NJSA 45:3B-2), speech therapy, or speech-language pathology, includes the non-medical and non-surgical application of principles, methods and procedures of measurement, prediction, non-medical diagnosis, testing, counseling, consultation, rehabilitation and instruction related to the development and disorders of speech, voice, and language for the purpose of preventing, ameliorating and modifying these disorders and conditions in individuals or groups of individuals with speech, language, or hearing handicaps, or individuals or groups of individuals for whom these handicapping conditions must be ruled out.

Please note that practitioner qualifications vary for evaluation/IEP services and for direct services as described below.

Practitioner Qualifications for Medicaid Claiming (Effective February 2011)

According to federal Medicaid regulations (at 42 CFR § 440.110(c)) "Services for individuals with speech, hearing and language disorders means diagnostic, screening, preventive, or corrective services provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law."

Evaluation/IEP Service

In New Jersey, in order to bill for speech-language services as documented in a student's IEP, a student's evaluation/IEP (Evaluation Services, as identified in Section B) must specify that speech services are ordered by a:

- A. Licensed physician (order must be maintained with the IEP)
- OR -
- B. New Jersey licensed speech language pathologist and holds a DOE certification as a speech language specialist (N.J.A.C. 6A:9-13.6 (a)(b))

who must either:

- 1. Sign the IEP
- OR -
- 2. Provide documentation that identifies the referral of speech services that are included in or with the student's IEP (N.J.A.C. 6A:14-2.3k 10 (i)).

Speech Language Services

Both state and federal guidelines must be met in order for services to be eligible for reimbursement. Speech services (as of February 2011) provided to eligible students will be considered for Medicaid reimbursement when the services are provided by a practitioner who is:

- A. Certified or endorsed by the Department of Education and holds an American Speech-Language-Hearing Association (ASHA) Certificate of Clinical Competence

- OR-

- B. Certified or endorsed by the Department of Education and holds a valid license authorize by the State Audiology and Speech-Language Pathology Advisory Committee in accordance with New Jersey law at NJSA 45:3B-1 et seq.

Reimbursable Services Provided by "Under the Direction"

Speech services provided by "under the direction" are claimed at the discretion of the LEA. Under Federal Medicaid regulations, at 42 CFR § 440.110(c), speech therapy must be provided by or under the direction of a qualified speech-language pathologist who is:

- A. Certified or endorsed by the Department of Education and holds an American Speech-Language-Hearing Association (ASHA) Certificate of Clinical Competence

- OR-

- B. Certified or endorsed by the Department of Education and holds a valid license authorize by the State Audiology and Speech-Language Pathology Advisory Committee in accordance with New Jersey law at NJSA 45:3B-1 et seq.

"Under the direction" means that the ASHA-certified or licensed personnel:

- Maintains responsibility for the services delivered;
- Sees the student, at least, once;
- Provides input into the type of care provided;
- Monitors treatment status after treatment has begun;
- Meets regularly with the staff being supervised; and
- Is available to the supervised staff.

The speech-language pathologist who is ASHA certified or licensed must sign the monthly related service documentation form or approve the logs of the non-SEMI qualified provider in EasyTrac™.

Record Retention

The LEA **must** retain all documentation that proves both DOE certification/endorsement and ASHA certification or its equivalency. This documentation should include copies of:

- DOE certificate
- ASHA certificate
- New Jersey state license

Certification current to the date of service must be maintained with the service documentation or IEP.

F. Psychological Counseling

Psychological Counseling includes the provision of assessment and therapy services. "Psychological services means the application of psychological principles and procedures in the assessment, counseling or psychotherapy of individuals for the purposes of promoting the optimal development of their potential or ameliorating their personality disturbances and maladjustments as manifested in personal and interpersonal situations" (N.J.S.A. 45:14B-2) "Psychotherapeutic counseling means the ongoing interaction between a social worker and an individual, family, or group for the purpose of helping to resolve symptoms of mental disorder, psychosocial stress, relationship problems, or difficulties in coping with the social environment, through the practice of psychotherapy."(N.J.S.A. 45:15BB-3)

Practitioner Qualifications: Psychological counseling must be provided by individuals licensed or otherwise authorized to provide psychological counseling services by New Jersey law and the State Board of Psychological Examiners or the State Board of Social Work Examiners and certified or endorsed by the Department of Education. School certified psychologists and school certified social workers meet these criteria.

Crisis intervention, guidance counseling, drug counseling/treatment, or other similar services provided on an ad hoc basis and not specified in the IEP are not reimbursable under the SEMI program.

G. Nursing Services

In accordance with New Jersey law (NJSA 45:11-23), nursing services provided by a registered professional nurse include diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens that are prescribed by a licensed or otherwise legally authorize physician or dentist. Diagnosing in the context of

nursing practice means the identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis. Treating means selection and performance of those therapeutic measures essential to the effective management and execution of the nursing regimen. Human responses mean those signs, symptoms, and processes which denote the individual's health need or reaction to an actual or potential health problem. A licensed practical nurse may provide services, as permitted by New Jersey law, "under the direction" of a registered nurse or licensed or otherwise legally authorized physician or dentist. (NJSA 45:11-23)

In order to be eligible for reimbursement through the SEMI program, nursing services:

- Must be specified in the IEP;
- Must be services that can only be delivered by a licensed nurse (LPN or RN); and
- Physicians' orders or prescriptions must be on file.

Practitioner Qualifications: Nursing and nursing evaluation services must be provided by a registered professional nurse (RN) or a licensed practical nurse (LPN) licensed by the New Jersey Board of Nursing. Services by an LPN must be provided "under the direction" of a licensed RN or licensed or otherwise legally authorized physician or dentist. The RN must sign the monthly related service documentation form or approve the logs of the Non-SEMI qualified audiologist in EasyTrac™.

H. Specialized Transportation Services

Specialized transportation services include transportation to receive Medicaid approved school-based health services. This service is limited to transportation of an eligible child to health related services as listed in a student's IEP.

- The specialized transportation service is Medicaid reimbursable if:
 1. Provided to a Medicaid-eligible student;
 2. Student has an IEP that is valid on the dates of service;
 3. Student received health related services of either OT, PT, speech, nursing or psychological counseling as indicated in his/her IEP on the date transportation is billed; and
 4. The LEA incurs the cost of the transportation service.
- Specialized transportation services are defined as transportation that requires a specially equipped vehicle, or the use of specialized equipment to ensure a child is taken to and from the child's residence to school or to a community provider's office for IEP health related services. Specialized transportation service is reimbursable if it is:

1. Transportation provided by or under contract with the LEA, to and from the student's place of residence, to the school where the student receives one of the health related services covered by SEMI;
 2. Transportation provided by or under contract with the LEA, to and from the student's place of residence to the office of a medical provider who has a contract with the school to provide one of the health related services covered by SEMI; or
 3. Transportation provided by or under contract with the LEA from the student's place of residence to the office of a medical provider who has a contract with the school to provide one of the health related services covered by SEMI and returns to school.
- When claiming transportation costs as direct services, each LEA will be responsible for maintaining written documentation, such as a trip log, for individual trips provided. No payment will be made to parents providing transportation. Appendix E includes a sample transportation trip log.
 - *A Special Services School District (SSSD) cannot submit claims for specialized transportation.*
 - *LEAs cannot submit specialized transportation claims for students attending a SSSD or DCF campus.*
 - *Each provider intending to receive transportation reimbursement must maintain records which fully document the basis for all claims for specialized transportation services.*

The following services are not reimbursable under the SEMI program:

- Educational services and associated costs;
- Therapy services not documented as medically necessary in the IEP as valid on the dates of service;
- Student Medicaid eligibility verification;
- Transportation services other than specialized transportation;
- Services by providers who are not qualified or licensed providers for the services rendered as required by Federal Medicaid requirements and State law; and
- Services provided without charge to all students, as "without charge" is defined by Federal law.

CHAPTER 5: SERVICE DOCUMENTATION REQUIREMENTS

LEAs must maintain student records which fully document the basis upon which all claims for reimbursement are made. A complete set of records includes the student's complete IEP, evaluation reports, service encounter documentation, progress notes, billing records, and practitioner credentials. All documentation must be available, if requested, for State and Federal audits.

Each service encounter with a student must be fully documented, including the duration of the encounter. The IEP alone is not sufficient documentation to prove that a service was provided. The basic minimum elements to be documented for each service encounter are:

- Date of service
- Student's name
- Student's date of birth
- Type of service
- Name, signature, and clinical discipline of the service provider
- Duration of service
- Service setting (group or individual)

In addition to the above required elements of documentation, the service provider must document the specific services provided during each encounter and the student's progress toward specified clinical objectives.

Services can be documented electronically using PCG's EasyTrac™ or by using paper logs:

EasyTrac™: Services documented with EasyTrac™ will include all information required for a completed service record prior to uploading the record for Medicaid billing. Practitioners are encouraged to upload service data as frequently as possible, but not less than weekly.

Paper Logs: Services documented on paper must be recorded on the related service documentation form. Related service providers are responsible for fully completing the form prior to submitting the logs to the SEMI coordinator. The practitioner and the LEA are responsible for ensuring that only fully completed and accurate logs are submitted. The LEA is responsible for reviewing all paper logs and entering the information into EasyTrac™ for billing purposes. Appendix C includes a sample service documentation form.

In documenting health services, student information must be handled and maintained in a confidential manner in compliance with FERPA, HIPAA and Medicaid laws. All information

regarding the delivery of health services must be maintained in the student's file that is accessible in the event of an audit.

CHAPTER 6: MEDICAID COMPLIANCE

Parental Consent

In accordance with USDE rules and guidelines, LEAs must obtain written and signed parental consent from the parent/guardian of a student before health services provided can be submitted to Medicaid for reimbursement (*Sample parental consent form provided in Appendix E*). The original signed copy of the parental consent form should be maintained by the LEA as part of the student's educational records. SEMI coordinators must indicate on the student's personal information page in EasyTrac™ the effective date of the parental consent. Detailed instructions on how to enter the information into EasyTrac™ are provided in the EasyTrac™ SEMI coordinator manual, Appendix A. PCG will not submit claims to Medicaid for services provided to a student whose personal information recorded in EasyTrac™ does not include a date of parental consent.

IEP Requirements and Provider Qualifications

Therapy services provided to Medicaid-eligible students and submitted to Medicaid for reimbursement must be:

- Included in the student's IEP that is valid for the dates of service; and
- Administered by a healthcare provider, qualified on the dates of service to provide such services under State and Federal law

Evaluation services must also be administered by qualified providers under State and Federal law.

Required Data

In order to allow verification of the existence of the documentation necessary to support the services billed to Medicaid, each LEA is **required** to enter the following data into EasyTrac™:

- IEP start and end dates,
- Provider certification dates, and
- Physician authorization dates

PCG will not submit claims to Medicaid for reimbursement until the required data is entered. This requirement is intended to provide verification of the existence and maintenance of the documentation required to support Medicaid claims by the LEA. Failure to maintain such documentation may result in the creation of a financial liability for the school district.

CHAPTER 7: GLOSSARY OF ACRONYMS

ASHA - American Speech and Hearing Association

COTA – Certified Occupational Therapy Assistant

DHS – New Jersey Department of Human Services

DOE – New Jersey Department of Education

DSA – Data Sharing Agreement

FERPA – Family Education Rights and Privacy Act

HIPAA – Health Insurance Portability and Accountability Act

IEP – Individualized Education Program

LEA – Local Education Agency

LPN – Licensed Practical Nurse

OT – Occupational Therapist

PCG - Public Consulting Group, Inc.

PT – Physical Therapist

PTA – Physical Therapy Assistant

RN – Registered Nurse

SSSD – Special Services School District

USDE – United States Department of Education

APPENDIX A

EASYTRAC™ SEMI COORDINATOR MANUAL

A copy of the most recent SEMI Coordinator Manual is located on the Main Menu page of EasyTrac™.

APPENDIX B

EASYTRAC™ RELATED SERVICE PROVIDER MANUAL

A copy of the most recent EasyTrac™ Related Service Provider Manual is located on the Main Menu page of EasyTrac™.

APPENDIX C

RELATED SERVICE DOCUMENTATION FORMS

Special Education Medicaid Initiative (SEMI) Service Log - Social Work Services

District Name _____ Service Month/Year _____
 Student Name _____ Date of Birth _____
 Student ID _____

Comments/Progress Summary:

Date of Service	Duration	Size	Progress			IEP Meeting				Direct Service		Other (Non-billable)							
		(I) Individual or (G)roup	Progressed	Maintained	Regressed	Annual	Initial	Reevaluation	Revision	Counseling	Psychotherapy	Crisis Counseling	Evaluation	Monitoring and recommending a plan of action	Social History	Student not present	Service Provider not Present	Other	Professional Responsibilities

Provider Information:
 Provider Name (Print) _____ Provider Signature _____ Date _____

Special Education Medicaid Initiative (SEMI) Service Log - Physical Therapy Services

District Name _____ Service Month/Year _____
 Student Name _____ Date of Birth _____
 Student ID _____

Comments/Progress Summary:

Date of Service	Duration	Size	Progress			IEP Meeting				Direct Service										Other (Non-billable)													
		(Individual or Group)	Progressed	Maintained	Regressed	Annual	Initial	Reevaluation	Revision	Activities of Daily Living	Aquatic Therapy	Balance Activities	Fitness / Endurance Training	Gait Training	Gross Motor Activities	Mobility Training	Motor Planning Activities	Posture and Positioning Activities	Pulmonary Enhancement	Range of Motion	Sensory Motor Development	Skin Condition	Strength Training	Therapeutic Exercise	Consultation	Equipment	Evaluation	Student not present	Service Provider not Present	Other	Professional Responsibilities		

Provider Information:
 Provider Name (Print) _____
 Provider Signature _____ Date _____

If "Under the Direction":
 Supervisor Name (Print) _____
 Supervisor Signature _____ Date _____

Special Education Medicaid Initiative (SEMI) Service Log - Psychological Services

Comments/Progress Summary:

District Name _____

Service Month/Year _____

Student Name _____

Date of Birth _____

Student ID _____

Date of Service	Duration	Size	Progress			IEP Meeting				Direct Service					Other (Non-billable)									
		(I) Individual or (G) Group	Progressed	Maintained	Regressed	Annual	Initial	Reevaluation	Revision	Cognitive	Counseling	Occupational/Vocational Training	Psychotherapy	School Family Counseling	Sensory Integrative Therapy	Crisis Intervention	Evaluation	Observations	OT/PT Screening	Portfolio Assessment - Review	Student not present	Service Provider not Present	Other	

Provider Information:
 Provider Name (Print) _____ Provider Signature _____ Date _____

Special Education Medicaid Initiative (SEMI) Service Log - Occupational Therapy Services

District Name _____ Service Month/Year _____
 Student Name _____ Date of Birth _____
 Student ID _____

Comments/Progress Summary:

Date of Service	Duration	Size	Progress			IEP Meeting			Direct Service														Other (Non-billable)										
		(Individual or Group)	Progressed	Maintained	Regressed	Annual	Initial	Reevaluation	Revision	Activities of Daily Living	Developmental	Feeding/Oral Motor Training	Fine Motor Skills	Handwriting Skills	Neuromuscular Development	Organizational Skills	Play Skills	Prevocational	Sensorimotor	Social Skills	Technological Use/Support - Student present	Visual Motor	Visual Perceptual	Adaptation of Materials and	Consultation	Equipment	Evaluation	Technological Use/Support - Student not present	Student not present	Service Provider not Present	Other	Professional Responsibilities	

Provider Information:

Provider Name (Print) _____
 Provider Signature _____ Date _____

If "Under the Direction":

Supervisor Name (Print) _____
 Supervisor Signature _____ Date _____

Special Education Medicaid Initiative (SEMI) Service Log - Nursing Services

District Name _____

Service Month/Year _____

Student Name _____

Date of Birth _____

Student ID _____

Comments/Progress Summary:

Date of Service	Duration	Size	Progress			IEP Meeting			Direct Service													Other (Non-billable)											
		(/individual or (G)roup	Progressed	Maintained	Regressed	Annual	Initial	Reevaluation	Revision	Blood Pressure Monitoring	Blood Sugar Monitoring	Catheterization	Chest Physiotherapy	Gastrostomy Tube Feeding	Medication Administration	Nutrition Management	1:1 service during school day	1:1 service during transportation	Ostomy Care	Other medically necessary service	Pain Management	Peak Flow Monitoring	Seizure Management	Snack Administration	Tracheotomy	Transfers/Ambulating	Ventilators	Student not present	Service Provider not Present	Consultation	Other	Professional Responsibilities	

Provider Information:

Provider Name (Print) _____

Provider Signature _____

Date _____

**NEW JERSEY SPECIAL EDUCATION MEDICAID INITIATIVE (SEMI)
RELATED SERVICE DOCUMENTATION FORMS**

Use these forms (one per student) to document Evaluations and related services supported by the student's IEP. Blank form may be duplicated.

INSTRUCTIONS

TOP SECTION

District Name	Enter the name of your school district
Service Month/Year	Enter the service month and year (e.g. Sept 2005 or 9/05)
Student Name (Last, First, Middle Initial)	Enter the student's last name, first name, middle initial
Date of Birth	Enter the student's date of birth
Student ID	Enter the student's 10-digit State Identification Number (SID)

PROFESSIONAL SERVICE LOG

Date	Enter the date service was rendered
Activities	Check applicable service type(s)

PROGRESS INDICATOR (Check only **one** that applies; for direct services only)

Progressed	Student's progress during particular activity/service - Check if applicable
Maintained	Student's progress during particular activity/service - Check if applicable
Regressed	Student's progress during particular activity/service - Check if applicable

SERVICE TIME – MEETING

Hours	Enter the number of hours direct service was delivered
Minutes	Enter the number of minutes direct service was delivered

SERVICE TYPE

Individual	Enter "I" if service was rendered in a one to one setting
Group	Enter "G" if service was rendered in a group setting

MONTHLY PROGRESS SUMMARY

Monthly Progress Summary	Enter a brief summary of the student's progress this month
--------------------------	--

SIGNATURES

Provider's Signature	Enter your signature
Print Provider Name	Enter your name
Date	Enter the date you are signing the form
Signature – "Under the Direction"*	The Medicaid qualified practitioner fulfilling the "under the direction" requirement must sign when services are provided by a Physical Therapy Assistant, Certified Occupational Therapy Assistant, Licensed Practical Nurse, or a DOE Certified Speech Correctionist without ASHA Certification or a NJ License
Name/Title	The Medicaid qualified practitioner fulfilling the "under the direction" requirement enters his/her name and title
Date	The Medicaid qualified practitioner fulfilling the "under the direction" requirement enters the signature date

Please return completed form to your SEMI Coordinator at the end of the month.

APPENDIX D

TRANSPORTATION TRIP LOG

SPECIALIZED TRANSPORTATION
WEEKLY TRIP LOG

TRIP LOG	Please place a checkmark in appropriate box if student is present on bus.									
BUS #	Place an A for absent if student is not on bus.									
Month/Year:	Monday		Tuesday		Wednesday		Thursday		Friday	
Week (dates):										
STUDENT NAME	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

PLEASE RETURN AT THE END OF EACH WEEK TO SPECIAL EDUCATION DEPARTMENT OR SEMI COORDINATOR

SIGNATURE OF BUS MONITOR: _____

APPENDIX E

PARENTAL CONSENT FORM

**CONSENT TO RELEASE STUDENT INFORMATION TO ACCESS MEDICAID
REIMBURSEMENT FOR SCHOOL-BASED HEALTH SERVICES**

_____ SCHOOL DISTRICT (the "School District") is participating in a State program (called "SEMI") where Federal Medicaid funds are made available to reimburse the School District for a portion of the costs of providing necessary health services to students. Your child currently receives necessary health services provided by the School District. Under SEMI, your child will continue to receive these services at no cost to you. SEMI simply allows the School District to receive Federal Medicaid funds to help cover the School District's costs for the health services provided.

The School District requests your permission to disclose certain personal information contained in your child's educational records. The information you permit the School District to disclose by completing this consent form will be used for the sole purpose of sharing with the State Medicaid agency information about the health services your child receives from the School District. Sharing this information is necessary in order for the School District to obtain Medicaid reimbursement for the health services it provides to your Medicaid-eligible child.

Please fill in the information below, sign the form, and return it to the address indicated.

(Name of parent/guardian)

STUDENT'S NAME _____
(First) (Middle Initial) (Last)

STUDENT'S DATE OF BIRTH ____/____/____

As the parent/guardian of the student named above, I give my permission to the School District to share information from my child's educational records with the State Medicaid agency to allow the State Medicaid agency to pay for health services provided to my child in accordance with New Jersey law.

My permission is effective beginning at the start of this school year.

I understand that, if I do not sign this form, my child will continue to receive necessary health services from the School District and there will continue to be no cost to me.

I also understand that I may cancel my permission at any time by notifying the School District.

Signature: _____ Date: _____
(Parent /guardian) (month-day-year)

Please return this form to:

APPENDIX F

DATA SHARING AGREEMENT

NEW JERSEY SPECIAL EDUCATION MEDICAID INITIATIVE (SEMI) AND
MEDICAID ADMINISTRATIVE CLAIMING (MAC) PROGRAM
DATA SHARING AGREEMENT

Whereas, the _____ School District (hereinafter referred to as "School District"), located in _____, New Jersey, provides education and related health services to enrolled students, including services compensated under the New Jersey Medicaid program; and

Whereas, Public Consulting Group (PCG) is a consulting firm performing Medicaid reimbursement services for the New Jersey Department of the Treasury; and

Whereas, PCG, in performing said Medicaid services, also assists School District to identify students with Medicaid, to calculate the Medicaid eligibility rate (MER), to submit Medicaid claims, and to develop more effective Medicaid outreach programs;

Therefore, for mutual benefit and consideration duly acknowledged by both parties to this Agreement, it is hereby agreed as follows:

1. School District will provide PCG, as its agent for performing the services described above, access to student files for the sole purpose of carrying out said services.
2. PCG will act as agent for School District for the sole purpose of properly performing the Medicaid-related services described above.

TERM: PCG will provide the said services with respect to all schools beginning with the of January through March, 2005 and will continue to provide said services until the agreement is terminated by either party following thirty (30) days advance notice.

INDEMNIFICATION: PCG will indemnify and hold School District harmless from all claims, losses, expenses, fees, including attorney fees, costs and judgments that may be asserted against School District as a result of any negligence by PCG in performing services under this agreement.

CONFIDENTIALITY: PCG agrees to take reasonable steps to ensure the physical security of data that comes under its control and to abide by all pertinent laws and regulations relating to confidentiality of such data.

APPLICABLE LAW: This Agreement is governed by the laws of the State of New Jersey.

(Print Name & Title)

(Date)

(Signature)

(School District)

(Public Consulting Group Representative)

(Date)



APPENDIX G

OUTLINE SUMMARY OF KEY STANDARDS FOR CERTIFICATE OF CLINICAL COMPETENCE IN SPEECH- LANGUAGE PATHOLOGY BY THE ASHA

For a full statement of ASHA standards, please contact ASHA or review the standards at the following ASHA web page:

http://asha.org/certification/slp_standards.htm

The following is an outline of key standards for a Clinical Certificate of Competence from ASHA:

- The individual must have a master's or doctoral or other recognized post-baccalaureate degree. A minimum of 75 semester credit hours must be completed in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology. The graduate degree must be granted by a regionally accredited institution of higher education.
- The individual must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes. The program of study must address the knowledge and skills pertinent to the field of speech-language pathology. The individual must maintain documentation of course work at both undergraduate and graduate levels demonstrating that the requirements in this standard have been met. The minimum 75 semester credit hours may include credit earned for course work, clinical practicum, research, or thesis/dissertation. The minimum of 36 hours of course work at the graduate level must be in speech-language pathology. Verification is accomplished by submitting an official transcript showing that the minimum credit hours have been completed.
- The individual must have prerequisite knowledge of the biological sciences, physical sciences, mathematics, and the social/behavioral sciences. The individual must demonstrate through transcript credit (which could include course work, advanced placement, CLEP, or examination of equivalency) for each of the following areas: biological sciences, physical sciences, mathematics, and the social/behavioral sciences. Appropriate course work in biological sciences could include, among others, biology, general anatomy and physiology, neuroanatomy and neurophysiology, and genetics. Course work in physical sciences could include, among others, physics and chemistry. Course work in behavioral sciences could include, among others, psychology, sociology, and cultural anthropology.

Course work in math could include, among others, statistics and non-remedial mathematics. The intent of this standard is to require students to have a broad liberal arts and science background. Courses in biological and physical sciences specifically related to communication sciences and disorders (CSD) cannot be applied for certification purposes in this category. Methodology courses, such as methods of teaching mathematics, may not be used to satisfy the mathematics requirement. In addition to transcript credit, individuals may be required by their graduate program to provide further evidence of meeting this requirement.

- The individual must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. This standard emphasizes the basic human communication processes. The individual must demonstrate the ability to integrate information pertaining to normal and abnormal human development across the life span, including basic communication processes and the impact of cultural and linguistic diversity on communication. Similar knowledge must also be obtained in swallowing processes and new emerging areas of practice. Program documentation may include transcript credit and information obtained by the individual through clinical experiences, independent studies, and research projects.
- The individual must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas:
 - articulation
 - fluency
 - voice and resonance, including respiration and phonation
 - receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
 - hearing, including the impact on speech and language
 - swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)

- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)
- communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)

Program documentation may include transcript credit and information obtained by the individual through clinical experiences, independent studies, and research projects. It is expected that course work addressing the professional knowledge specified in Standard III-C will occur primarily at the graduate level. The knowledge gained from the graduate program should include an effective balance between traditional parameters of communication (articulation/phonology, voice, fluency, language, and hearing) and additional recognized and emerging areas of practice (e.g., swallowing, upper aerodigestive functions).

- The individual must complete a minimum for 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.
- At least 325 of the 400 clock hours must be completed while the individual is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.
- Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient.
- Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.
- After completion of academic course work and practicum (Standard IV), the individual then must successfully complete a Speech-Language Pathology Clinical Fellowship (SLPCF).

- The Speech-Language Pathology Clinical Fellowship (SLPCF) will consist of the equivalent of 36 weeks of full-time clinical practice.