

12VAC30-50-229.1. School health services.

A. School health services shall require parental consent and shall be defined as:

1. Special education services: those therapy services occupational therapy, physical therapy, speech therapy, nursing services, psychiatric/ and psychological services screenings, audiology services, medical evaluation services, school health assistant services, health needs assessment and treatment planning services and transportation services. ~~and well-child screenings rendered by employees of school divisions that are enrolled with DMAS to serve children who:~~

~~1. Qualify to receive special education services as described under and consistent with all of the requirements of Part B of the federal Individuals with Disabilities Education Act, as amended (20 USC §1400 et seq.). Children qualifying~~

~~a. Children receiving these services qualify for special education services pursuant to Part B of the federal Individuals with Disabilities Education Act, as amended, and shall not be restricted in their choice of enrolled providers of medical care services as described in the State Plan for Medical Assistance. Services billed to DMAS shall be stated in the child's Individualized Education Program; or~~

~~2. Qualify to receive routine screening services under the State Plan. Diagnostic and treatment services, that are otherwise covered under early and periodic screening, diagnosis and treatment services the DMAS Early and Periodic Screening, Diagnosis and Treatment services, shall not be covered for participating school divisions. Participating school divisions must receive parental consent before conducting screening services.~~

b. School health services shall only be billed by school divisions enrolled with DMAS. Services shall be rendered by employees of school divisions or persons under contract to school divisions. Services billed by the school division shall not be duplicative of services the child receives at the school otherwise covered by DMAS.

c. School divisions shall be reimbursed under 12 VAC 30-80-75 for school health services rendered to students that are qualified to receive special education services as described under and consistent with all of the requirements of Part B of the federal Individuals with Disabilities Education Act, as amended (20 USC §1400 et seq.).

2. EPSDT health services: these are routine screenings under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services.

a. These screenings shall be performed by school divisions that are enrolled to provide such routine screening services with DMAS. Fees for EPSDT will be based upon 12 VAC 30-80-30.

~~B. Physical therapy and related services. Occupational, physical, and speech therapies.~~

~~1. The services covered under this subsection shall include occupational therapy, physical therapy, occupational therapy, and speech/language pathology services. All of the requirements with the exception of the 24 visit limit, prior authorization and physician order requirements of 12VAC30-50-200, 12 VAC 30-130-10 to 12VAC30-130-40, and 42 CFR 440.110 applicable to these services shall continue to apply, with regard to, but not necessarily limited to, necessary authorizations, documentation requirements, and provider qualifications. The service provider shall be either employed by the school~~

division or under contract to the school division. No additional prior authorization is required if the services are authorized by the current Individualized Education Program (IEP). The IEP team that authorizes these services must include a physician or other licensed practitioner of the healing arts acting within the scope of his license under State law to include an occupational therapist, physical therapist, or speech-language pathologist. Consistent with the child's Individualized Education Program (IEP), 35 therapy visits will be covered per year per discipline without DMAS prior authorization.

2. Consistent with [§32.1-326.3](#) of the Code of Virginia, speech-language pathology services ~~must~~ shall be rendered ~~either~~ by:

a. A speech-language pathologist who meets the qualifications under 42 CFR 440.110(c): (i) has a certificate of clinical competence from the American Speech-Language- and-Hearing Association; (ii) has completed the equivalent educational requirements and work experience necessary for the certificate; or (iii) has completed the academic program and is acquiring supervised work experience to qualify for the certificate;

b. A speech-language pathologist with a current license in speech-language pathology issued by the Board of Audiology and Speech-Language Pathology;

c. A speech-language pathologist licensed by the Board of Education with an endorsement in speech-language disorders preK-12 and a master's degree in speech-language pathology. These persons also have a license without examination from the Board of Audiology and Speech-Language Pathology; or

d. A speech-language pathologist who does not meet the criteria for subdivisions a, b, or c above and is directly supervised by a speech-language pathologist who meets the criteria of clause a (i) or a (ii) or subdivision b or c above. The speech-language pathologist must be licensed by the Board of Education with an endorsement in speech-language disorders preK-12 but does not hold a master's degree in speech-language pathology. Direct supervision must take place on site at least every 30 calendar days for a minimum of two hours and must be documented accordingly. The speech-language pathologist who meets the criteria for clause a (i) or a (ii) or subdivision b or c above is readily available to offer needed supervision when speech-language services are provided.

3. Utilization review shall be performed to determine if services are appropriately provided and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in the child's school medical record as having been rendered shall be deemed not to have been rendered and no payment shall be provided.

C. Skilled nursing services.1. These services must be medically necessary skilled nursing services that are required by a child in order to benefit from an educational program, as described under Part B of the federal Individuals with Disabilities Education Act, as amended (20 USC §1400 et seq.). ~~These services shall be limited to a maximum of 26 units a day of medically necessary services.~~ Services not deemed to be medically

necessary, upon utilization review, shall not be covered. A unit, for the purposes of this school-based health service, shall be defined as 15 minutes of skilled nursing care.

2. No additional prior authorization is required if the services are authorized by the current Individualized Education Program (IEP). The IEP team that authorizes these services must include a physician or other licensed practitioner of the healing arts acting within the scope of his license under State law to include a licensed registered nurse. The child shall have a current order from a physician, physician assistant, or nurse practitioner for specialized nursing procedures such as tube feedings.

3. ~~2.~~ These services must be performed by a Virginia-licensed registered nurse (RN), or licensed practical nurse (LPN) under the supervision of a licensed RN. The service provider shall be either employed by the school division or under contract to the school division. The skilled nursing services shall be rendered in accordance with the licensing standards and criteria of the Virginia Board of Nursing. Supervision of LPNs shall be provided consistent with the regulatory standards of the Board of Nursing at 18VAC90-20-270.

4. ~~3.~~ The coverage of skilled nursing services shall be of a level of complexity and sophistication (based on assessment, planning, implementation and evaluation) that is consistent with skilled nursing services when performed by a registered nurse or a licensed practical nurse. These skilled nursing services shall include, but not necessarily be limited to, dressing changes, maintaining patent airways, medication

administration/monitoring and urinary catheterizations. Skilled nursing services shall be consistent with the medical necessity criteria in the school services manual.

~~5. 4.~~ Skilled nursing services shall be directly and specifically related to an active, written plan of care that is based on a physician's or nurse practitioner's written order for skilled nursing services. The registered nurse shall establish, sign, and date the plan of care. The plan of care shall be periodically reviewed by a physician or nurse practitioner after any needed consultation with skilled nursing staff. The services shall be specific and provide effective treatment for the child's condition in accordance with accepted standards of skilled nursing practice. The plan of care is further described in subdivision 5 of this subsection. Skilled nursing services rendered that exceed the physician's or nurse practitioner's written order for skilled nursing services shall not be reimbursed by DMAS. A copy of the plan of care shall be given to the child's Medicaid primary care provider.

~~6. 5.~~ Documentation of services shall include a written plan of care that identifies the medical condition or conditions to be addressed by skilled nursing services, goals for skilled nursing services, time tables for accomplishing such stated goals, actual skilled nursing services to be delivered and whether the services will be delivered by an RN or LPN. Services that have been delivered and for which reimbursement from Medicaid is to be claimed must be supported with like documentation. Documentation of school-based skilled nursing services shall include the dates and times of services entered by the responsible licensed nurse; the actual nursing services rendered; the identification of the child on each page of the medical record; the current diagnosis and elements of the

history and exam that form the basis of the diagnosis; any prescribed drugs that are part of the treatment including the quantities, dosage, and frequency; and notes to indicate progress made by the child, changes to the diagnosis, or treatment and response to treatment. The plan of care is to be part of the child's medical record. Actions related to the skilled nursing services such as notifying parents, calling the physician, or notifying emergency medical services shall also be documented. All documentation shall be signed and dated by the person performing the service. Lengthier skilled nursing services shall have more extensive documentation. The documentation shall be written immediately, or as soon thereafter as possible, after the procedure or treatment was implemented with the date and time specified, unless otherwise instructed in writing by Medicaid. Documentation is further described in the Medicaid school services manual. Skilled nursing services documentation shall otherwise be in accordance with the Virginia Board of Nursing, the Board of Medicine, ~~the Department~~ Board of Health, and ~~the Department~~ Board of Education statutes, regulations, and standards relating to school health. Documentation shall also be in accordance with school division standards.

7. ~~6.~~ Service limitations. The following general conditions shall apply to reimbursable skilled nursing services in school divisions:

- a. Patient must be under the care of a physician or nurse practitioner who is legally authorized to practice and who is acting within the scope of his license.
- b. A recertification by a physician or nurse practitioner of the skilled nursing services shall be conducted at least once each school year. The recertification statement must be

signed and dated by the physician or nurse practitioner who reviews the plan of care, and may be obtained when the plan of care is reviewed. The physician or nurse practitioner recertification statement must indicate the continuing need for services and should estimate how long rehabilitative services will be needed.

c. Physician or nurse practitioner orders for nursing services shall be required.

~~d. Utilization review shall be performed to determine if services are appropriately provided and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in the child's school medical record as having been rendered shall be deemed not to have been rendered and no payment shall be provided.~~

~~d.e.~~ Skilled nursing services are to be terminated when further progress toward the treatment goals are unlikely or when they are not benefiting the child or when the services can be provided by someone other than the skilled nursing professional.

8. Utilization review shall be performed to determine if services are appropriately provided and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in the child's school medical record as having been rendered shall be deemed not to have been rendered and no payment shall be provided.

D. Psychiatric and psychological Sservices.

1. Evaluations and therapy services shall be covered when rendered by individuals who are licensed by the Board of Medicine and practice as psychiatrists or by psychologists



licensed by the Board of Psychology as clinical psychologists or by school psychologists-limited licensed by the Board of Psychology. Evaluation and therapy services shall be covered when rendered by individuals who are endorsed by the Board of Education as school social worker. Services by these practitioners shall be subject to coverage at 12VAC 30-50-140 D. The service provider shall be either employed by the school division or under contract to the school division. No additional prior authorization is required if the services are authorized by the current Individualized Education Program (IEP). The IEP team that authorizes these services must include a physician or other licensed practitioner of the healing arts acting within the scope of his license under State law to include a psychiatrist, clinical psychologist, school psychologist-limited, or school social worker.

2. Utilization review shall be performed to determine if services are appropriately provided and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in the child's school medical record as having been rendered shall be deemed not to have been rendered and no payment shall be provided.

E. Audiology services.

1. Consistent with §32.1-326.3 of the Code of Virginia, audiology services shall be rendered by an audiologist with a current license in audiology issued by the Board of Audiology and Speech-Language Pathology.

2. The service provider shall be either employed by the school division or under contract to the school division. Audiology services shall be authorized by the current Individualized Education Program (IEP). No additional prior authorization is necessary. The IEP team that authorizes these services must include a physician or other licensed practitioner of the healing arts acting within the scope of his license under State law to include a licensed audiologist.

3. The audiological assessment shall include testing and/or observation as appropriate for chronological or mental age for one or more of the following areas of functioning:

- a. Auditory, acuity (including pure tone air and bone conduction), speech detection, and speech reception threshold
- b. Auditory discrimination in quiet and noise
- c. Impedence audiometry including tympanometry and acoustic reflex
- d. Hearing amplification evaluation
- e. Central auditory function

4. Audiological treatment shall include one or more of the following as appropriate:

- a. Auditory training
- b. Speech reading
- c. c. Aural rehabilitation including for cochlear implants

5. Utilization review shall be performed to determine if services are appropriately provided and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in the child's school

medical record as having been rendered shall be deemed not to have been rendered and no payment shall be provided.

F. Medical evaluation services.

1. These evaluation services shall be rendered by a physician, physician assistant or nurse practitioner as part of the development and/or review of a child's Individualized Education Program, to identify or determine the nature and extent of a child's medical or other health related condition.

2. Physicians and physician assistants shall be licensed by the Virginia Board of Medicine and nurse practitioners shall be licensed by the Virginia Board of Medicine and the Virginia Board of Nursing. The service provider shall be either employed by the school division or under contract to the school division.

3. Utilization review shall be performed to determine if services are appropriately provided and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in the child's school medical record as having been rendered shall be deemed not to have been rendered and no payment shall be provided.

G. School health assistant services.

1. The assistant shall have met standards for school health assistant services as required by the Department of Education and received training for assisting with meeting the health needs of the child. The assistant is to be supervised by a Virginia-licensed physician, physician assistant, nurse practitioner, registered nurse (RN), or other DMAS

recognized school health professional acting within the scope of his license under State law.

2. No additional prior authorization is required if the services are authorized by the current Individualized Education Program (IEP). The IEP team that authorizes these services must include a physician or other licensed practitioner of the healing arts acting within the scope of his or her practice under State law to include a speech-language pathologist, occupational therapist, physical therapist, registered nurse, psychiatrist, clinical psychologist, school psychologist-limited, school social worker, or audiologist. The child shall have a current order from a physician, physician assistant or nurse practitioner for specialized nursing procedures such as tube feedings, where the assistant may be involved in attending to the child.

3. The school health assistant shall perform services consistent with the training received. The services are to assist the child with disabilities in self-sufficiency, communications, and mobility skills. Services provided by the assistant are related to the child's physical and behavioral health requirements, including assistance with eating, dressing, hygiene, activities of daily living, bladder and bowel needs, use of adaptive equipment, ambulation and exercise, minor behavioral issues and other remedial services to promote reduction of a child's disabilities. The RN or other DMAS recognized school health professional supervising the assistant shall provide a written plan describing the assistance needed for the child.

4. The school health assistant shall document on a weekly basis the assistance provided to the child, with the dates and times noted, with initials of the assistant and date of entry. Out-of-the-ordinary needs of the child or assistance provided shall be noted. The documentation shall be reviewed by the supervising RN or other DMAS recognized school health professional at least every 30 school days, with the supervising professional noting approval of the services in the documentation with initials and date.

5. Utilization review shall be performed to determine if services are appropriately provided and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in the child's school medical record as having been rendered shall be deemed not to have been rendered and no payment shall be provided.

6. School health assistant services shall be billed in units, with one unit equaling 15 minutes. The number of units billed is not to exceed the number of units in a day that the child is in the care of the school. While more than one assistant may attend to a child over the course of a school day, the unit for a particular period of the day for the child shall not be billed for the services of more than one assistant.

H. Health needs assessment and treatment planning services.

1. These services are to assess a child's health needs, identify the most appropriate amount, duration, and scope of health services to the meet the child's needs, and develop a plan of care to permit monitoring of services. These services are to be consistent with

the determination of eligibility under the federal Individuals with Disabilities Education Act, as amended, and are related to the evaluation of the functioning of the child.

2. These services are reimbursable only when they result in the implementation of the Individualized Education Program. This implementation is evidenced by a Medicaid covered school-based service, such as physical therapy, billed to DMAS for the child, for a date of service subsequent to the service date of the assessment and treatment planning services billed to DMAS.

3. The needs assessment and treatment planning services are performed by qualified providers recognized by the Department of Education for participation in the Individualized Education Program and at least of one of the participants is a DMAS recognized school health professional.

#### I. Transportation Services.

1. School division provided transportation shall be covered for children in special education on days when the child receives a medical service billed to DMAS, such as physical therapy. The transportation is to enable the child to receive the covered medical service. Transportation shall involve a trip from home to school and the return trip or from school (or home) to a DMAS medical provider in the community for a service, such as physical therapy, and the return trip.

2. Transportation on a “regular” school bus is not billable to DMAS, unless an aide is necessary for the child to ride the bus. If a child requires transportation on a vehicle adapted to serve the needs of the disabled, such as a specially adapted school bus, that

transportation may be billed to DMAS. A school division car or other type of vehicle also qualifies which meets the needs of the child when the child cannot ride a school bus. If an aide is necessary for the child to ride the vehicle and this is noted in the child's IEP, then reimbursement shall include the services of the aide assigned to a child. The services of a single aide can be billed for up to six children. An aide assigned to ride in a vehicle, which transports children with transportation and an aide noted in the IEP, can also be billed.

3. Vehicles and drivers providing the transportation shall be in compliance with applicable laws and regulations.

J. E. Early and periodic screening, diagnosis, and treatment (EPSDT) services.

Routine screening services shall be covered for school divisions when rendered by either physicians or nurse practitioners. Diagnostic and treatment services also covered under EPSDT shall not be covered for school divisions. School divisions shall be required to refer children who are identified through health assessment screenings as having potential abnormalities to their primary care physician for further diagnostic and treatment procedures.

K. F. Specific exclusions from school health services.

All services encompassing and related to family planning, pregnancy, and abortion services shall be specifically excluded from Medicaid reimbursement if rendered in the school district setting.

12 VAC 30-80-75. Fee-for-service providers: School Divisions.

- A. Fees for physical therapy, occupational therapy, speech/language pathology, audiology services, school health assistant services, skilled nursing services, psychology services, medical evaluation services, health needs assessment and treatment planning services and transportation services provided by school divisions for special education students will be based upon costs incurred by school divisions. Costs shall include direct, indirect and capital costs associated with providing the service. Fees will be redetermined using this methodology at least every five years. In the interim, fees may be increased annually using an appropriate inflator.
- B. Fees for EPSDT and Clinic services will be based upon 12 VAC 30-80-30.