Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

Comment Number	Date Comment Received	Comment	Status Result	Action for Change Status	Reasoning for No Change Status and FAQ's
1.	6/23/15	My name is (Name) and I am writing to comment on the 15 day timeline for psychological services provided in the school setting. I work in (Name) County Schools, stretched mostly between 6 schools; however, I assist in the remaining 23 schools and I am involved with the Autism Leadership Team, facilitating the autism evaluations. In a given year, I may perform approximately 150 or more individual evaluations. That is excluding other duties such as attending numerous eligibility and individualized education program (IEP) meetings, consultation with parents and teachers, counseling, program development, community outreach, and case management. Evaluations in the school system can be time consuming due to many factors including absences, snow days, student's school schedule, the drive to outlying schools, and difficulty contacting some parents, to name a few. Federal and state guidelines allow us 80 day for an initial evaluations (with additional provisions for naturally occurring school breaks) and 60 days to complete a reevaluation. These timelines are imperative to stay close to so that the quality of the evaluations are not compromised due to a lack of time. Also, it is important to note that we are obligated to wait 5 days after the parent gives permission before we begin an evaluation. Additionally, a 15 day timeline would only provide 11 working days (weekdays) to initiate and complete an evaluation, interpret, and construct a comprehensive report, or provide counseling services. I am	**Change Made**	The time line for evaluations (psychological, OT, PT, SLP) reports to be completed will be increased from 15 days to 20 days and from 30 days to 35 days from the date of service. This change was made to align with the Department of Education's 5 day waiting period before an evaluation can be completed.	

		asking that you reconsider and extend this 15 day timeline.			
2.	6/22/15	As we are all aware, mental health within the school system is a rising concern. The newest "problem" is that as school psychologists, we are wearing numerous hats. The hat that we should be wearing is that hat of counselor and risk assessor. Sadly, we are used too much as "testers." Due to the fact that we are not just "testers" nor should we ever be, a 15 day timeline from the date of service until all documentation is complete is not feasible in any way, shape, or form. Without a doubt, if any school psychologist in this state was just testing, then maybe that would be something that might be able to be completed. For us in the real world, it is not. Calls come in on a consistent basis of student with immediate threats or on going situations that need our attention. We also do eligibility meetings and many other things that take our entire day to do, not to mention the back log of psycho-educational reports that need to be completed and no funding to support the recommended 1:700 ration (NASP). Some of us run on 1:4500, and we are running out of fuel. Please think long and hard about this timeline and other implications that it would have on the school psychologists, as well as the children. I would be heartbroken to have to say "I can't help you with your crisis today, I have to write a report."	**Change Made**	The time line for evaluations (psychological, OT, PT, SLP) reports to be completed will be increased from 15 days to 20 days and from 30 days to 35 days from the date of service. This change was made to align with the Department of Education's 5 day waiting period before an evaluation can be completed.	
3.	6/22/15	The 15-day billing timeline for completion of evaluation reports should be increased to 30 days. It will be very difficult to adhere to a 15-day turn-around time for report writing, particularly for districts that contract school	**Change Made**	The time line for evaluations (psychological, OT, PT, SLP) reports to be	

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

		psychologists.		completed will be increased from 15 days to 20 days and from 30 days to 35 days from the date of service. This change was made to align with the Department of Education's 5 day waiting period before an evaluation can be completed.	
4.	6/23/15	My name is (Name) and I am a School Psychologist with (Name) county schools. I am commenting because I am concerned about the 15 day timeline for Psychologists to submit documentation and reports for billing purposes. School Psychologists are stretched very thin in this state. There is even a bill that has been trying to work through the House and Senate stating that WV desperately needs to increase the ratio of School Psychologists to students because there are too few Psychologists to serve the population effectively. A 15 day timeline is not feasible in the school system for Psychologists to finish the time intensive testing and report writing that we do. Psychologists are also responsible for sitting in a substantial amount of meetings that involve eligibility decisions, as well as difficult behavior situations, among other things such as consulting with teachers and parents. Federal and state policy allows an 80 day timeline for initial referrals and 60 days for re-evaluations. Evaluations in the school system are very time consuming and depend on a lot of factors, including if the student is coming to school and it can be	**Change Made**	The time line for evaluations (psychological, OT, PT, SLP) reports to be completed will be increased from 15 days to 20 days and from 30 days to 35 days from the date of service. This change was made to align with the Department of Education's 5 day waiting period before an evaluation can be completed. Evaluation timelines applicable under IDEA and Policy 2419 do not govern or regulate Medicaid or it's	

		very difficult to interview the parent in a timely manner. Things like excessive absences and snow days are also factors that would make this 15 day timeline difficult to meet. Thank you for your time and attention to this matter.		policies.	
5.	6/23/15	I do not feel that it is appropriate to ask SLP's to obtain a license from the WV Board of Speech Language Pathology. I feel that our SLP's certification (masters) and ASHA card more than qualifies them to bill and provide speech to our students attending school.	**No Change Made**		The West Virginia state plan for School Based Health Services that is approved and mandated by CMS states that a qualified provider of speech services "must be licensed by the WV Board of Examiners of Speech, Language, Pathology and Audiology" To be considered an "SLP" to bill Medicaid services in the school the provider must be licensed the WV Board of Examiners of Speech Language Pathology and Audiology. We have designated SSLPA School Speech Language Pathology Assistants as individuals with the

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

					appropriate degree without licensure to do speech therapy services.
6.	6/22/15	As a school psychologist, I would like to comment on the timeline for billing. 15 days is not feasible in education. Eligibility for special education is a team decision and based on so much more than testing or diagnosis. Therefore, we would have to bill after the eligibility meeting. Our WVDE policy 2419 allows 60 days for assessment completion and 80 days for eligibility meetings. There is also flexibility for summer months and snow days.	**Change Made**	WV Policy 2419 is the special education policy that governs the WVDOE and is separate from WV DHHR's Bureau for Medical Services School Based Health Service (SBHS) policy. An initial evaluation conducted by a school psychologist of a Medicaid member to determine if the member would be eligible for special education services would not yet be a Medicaid billable service as the member would not yet have an established IEP. Therefore, the 15 day Medicaid Policy would not affect an initial eligibility determination meeting. LEAs cannot retroactively bill Medicaid. However, if the Medicaid member has an established IEP	

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

				and was being evaluated for an additional service(s) that were Medicaid billable, a different time line would apply. The time line for all evaluation (psychological, OT, PT, SLP) reports to be completed will be increased from 15 days to 20 days and from 30 days to 35 days from the date of service. The reason being that School professionals are required to wait 5 days before starting evaluations.	
7.	6/19/15	As a practicing school psychologist in the state of West Virginia it is important to review the provided documentation that is relevant to the practice of my field. Upon reviewing the provided documentation two distinct areas of concern were identified. **1. First i**s the identification of outdated terms and methodologies on the forms that are filled out to bill. Testing methods/Testing Tools/ and terms to identify specific types of service are outdated. Multiple assessments for instance that are listed have long since been discontinued and are no longer considered best practice in the evaluation of students.	1. Change Made 2. Change Made	1. Any terminology that is outdated including testing and assessments will be removed from policy. 2. The time line for all evaluation (psychological, OT, PT, SLP) reports to be completed will be increased from 15 days to 20 days and from 30	

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

		2. Second and most importantly is the identification of billing for services within a 15 day timeline. Psychoeducational evaluations on average take much more than 15 calendar days to complete. A number of factors go into these evaluations. Observations, ratings from parents, parental information, medical documentation, test administration, review of records, etc., to name a few are all essential components to effectively and accurately identifying problems within children. Compiling this information and putting all together also equates to additional time that is needed to possibly administer additional measures to accurately identify problems. I feel that the timeline of 15 days is a mark that is unfeasible and unrealistic when working within the school setting. To provide the best services and accurately identify kids in an manner that is understandable by all parties (parents included) additional time must be allocated. I thank you for your time in reviewing my concerns regarding the School-Based Health Services Policy Chapter 538.		days to 35 days from the date of service. This change was made to align with the Department of Education's 5 day waiting period before an evaluation can be completed.	

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

8.	6/19/15	The WV Department of Education, via the WV Constitution has the authority to license professionals to work in the school setting. In the list of the health provider categories school psychologists and speech/language pathologists have specific licensure provided through the WV Department of Education that does not require those two groups to have dual licensure with the WV Board of Examiners of their respective professional licensure boards when they do not practice outside of the educational system. Therefore, there needs to be some delineation in the list of qualified staff, for WVDE school psychologists and speech/language pathologists, for provision of reimbursement - without the requirement of dual licensure.	**No Change Made**		Staff Credential requirements to bill Medicaid are determined by the WV State Plan outlining Medicaid Services provided to our members and is approved by CMS. WV DHHR has recognized a Psychologist/School Psychologist Interpretative Statement dated 5/21/2004 by the WVBOEP and WV Code §30-21-1 allowing a WVDOE deemed school psychologists to work in the school system without a license from the WV Board of Examiners of Psychologist. Therefore, a school-psychologist can bill for Medicaid services provided to Medicaid members.
9.	6/19/15	First I want to thank you for including school psychologists in the Medicaid funding. Under the Affordable Care Act,	**Change Made**	The time line for all evaluations	

		School Psychologists are listed as providers. We have the training and skills to impact mental health services for children in schools. We need more school psychologists so we will have more time to provide group counseling, individual counseling, crisis intervention and consultation to parents. Allowing for us to bill for these services will help districts be able to afford more school psychologists. The resulting situation benefits everyone involved. The only concern I have about the billing procedures is the 15 day timeline. Would it be possible to allow additional days in the timeline for schools? Due to large caseloads and the process of multi-disciplinary decisions for eligibility for services, making decisions within 15 days would be very difficult. Would it be possible to keep the same timeline that is already in place in schools? Thank you for your consideration of this revision.		(psychological, OT, PT, SLP) reports to be completed will be increased from 15 days to 20 days and from 30 days to 35 days from the date of service. This change was made to align with the Department of Education's 5 day waiting period before an evaluation can be completed.	
10.	6/14/15	1. The Personal Care Aide form would be better if it allowed the aide to put in her daily schedule with the student and then choose from the allowable activities on the form. For example: 8:00- 8:30 feeding 8:30-8:35. Medication 8:35-8:45. Walking/'transfer 8:45- 9:45. Communication, repositioning 9:45- 9:55. Walking/ transfer 2. And where do we put the time the aide spends consulting with others like the PT or teacher?	**1. No Change Made** **2. No Change Made**		**1.** Daily scheduled may change depending on Medicaid Member (student), building a form with the daily schedule already formatted in form could promote fraud to take place. The form was developed with WVDOE to ensure it was user friendly but also met all of the requirements set forth by Medicaid

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

					2. Medicaid Personal Care does not pay for an aide to consult with a professional. The Targeted Case Manager would have a billable service available to consult with a Personal Care aide.
11.	6/14/15	1. I understand you are now changing this to reflect only 1 student per month per page. Please consider giving them space to document one full month and putting that month and year at top of page similar to the old form. 2. Also, "to school, vehicle" and "to school, aide" should be side by side...	**1. No Change Made** **2. No Change Made**		**1.** The form was developed with WVDOE to ensure it was user friendly and met all of the requirements set forth by Medicaid **2.** There are two separate billing codes; one with an aide and one without an aide The form was developed with WVDOE to ensure it was user friendly and met all of the requirements set forth by Medicaid.
12.	6/24/15	Regarding the TCM Acknowledgement Form, please consider the following to help streamline the process:	**1. No Change Made**		**1.** It has always been the intent to have the

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

		1. If we are having a service plan generate and signed with the annual IEP, this would also be the best time to secure the TCM Acknowledgement form and to provide parents with the Annual Notice requirement (from March 2013). If Online IEP will generate the Service Plan, could the two of these be part of that process? Obviously, separate signatures would be required. Also, at an initial IEP, the consent form could be generated with the initial service plan. 2. Regarding the Service Plan, if I understood it correctly, the Online IEP will only generate that form for students who meet the criteria. Correct? That would be very helpful to both the district and the providers.	**2. Not Applicable to DHHR/BMS**		TCM form and the newly generated Service Plan signed at the same time the IEP is developed. **2.** This question must be answered by the Department of Education.
13.	6/25/15	These forms are everyone's nightmare, and each year they just get worse. Our focus should be on providing therapy for our needy students, not spending HOURS each month filling out Medicaid forms. That is NOT why I went to college for 6+ years, and Medicaid paperwork will be the reason that I finally quit my position as a public-school SLP. I simply hate it.	**No Change Made**		WV Department of Health and Human Services' (DHHR) School Based Health Services (SBHS) Medicaid policies are derived from the state plan that is approved by the Center for Medicaid and Medicare Services (CMS). CMS requires states to develop and have an approved State Plan outlining the Medically Necessary Services

					they will provide to Medicaid eligible members. The U.S. Department of Education require school systems to provide special education services through the federal law known as the Individual's with Disabilities Education Act (IDEA) and state law, known as WV Policy 2419. The LEA is an enrolled Medicaid provider and as such is required to follow all Medicaid policies and procedures. The Federal Offices discussed above are separate entities that have their own policies/procedures and Federal requirements.
14.	6/25/15	After reviewing the Medicaid Policy and new forms here is some feedback. 1. The TCM form does not have an option to Continue the	**1. No Change Made** **2. Change Made**	**2.** The Transportation forms shown for public comment will be	**1.** Medicaid does not pay for IEP development or

		IEP/Service Plan. There needs to be more clarification on what exact services we can submit for. Make it very clear that we can submit for students receiving specific services or not. 2. Transportation does not have enough student information sections and it requires way to much paper to track. I submitted a form that is done monthly, as my county is quite huge. 3. Private Duty Nursing form should state Nursing Form, as our school nurses do services as directed by Doctors orders. 4. Overall before making forms policy, I think the counties should be able to work with the Medicaid program to make them efficient and manageable for everyone to use. Thank You,	**3. Change Made** **4. No Change Made**	changed. 3. Form will be titled Nursing Services	meetings. The new TCM form does have an option in the drop down box to bill for Service Plan development and revision. The drop down boxes on the new TCM form only listed Medicaid billable services. **4.** All SBHS Medicaid policy and forms were developed with WVDOE.
15.	6/24/15	Looking at the new updates to how Medicaid will bill for school psychologists, I would like to make comments on some policies which, while they may be perfectly reasonable in a clinical setting, are more difficult to accommodate when in schools and when the individual travels from school to school. What you have to understand is that when working in schools, we travel to our clients instead of the other way around. School schedules and absentee rates can often make a 15 day completion timeline extremely difficult. Also, one has to take into account holidays and weekends. Clients (as they are in fact students) are unavailable to us at this time.	1. Change Made **2.** No Change Made	**1.** The time line for all evaluation (psychological, OT, PT, SLP) reports to be completed will be increased from 15 days to 20 days and from 30 days to 35 days from the date of service. This change was made to align with the Department of	**2.** Computerized scoring for testing is a non-covered service under Medicaid

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

		1. Having a 15 day timeline for each student, considering each caseload per school, is unnecessarily difficult and stressful, and in many cases impossible. Also, as regards the reduction in billing time when this includes the time taken to score and interpret the report is severely underrating the work we put into what we do. These assessments take time and correctly scoring and interpreting these assessments take time as well if they are to be done well. 2. This time will be increased with hand scoring as I see you are excluding computer scoring. Please note that if you are going to reduce the amount of time we can bill for, computer scoring would save us valuable time and make this more reasonable. As it is, we will not be able to bill for the full extent of the time we spend working with these students and creating our reports. This would also be eliminating the use of some assessments as there are valid and reliable assessments in use in each county that do not provide the tools to hand score. Thank you for your considerations in these matters,		Education's 5 day waiting period before an evaluation can be completed. Please note that the majority of all psychological can be used by the telehealth modality which reduces transportation time.	
16.	6/24/15	Please reconsider allowing us to bill for initial evaluations if a child is made eligible for special education. This evaluation is often the most comprehensive evaluation we do for a child which equates to a great amount of time/financial resources.	**No Change Made**		Federal law dictates that Medicaid can only pay for Medicaid services for Medicaid members who have an active IEP. Retroactive-billing is not allowable.

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

17.	6/24/15	1. The proposal includes a cap of 8 units per month for speech therapy, which equates to 120 minutes/month of therapy. Therapy minutes vary according to the delay and need of the child. Many of our students exhibit severe speech and language delays. These students may be nonverbal, have apraxia, use alternate forms of communication, or other significant delays. They require more than 120 minutes/month. Their minutes may range from 180 minutes per month (12 units) up to 480 minutes per month (32 units) in very high need children. Please consider an increase in billable units per month. 2. I was told at Medicaid training that initial evaluations (speech and psychological) would not be billable unless there was an existing IEP in place. Please reconsider this change. If the SLP is required to get physician authorization prior to completing the evaluation and the child is deemed eligible for services, then the evaluation should be billable. For psychological services, the initial evaluation is often the most comprehensive evaluation we do. The psychologist is now required to give a diagnosis based on the information from the evaluation. Please consider allowing this evaluation to be billed if a child is made eligible for services. It takes a considerable amount of time/ financial resources to appropriately evaluate and document a child's level of performance. I know we are a school based model, but in a clinical setting these services would be eligible for reimbursement.	**1. Change Made** **2. No Change Made**	**1.** The Speech Therapy unit will be raised to 16 units per month.	**2. CMS** dictates that Medicaid can only pay for Medicaid services for Medicaid members who have an active IEP.
18.	6/24/15	As a county administrator I am concerned about the requirement for school level personnel to complete billing electronically. Personnel who are committed to student	**No Change Made**		WVDHHR through SBHS does not require school level personnel

		engagement have a significantly difficult time getting to a computer to enter data in a timely manner. As an individual who has privately received physical therapy for example, the therapist immediately works with an individual and then then immediately goes to a computer and enters treatment and assessment information. This is not the nature of classroom services and will be very difficult to supervise and regulate.			to complete billing electronically. All forms are available in a paper format. It is considered "best practice" for a practitioner to write progress notes after completing therapy with an individual.
19.	6/24/15	Another significant concern for some counties will be personnel. Our county does not employ an individual with the sole purpose of entering and managing Medicaid billing and transactions but there are many counties where this is the case. The personnel hired for the purpose of Medicaid billing and transactions will have a change of duties outside the personnel change calendar. This will present the risk of multiple grievances from county personnel because of the change of duties.	**No Change Made**		Medicaid does not dictate any personnel requirements for Medicaid billing and transactions.
20.	6/30/15	I am a school psychologist in WV. I have concerns with the new requirements for Medicaid billing for psychological services. 1. The 15 day time frame from date of service to report is unrealistic in a school setting. 2. School psychologists typically do not give mental status exams for an academic referral. 3. School psychologists typically do not give DSM-5 diagnoses. We are evaluating for special education services.	**1. Change Made** **2. No Change Made** **3. No Change Made**	**1.** The time line for all evaluation (psychological, OT, PT, SLP) reports to be completed will be increased from 15 days to 20 days and from 30 days to 35 days from the date of service. The reason being that School professionals are	**2.** This is a Medicaid requirement to be paid for the service. **3.** This is a Medicaid requirement for billing the service.

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

				required to wait 5 days before starting evaluations.	
21.	7/2/15	1. We have several students who have speech services of up to 210 minutes per month. 2. We have several students who have PT services up to 240 minutes per month. 3. To administer a psychological and write the report frequently takes more than 2 hours. Can these limits be increased?	**1. Change Made** **2. Change Made** **3. Change Made**	**1.** The SLP caps will be increased to 16 units per month. 2. The OT/PT caps will be raised to 20 units per calendar month. 3. The 2 units of psychological testing have been increased to 3 units.	.
22.	7/1/2015	With the additional requirements for Medicaid/TCM billing, please consider working with the WVDE to make getting parent/DHHR caseworker **permission to bill as part of the IEP process**. The web-based IEP program can generate **a final page with 2 separate permission areas** (Medicaid and TCM). This will help with gaining and managing parent permissions.	No Change Made		The DHHR and WVDOE have been working together. It is the intention for the "School Based Medicaid TCM Student Acknowledgement Form" to be provided to parents/guardians during IEP development. This form is offered to the parents/guardians to have freedom of choice for TCM services.
23.	7/2/15	1. It would make it much easier for data entry if all	**1. Change Made**	1. The DHHR and WVDOE	4. Our fiscal unit in

		billing forms had the same fields at the top of the form that require Student's Name, Birthdate, WVEIS number, Medicaid number, Diagnosis Code, County, Billing Month, and Provider number. 2. More allowable services units should be added for Speech, OT, and PT services as many students are being provided more therapy than the current allowable service units. 3. Currently, nurses are able to bill for the following services that are no longer listed on the new billing form. They are: Crede's Method, Long Term Medication Administration, Phrenic Nerve Stimulator, Vagus Nerve Stimulator, Administering Medications through Gastrostomy/N-G Tube, and Special Dietary Needs Medical Statement. These services should be added to the new definitions and billable services. 4. Now that Personal Care billing is payable at a much lower rate, and is broken down by services and time, it should not be required that only a one-on-one aide can bill for these services. Please research and clarify that. 5. Transportation information should not be included on the bottom of the speech form as the Speech Therapist is not usually aware as to whether the student rode the bus that day or not. 6. Since the Personal Care billing is on 2 pages, they should be on front and back of the same paper so it cannot be separated, or reduced to fit on one page. 7. The TCM form should also be on 2 sided form.	**2. Change Made** **3. Change Made** **4. No Change Made** **5. No Change Made** **6. No Change Made** **7. No Change Made**	are working to make the data entry on all billing forms the same as much as possible. 2. The SLP cap will be raised to 16 units per month. 3- Some of these services are billed under Long Term or Emergency Medication. We are not covering Special Dietary Needs Medical Statement.	DHHR is reviewing this to see if a change can take place in the future concerning this. 5. The boxes on the bottom of the SLP/OT/PT forms are to track time services started and stopped on a specific day. Tracking the specific day a service was provided allows for whom ever is responsible to match Medicaid billable services with days transportation can be billed. The SLP/OT/PT is not responsible for matching this information up. The TCM form is in a computer fill-out-able format. It will not be necessary to make it 2 sided. 6. They are 2 pages but may be used on a front to back format 7. They are 2 pages but may be used on a front to back format

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

24.	6/30/15	1-In regard to staff credentials, It appears services must be delivered by licensed school psychologist, supervised psychologist for licensure, or as deemed and approved by the WVDOE. Does this mean a school psychologist certified by WVDOE may continue to bill? How about a nationally board certified school psychologist? 2-It is of some concern that it appears you are asking for a "mental status exam" to accompany all evaluations and reports. This is not a common practice of any school psychologist as child's mental status can easily be determined via evaluation tasks and/or through strategies utilized to establish rapport with student. Indeed, evaluation observations generally include: appearance, behavior, attitude, etc. Yet, this information has not been obtained through a formal mental status exam. Indeed, some of the questions that might be utilized in a more formalized "mental status exam" can serve to create anxiety (Why is she asking me these questions? Does she think I am crazy?) which is not conducive to establishment of evaluation rapport. Indeed, some self-ratings are not completed until after intellectual and achievement functioning as the questions may alarm students (e.g. Do you ever hear see things others do or cannot see?) In short, evaluation observations will generally reveal all of the information gleaned through a mental status exam and more. 3-Documentation must be completed within 15 days. To be blunt, this is unreasonable. To begin with, we have not been permitted to bill for students unless they were	1. No Change Made 2. No Change Made 3. Change Made 4. Change Made 5. No Change Made 6. No Change Made 7. No Change Made 8. No Change Made	3. WV Policy 2419 is a special education policy separate from WV DHHRs Medicaid School Based Health Service (SBHS) policy. An initial evaluation conducted by a school psychologist of a Medicaid member to determine if the member would be eligible for special education services would not yet be a Medicaid billable service as the member would not yet have an IEP. Therefore, the 20 day Medicaid Policy would not affect an initial eligibility determination meeting. LEAs cannot retroactive bill Medicaid. However, if the Medicaid member had an existing IEP and was being evaluated for additional service(s) that were Medicaid billable, a 20 day time line would apply. The time line for all reports (psychological,	1. Yes a school psychologist deemed by WVDOE can bill Medicaid under the School Based Services Contract 2. A mental status exam is a Medicaid requirement for billing services and is required to give an accurate evaluation and assessment based upon the student's presentation at the time of the service. 5. Medicaid is unable paying for educational evaluations, only evaluations that will determine if a person has a medical condition that requires treatment. Medicaid does not cover "self-administered" evaluations. Medicaid will not cover the evaluator's time inserting information into a computer and

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

		deemed eligible for services. There is currently an 80 day timeline in effect between referral and eligibility. This means we would have to wait until the last 15 days of this period to evaluate the student, score, and write reports. There are vacation days, snow days, student absences, field trips, classroom testing, illnesses, fire drills, power failures, court hearings, recess, guest speakers, lunch, breakfast, holidays, and a myriad of other reasons that negates our ability to evaluate students on specific dates and within narrow ranges of time. Plus, some students have to be evaluated over multiple days and over multiple sessions because of their motivation, personalities, failure to wear/bring glasses to school, processing speed, their dog died, dad just went to jail, grandma died, etc. To make matters worse, psychologists are at the mercy of others that are completing teacher reports, filling out rating scales, collecting data, progress monitoring, changing interventions, etc. In other words, psychologists are having to utilize a variety of information from a variety of resources to summarize data, interpret data, consider/score/interpret cognition/academics/psycho-social /achievement/emotional/and behavior evaluation (rating scales/FBS/BIP), and generate recommendations needed to develop a plan to meet the individual needs of the student. 4-In the past, we have been able to bill up to 4 units for psychological testing and reports. If I am reading information correctly, it looks as if there would be a limit of 2 billable units per year. Can both units be used at the same time? This is also not reasonable and/or feasible as it is likely administration of intellectual and achievement		OT, PT, SLP) reports to be completed will be 20 days from the date of service. School professionals are required to wait 5 days before starting evaluations. 4. Yes, both units can be used at the same time. Referral would be a TCM billable service, re-evaluation is a separate billable service code, Medicaid does not buy a provider evaluation tools or materials, computer scoring is not a billable service under Medicaid and completing billing information is built into the payment rate. We have increased from 2 units to 3 units.	the computer scoring or diagnosing. The information that a computer provides to an evaluator should be included in the written report. 6. A member Service Plan is a Medicaid requirement for billable services. The WVDOE is working to have the member Service Plan be developed automatically from the IEP document and will print out at the same time and require professional and parental/guardian signature. 7. Medicaid will not pay for an intern to administer evaluations or report writing. This can only be done by a licensed psychologist or school psychologist. 8. The time a billable service begins and ends.

		evaluations alone would take more than 2 billable units to complete. Indeed, there are many complex cases that can take days to evaluate, score, interpret, and write reports (Using start and stop times, it is not uncommon for evaluation and report writing to take more than 12 hours.). This does not even account for referral, reeval, iep, and/or eligibility meetings nor does it cover cost of protocols, evaluation instruments, computer scoring costs, and/or other evaluation materials—not to mention the time involved in completing billing information. 5-There is also some confusion in regard to computer scoring. The trend in education products is to provide on-line scoring. Indeed, the new WJ-IV cannot be hand-scored. It must be scored on-line. So, I am assuming as long as scores are reported in reports with interpretations, this will not be an issue??? In a similar vein, is a self-rating (e.g. Conners, BASC, etc.) considered a self-administered assessment? In most instances these self-ratings are completed with the subject, scored, interpreted, and write-up completed for the report. 6-What is meant by the term member service plan? 7-Intern billing? Can the supervisor bill for the time reviewing the report, consulting with intern, making recommendation, and helping with rewrite, etc.? Are there any conditions where services provided by supervised intern can result in ability to bill? 8-What is meant by start and stop times?			

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

25.	7/5/15	I am pleased to see that Medicaid has increased the amount of services that are covered. My concern is about the 15 day timelines. Within the school system, as a School Psychologist, I am given 30 days to complete psychological evaluations. There is such a high number of referrals and too few psychologists, so most of the School Psychologists that I know are unable to provide any more services besides evaluations. By the time we receive a referral and fit it into our long schedule of referrals for assessments, and then do the assessment, and while other school personnel complete their parts of the evaluation and we get our reports together and schedule meetings, we need every bit of the time our school systems allow. Everyone is hard-pressed to complete assessments in time, and students are often absent, which complicates the matter. Please consider changing the timelines to reflect those required by school systems, as they are in place for a reason and enforced by people who know firsthand how services are carried out in schools. Thank you for your time.	**Change Made**	The time line for all evaluation (psychological, OT, PT, SLP) reports to be completed will be increased from 15 days to 20 days and from 30 days to 35 days from the date of service. The reason being that School professionals are required to wait 5 days before starting evaluations.	
26.	4/6/15	1. I am writing in response to the proposed changes for Medicaid for psychological services in schools. By the very design of these proposed changes, it is clear that the intention is to prevent billing. Federal timelines are 60 days for initial referrals, and in WV that timeline is 80 days. Counties strive to maintain a 60-day timeline for the sake of students and parents, but much of the time this is impossibility due to the elevated school psychologist-to-student ratios maintained in this state. The National Association of School Psychologists (NASP) recommends 1:500-700 and in WV our ratio is 1:2500+. With these kinds of numbers, it is impossible to complete the testing and	**1. Change Made** **2. No Change Made**	1. The time line for all evaluation (psychological, OT, PT, SLP) reports to be completed will be increased from 15 days to 20 days and from 30 days to 35 days from the date of service. The reason being that School professionals are required to wait 5 days	2. County school Board are enrolled as Medicaid Providers to provide Medicaid billable services must meet Medicaid criteria's one of which is to provide a DSM diagnosis when an evaluation is administered. BMS has not implied that a

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

		reports within 15 days. 2. Furthermore, in schools, the concept of "diagnosis" does not exist. We do not utilize the DSM in daily practice. It is very clinical in nature to request components such as a mental status exam, history of illness, and medication efficacy and compliance in reports. Schools are not permitted to require that a student with a diagnosis from a physician, such as ADHD, be on medication. (Note: Policy 2419 specifically states that diagnoses rendered for Other Health Impaired (OHI) criteria must be from a medical doctor.) Many parents express to us that they do not want their children on medication, and that is the end of the conversation. The medical model in the clinical world centers around deficits and diagnoses; I know from personal experience from previous employment that I was not permitted to continue seeing clients for therapy without a label because there was no way to bill without diagnoses. School psychologists do not function under the medical model, and many of us chose this area of psychology as a career in part because of the strengths-based model employed. School psychologists support students with all manners of concerns, regardless of their ability to pay for services, if they are billable, and regardless of whether there is a diagnosis or a short-term concern. As in, there is no option for us to put additional effort forth on getting reports done in 15 days for students for which their assessments are billable. This 15-day timeline would require that we ignore one group of students in order to focus on another so that billing is a possibility. Although we do not financially thrive on billable services for our employment as many clinical psychologists do, our school		before starting evaluations. BMS is aware of IDEA and WV Policy 2419 evaluation requirements for special education services eligibility. The proposed timelines are for Medicaid purposes. There are separate criteria's for the separate State and Federal programs.	diagnosis given by a school psychologist or a licensed psychologist that works in the school system will result in services or medications. The eligibility committee in school systems determines if a child meets the three prongs of eligibility for special education services. The Evaluation Committee cannot use one criterion or report to determine eligibility for special education services. The Medicaid requirement for a diagnosis on a report that a school system has billed Medicaid for will not change the Evaluation Committee process or requirements for special education services.

		systems and student populations benefit from our submitted billable hours. Since the concept of diagnosis does NOT exist in schools, the discussion in eligibility committee (EC) meetings focuses on if a student's yielded data from curriculum-based assessments (CBM) and individualized standardized assessments MEETS criteria for one or more of the 13 exceptionalities set forth in IDEA. That means that not only do we not diagnose, we must wait until the scheduled eligibility committee meeting (within the 80-day timeline) to discuss as a TEAM if the student's data meets criteria. Again, criteria for OHI require a diagnosis from a physician. In the case of Specific Learning Disabilities (SLD), the DSM criteria are not used. Outside clinical reports that state a diagnosis of a learning disability was found often do not meet criteria in schools because of how different the criteria are between the two fields. With the model set forth in the federal and state policies for special education, it would be unlawful for us to write diagnoses in reports and submit that information for billing within 15 days when the EC team decides if criteria is met. The EC team must come to a consensus and in the event that that cannot occur, the special ed director has final say per Policy 2419. Many school districts support their students with supports with Medicaid funds, and that is soon to be a thing of the past with these proposed changes. If the intention is to improve school-based mental health services for students in WV, that goal is not being met with the current proposal.			

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

27.	7/2/15	Chapter 538 Appendix 538C – Speech Billing Form Add the following fields to the student information section: Diagnosis Code, Date of Birth, County, and School. Only have one box for the procedures except for the first two columns. The others cannot be billed more than once a month. Add asterisk on codes 92522 and 92523. Also place asterisk on note at bottom of procedures chart. This will prompt therapist to read the note. Code 92583 (Select Picture Audiometry) is missing from form. Policy states can be done by speech pathologist. Correct policy or add to the form to match policy. Code 92592 and 92593 form indicates 1 time per month. Policy states 4 events per year. Change to match. Add note: If service is provided via Telehealth add GT to the procedure code. Remove current transportation/aide boxes at bottom of form. Speech therapists would not have knowledge of dates the child rode the bus nor if the aide was on the bus that day. Replace with boxes to list start and stop times for therapy on a daily format. This documentation is required and the format will help data entry staff when finalizing transportation forms.	**1. Change Made** **2. Change Made** **3. Change Made** **4. Change Made** **5. Change Made** **6. Change Made**	1. Will add the suggested fields to the student information section. 2. Will reduce to have only one box. 3. Added asterisk on suggested codes. 4. Added the code to the form. 5. Has been corrected 6. Will replace with boxes that reflect a start/stop time for therapy on a daily format.	
28.	7/2/15	Chapter 538 Appendix 538B – Audiological Billing Form 1. Add the following fields to the student information section: WVEIS number and School. This information although not require is helpful to those doing data entry	1. Change Made 2. Change Made 3. Change Made 4. Change Made	1. Will add the suggested fields to the student information section. 2. Will remove the listed	9. To avoid confusion this will stay the same

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

		and maintaining records. 2. Procedure 92540 states (cannot be billed with 92541, 92542, 92544 or 92545). None of these codes exist in the school based policy. Suggest removing this statement. 3. Procedure 92557 state (92553 & 92556) Policy has a statement that cannot be billed the same date of service as 92552, 92533, 92555, or 92556. Within policy 92552 and 92553 do not exist. Should the two listed on the form be 92555 instead of 92553? 4. Procedure 92567 lists 4 per year. Policy reads one per year. Needs adjusted to policy. 5. Procedure 92570 state cannot be billed with 92567 and 92568. The definition in policy gives this intent but doesn't specifically state it. Should add to policy page 31. 6. Procedure 92592 and 92593 both list 1 time per month. Policy states four events per year. Correct to match. 7. Procedure 92620 Evaluation of Central Auditory Function with report does not exist in policy. Add to policy or remove from form. 8. The following procedure codes are not in the policy and should be removed from the form or added to policy: 92550, 92551, 92552, 92553. 9. Below procedure section, replace the following "Codes with a * are procedures" with " * Procedures" 10. Add disclaimer that year is calendar year or change each procedure line to read calendar year 11. Change Signature to Signature/Credentials	5. Change Made 6. Change Made 7. Change Made 8. Change Made 9. No Change Made 10. Change Made 11. Change Made	codes from the statement. 3. Policy has been corrected 4. Policy has been corrected 5. Policy has been corrected 6. Policy has been corrected 7. Policy has been corrected 8. Will remove from form 10. Will define "calendar Year" 11. Will add credential requirement with signature	
29.	7/8/15	I have some concerns on the following forms: 1. Personal Care: Aides are so busy in their daily schedule	**1. Change Made** **2. Change Made** **3. Change Made**	1. The form was developed by staff at WVDOE and has been	

		they don't have time to fill out these forms to keep track of every little thing they do for their student. The form isn't user friendly. Too many things to keep track of. 2. Speech: There are students out there that have more significant needs for speech that have more than 8 units of speech a month. I believe the proposed limit on speech would be a detriment to those students who have more of a need. Also the form doesn't take into effect when provider breaks down their service into 3 five minute units over 3 days to equal 15 minutes. 3. OT/PT: Form only has room for 5 units to bill each month when they is supposed to be 10 units per month. 4. Transportation: Form needs to have student's WVEIS number on it. I believe the previous form was more user friendly as it had the whole month on it and was per student not grouped together. Also how would drivers or aides know which students receive Medicaid. And they also don't know what services these student's receive.	**4. Change Made**	created to be as user friendly as possible. **2.** The units will be increased to 16 per month. **3.** The form will allow for 20 units per calendar month. **4.** The form is being changed to make it more user-friendly.	
30.	7/13/15	1. Speech Therapist have educational requirements that meet the Federal guidelines. State should not impose additional requirements that take precedence over the Federal guidelines that have been set forth. **§§440.110 (2) Speech Therapist**. 2. Entire scope of the proposed policy, (future manual) has been dictated by or supported through BMS. No sense of collaboration between BMS and State Department of Education, Office of Special Programs is apparent.	**1. No Change Made** **2. No Change Made** **3. No Change Made** **4. No Change Made** **5. No Change Made**		1. The West Virginia state plan for School Based Health Services that is approved and mandated by CMS states that a qualified provider of speech services "must be licensed by the WV Board of Examiners of

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

		3. The proposed policy placed for public comment was posted after school was out of session. This left a great number of those in education out the process and out of the loop to be notified of the appropriate links and data for comment. 4. Imposing caps on services creates limitations to the amount of Federal dollars that can be pulled into the state to support services through School Based Health Services. (SBHS). This goes against **WV Code 18-2-5b** which was enacted to seek out Medicaid eligible students and maximize reimbursement for all allowed services provided. 5. I do not find any fault with protecting our most vulnerable. But the enormity of having all within the school system re-fingerprinted before 2016 is imposing and extreme expense. Teachers/Personnel are fingerprinted before employment. Allow a 5 year period to meet this requirement so that state can have one specific group updated in 2016 and move forward with a different group throughout a 5 year period. Example: OT's PT's could be required to start in 2016. Psychs and RN's in 2017. Etc. (Not every 3 years).			Speech, Language, Pathology and Audiology" To be considered an "SLP" to bill Medicaid for speech evaluation and assessment services in the school the provider must license by the WV Board of Examiners of Speech Language Pathology and Audiology. We have designated SSLPA School Speech Language Pathology Assistants as individuals with the appropriate degree without licensure to do speech therapy services. 2. The policy was built by the standards set forth in the SBHS State Plan as approved by CMS with the effective date of July 1, 2014. BMS and DOE developed the policy together by working with professional staff

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

					from various counties from each profession to provide input on the development of the SBHS proposed policy. 3. The proposed SBHS policy development meetings began in Feb. 2015. The draft policy was posted for public comment which was June 17, 2015. The WVDOE requested that the policy be developed/posted and finalized so that the policy and training could take place before the school year started in Aug. 2015. 4. The WV DOE is required by state law to enroll as a Medicaid Provider; however CMS the federal agency which governs and regulates all Medicaid services require state Medicaid agency to develop policy that includes service limitations and

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

					exclusions to ensure the proper medical care takes place in a reasonable and appropriate matter. 5. It is a Federal requirement by CMS that all Medicaid providers must have finger print and background checks. WV Legislature passed bill number SB88 WV CARES to be in compliance with the Federal requirement. All Providers on the private side have already been required to get the fingerprint/ background checks and done so within a 6 month timeframe. BMS is giving LEAs one year from Aug. 1, 2015 to be in compliance, when SBHS policy goes into effect. BMS is arranging for a mobile unit to go to each RESA or wherever LEAs feel is best to meet their

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

					needs to aid in getting these checks completed.
31.	7/14/15	1. The BMS imposing caps on all services is counterintuitive and compromising to the Cost Settlement Methodology imposed by the Federal Government. The Cost Settlement is the federal effort to have reimbursements align with allowed costs. 2. Since Speech Therapist are considered in the scope of persons within the Healing Arts a physician's authorization prior to Service Plan being developed should not be necessary. 3. Current proposed policy will greatly reduce all areas of reimbursement. This could impact smaller counties and **push them to a non-compliant status with WV 18-2-5b.** 4. Current proposed policy in its current status will prove extremely costly in moving forward. Required (1) state licensure for all speech therapist that now hold a Master's Degree in Speech Language pathology and are enrolled with their WV Teaching Certification and will be reduced to a speech assist. We will need to re-enroll all that have state licensure instead of their current enrollment status. (2) finger printing, (proposed **for all that come in contact with a Medicaid student**) basically everyone, (3) additional time necessary for additional (billing) paperwork. We have a system in place that allows us to submit electronically and directly from a (SOAP note), that is already required in support of the service. No need for both. 5. Since current draft policy clearly reduces allowed providers this will reduce allowed staff pools and impact the RMTS greatly. Fewer and fewer participants will be	1. No Change Made 2. No Change Made 3. No Change Made 4. No Change Made 5. No Change Made 6. No Change Made 7. No Change Made		1. The WV DOE is required by state law to enroll as a Medicaid Provider; however CMS the federal agency which governs and regulates all Medicaid services require state Medicaid agencies to develop policy that includes service limitations and exclusions to ensure the proper medical care takes place in a reasonable matter. 2. All OT, PT, and ST services must have a physician's order per student to establish medical necessity. Medicaid is an insurance program. 3. The WV DOE is required by state law to enroll as a Medicaid Provider (WV-18-5), however CMS the federal agency which

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

		involved state wide, again a detriment to the Cost Settlement Methodology. The state is clearly reducing amount of participation allowed thus resulting in reduced reimbursements. Double the work, lower participation, lower reimbursements. Both applied methods will clearly reduce reimbursements to school systems state wide. 6. Newly proposed billing forms reduce much needed information for our current billing platform in WVEIS. Proposed changes could prove costly to the entire state. The state will need to hire/pay a programmer to create a new platform for WOW so that data could be uploaded directly to Molina, (our current clearing house) as we do now. 7. Do not impose encompassing proposed changes currently stated in policy by limiting the amount of reimbursement for High-cost, High Acuity students. This will impact the entire state. Additional state funding will be needed to offset necessary and much needed health care services. At this time the amount of Medicaid reimbursed on high cost students greatly assist in reducing that assistive state funding.			governs and regulates all Medicaid services require state Medicaid agency to develop policy that includes service limitations and exclusions to ensure the proper medical care takes place in a reasonable matter **4. 1**-BMS/Medicaid is not requiring WVDOE deemed SLPs to obtain state licensure. Unlicensed Speech Pathologist working for a county board of education and still bill for speech therapy (individual and group therapy) services and bill Medicaid. **4. -2** The finger printing is for any staff person that will be billing for the Medicaid service. **4. 3**-It is the intention of the WVDOE that all billing forms be in an electronic format. BMS and the DOE have been working together to

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

					combine/shorten all forms and to make them as user friendly as possible and contain all required information. All of these changes to forms and getting the Service Plans to draw off of the electronic IEP document has been a huge undertaking for the DOE IT department. It was impossible to have all forms completed before the start of the school year. 5. The WVDOE and BMS partnered together to build the state plan as approved by CMS and to develop policy in relation to the services that are available to be provided in the schools under the School Based Contract 6. It is expected that the final forms will look very different. WVDOE

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

					IT staff is working to make billing forms electronic and available on WOW for all LEA staff to use. 7. BMS has made changes to service limits based upon comments received
32.	7/15/15	1. The Cost Settlement Methodology and Random Moment Time Study imposed by the federal Centers for Medicaid and Medicare is already in place and will align reimbursements and the cost of the program. There is no need for the BMS to impose caps on all School Based Health Services. 2. The increase in the number of staff resources to administer the new BMS requirements of the state policy will adversely affect county school systems to the point of not being able to afford and participate in the program due to added administrative costs. A. Seeking parental Consent to access Medical Card signed. B. Acknowledgement and consent to submit for Targeted Case Management signed yearly. C. Physician's Authorizations signed yearly. D. Notice of participation in program mailed/provided yearly. E. Newly implemented billing forms in addition to soap/progress notes already in place. F. Additional fingerprinting because current fingerprinting does not meet BMS requirements.	**1. No Change Made** **2. No Change Made** **3. No Change Made**		1. The service limitations and edits have been put in place to ensure that excessive billing of non-medically necessary services do not take place. There are no prior authorization requirements for SBHS Services. Medicaid does not allow open ended billing. 2. A and B- The new TCM form is being combined with the Medicaid billing consent form that is already in use by LEAs, there will be no additional work for staff. 2. C-Schools have

		3. Personal Care being reduced to a 15 minute unit will allow for more aides or designees to submit for the allowed services. In the current methodology an aide/person(s) is assigned under the scope of "Continuous and Direct adult supervision throughout the school day" understanding that a full day is 5.5 hours and a partial day is 2.75 hours. Being reduced to units will open the door and allow all classroom aides/assigned personnel to submit based on a specific need/criteria of the suggested form. Ex. Toileting-feeding-behavior redirection. Newly Designed Forms: A. Speech forms do not allow enough room for specific dates required to bill, it also does not allow for accrual of time where data entry is concerned. We do not need an extra paper/form when we have the capacity to submit directly from daily progress notes electronically. We are in a technology driven century. An additional form when we can utilize technology available is redundant. The current billing platform in the state of WV, (WVEIS) serves to allow electronic submission of claims by accessing Molina's port and electronic storage of billing). Again another piece of paper is not necessary B. PT-OT forms do not support allowed specific dates. We no longer submit or utilize from-through dates. An additional piece of paper to submit electronically is redundant C. From through date lines are not needed Psychological form. There are times it may take several days to complete testing, but submission date would be based on completion			always had the requirement required to obtain physician orders yearly. 2. D-Notice of participation in program is a DOE requirement. 2. E-Medicaid has always required both progress notes and a billing form. BMS is changing the billing forms but has not added new additional documentation requirements. 2. F -The finger print requirements are a CMS requirement for Medicaid Providers. 3. The Personal Care form posted for comment has received many comments The proposed policy allows for 28- fifteen minute units per instructional day (7 hrs.). This was to allow billing if a student participates in events such as choir or

		of eval and report. D. RN forms should have extra table line. One specific to procedure code, one for time in and time out to allow tracking and accrual. E. Transport forms are cumbersome and very busy. Individuals that actually have to use these forms, (providers/data entry) should have been consulted. There is an electronic mechanism already in place that allows tracking needed for cost settlement when properly used. (Counties need to complete the electronic information on all students that ride specialized transport).			sports but would require Personal Care services to do so. The 15 min. units will not include classroom aids to bill for Personal Care services. This billing will only apply to Personal Care aids assigned to a Medicaid member. **3. A, B, C, D and E-** all mentioned forms have been changed to meet the staff needs and Medicaid requirements.
33.	7/14/15	First and foremost, we applaud your efforts to include school psychologists licensed by the West Virginia Department of Education as participating Medicaid providers. We additionally appreciate the expanded potential for school psychologist to provide psychotherapy services including Family Psychotherapy and Crisis intervention under Sections 538.13.3, 538,13.3.1, 538.13.3.3, and 538.13.3.3. Both the National Association of School Psychologists (NASP) and WVPSA strongly advocate for the provision of comprehensive and effective mental health services in the schools. We believe schools provide a natural and cost-effective setting for prevention, therapy, and crisis support, and that these supports enable our students to be more successful in both the social-	**1. Change Made** **2. Change Made** **2. Change Made**	1-BMS will add the recommended wording. 2-The time line for all evaluation (psychological, OT, PT, SLP) reports to be completed will be increased from 15 days to 20 days and from 30 days to 35 days from the date of service. The reason being that School professionals are required to wait 5 days	

		emotional and academic domains. We, however, do see three areas of concern and recommend the following revisions to the policy: 1. Section 538.2: We recommend school psychologist be added to the following phrase to clarify school psychologists' diagnoses are included under the Medical Necessity clause: Diagnosis (as determined by a physician or licensed psychologist) 2. Sections 538.13.1.1, 538.13.2.1, and 538.13.2.2: It is imperative the 15 calendar days from the date of service be extended to at least 30 days from the date of service for assessment and evaluation. In the school system, school districts often rely on special educators and diagnostician to collect portions of the evaluation, such as individualized achievement tests, parent information, and teacher reports. While school psychologists don't bill for these components, they are often critical to the rendering of a diagnosis and treatment plans. Thus, more time is needed to coordinate the collection of information and produce a diagnosis in the school system. The WVPSA recommendation of 30 days is consistent within Medicaid procedures established under Sections 538.12.1, 538.12.2, 538.12.3, 538.12.4. 538.12.5, 538.12.6, 538.12.7, 538.12.8, 538.12.9, 538.12.10, 538.12.11, 538.12.13, 538.12.14, 538.12.15, 538.12.16, 538.12.17, 538.12.18, 538.12.19, 538.12.20, 538.12.21, 538.12.22, 538.12.23, 538.12.24, and 538.12.25 for reports rendered		before starting evaluations. 3-A definition for School Psychologist will be added to the manual.	

		by speech and language pathologists and audiologists. The additional time may also afford the school eligibility committee to make a determination as to the student's special education status. For under the Individuals with Disabilities Education Act 2004, the team – not the school psychologist in isolation- makes the final disability determination. 3. Glossary: The term School Psychologist needs to be added to the glossary. We recommend the following definition be incorporated: School Psychologist: A person who has completed the requirements for licensure established by the West Virginia Department of Education, holds a valid WVDE Support Certificate, and is in good standing with the WVDE.			
34.	7/13/15	As a sign language interpreter how am I supposed to document my time working with a student in the classroom, hallways and such. I am signing the whole day with a student.	**No Change Made**		If you are with a member that is in 45 min. class you would bill three 15min. units of Personal Care. Medicaid only reimburses for the member to access their education due to a medical condition.
35.	7/15/15	1. The targeted case management form needs to include options for all practitioners. During the past school year,	**1. No Change Made**	2. The units will be changed from 8 units per	1. The TCM form reflects TCM services.

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

		the available options for case management activities did not reflect all of the disciplines or the activities that are considered case management activities. In addition, the available options were different month to month, so practitioners may have been hesitant to select an item from the drop down menu. The activities that were available for selection on the old case management firms were much more clear. 2. It also appears that SLPs are limited to billing 8 units per month for treatment? . SLPs should be able to bill the full amount of services that a student needs. In addition, there needs to be a more clearly defined space for units provider Ina given date of treatment.	**2. Change Made**	month to 16 units per month.	It does not matter who the practitioner is that is providing the service. The new TCM form will only list billable Medicaid services and will not change.
36.	7/15/15	Good Morning, Below you will find my public comments regarding the *School-Based Health Services Policy*. May I please ask that you confirm receipt to ensure I've used the appropriate email address? As a School Psychology Trainer, I am very excited our practitioners will have expanded billable opportunities to provide mental health care (psychotherapy and crisis supports) for children and adolescents. School age children increasingly require these services and the revised policy may facilitate additional manpower to the provision of direct therapeutic services. Thank you! Three revisions are needed. 1. First, the definition of a school psychologist needs to be added to the glossary. I endorse the West Virginia School	**1. Change Made** **2. Change Made** **3. Change Made**	1. A clarification for School Psychologist will be added to the policy. 2. The time line for all evaluation (psychological, OT, PT, SLP) reports to be completed will be increased from 15 days to 20 days and from 30 days to 35 days from the date of service. The reason being that School professionals are required to wait 5 days before starting	

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

		Psychologists Association's definition of a school psychologist: A person who has completed the requirements for licensure established by the West Virginia Department of Education, holds a valid WVDE Support Certificate, and is in good standing with the WVDE. 2. Second, the 15 calendar days from the date of service needs to be adjusted to 40 days from the date of service for assessment and evaluation. Currently, the only timeline requirement school psychologists must adhere to by policy is an 80-day timeline from date referral, as imposed by West Virginia Board of Education Policy 2419: *Regulations for the Education of Students with Exceptionalities.* I believe a 40 day timeline provides a common middle ground. 3. Third, the term school psychologist needs to be added to Section 538.2 under diagnosis to clarify school psychologists' diagnoses also warrant Medical Necessity. Thank you for the opportunity to submit comments.		evaluations. 3. The term "school psychologist" will be added to Section 538.2 under diagnosis to clarify school psychologists' diagnoses also warrant Medical Necessity.	
37.	7/16/15	I am concerned about the time frame allotted for school psychologists to bill for services. Although it is a necessity to provide services quickly to better serve individuals, it is feasibly impossible to appropriately assess an individual, score the instruments, interpret the results, write an appropriate report and bill for services within 15 days. Please consider extending the time, as school psychologists also provide additional services beyond assessments to serve students. Thank you for your consideration.	**Change Made**	The time line for all evaluation (psychological, OT, PT, SLP) reports to be completed will be increased from 15 days to 20 days and from 30 days to 35 days from the date of service. The	

Comments for Chapter 538 School Based Health Services Policy

Effective Date August 1, 2015

				reason being that School professionals are required to wait 5 days before starting evaluations.	
38.	7/16/15	Once this policy is approved there will be no options for changes including forms. This form is currently in need of revision to remove/amend the (F) service. At that time changes could be made to correct a problematic issue. The School Based Medicaid Targeted Case Management Student Acknowledgement Form has created a great deal of confusion for numerous parents. To reduce confusion perhaps allow 2 options that could be considered for a parental choice. It would be one or the other. No parental confusion and no additional administrative services required as now when parents check all 4 current options 1) (My child is receiving Targeted Case Management Services Outside the School System please do not submit for Medicaid Reimbursement). List agency, (optional) 2) (Yes I acknowledge that Targeted Case Management Services will be provided by the school district and be billed for Medicaid Reimbursement, I also acknowledge that I have the right to retract this permission at any time.	**1. No Change Made** **2. Change Made**	2. The form shown for public comment will be revised.	1. The referred to was not mentioned in the comment.
39.	7/16/15	I would like to suggest changing the cap on Speech units (billed per month) from 8 up to 20. This would allow our	**Change Made**	The cap for SLP service units will be raised to 16	

		therapists to bill for the amount of minutes specified on the student's IEP.		units.	
40.	7/17/15	I have been employed by the school system as a teacher for many years. My professionalism, work ethics, and integrity are unblemished. As I enter the last couple of years of my career I have been informed that fingerprinting is now required to do Medicaid billing. I consider this a violation of my privacy and rights since there is no probable cause, but a just-in-case someone might. Since part of your concern is for violators of Medicaid, you need to first implement fingerprinting of those receiving Medicaid benefits. Those individuals have a much better reason to falsify information than an employee of the school system who would not benefit from funds at all.	**No Change Made**		The Federal Government agency, CMS is who has determined that all Medicaid Providers have to have the fingerprint checks.
41.		1. In section 538.15.5 the document mentions that Documentation should include the member service plan. Would " treatment goals" cover this requirement. Is it required to have the treatment goals (or other "service plan" identified on each page of notes or just in the patients file. 2. In "interventions utilized" there are typically limits of 10/ calendar month. For students who have identified OT or PT service levels of 45 min/ week, the total number of units will be 12 or more depending on the month. Is this to be handled by providing treatment under different codes so that no single code exceeds 10 units per month. 3. In 515.3.1 there is discussion of a limit of 20 sessions.	**1. No Change Made** **2. No Change Made** **3. No Change Made**		**1.,2. and 3.** Medicaid requires a service plan separate from the IEP document. The training modules that have been built for WVDOE to train school staff on the SBHS Medicaid Services will explain in more detail each service by provider type. Yes that is why each code has a 10 limit per intervention

		Without prior authorization. In provision of OT/ PT services in a school setting, an IEP typically specifies services to be delivered over a 36 week period of a school year. Would it be necessary in all of these situations to seek prior authorization for the sessions that would exceed the 20 session maximum? Some students are recommended for extended school year services which pushes the number of sessions to 44. Same question for pre-authorization			4.There are no prior authorization requirements for any SBHS Services
42.		1. Targeted Case Management. Consider increasing the instructional day maximum to five (5) units instead of three (3). Developing a well done service care plan particularly one with a behavior intervention plan can easily take more than 45 minutes to complete. This would also help on occasions when more than one person may be handling TCM services on the same day. Delineate the four areas of TCM as A, B, C, and D in policy to match the form. Form attached still need minor tweaking to include the maximum amounts per instructional days and collapse activities into the final four categories. 2. Forms. Attached are drafts of the most recent forms being recommended for use by the WVDE. Final tweaks maybe needed dependent upon any final changes to the policy. These forms are created in a consistent manner for ease of data entry and use by providers. 3. Under Nursing long term medication needs added to the policy.	**1. Change Made** **2. Change Made** **3. Change Made**	**1. TCM units have been increased from 3 to 5 units per day.** **2. Forms have been updated and appropriate changes were made** **3. Long Term Medication was added to the policy**	