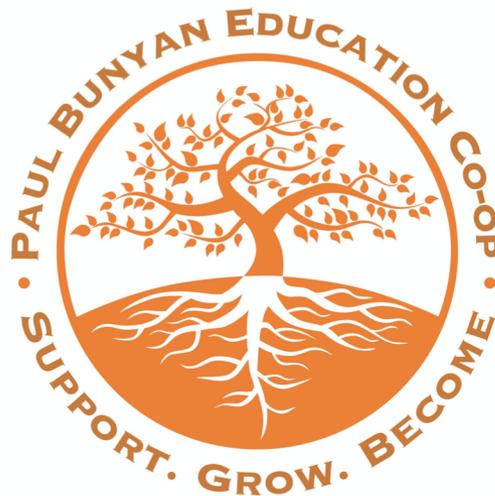


# MASE

## NEW LEADERS COHORT

### THIRD PARTY BILLING



December 10, 2019

Wanda Lane – 3<sup>rd</sup> Party Billing

Jen Johnson – Director of Special Education

# IEP/IFSP BILLABLE SERVICES

- Assistive Technology Devices
- Interpreter Services
- Mental Health
- Nursing
- Occupational Therapy
- Physical Therapy
- Speech-Language Therapy and Audiology
- Personal Care Assistants
- Transportation Services

*Services need to be documented in the IEP*





# INTERPRETER SERVICES

Interpreter services, as appropriate, may be a covered IEP service and reimbursed by Minnesota Health Care Programs (MHCP). Interpreter services are covered when it is necessary to communicate with the child during some covered IEP services or when communication is provided about a specific service when the parent and child are both present

# MENTAL HEALTH

## IEP Evaluations

## Contract School CTSS

## School CTSS



# NURSING SERVICES

MHCP-covered IEP health-related services are individual face-to-face nursing services that will help the child attend school and receive a free appropriate public education (FAPE). Some of these services include:

- Catheterization, tube feeding, suctioning and ventilator care
- Complex medication administration that requires the skill of a nurse and is administered rectally or through an IV, injection, nebulizer or gastrostomy tube, or has complex interactions with other medication and treatments
- The simple administration of prescription medications by a nurse who is employed by or under contract with a school district. (To be a covered service, simple medication administration must be identified in the child's IEP or IFSP.)
- Medication management provided by a professional nurse that includes reviewing a child's current medications and adhering to the prescribed medication regimen and one or more of the following, as appropriate:
  - Nurse evaluation for adverse reactions to medications, such as nursing assessment or review of health status; identification of health hazards and actual or potential health needs; evaluation of health behavior; and physical, emotional and psychological health.
  - Health teaching and counseling the child about his or her medication and proper medication administration.
  - Contact with the health care provider about prescriptions or treatment orders, tolerance or adherence.
  - Independent nursing interventions.
  - Chronic disease management.
  - Nursing assessment and diagnostic testing
  - Activities of Daily Living when the IEP indicates a one-on-one nurse is required at school.

# THERAPY SERVICES



- Occupational Therapy
- Physical Therapy
- Speech-Language Therapy and Audiology

The licensed therapist working within his or her scope of practice will evaluate, develop the treatment plan, goals or care plan, treat or supervise and give direction to an assistant.

# TRANSPORTATION

MHCP covers special transportation services as IEP health-related services when a child or youth is transported to or from school on a day when another covered IEP service is provided and the child or youth has:

- Physical or mental impairment – psychological disorder
- Physical condition or mental disorder
- Demonstrates Level 1 behavior or needs help with at least one ADLs while being transported

The special transportation services are covered for:

- Station to station (home to school, school to home, or to or from a medical appointment related to their medical condition and identified on their IEP)
- A child who requires a special adaptation to the bus, for example, wheelchair lift, special harness, safety vest or special car seat (not a regular car seat or seat belt) or requires help from a nurse or PCA
- One PCA who may provide shared services for up to three children, if appropriate and reasonable. For example, one PCA may sit between two small children

# PCA SERVICES

- ADL's (Activities of Daily Living):

Eating, Toileting, Grooming, Dressing, Bathing, Transferring, Mobility, & Positioning

- HEALTH RELATED FUNCTIONS
- REDIRECTION OF BEHAVIOR

Physical aggression towards self or others or destruction of property:

Has increased vulnerability due to cognitive deficits or socially inappropriate behavior

Resists care or is verbally aggressive relating back to medical need

**Must have an ADL or Level 1 behavior to be billable. The display of a Level 1 Behavior must be current, and determined to be either daily or episodic and ongoing (for example four times a week).**

# SCOPE OF PCA SERVICES

- Assist ~ Provide hands-on assistance with an ADL task
- Cue ~ Remind or stand by and direct the completion of an ADL
- Observe and Intervene or Redirect ~ Identify and deescalate episodes of behavior
- Monitor ~ Perform delegated health related procedures and tasks



# TIME STUDIES

## PCA Time Studies

To be considered a recent time study, review the time study annually and update it at least every two years,

unless the needs of the child change requiring a change to the child's plan of care before then.

PCA time studies should be:

- Created based on the services identified in the child's IEP or IFSP and the child's current plan of care
- Performed by a trained PCA who has or will work with the child throughout the school day
- Conducted over a 10-day period. Document each task or behavior episode, and the start and end times for each task or behavior episode

Once the 10-day study is complete, schools must calculate the average daily time for each task, and the total daily time for all PCA services.

Effective July 1, 2018, MHCP will allow schools to use the "average times" documented in a recent time study when billing for PCA services.

•Include the following in the time study documentation:

- School information
- Student information
- Name, signature and initials of the service providers who provided the PCA service during the time study
- Date
- Task information
- Initials of the person or persons providing the service
- Number of children in the group if more than one child is receiving the same task at the same time (shared care)
- Average daily time for each the task

# QUALIFIED PROFESSIONAL WHO SUPERVISES THE PCA/PARAPROFESSIONAL SERVICES

- The qualifications for a person providing supervision of a person providing PCA services are based on the service provided, and the license, certification, scope of practice, professional responsibilities and professional experience of the supervisor.

A QP may be any of the following:

- [Audiologist](#)
- [Licensed school psychologist](#)
- [Licensed school social worker](#)
- [Mental health professionals \(MHP\)](#)
- [Occupational therapist](#)
- [Physical therapist](#)
- [Professional nurse](#)
- [Special education teacher](#)
- [Speech language pathologist](#)



# QUALIFIED PROFESSIONAL DUTIES

A QP must supervise anyone providing personal care assistance through use of direct training, observation, return demonstrations and consultation with school staff, the child or youth, and the parent or guardian of the child or youth.

The QP trains and supervises the person providing PCA services and evaluates the effectiveness of the services. The QP must do the following:

- Confirm that the PCA meets the qualifications to provide the services.
- Appropriately assign tasks to the personal care assistant.
- Provide training and ensure competency of the personal care assistant in meeting the individual needs of the child or youth before services are provided.
- Verify that the PCA plan of care, based on the needs of the child or youth as described in the IEP plan, is completed within the first week after the start of services and updated as needed
- Review the personal care assistant's documentation of services provided
- Document training, communication, initial and periodic evaluations of the PCA services, and needed actions to improve services provided by the personal care assistant.

# CARE PLAN

A PCA care plan is a written description of each of the medically necessary PCA services a child will need during the school day with specific instruction of how the services should be provided. The plan of care must be developed by a QP working within their scope of practice.

The PCA plan of care must have the following components:

- Start and end date of the plan of care
- Child's name, student identification number, date of birth, demographic information including name of parent, guardian or responsible party, and emergency contact information
- List of special instructions or procedure required to meet the child's specific requests or needs, such as meeting the communication needs of the child due to a language barrier or whether the child or family has requested a personal care assistant of a specific gender
- A clear summary including the diagnosis, condition, sign or symptom that is creating the need for the service
- Identify the ADL's, level 1 behaviors or health-related tasks the child will need
- Steps to address safety and vulnerability issues of the child or youth, including but not limited to, responding to immediately predictable, identifiable triggers to level 1 behavior episodes
- Date, name and signature of the QP

# CONSENT

School districts may obtain parent consent in two ways: 1) with school district consent forms (e.g. the MDE recommended form); and 2) the Minnesota Health Care Programs (MHCP) application. The two options for obtaining consent impose different timelines for billing, with school district consent forms making immediate billing possible, and the MHCP application option requiring a waiting period after receiving the *Procedural Safeguards*, up to one year, during which parents at some point re-enroll in MA and provide their informed consent at that time.

# RATES

Cost-based rate methodology for PT, OT, SLP/A, MH, N and PCA

- 1. Total Salaries + Benefits ÷ Total Employment Hours
- 2. Item 1 X Direct Medical Assistance Service Hours
- 3. Item 2 ÷ Medical Assistance Encounters
- 4. Item 3 X District's Unrestricted Indirect Cost %
- 5. Rate = item 3 + item 4

## Transportation

- 1. Total special transportation costs ÷ total number of membership days for children who receive special transportation = daily cost per child
- 2. Daily cost ÷ 2 = trip cost per child
- Trip costs X District's Unrestricted Indirect Cost Percentage
- Rate = item 2 + item 3

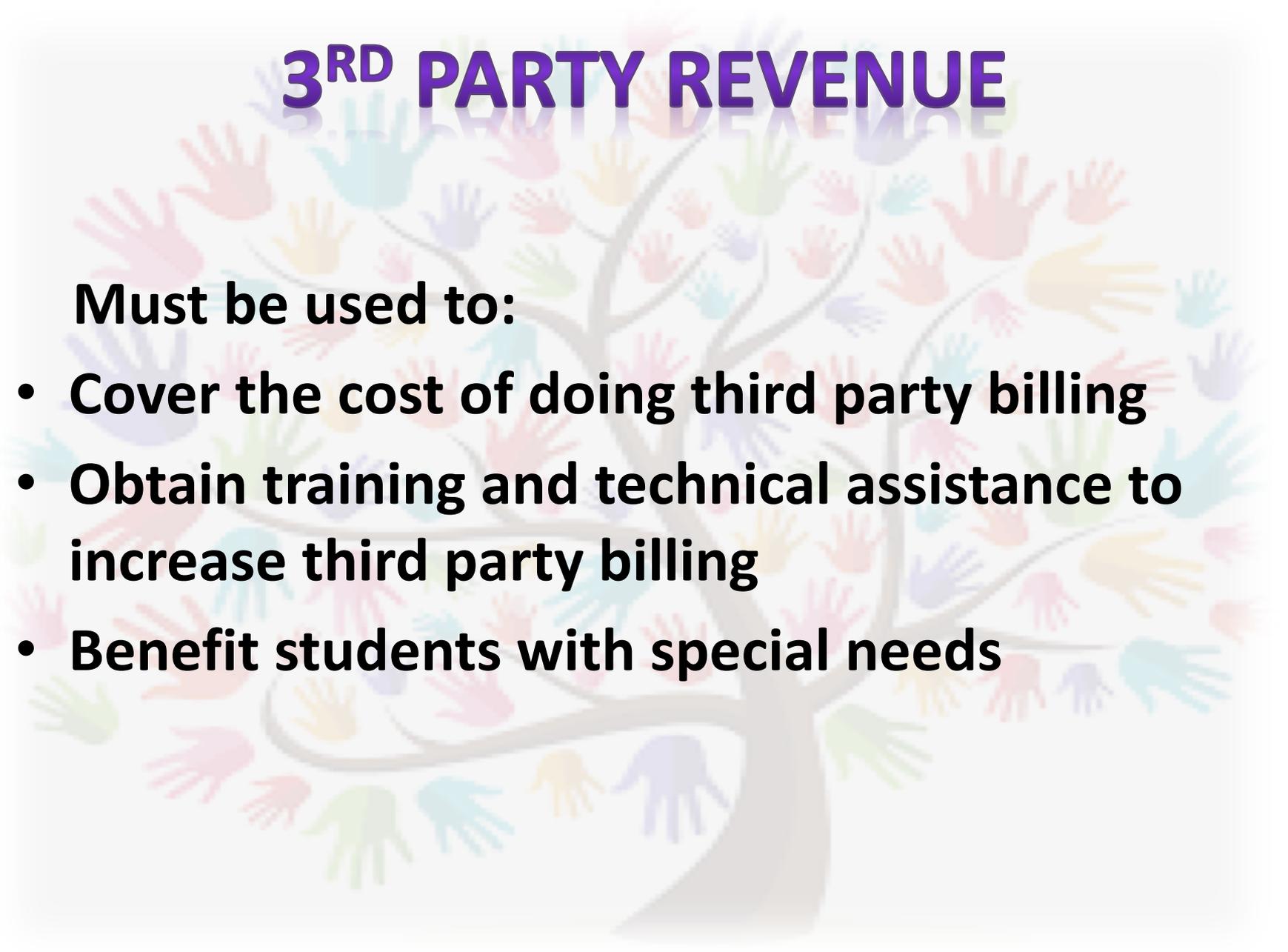
# RATES

- Interim rates are based on data from the previous year.
- Final rates are based from data in the current year. This is calculated a year after the school year. The district receives payment if district over paid. Districts start the next year in the negative if the district under paid.

Factors that can change rates:

- Information entered correctly in EDRS, UFARS or encounters & service time submitted to the state.
- Staff changes that affect salary
- Changes in law as to what is billable, especially PCA
- If rates seem too high ask DHS to adjust rate with more current data, avoiding having to pay back.

# 3<sup>RD</sup> PARTY REVENUE



**Must be used to:**

- **Cover the cost of doing third party billing**
- **Obtain training and technical assistance to increase third party billing**
- **Benefit students with special needs**

# IEP PROVIDER MANUAL

Link to online DHS IEP Provider Manual

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_151385](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_151385)

Provider Update Request

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_143894](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_143894)

DHS PCA Certification

<http://registrations.dhs.state.mn.us/videoConf/Default.aspx?BusinessUnitID=16>

Copy & Paste in to Address Bar, not the search box

