

**MISSISSIPPI DIVISION OF MEDICAID**  
**MS COOL KIDS (EPSDT)**  
**SCHOOL HEALTH-RELATED SERVICES GUIDE**



**REVISED 12/2010**

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# **MS Cool Kids (EPSDT) School Health-Related Services**

## **INTRODUCTION**

This MS Cool KIDS (EPSDT) guide is for school-based providers of expanded/health-related services for Medicaid eligible children with disabilities or special needs as defined in IDEA (Individuals with Disabilities Education Act), that are identified through the IEP (Individualized Education Plan) or the IFSP (Individualized Family Service Plan) process and determined to be **medically necessary**. The services outlined in this guide are for a targeted population.

## **COVERED SERVICES**

School Health-Related services covered by Medicaid for eligible beneficiaries with disabilities as identified in the child's individual IEP or IFSP between the ages of three (3) to twenty one (21) include the following:

1. Audiology Services
2. Medical Services
3. Occupational Therapy Evaluations and Treatment Services (OT)
4. Physical Therapy Evaluation and Treatment Services (PT)
5. Psychological Evaluations and Psychotherapy Services
6. Speech and Language Evaluations and Therapy Services (ST)
7. Transportation

## **ENROLLING AS A SCHOOL HEALTH-RELATED PROVIDER**

To enroll in the Mississippi Medicaid Cool Kids (EPSDT) School Health-Related Services Program, school districts and/or school cooperatives, must complete the enrollment requirements and must sign a School Health Related Services agreement with DOM. An individual who is authorized to execute contracts on behalf of the school district must sign all required sections in both documents. In addition to completing enrollment requirements and signing a School Health Related agreement an individual school provider must have **servicing providers** attached to their school denoting who will be providing services to Medicaid beneficiaries. All **servicing providers**, whether on contract or employed by the school, must meet specific provider requirements for the Mississippi Medicaid program. Each servicing provider **must be separately qualified** and **enrolled** as a Medicaid Provider and must have a **separate provider number** for their individual specialty.

The servicing provider will not be required to bill Medicaid. Only the school district will be required to bill and receive reimbursements. If after the initial application process is completed there are additional servicing providers, the school district must submit the names for each individual who will be providing services along with required documentations. All information must be on file with DOM prior to providing services.

Copies of the Mississippi Medicaid provider application and agreement are available by request from DOM's fiscal agent. Provider may obtain an application by calling 1-800-884-3222 or by accessing the website at <https://msmedicaid.acs-inc.com/msenvision>. The Provider Enrollment Package may be downloaded under the Provider tab. Upon approval the provider will receive written notification from the fiscal agent. The notification will include the approval start date and the provider number for claims reimbursement.

### **Provider Preparation: On-Site**

An on-site introduction and review of program requirements with the School Facility must be conducted prior to receiving the EPSDT School Health-Related provider segment.

## **PROGRAM REQUIREMENTS**

The MS Cool Kids (EPSDT) School Health-Related Services Program was designed to identify children who have a learning difficulty due to a **medical disability** which requires special services. Section 411(k)(13) of the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360) amended section 1903(c) of the Act to permit Medicaid payment for medically necessary services provided to children under IDEA through a child's IEP or IFSP.

Medicaid will cover services included in an IEP or IFSP as long as the following criteria are met:

1. The services are deemed **medically necessary** and included under a Medicaid coverage category.
2. All other Federal and State regulations are followed, including those for provider qualifications.
3. The services are included in the State Plan or available under the MS Cool Kids (EPSDT) program.

The following documents should be collected prior to providing services and maintained in the clients file:

Prior Authorizations Approval (Treatment Authorization Number)

Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)

Parental Consent to treat

Parental consent to bill third parties (including Medicaid)

Provider qualifications (licenses or certification)

Dates of services

Provider of services: a Medicaid provider is required to render services

Place of services

Length of time for services (if relevant)

Progress notes/reports

All of these documents are important to have in the event of an audit. They will also be helpful in the event it is necessary to adjust rates in the future.

All records must be maintained for a minimum of five (5) years from the date of service or until all audit questions, appeal hearings, investigation or court cases are resolved. Federal guidelines governing public education require records to be stored for seven (7) years. Records can be stored in any readily accessible location and format.

## **PRIOR AUTHORIZATION**

### **OUTPATIENT THERAPY SERVICES**

Prior Authorization (PA) or pre-certification serves as a utilization review measure and quality assurance mechanism for the Mississippi Medicaid program. Federal regulations permit DOM to require authorization for any service where it is anticipated or known that the services could either be abused by providers or beneficiaries or could easily result in excessive, uncontrollable Medicaid costs. Certification as referred to in this policy is synonymous with prior authorization.

Pre-certification of certain outpatient therapy services is required by the Division of Medicaid. Providers must prior authorize/pre-certify all outpatient therapy services through the Utilization Management and Quality Improvement Organization (UM/QIO) for the Division of Medicaid. Failure to obtain prior authorization will result in denial of payment to the providers billing for services.

The UM/QIO will determine medical necessity, the types of therapy services, and the number of units reasonably necessary to treat the beneficiary's condition. Providers should be aware that the frequency of visits provided by the therapist should match the Plan of Care signed by the physician. All procedures and criteria set forth by the UM/QIO are applicable and are approved by the Division of Medicaid.

The PA number can be obtained from the Division of Medicaid UM/QIO contractor, who is currently Health Systems of Mississippi (HSM). Providers may contact HSM either by mail, fax, or via website.

Health Systems of MS  
175 East Capitol Street, Suite 250  
Jackson, MS 39201  
601-360-4949 (local)  
1-866-740-2221 (Toll-Free)  
1-888-557-1920 (Fax)

[www.hsom.org](http://www.hsom.org) - e-mail address

### **PSYCHOLOGICAL AND AUDIOLOGICAL SERVICES**

The Service Checklist has been developed for the purpose of pre-certifying Psychological and Audiological services. A completed Service Checklist for each child who will receive Psychological and Audiological Services in the school setting and receive Medicaid reimbursing must be submitted to address listed below or can be faxed. (see page 18)

**Division of Medicaid**  
**550 High Street Suite 1000**  
**Jackson, MS 39201-1399**  
**601-359-6147 (fax)**

## **ELIGIBILITY VERIFICATION**

Permanent ID cards are issued to eligible Medicaid clients. At the beginning of each school year the provider should obtain a copy of the child's Medicaid card. DOM's fiscal agent has installed an Audio Voice Response System using automated response technology to give Mississippi Medicaid providers free access to eligibility information by entering beneficiary Medicaid number or social security number that bases eligibility verification on the date of service. Information concerning the eligibility of an individual may be obtained from the eligibility swipe card device, or by calling the Automated Voice Response System (AVRS) at 1-800-884-3222 or through ACS Provider and Beneficiary Services. The AVRS system is designed to allow you to verify eligibility by using your touchtone telephone. AVRS cannot be accessed with a rotary dial telephone.

### **Timely Billing Medicaid**

Timely filing for services is essential. It is recommended that school districts bill within (30) days of the date of service. However, you must bill for all services within 12 months of the dates of service.

# **DESCRIPTION OF SERVICES**

## **OUTPATIENT PHYSICAL THERAPY**

Outpatient Physical Therapy services must meet general coverage criteria as follows:

- Services must be **medically necessary** for the treatment of the beneficiary's illness, condition, or injury.
- The beneficiary must be under the care of and referred for therapy services by a state-licensed, physician, physician assistant, or nurse practitioner. (The Certificate of Medical Necessity for Initial Referral/Orders form must be completed by the prescribing provider prior to therapy evaluation.)
- Services (physical therapy) must be provided by a state-licensed Physical Therapist.
- Services provided by Physical Therapist assistants and/or aides **are not** covered.
- Services must be provided according to a plan of care (POC) developed by the therapy provider and authenticated (signed and dated) by the prescribing provider. The prescribing provider must sign and date the POC before initiation of treatment **OR** within thirty (30) calendar days of the verbal order approving the treatment plan. This applies to both initial and revised plans of care.
- The discipline in which the therapist is licensed must match the order for therapy services, i.e. only a state-licensed physical therapist may evaluate, plan care, and deliver physical therapy services.
- Services must be conducted one-on-one (beneficiary and therapist).
- Services must be individualized, consistent with the symptomatology/diagnosis, and not in excess of the beneficiary's needs.
- Services must not duplicate another provider's services.

### **Exclusions**

A list of therapy services **not** covered/reimbursed by the Division of Medicaid may be found in Section 47.03 of the Provider Policy Manual.

### **Pre-Certification**

Certain CPT codes require prior authorization from the DOM Utilization Management and Quality Improvement Organization (UM/QIO). All procedures and criteria set forth by the UM/QIO are applicable to therapy providers and are approved by the Division of Medicaid. Refer to Section 47.09 of the Provider Policy Manual.

**NOTE: Facilities who are Medicaid providers and who contract with an individual or group to provide therapy services must ensure compliance with all therapy program policies.**

*Please refer to the Provider Policy Manual Section 47 Outpatient Physical Therapy.*

## **OUTPATIENT OCCUPATIONAL THERAPY**

Outpatient Occupational Therapy services must meet general coverage criteria as follows:

- Services must be **medically necessary** for the treatment of the beneficiary's illness, condition, or injury.
- The beneficiary must be under the care of and referred for therapy services by a state-licensed, physician, physician assistant, or nurse practitioner. (The Certificate of Medical Necessity for Initial Referral/Orders form must be completed by the prescribing provider prior to therapy evaluation.)
- Services (occupational therapy) must be provided by a state-licensed Occupational Therapist.
- Services provided by Occupational Therapist assistants and/or aides **are not** covered.
- Services must be provided according to a plan of care (POC) developed by the therapy provider and authenticated (signed and dated) by the prescribing provider. The prescribing provider must sign and date the POC before initiation of treatment **OR** within thirty (30) calendar days of the verbal order approving the treatment plan. This applies to both initial and revised plans of care.
- The discipline in which the therapist is licensed must match the order for therapy services, i.e. only a state-licensed occupational therapist may evaluate, plan care, and deliver occupational therapy services.
- Services must be conducted one-on-one (beneficiary and therapist). Group occupational therapy is not covered.
- Services must be individualized, consistent with the symptomatology/diagnosis, and not in excess of the beneficiary's needs.
- Services must not duplicate another provider's services.

### **Exclusions**

A list of therapy services **not** covered/reimbursed by the Division of Medicaid may be found in Section 48.03 of the Provider Policy Manual.

### **Pre-Certification**

Certain CPT codes require prior authorization from the DOM Utilization Management and Quality Improvement Organization (UM/QIO). All procedures and criteria set forth by the UM/QIO are applicable to therapy providers and are approved by the Division of Medicaid. Refer to Section 48.09 of the Provider Policy Manual.

**NOTE: Facilities who are Medicaid providers and who contract with an individual or group to provide therapy services must ensure compliance with all therapy program policies.**

*Please refer to the Provider Policy Manual Section 48 Outpatient Occupational Therapy*

## **SPEECH/LANGUAGE SERVICES**

Outpatient speech-language pathology services must meet general coverage criteria as follows:

- Services must be **medically necessary** for the treatment of the beneficiary's illness, condition, or injury.
- The beneficiary must be under the care of and referred for therapy services by a state-licensed, physician, physician assistant, or nurse practitioner. (The Certificate of Medical Necessity for Initial Referral/Orders form must be completed by the prescribing provider prior to therapy evaluation.)
- Services (speech therapy) must be provided by a state-licensed speech-language pathologist.
- Services provided by speech-pathology assistants and/or aides **are not** covered.
- Services must be provided according to a plan of care (POC) developed by the therapy provider and authenticated (signed and dated) by the prescribing provider. The prescribing provider must sign and date the POC before initiation of treatment **OR** within thirty (30) calendar days of the verbal order approving the treatment plan. This applies to both initial and revised plans of care.
- The discipline in which the therapist is licensed must match the order for therapy services, i.e. only a state-licensed speech therapist may evaluate, plan care, and deliver speech therapy services.
- Only a state-licensed speech-language pathologist may evaluate, plan care, and deliver speech-language pathology therapy services.
- Services must be individualized, consistent with the symptomatology/diagnosis, and not in excess of the beneficiary's needs.
- Services must not duplicate another provider's services.

### **Exclusions**

A list of therapy services **not** covered/reimbursed by the Division of Medicaid may be found in Section 49.04 of the Provider Policy Manual.

### **Pre-Certification**

Certain CPT codes require prior authorization from the DOM Utilization Management and Quality Improvement Organization (UM/QIO). All procedures and criteria set forth by the UM/QIO are applicable to therapy providers and are approved by the Division of Medicaid. Refer to Section 49.09 of the Provider Policy Manual.

**NOTE: Facilities who are Medicaid providers and who contract with an individual or group to provide therapy services must ensure compliance with all therapy program policies.**

*Please refer to the Provider Policy Manual Section 49 Speech/Language Services*

## **PSYCHOLOGICAL SERVICES**

Psychological evaluation includes a battery of tests, interviews and behavioral evaluation that appraise cognitive, emotional and social functioning and self concept. These services must be provided by a licensed psychiatrist or licensed clinical psychologist. The standard tests listed below must be used, when appropriate. The procedure code for psychological evaluation is listed below. The child may have one evaluation per year.

**96101** Unit Limit-4units per year                      1unit = 1 hour

Adaptive Behavior Inventory for Children  
AAMD Adaptive Behavior  
Scale Alpern-Boll Developmental  
Inventory Battelle Developmental  
Inventory Bender Visual Motor  
Gestalt Test Brigance Kindergarten  
Screening Burks Behavior Raging  
Scales Catellinfant Intelligence  
Scale Children's Appreciation Test  
Cognitive Observation Guide  
Columbia Mental Maturity Scale  
Functional Profile Psycho-Diagnostic Tests Rorschach  
Projective Technique Raven  
Progressive Matrices Sentence  
Completion Test  
Test of Visual  
Perceptual Skills Ugziris-Hunt  
Ordinal Scales of Infant  
Development Wechsler  
Intelligence Scale for Children-III  
Behavior Rating Inventory for Autistic and Other Atypical Children  
Developmental Test of Visual Motor Integration  
Gilmore Oral Reading Test Inventory of Reading Mastery Test  
Woodcock Reading Mastery Test Kaufman  
Assessment Battery for Children  
Wide Range Achievement Test Key  
Math Diagnostic Arithmetic Test  
Westby Play Scale Largo and Howard Play Assessment Test of Nonverbal Intelligence  
Leiter International Performance Scale  
Projective Drawings McCarthy Scales of Children's Abilities  
Merrill Palmer Scale of Mental Abilities  
Motor-Free Visual Perception Test  
Nonverbal Test of Cognitive Skills

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Peabody Picture Vocabulary Test-Revised  
Thematic Appreciation Test (TAT)  
Wechsler Adult Intelligence Scale-Revised  
Wechsler Preschool and Primary Scale of Intelligence-Revised  
Frosty Development Test of Visual Motor Integration  
Hiskey-Nebraska Test of Learning Aptitude

## **PSYCHOTHERAPY SERVICES**

Therapy/treatment means planning, managing and providing a program of psychological services including counseling for children with psychological problems. Below is listed the covered procedure codes for psychotherapy.

**90804**

**90806**

**90808**

## **AUDIOLOGICAL EVALUATION**

*Please refer to Provider Policy Manual Section 76.07 EPSDT School Health Related Services – Audiological Services*

## **CERTIFICATION OF PUBLIC FUNDS**

The Division of Medicaid **requires all School Health-Related Services (SHRS)** providers to submit the Certification of Public Funds letter at the **end of each quarter** of the state fiscal year to the Division of Medicaid. The purpose of the letter is to verify the amount identified as "State/local Funds" has been spent by the school district for the quarter as noted on the letter. By signing the letter, the SHRS provider is certifying that state and/or local funds were expended in at least the amount listed on the letter, thereby allowing the school district to receive the federal matching reimbursement from the Division of Medicaid. **At the beginning of the state fiscal year**, the Division of Medicaid requires the SHRS provider to submit the Certification of Budgeted Funds statement which lists the budgeted amount of "State/local Funds" expected to be utilized for the purpose of providing School Health-Related Services. The Certification of Budgeted Funds letter should be submitted within ten (10) days of the start of the state fiscal year. The letters must be signed and returned to the following address:

Division of Medicaid  
Bureau of Maternal and Child Health  
Attn: Charleston Green  
550 High Street, Suite 1000  
Jackson, MS 39201-1399

The individual signing the letter must be the person responsible for signing other documents subject to audits. The letter must be returned within ten (10) days of receipt. If you require assistance with the letter, contact the School Health Program within the Bureau of Maternal and Child Health at 601359-6150.

### **Validating the Record**

Any budgeted expenditures that can be traced back to the specific SHRS can be used to validate state and local funds expenditures. The most common and easiest ways to track expenditures are salaries and fringe benefits. Other expenditures could include capital outlay, supplies and materials and travel.

### **Record Keeping**

The following information must be kept in the school district records in order to validate the certification of funds:

- Identify the source of funds used to pay for the costs (such as salaries) of delivering the services contained in claims being examined. This would be necessary in order to document that an adequate amount of state or local funds were expended to obtain federal match and that no federal funds were used for matching purposes; and
- Document that the state and local funds certified were actually expended for the purpose of providing SHRS. For example, payroll records would reveal that staff providing the SHRS had been paid from funds using an adequate amount of state and local funds.

## **SUMMARY OF MONITORING AND DOCUMENTATION**

The Monitoring and Review process involves the school provider making available to the Division of Medicaid all records of MS COOL KIDS (EPSDT) health related services provided to Medicaid eligible children. The following documentation must be maintained for at least seven years from the date of payment on all children for whom claims have been submitted.

1. The dates and results of all evaluations or the diagnosis provided in the interest of establishing or modifying an IEP or IFSP, including the specific tests performed and copies of evaluation and diagnostic assessments report signed by the individual and supervisor, if appropriate, that administers the test or perform the assessment.
2. Copies of the IEP or IFSP documenting the need for the specific therapy or treatment services, the time and frequency required for each service.
3. Documentation of the provision of treatment services by individual physicians, therapists and other qualified professionals including the dates of services, billing forms, log books, reports on services provided and the child's record (s) signed by the individual providing the services and the signature of the supervisor, if appropriate.
4. Copy of Prior Authorization Treatment Authorization notification or Service Checklist.
5. Documentation of appropriate certification, licensed, education and/or training and supervision of professional staff providing services.

## **SCHOOL HEALTH RELATED CONTACTS**

Division of Medicaid  
Bureau of Maternal and Child Health Services  
550 High Street, Suite 1000  
Jackson, MS 39201-1399  
Charleston Green, Program Administrator  
Phone: 601-359-3401  
Fax: 601-359-6147  
[charleston.green@medicaid.ms.gov](mailto:charleston.green@medicaid.ms.gov) – email

### **Prior Authorization Questions**

Health Systems of MS  
175 East Capitol Street,  
Suite 250, Lock Box #13  
Jackson, MS 39201  
Phone: 601-360-4949 Local and 1-866-740-2221, Toll-free  
Fax: 1-888-557-1920

### **Provider Claims Services**

ACS Provider Services  
P.O. Box 23078  
Jackson, MS 39225  
1-800-884-3222

**MS COOL KIDS (EPSDT)  
SCHOOL HEALTH RELATED SERVICES**

Date Submitted: \_\_\_\_\_

Date of IEP or IFSP: \_\_\_\_\_

**SERVICE CHECKLIST**

PROVIDER INFORMATION	MEDICAL DATA
Name of School: _____	A. PRIMARY DIAGNOSIS: _____
School Provider Number: _____	B. SECONDARY DIAGNOSIS: _____
Servicing Provider Number: _____	C. EXPECTED LENGTH OF TREATMENT: _____
Contact Person: _____	D. SIGNIFICANT PROBLEMS/JUSTIFICATION: _____
Phone Number: _____	_____

PATIENT INFORMATION	PROCEDURE CODE	UNITS:	
Name of Beneficiary: _____	90804		
Medicaid ID Number: _____	90806		
DOB: _____ Sex: _____ M _____ F	90808		
Family or Responsible Party (name, address or phone#)	96101		
_____	V5000		
_____			
Third Party Coverage: _____ Yes _____ No			

Are these services being referred as a result of a MS COOL KIDS (EPSDT) Screening?  Yes  No

Persons completing this form must verify with signature that all applicable documentation are on file

1. Parental signature for permission to treat on file: \_\_\_\_\_
2. Parental signature for permission to bill Third Party Insurance on file: \_\_\_\_\_
3. Parental signature for permission to bill Medicaid on file: \_\_\_\_\_
4. Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) on file: \_\_\_\_\_
5. Services requested above are consistent with the IEP or IFSP: \_\_\_\_\_
6. Physician referral for psychological, psychotherapy on file: \_\_\_\_\_
7. Services will be provided only by those qualified providers listed: \_\_\_\_\_

All Service Checklists should be mailed to:

Division of Medicaid  
Walter Sillers Building, Suite 1000  
550 High Street, Jackson, MS 39201-1399

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