STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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12 VAC 30-50-229.1. School health services.

A. School health services shall be defined as those therapy ~~and~~ , nursing services , and well child screenings rendered by employees of school divisions which are enrolled with DMAS to serve children who:

1. qualify to receive special education services as described under Part B of the federal Individuals with Disabilities Education Act, as amended (20 USC § 1400 et seq.). Children qualifying for special education services pursuant to Part B of the federal Individuals with Disabilities Education Act, as amended, shall not be restricted in their choice of enrolled providers of medical care services as described in the State Plan for Medical Assistance ~~.~~ or

2. qualify for routine health screenings, but not diagnostic and treatment services, which are covered under Early and Periodic Screening, Diagnosis and Treatment services.

B. Physical therapy and related services.

1. The services covered under this subsection shall include physical therapy, occupational therapy, and speech/language pathology services. All of the requirements, with the exception of the 24 visit limit, of 12 VAC 30-50-200 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, ~~and service limitations~~. Consistent

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with the child's Individualized Education Program, 35 therapy visits will be covered per year per discipline without DMAS prior authorization.

2. Consultation by physical therapy, occupational therapy, or speech pathology providers in meetings for the development, evaluation, or reevaluation of the Individualized Education Program (IEP) for specific children shall be covered when the IEP with the physical therapy, occupational therapy, or speech pathology services is implemented (based on the date of services billed to DMAS) as soon as possible after the IEP meeting, not to exceed 60 days, except where there are extenuating circumstances. This consultation is to be billed to DMAS no earlier than the date such services are implemented. No more than two consultations may be billed for each child annually. This annual limitation includes consultations billed to DMAS attended by either registered nurses or licensed practical nurses. If an IEP eligibility meeting is billed to DMAS, then the subsequent IEP plan meeting must also be billed for any DMAS reimbursement to occur.

3. Extenuating circumstances are recognized regarding the coverage of the IEP consultation when the physical therapy, occupational therapy, or speech pathology services cannot be implemented as soon as possible following the effective date of the IEP. Such extenuating circumstances may include, but shall not be limited to, arrangements for transportation, hospitalization of the child, or summer or vacation periods. DMAS or its contractor must approve other extenuating circumstances.

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4. Consistent with the *COV* § 32.1-326.3, speech-language services must 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 and Hearing Association; or (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; OR

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

   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 (a), (b), or (c) above and is directly supervised by a speech-language pathologist who meets the criteria (a)(i), (a)(ii), (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

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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 (a)(I), (a)(ii), (b), or (c) above is readily available to offer needed supervision when speech-language services are provided.

C. Skilled nursing services.

1. These must be medically necessary skilled nursing services which 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 ~~six~~ 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 ~~medical care~~ skilled nursing care.

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 18 VAC 90-20-270.
3. Consultation by skilled nursing providers in meetings for the development, evaluation, or reevaluation of the IEP for specific children shall be covered when the IEP with the skilled

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nursing services is implemented (based on the dates of services billed to DMAS) as soon as possible after the IEP meeting, not to exceed 60 days, except where there are extenuating circumstances. This consultation is to be billed to DMAS no earlier than the date such services are implemented. No more than two consultations may be billed for each child annually. This annual limitation includes consultations billed to DMAS attended by physical therapists, occupational therapists, and speech therapists. If an IEP eligibility meeting is billed to DMAS, then the subsequent IEP plan meeting must also be billed for any DMAS reimbursement to occur.

4. Extenuating circumstances are recognized regarding the coverage of the IEP consultation when the skilled nursing services cannot be implemented as soon as possible following the effective date of the IEP. Such extenuating circumstances may include but shall not be limited to arrangements for transportation, hospitalization of the child, or summer or vacation periods. DMAS or its contractor must approve other extenuating circumstances.

5. The services shall be of a level of complexity and sophistication which are consistent with skilled nursing services. 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.

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6. Skilled nursing services shall be directly and specifically related to an active, written plan of care, which is based on a physician's or nurse practitioner's written order for skilled nursing services. The Registered Nurse is to establish, sign, and date the plan of care. The plan of care is to 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 7 of this subsection. Skilled nursing services rendered which exceed the physician or nurse practitioner written order for skilled nursing services shall not be reimbursed by DMAS. A copy of the POC shall be given to the child's Medicaid primary care provider.

7. Documentation of school-based skilled nursing services. Documentation of services shall include a written POC which 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 which have been delivered and for which reimbursement from Medicaid is to be claimed must be supported with like documentation. Documentation 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 which form the basis of the diagnosis; any prescribed drugs which are part of the treatment

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including the quantities and dosage; 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, Department of Health, and Department of Education statutes, regulations, and standards relating to school health. Documentation shall also be in accordance with school division standards.

8. 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.

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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 skilled 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.

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.

D. Psychiatric and psychological services. 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

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psychologists-limited licensed by the Board of Psychology. Parental involvement and permission shall be required for all such services to be covered.

E. 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. Schools 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. . Parental involvement and permission shall be required for all such services to be covered.

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 30-50-230.

14. Services for individuals age 65 or older in institutions for mental diseases.

14a. Inpatient hospital services.

A. Provided, no limitations.

14b. Skilled nursing facility services.

A. Provided, no limitations.