

Guidelines For The Reporting Of Medicaid For Psychological Counseling Services REVISED December 9, 2015

Psychological Counseling Services including evaluations must be indicated on the student's IEP and the student **MUST** be Medicaid eligible to be reimbursable through Medicaid funding. At the beginning of each school year, a student's IEP should be reviewed for the level of services and to review the goals. The IEP is the tool used to document how the student's special need in relation to their disability will be met within the context of their educational environment.

Psychological Counseling can be provided by a NYS licensed and currently registered Psychiatrist qualified in accordance with 42 CFR Section 440.50 (a) and other applicable state and federal laws or regulations, acting within his/her scope of practice under New York State Law; or a NYS licensed and currently registered clinical Psychologist, qualified in accordance with 42 CFR Section 440.60 (a) and other applicable state and federal laws or regulations, acting within his/her scope of practice under New York State Law; or a Licensed currently registered Clinical Social Worker (LCSW), qualified in accordance with 42 CFR Section 440.50 (a) and other applicable state and federal laws or regulations, acting within his/her scope of practice under New York State Law; or a Licensed currently registered Master Social Worker (LMSW) qualified in accordance with 42 CFR Section 440.60(a) and other applicable state and federal laws or regulations, acting within his/her scope of practice under New York state Law, "Under the Supervision of" a NYS licensed and currently registered Psychiatrist, NYS licensed and currently registered Psychologist, or a Licensed currently registered Clinical Social Worker (LCSW).

Access to all students with Psychological Counseling will be provided in IEP Direct, as appropriate.

Social Workers and Psychologists will be notified of the students who are Medicaid eligible on a periodic basis.

Parental consent to bill Medicaid must be on file.

License/certification of the Social Workers (LCSW and LMSW) and Psychologists must be on file and currently registered. Registration of license/certification is the responsibility of the Social Workers (LCSW and LMSW) and Psychologists and to ensure current registration.

Social Workers and Psychologists must have a National Provider Identifier (NPI), as applicable.

A Confidentiality statement must be signed and dated and on file for the use of electronic signatures in IEP Direct and for confidentiality purposes.

State mandated trainings, IEP Direct trainings and written guidelines for the reporting of Medicaid for the purpose of Medicaid reimbursement will be provided, as needed and as necessary. Open lines of communication with the Director of Special Education and the Medicaid Compliance Officer will remain available for questions and concerns.

“Under the Supervision Of” will be in place, as needed.

Under the supervision of” applies ONLY to a Licensed Master Social Worker (LMSW).

“Under the supervision of” means that supervision of the clinical social work services provided by the Licensed Master Social Worker (LMSW), with respect to each Medicaid beneficiary (student), shall consist of contact between the LSMW and supervisor during which:

- The LMSW apprises the supervisor of the diagnosis and treatment of each student.
- The LMSW’s cases are discussed.
- The supervisor provides the LMSW with oversight and guidance in diagnosing and treating students.
- The supervisor regularly reviews and evaluates the professional work of the LMSW.
- The supervisor provides at least two hours per month of in-person individual or group clinical supervision.

The supervisor of a Licensed Master Social Worker (LMSW) may be:

- A qualified licensed and currently registered Clinical Social Worker (LCSW).
- A licensed and currently registered Psychologist.
- A qualified licensed and currently registered Psychiatrist.

The requirements for Medicaid Reimbursement of Services under the SSHSP are as follows:

- Student MUST be Medicaid eligible and be under the age of 21.
- Student is determined to have a disability through the IEP process and have an IEP.

To qualify for reimbursement under New York State Medicaid, SSHSP services must be:

- Medically necessary and included in a Medicaid covered category (Speech Therapy, Physical Therapy, Psychological Counseling, etc.).
- A written order/referral from a NYS Medicaid enrolled practitioner who is also a NYS licensed and currently registered and/or certified, as required: physician, physician assistant, or nurse practitioner; or a written referral from an appropriate school official or other voluntary health or social agency (school officials are not allowed or required to enroll in NYS Medicaid).

- Included in the student's Individualized Education Program (IEP).
- Provided by qualified professionals under contract with or employed by a school district.
- Furnished in accordance with all requirements of the State Medicaid Program and other pertinent state and federal laws and regulations, including those for provider qualifications, comparability of services, and the amount, duration and scope provisions.
- Included in the State's Medicaid Plan and/or available under Early Periodic Screening, Diagnosis and Treatment (EPSDT).

*****A Psychological Evaluation and/or Psychological Counseling Report must be on file prior to the start of services and documented on the student's IEP.*****

The Individualized Education Program (IEP) *does not* establish Medical Necessity:

- Related Services are “designed to enable a child with a disability to receive a free appropriate public education” or “to benefit from special education”.
- SSHSP services are a subset of IDEA-defined Related Services.
- The IEP determines which related services are needed to facilitate the student's education progress; therefore, does not constitute medical necessity.
- The written referrals/orders that are in the student's record document medical necessity.

There must be a signed/dated written order/referral from a physician, physician assistant or nurse practitioner or an appropriate school official, such as a school administrator or the chairperson of the Committee on Special Education requesting Psychological Counseling services.

The signed/dated written order/referral must contain the following information:

- The name of the child for whom the order/referral is written.
- The Service being ordered.
- Frequency and duration noted on the order/referral or by explicit reference to the IEP (the frequency and duration of the ordered/referred service(s) in the IEP).
- The time period for which services are being ordered (Example: September 9, 2015 through June 23, 2016 or 2015-2016 School Year).
- Student's diagnosis and/or reason/need for services.
- ICD-10 Code.
- Signature of a NYS Medicaid enrolled practitioner who is also a NYS licensed and currently registered and/or certified, as required: physician, physician assistant, or nurse practitioner; or a written referral from an appropriate school official or other voluntary health or social agency (school officials are not allowed or required to enroll in NYS Medicaid).
- The complete date the order/referral was written and signed (Example: May 5, 2016).
- The ordering/referring practitioner's National Provider Identifier (NPI) number, if applicable.

- Ordering/referring practitioner's contact information (office stamp or preprinted address label can be used and telephone number).

The student's IEP reflects the Related Service of Psychological Counseling, showing start/end dates, ratio, frequency, period, duration, and location.

Documentation must be kept for each student's Psychological Counseling services. The documentation will be noted as "**Session Notes**". All session notes for all students (whether Medicaid eligible or not) will be entered into the Related Service Log of IEP Direct.

Appropriate School Official or Other Official Means:

- Teacher, administrative personnel, Committee on Special Education Chairperson or member, or other professional who is familiar with the needs of the individual student.

Session notes should consist of the following information:

- Student's name.
- Specific type of service provided.
- Whether the service was provided individually or in a group (specifying the actual group size).
- The setting in which the service was rendered (public school and specific building, BOCES School and location, clinic, other).
- Date and time the service was rendered (length of session – record session start time and end time).
- Brief description of the student's progress made by receiving the service during the session.
- Name, title, signature, NPI number (credentials) of the person furnishing the service and name, title, signature, NPI number (credentials) of supervising clinician, as appropriate.
- Appropriate CPT Code must be included for billing purposes.
- **NOTE:** Session notes are direct contact time. There is no separate reimbursement for recordkeeping time.

Co-treatment:

- Co-treatment consists of more than one professional providing treatment at the same time.
- Therapists, or therapy assistants, working together as a "team" to treat one or more individuals must now bill separately for the same or different service provided at the same time to the same individual.
- Effective October 20, 2014, districts are no longer permitted to bill more than one therapy type on one Medicaid claim.
- Therapists must submit separate individual claims for each type billed.
- Procedure code modifiers will now be used to distinguish one therapy type from another during the billing process.

- Procedure code modifiers are: Speech Therapy – GH; Occupational Therapy – GO; Physical Therapy – GP).
- The use of these procedure code modifiers is not optional.
- Procedure code modifiers have been implemented in IEP Direct for the billing process.

Documentation of Consulting Services:

- Consultation between clinical and/or instructional staff should be documented as the professional/clinician sees fit.
- Consultations between/among professionals are not Medicaid reimbursable under SSHSP.

Make-up Therapy Sessions:

In order for a make-up therapy session to be Medicaid reimbursable, it must be consistent with the written order/referral and must:

- Be a service that is documented in the IEP.
- Occur **within the week** the missed visit occurred.
- Be documented (session notes must be kept for each session including made up sessions).
- Be provided by a NYS licensed and currently registered Psychiatrist qualified in accordance with 42 CFR Section 440.50 (a) and other applicable state and federal laws or regulations, acting within his/her scope of practice under New York State Law; or a NYS licensed and currently registered clinical Psychologist, qualified in accordance with 42 CFR Section 440.60 (a) and other applicable state and federal laws or regulations, acting within his/her scope of practice under New York State Law; or a Licensed and currently registered Clinical Social Worker (LCSW), qualified in accordance with 42 CFR Section 440.50 (a) and other applicable state and federal laws or regulations, acting within his/her scope of practice under New York State Law; or a Licensed currently registered Master Social Worker (LMSW) qualified in accordance with 42 CFR Section 440.60(a) and other applicable state and federal laws or regulations, acting within his/her scope of practice under New York state Law, “Under the Supervision of” a NYS licensed and currently registered Psychiatrist, NYS licensed and currently registered Psychologist, or a Licensed currently registered Clinical Social Worker (LCSW).
- Fit with the desired treatment outcome.

The 8-Minute Rule:

- The 8-Minute Rule is a Medicare billing construct that has to do with billing partial units when using timed CPT codes. The 8-Minute rule indicates that in order to bill for each additional time-based code, you must spend at least eight minutes of each unit providing direct service to the patient. In other words, in order to bill for a 15 minute code, the session must be at least eight minutes long. ***Note that if the total treatment time code is less than 8 minutes, then the treatment alone is non-billable.*** The first procedure must be at least 8 minutes, with each one, thereafter, billed in 15-minute increments. A

minimum session length of twenty-three minutes is required in order to bill for two units. Only direct, face-to-face time with the patient is considered for timed codes.

- However, because of the School Supportive Health Services Program (SSHSP), services must be delivered in accordance with the student's Individualized Education Program (IEP); **it is expected that the length of the session billed would reflect the actual length of the therapy session that was furnished and be consistent with the time frame specified in the student's IEP.**

Contemporaneous notes as related to recordkeeping or session notes constitute:

- The duties of the provider are discussed in Social Services Law at 18 NYCRR Section 504.3(a).
- Providers must prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid Program.
- "Contemporaneous" records means documentation of the services that have been provided as close to the conclusion of the session as practicable.
- In addition to preparing contemporaneous records, providers in the Medicaid Program are required to keep records necessary to disclose the nature and extent of all services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider for a period of **six years from the date the care, services or supplies were furnished or billed, whichever is later.**
- Medicaid documentation no longer required can be destroyed six years past the billing date.

Retention of Medicaid Records:

Providers in the Medicaid Program are required to keep records necessary to disclose the nature and extent of all services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider for a period of six years after Medicaid reimbursement.

The 2009 Settlement and Compliance Agreement between New York State and the federal agencies effectively ended the January 2002 SED directive that all Medicaid records since January 1, 1990 for reimbursement under School Supportive Health Services be held/retained until further notice. The normal retention policy now in effect is to retain the following records for a minimum of six years from the date that the services were paid.

- All documents relating in any manner to Medicaid reimbursement for services.
- All documents relating in any manner to referrals, prescriptions or orders for these services.
- All documents relating in any manner to the provision of these services; including but not limited to those showing dates that services were provided, the specific service that was provided, those that identify the professional providing the services or under whose direction the services were provided and professional qualifications, progress and other

notes, memoranda, correspondence, e-mails, reports, transportation logs and other documents relating to services rendered, as appropriate, to the service provided.

- All Individualized Education Programs (will be held on file at District Office and are available in IEP Direct).
- **PLEASE NOTE:** You may need to retain some or all of these documents for a longer retention period than six years due to other retention requirements.
- Medicaid documentation may be destroyed after six years after Medicaid reimbursement, in accordance with District Policies.

Services Provided by Student Interns:

- Medicaid reimbursement is available when individual or group therapy is being provided under the direct, face-to-face supervision of a New York State licensed and currently registered practitioner acting within his/her scope of practice.
- To be Medicaid reimbursable, a session involving a student intern must be conducted with the licensed clinician **in continuous attendance** with the student intern and the child or children receiving the service.
- The qualified practitioner must be guiding the student intern in service delivery and cannot be engaged in treating another child, supervising another student intern, or doing other tasks at the same time.
- The qualified practitioner is responsible for the services that are furnished to the child, including writing a session note that reflects the service that was delivered and signing all documentation.
- It is permissible, but not necessary, for the student intern to sign the session note.
- A separate note may be written by the student intern for educational purposes.

Corrections/Edits:

- **White out is not acceptable.**
- Scribbling over is not acceptable.
- Corrections/edits are struck through with one single line and then initialed by the practitioner.

Group/Individual Session during the same day for Psychological Counseling Services:

- Billing for both individual and group services provided to the same student in the same day is allowed, provided the Current Procedural Terminology (CPT) and Centers for Medicare and Medicaid Services (CMS) rules for individual and group therapy are both met.
- The Correct Coding Initiative (CCI) edits require the group therapy and the individual therapy to occur in different sessions, time-frames or separate encounters that are distinct or independent from each other when billed on the same day.

Back-to-Back Therapy Sessions:

- Back-to-back therapy sessions are Medicaid reimbursable.

- If the sessions were delivered consistent with the written order/referral, the IEP and Medicaid policy (e.g.: to be Medicaid reimbursable, the psychological counseling must be a minimum of 30 minutes and properly documented) then Medicaid may be billed for the sessions.
- Session notes must always document the actual time in/time out.
- If the first session was from 12:00-12:30 P.M. for Student A and second session was from 12:30-1:00 P.M. for Student B, the session notes must reflect that.

Medicaid Reporting:

- Session notes are entered in the RS Log of IEP Direct.
- Session notes should be entered in the RS Log of IEP Direct on a daily basis.
- To be contemporaneous, best practice is that session notes should be completed within 5 days of the service provided.
- Claiming for Medicaid reimbursement is completed in-house through Medicaid Direct.

Progress Reports:

- Monthly progress reports are no longer needed for Medicaid reporting.
- Quarterly progress reports are not needed for Medicaid reporting; however, quarterly progress reports are required under IDEA.
- Quarterly progress notes should include the present level of performance of the student and the progress that the student is making toward meeting projected outcomes of goals, and/or objectives of the Psychological Counseling services as specified on the IEP.

Psychological Evaluations:

- To be Medicaid reimbursable for Psychological Evaluations, they must be provided by a professional acting within his/her scope of practice, and whose credentials are comparable to providers who are able to bill Medicaid for the provision of Psychological Evaluation Services in the community.
- Psychological Evaluations, to be Medicaid billable, must be provided by:
 - A New York State licensed and currently registered Psychiatrist.
 - A New York State licensed and currently registered Psychologist.

For Reevaluation, the following should be in place **prior** to the meeting:

- Recommendation for the reevaluation is indicated in the student's IEP prior to the reevaluation being conducted.
- Consent for reevaluation signed and dated by the parent. (After written attempts to acquire parental consent have been unsuccessful, the reevaluation can take place.)

A CSE Meeting will take place to review the need for the Psychological Counseling services and the goals.

Psychological Counseling services should be reviewed yearly.

Name changes:

- Should a practitioner change their name due to marriage, divorce, etc., they should always sign their name as it appears on their registration.
- Practitioners are required by NYSED to change their name with the Office of the Professions (OP) within 30 days of any legal name change.
- The name will be changed in the official database and will display immediately on the website on-line license verification page.
- A new registration certificate displaying the new name will be mailed to the address on record.
- Practitioners are not required to get a new license parchment.
- The Office of the Professions has specific requirements for submitting name/address changes.
- Practitioners should also change their name with the NPI within 30 days of any legal name change.

Electronic Signatures:

- Electronic signatures are acceptable, if adequate security is in place and confidentiality is maintained.
- The use of an electronic signature has the same validity as a signature affixed by hand.
- Providers must be prepared to authenticate or prove that the record was electronically signed by the person authorized to sign the record.
- The provider’s electronic record must have control features, such as individual passwords for electronic signatures.
- The sharing of passwords is prohibited.

Random Moment in Time Study:

- A Random Moment in Time Study (RMTS) is a mechanism for identifying the amount of time SSHSP practitioners spend delivering Medicaid reimbursable activities.
- It is important to note that RMTS is NOT a management tool used to evaluate staff activities or performance.
- The Random Moment in Time Study is a state requirement.
- Medicaid qualified clinicians who perform direct service activities (including “under the direction of” and “under the supervision of” activities) should be participating.
- Notification of your Random Moment in Time Study comes through your e-mail.

- You have 2 days to respond to your e-mail.
- This should only take you a few minutes to respond.
- There are only a few questions to answer.
- Print out your results when prompted for your own record.
- Keep your password for future reference. Each new school year, you will be provided a new password for the RMTS.



The information discussed below is not a part of the requirements for Medicaid billing; however, these are the procedures to follow in preparation of Annual and/or Reevaluation Reviews.

The following is required in **preparation of Annual and/or Reevaluation Reviews** for each student:

- Psychological Counseling Report showing Progress, Abilities, Strengths, and Needs.
- Related Service Form completed showing your recommendations for the following school year.
- Social History or Social History and Medical Update, if completed.
- Request for Extended School Year Services, if applicable, including your supporting data.
- Information updated in IEP Direct, **10 days prior to meeting.**
- Goals entered in IEP Direct, if appropriate, **10 days prior to meeting.**
- If you are the Case Manager, please submit Report Card, Attendance and Progress Report.

Your information should be submitted for Annual and/or Reevaluation Reviews as follows:

- **Originally-signed** Psychological Counseling Reports, Social History or Social History and Medical Updates, Request for Extended School Year Services, along with your supporting data, and the Related Service Form showing your recommendations for the following school year, should be sent to **District Office, 10 days prior to the meeting.**
- **Signed copies** of Psychological Counseling Reports, Social History or Social History and Medical Updates, Request for Extended School Year Services, along with your supporting data, and the Related Service Form showing your recommendations for the following school year, should be sent to the student's Case Manager and/or the School Psychologist, as appropriate, and to the building CSE Secretary, **10 days prior to the meeting.**