

# OT, PT, SLP & AUDIOLOGY SERVICES

Medicaid & Schools Training

May 2022



# Overview

- Status of Free Care Expansion
- Provider Participation Requirements
- Ordering, Referring or Prescribing Provider Requirements
- Covered Services
- Consultation
- Documentation Requirements
- Clarification of Signature Requirements
- Evaluations
- RMTS

# Status of Free Care Expansion

- DMAS's requires to expand services/providers is still under review of the Centers for Medicaid and Medicare Services (CMS)
- If approved, services will no longer require authorization via a student's IEP
- If approved by CMS, this will go into effect July 1, 2022



# PROVIDER PARTICIPATION REQUIREMENTS

(LEA Provider Manual, Chapter 2)

# Reminders...

- DMAS reimburses only for services provided by staff employed or contracted with the LEA.
- Providers that refer for services must enroll with DMAS as ordering, referring or prescribing (ORP) provider type
- **NEW** Progress notes must be signed by the rendering provider as soon as possible, **but no later than 30 days past the date of service.**

# Occupational Therapy

- Occupational Therapy services must be performed by the following:
  - An occupational therapist (OT) licensed by the Virginia Board of Medicine; or
  - An occupational therapy assistant (OTA) licensed by the Virginia Board of Medicine under the supervision of a licensed OT.
  - See 18 VAC85-80, Regulations Governing the Practice of Occupational Therapy.
  - See LEA Manual, Ch. II for more information regarding provider requirements.

# Physical Therapy

- Physical Therapy services must be performed by the following:
  - A physical therapist (PT) licensed by the Virginia Board of Physical Therapy; or
  - Physical Therapist Assistant (PTA) licensed by Virginia Board of Physical Therapy under general supervision of licensed PT .
  - See 18VAC 112-20; LEA Manual, Ch. II for more information regarding provider requirements.

# Speech-Language Therapy

- Speech-Language Pathology services must be performed by the following:
  - A speech-language pathologist (SLP) licensed by the Virginia Department of Health Professions, Virginia Board of Audiology and Speech-Language Pathology with a Master's or Bachelors degree,
  - OR
  - A SLP with a provisional license through a BASLP program, currently serving their post-graduation clinical fellowship year as required by ASHA, may provide services unsupervised.
  - See LEA Manual, Ch. II for more information regarding provider requirements.

*NOTE: A bachelor's SLP with a BASLP License does no longer has to be supervised*



# Audiology Services

- Audiology services must be performed by the following:
  - Audiologist licensed by the Virginia Board of Audiology and Speech-Language Pathology
  - See 18VAC30-21; LEA Manual Ch. II for more information regarding provider requirements.

# Supervision

- DMAS qualified providers must follow their individual licensing regulation's supervision requirements.
- If the individual licensing regulations do not include specific time periods regarding supervisory visits (e.g., every 30 days) or type of supervisory visits (direct/face-to-face or general/indirect), then the qualified provider must meet the minimum requirements as defined by DMAS.
- DMAS minimum requirements are:
  - At least every 90 days
  - Meetings can occur face-to-face or telephonically.

# Supervision, Cont'd

- A licensed OT/PT shall be fully responsible for any actions of persons performing occupational/physical therapy functions under the OT/PT/ supervision or direction.  
Each discipline has its own set of regulations for persons performing services under the direction of a licensed professional. Please refer to these guidelines for your specific discipline.

# Supervision, Cont'd

- There is no provision for DMAS to reimburse for professional services provided by OT, PT, SLP or Audiology students, even if they are working under the direct supervision of a licensed provider.
- Because these cost are not included in your cost settlement, there is typically no financial impact to the school division.
- Supervision of services are covered administrative activities captured in the RMTS.

# OT Supervision

- The Regulations Governing the Practice of Occupational Therapists and the Licensure of Occupational Therapy Assistants
  - The Supervising OT should meet with OT assistant(s) to review and evaluate treatment and progress of the individual student at least once every 10th treatment session or every 30 calendar days, whichever occurs first.
  - See 18VAC85-80-110.

# OT Supervision, Cont'd

- The Regulations Governing the Practice of Occupational Therapists and the Licensure of Occupational Therapy Assistants (cont'd)
  - The Supervising OT shall review and countersign the OTA's documentation at the time of the supervisory review and evaluation.
  - See 18VAC85-80-110

# PT Supervision

- The PTA's visits must be made under general supervision (e.g., a PT is available for consultation) 18VAC 112-20-90
- The PT shall re-evaluate the therapeutic plan at least once every 30 days or within 12 student visits, whichever comes first  
See 18VAC 112-20-120

# ORP Requirements

- Purpose:
  - DMAS must ensure that all services that require an order, referral or prescription are ordered, referred or prescribed by persons that are appropriately credentialed and have not been disqualified from billing Medicaid because of fraud, waste, and abuse.
  - DMAS will not pay for any service that was referred by a disqualified provider for fraud, waste or abuse.



## ORP (cont)

The ORP NPI on the claim is not saying that the:

- ORP provider rendered the service
- ORP provider is supervising the service
- ORP provider is reviewing the documentation

The ORP NPI on the claim is saying that they agree that the student needs the service

## ORP (cont)

- There is an enrollment revalidation process every five years.
- DMAS will contact you in advance of your revalidation date.



# COVERED SERVICES

(LEA Provider Manual, Chapter 4)

# PT, OT, SLP, and Audiology

- The services must be directly and specifically related to an active written plan of care developed by a DMAS-qualified provider;
  - The services must be of a level of complexity and sophistication, or the condition of the student must be of a nature that the services can only be performed by a DMAS-qualified provider (PT, OT, SLP or Audiologist) as defined in Chapter II of the LEA Manual;

# PT, OT, SLP, and Audiology

- Based on an assessment made by a licensed provider, services must be provided with the expectation that the condition of the student will improve in a reasonable and generally predictable period of time, or the services are necessary to establish a safe and effective program to ameliorate the condition or slow the disease progression

# PT, OT, SLP, and Audiology

- The services must be provided to address an established diagnosis using the current International Classification of Diseases (ICD) manual; and
- The services must be specific and provide effective treatment for the student's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency, and duration of the services are identified, as well as long-term goals for the individual's condition.

# PT, OT, SLP, and Audiology

- A DMAS-qualified, licensed provider must develop the plan of care; however, the implementation of the plan may be carried out by a licensed therapy assistant (as allowed under Virginia law), and as defined in Chapter II of the LEA Manual

# Therapy Definitions

- Rehabilitation: Necessary medical services needed for improving or restoring functions which have been impaired by illness/disability/injury. Progress is demonstrated and the therapy requires the skills of a licensed therapist acting within the scope of his or her license and practice under State law. A therapy assistant may provide therapy services under the supervision of a qualified therapist.
- Services provided to students over the age of 20 must meet the Rehabilitation manual requirements



# Therapy Definitions – Cont'd

- Rehabilitation Therapy to Ameliorate Symptoms or Prevent Disease Progression: Necessary medical services ameliorate (to make better or more tolerable) disease symptoms or to prevent disease progression. Therapy may be provided by the qualified therapist or a therapy assistant, under the supervision of a qualified therapist.

## Therapy Definitions – Cont'd

- Habilitation: Necessary medical services needed to assist a student in developing new skills or functions that they are incapable of developing on their own. Progress is demonstrated and the therapy requires the skills of a qualified therapist acting within the scope of his or her license. Example: A student who was never able to walk and now has gained the ability to walk.



# DOCUMENTATION REQUIREMENTS

(LEA Provider Manual, Chapter VI)

# Therapy Plan of Care (DMAS 42)

- A Plan of Care must be developed by a DMAS qualified provider.
  - Cannot be developed by a COTA, PTA, or SLPA (An SLPA is not a DMAS qualified provider and cannot participate in Medicaid Reimbursement).

# Therapy Plan of Care

- Identifying Issue/ICD 10 Diagnosis Code
  - The medical/treating diagnosis or identifying issue to be addressed by the service
    - SLPs would use the identifying issue ICD 10 code RELATED to what they are treating (articulation, language, etc.)
    - OTs would use an identifying issue ICD 10 code RELATED to what they are treating (fine motor, sensory needs, etc.)
    - PTs would use an identifying issue ICD 10 code RELATED to what they are treating (gross motor, functional mobility, etc.)

# Therapy Plan of Care

- Functional Performance
- Long Term Goals/Objectives
  - Include measurable long term goals which describe the anticipated level of functional improvement together with time frames for goal achievement.
  - Long term goals can be no longer than one year from the implementation date of the Plan of Care.
  - If percentages are used for measuring goals, the percentages should change based on student's progression, not a standard time frame

# Therapy Plan of Care

- Interventions, treatment, modalities
  - Must include specific interventions, treatments, or modalities and methods that will be used during the sessions, referencing the long term goals that are the focus of the intervention.

# Therapy Plan of Care

- Interventions/treatment/modalities examples:
  - OT: Adaptive equipment/material management and training, Adaptive strategies, Assistive technology, Coordination exercises/activities, Developmental interventions, Direct instruction, Environmental Modifications, Training & Instruction in Equipment Use, Fine Motor exercises/activities, Grasping activities, Handwriting practice/activities, Positioning, Therapeutic Activity



# Therapy Plan of Care

- Interventions/treatment/modalities examples:
  - PT: Physical Therapy services will be provided for 1 hour monthly and will include consultation and staff training for wheelchair mobility/management, positioning, transfers, and accessing his school environment if the student is present.
  - SLP: Homework, auditory/visual cues, self-monitoring strategies, speech/language therapy, modeling of appropriate responses, language manipulatives (worksheets, games, etc.), receptive or expressive language activities.

# Therapy Plan of Care

- Can include a range of services
- Frequency of sessions
  - Frequency should be based on the smallest increment of time (weekly versus monthly)
  - If you use a vendor, be aware of how they define a billing cycle (1st - 31st vs. 4 weeks)
- Implementation Date
- Services billed must take place after the implementation date

# Therapy Plan of Care

- There should also be identification of a discharge goal.
- Discharge goal must include the anticipated improvement or maintenance of functional status and probable discharge outcomes
- Anticipated discharge date

# Therapy Plan of Care

- Must be developed by the DMAS qualified provider.
  - Must be signed and dated before date of implementation of services.

Plans of care must never be back dated!

# Therapy Plan of Care

- Any significant changes in the student's condition must be noted with subsequent revisions in the Plan of Care or Plan of Care Addendum.
  - This includes revisions, additions, and deletions of the goals, and any changes to the frequency or duration of services.
  - Can't amend in order to extend the length of the POC

# Progress Notes

- The DMAS qualified provider or assistant (under supervision) must write progress notes for each visit.
- **NEW** Progress notes must be completed and signed as soon as possible, but no further than 30 days from the date of service.
- Documentation in progress notes must address response to treatment as it relates to the long term goals and the POC.

# Progress Notes

- Progress notes must clearly identify the provider/therapist rendering the service including their full name and title.
- Progress notes must include the signature of the provider/therapist rendering services.
- Evidence of the supervisory visit of the therapy assistant must be documented by the DMAS qualified provider.
- The documentation supporting the supervisory visit must include signature of the DMAS qualified provider.

# Considerations for Progress Notes

Additional procedural requirements:

- Student Response to Treatment
  - If you have a vendor, make sure that they are not using any default values as they are not acceptable. Each record needs to be child specific.
- Make sure your progress notes include:
  - Date
  - Type of Contact (individual/group, cancellation reasons)
  - Please provide a key to any abbreviations used
  - Activity (check off on form)



# Progress Notes

- Good Examples

- OT: Student seen in classroom for handwriting sizing and alignment practice using structured activity. Use of boxes and model to write a lowercase alphabet with correct relative sizing and alignment. One verbal cue to write his first name with 80% accuracy of alignment. Activity completed to increase distinction and identification of “short, tall, and tail” letters with boxes for alignment. He near copied a sentence on highlighted manuscript line with 1 verbal cue with 92% correct alignment but no spaces between words. Total assist required to use spacer to re-copy sentence with 84% alignment and adequate spacing.

# Progress Notes

- Good Examples
  - PT: Tried student in the Bronco gait trainer today. He is very mobile in it and navigated in the hallway and through narrow door openings. Used a bunny hop type gait with both legs moving together simultaneously. PT recommended to teachers that they use the Rifton pacer for walking indoors as his gait is reciprocal, and use the Bronco for outdoors as it has larger wheels and is designed for such. Transferred from the Bronco to his classroom (Rifton) chair with min assist of one for balance, using the gait trainer for support and then pushing himself back in the Chair.

# Progress Notes

- Good Examples
  - ST: Comparing and contrasting two nouns when give a visual support for "they are the same because they both \_\_\_\_" and "they are different because one is \_\_\_\_ and one is \_\_\_\_" 20% required scaffolding and closed sets in order to answer questions. Student produced voiceless "th" in the initial position of words at the phrase level with 70% accuracy.

# Progress Notes

- Problematic examples
  - OT: Student is beginning to write with good letter formation and spacing. Have sent home man worksheets and cutting sheets and the family has been excellent with the follow thru.
  - PT: In PE participating in all activities hitting a balloon up in the area consecutively, using a paddle or a racket to hit the balloon in the air. Did not sit down once to rest, standing up from the middle of the floor using a half kneel progression.
  - ST: service provided. no data taken
  - ST: therapy activities
  - Student Uncooperative

# Discharge Summary

- When a service is discontinued, regardless of reason, the student's progress and response to treatment, and recommendations for future care must be documented in the service record.
- Services must be considered for termination in the following circumstances:
  - Student has met their long-term goals
  - Student no longer benefiting from therapy
  - Rehabilitation vs. Habilitation vs. Maintenance
  - Student has unstable condition affecting ability to participate
  - Temporary vs. long term instability
- The discharge summary may be documented within the progress notes.

# Discharge Summary (cont'd)

- A discharge summary must be written if the service continues, but no longer meets DMAS requirements for billing

# Discharge Summary, Cont'd

- If a student is transferring to another school and the services are to continue, a discharge summary is not required.

# Discharge Summary, Cont'd

- Additional reasons to consider termination of services:
  - Skill of DMAS qualified provider is no longer required



# Discharge Summary – Cont'd

- Must be documented within 30 calendar days of discharge and include all of the following, but is not limited to:
  - Summarize student's progress relative to treatment goals;
  - The reason for discharge;
  - The student's functional status at discharge compared to admission status;
  - The student's status relative to established long-term goals met or not met;
  - The recommendations for any follow-up care; and
  - The full signature, title and date (month/day/year) by the qualified provider.

# Discharge Summary – Cont'd

- Good example:
  - Student was initially referred by his father and kindergarten teacher in the fall of 2017 and found eligible in January of 2018, due to concerns with articulation. At the time of initial eligibility, Brayden was having difficulty producing the following sounds: /V/, /L/, /TH/, /SH/, /S/, /Z/, /CH/, /R/ and their blends. In March of 2020, student received continued eligibility through the re-evaluation process for a speech-language impairment, as a result of articulation errors on the following sounds: /L/, /R/ and their blends. Although at the time of re-evaluation, the /R/ sound and its blends were still not developmentally appropriate, student has made progress towards his speech goals of improving the /L/ sound, and is showing mastery of the /R/ sound as well.

# Discharge Summary – Cont'd

- Good example:
  - Therapy data from the current school year (September 2019-March 2020) indicates that student is able to produce the /L/ sound during sentence formulation with an average of 98% accuracy, and the /R/ sound during sentence formulation with an average of 96% accuracy. He requires little to no prompting to produce all phonemes correctly. Student occasionally requires minimal prompting to reduce his rate of speech during conversational speech, specifically under times of high emotional stress. Due to his progress and current level of performance, dismissal from speech-language therapy is being recommended. Parents are encouraged to contact CCPS if regression occurs.
  
- Problematic
  - No longer eligible for SLI services.



# CLARIFICATIONS OF DMAS SIGNATURE REQUIREMENTS

# Clarification of Signature Requirements

## Purpose of signatures

*When you sign a piece of documentation you are acknowledging, confirming or approving that the documentation is complete and accurate.*

# Clarification of Signature Requirements

## Purpose of signatures

The responsible, qualified (licensed) therapist signature is required to:

- Acknowledge that they completed the student's **Evaluation**. (Page 6)
- Confirm that they developed the **Plan of Care**. (Page 3)
- Approve the **documentation of services** provided by personnel under their supervision (e.g., progress notes)<sup>2</sup>. (Page 3)
- Confirm their **supervisory review of care**, at minimum, every 30 to 90 days. (Pages 3 and 7; and LEA Provider Manual, Chapter 2, Page 14)

# Clarification of Signature Requirements

The signature of the provider **rendering** services:

- Must be included with progress notes for on-going therapy services.

# Clarification of Signature Requirements

Where a supervising or rendering provider signature is required, it must include, at minimum, the first initial, last name and title of the provider, and be dated with the month/day/year of the signature.



# Clarification of Signature Requirements

Because pages can get lost, etc.

- If your documenting student progress using paper (hard copy) logs or forms, we recommend:
  - The *DMAS-qualified provider* initial, sign and date each page of the progress notes - if multiple pages are used.
  - The *rendering provider* may use their initials in the documentation for each individual session, if they also sign with their full signature at the bottom of the log or form. (Each page of the form.)



# EVALUATIONS

# Therapy Evaluations

- Must be performed by a DMAS qualified provider within their scope of practice.
  - Evaluations completed by a non-DMAS-qualified provider, including supervised personnel, cannot be submitted for reimbursement.

# Therapy Evaluations

- Evaluation documentation requires all of the following:
  - Reason for the evaluation
  - Medical/treating diagnoses or identifying issue;
  - Current findings;
  - Current functional status (strengths and deficits); and
  - Summary of previous treatment and results.

There is no specific form for therapy evaluations, but the provider must address previous treatment and results in their documentation, regardless of where the documentation is located.



# POINTS TO REMEMBER

# Billing

- For covered services that require a written order, referral or prescription, the National Provider Identifier (NPI) number of a DMAS-enrolled, qualified provider that is licensed or otherwise authorized to order the service or services being billed, must be included on the service claim.

# Billing for more than one visit per day

- Visit defined as treatment session, not measurements of time.
- If therapist provides several services during a visit = one visit.
- If therapist provides two distinctly separate therapy sessions on same day = two visits.
- Combined visits by more than one therapist cannot be billed as a separate visit if the goal(s) of the therapists are the same for the visit (e.g., two therapists are required to perform a single procedure).

# Supervision - Who can do what?

- Only a DMAS-qualified, licensed OT/PT/SLP can develop a plan of care; however, the implementation of that plan may be carried out by OTA/PTA.
- In order to seek reimbursement for an evaluation, it must be completed by a DMAS-qualified licensed therapist acting within the scope of his/her practice.
- Progress notes must be signed and dated by the therapy assistant providing the treatment with evidence of supervision by the licensed therapist per state licensing requirements.





# RESOURCES

# Local Education Agency Provider Manuals

- The DMAS Provider Manuals may be found through the Medicaid Enterprise Solution (MES) Provider Portal at:

<https://vamedicaid.dmas.virginia.gov/manuals/local-education-agency>

DMAS “LEA” Provider Manuals are the source of rules and requirements for delivering Medicaid-covered services in the school.



# RANDOM MOMENT TIME STUDY (RMTS)

# The RMTS Connection

- The Medicaid in Schools program is not a “fee-for-service” program. Schools aren’t paid based on submitting claims for the individual services provided to students.
- Instead, schools submit “interim” claims to document to DMAS that a covered service was provided to a Medicaid-enrolled student, but those “interim” claims are paid at “interim” (temporary) rates that are later re-calculated via a cost settlement process.
- This type of reimbursement program, referred to as “cost-based” or “cost settlement” is great for schools because it allows school divisions to ultimately receive reimbursement based on actual incurred costs to provide Medicaid-covered services.

# The RMTS Connection

- The Medicaid in Schools program uses the RMTS to measure and quantify the amount of time all of the staff (providers) employed by school divisions across the state spend doing work activities that qualify for Medicaid reimbursement.
- Therefore, when you answer a moment, the RMTS is determining whether the work activity happening at the time “counts” for reimbursement in the Direct Services program, the Medicaid Administrative program, or neither program.

# The RMTS Connection

- When responding to the RMTS, providers should apply your understanding of program reimbursement and interim billing requirements to your moment responses.
- Your moment response must provide enough complete information so that we can determine whether the work you were doing can be “counted.”
- **Note:** You’ll never need to identify any student specifically, and you’ll never need to consider whether the student you were working with is enrolled in Medicaid or FAMIS when responding to an assigned moment.
  - A moment response is never about the student – it’s about your work activity

# RMTS Tips

- Provide sufficient information so that the ***context*** of your work is understood.

Don't Say:	Say this instead:
Completing paperwork	Documenting notes about the SLP session I provided to an IEP student
In a meeting	In a meeting with the school psychologist and an SLP discussing a student's recent health concerns and their impact on treatment/therapy
Student absent	My scheduled session was canceled because the student was absent, so I was preparing materials for my afternoon PT session with an IEP student

# RMTS Tips

- You are all licensed, qualified health care professionals working in a school setting. But we see many moments answered saying that you're addressing the student's educational needs.
- Remember that educational needs and health care needs can and do overlap!
- As a licensed provider, you have special skills and training to address underlying health issues that are impacting a student's ability to succeed in the educational environment.
- When applying the skills and training of your license to a student who needs your skilled interventions, in Medicaid's view, you are addressing health care needs first and should answer moments accordingly.



# RMTS Tips

- Provide sufficient information so that it's clear whether or not the service being provided meets Medicaid requirements for interim billing (*ignoring the actual Medicaid status of the student*).
- RMTS uses language like “Medicaid-qualified” to encompass many aspects of service delivery, like
  - Was supervision in place, where required?
  - Is there an active plan of care?
  - Are services continuing after the qualified provider has discharged the student?

# RMTS Tips

- For interim billing purposes, you submit an interim claim for each “visit” or “session” that meets Medicaid’s requirements – thinking about “face-to-face” time with the student.
- Medicaid determines the true cost of providing all those services by “counting” all working time that is an ***integral component*** of service delivery through the RMTS, including:
  - Time spent documenting your service notes/progress
  - Time spent preparing for a therapy session (e.g. gathering the materials you’ll need, getting out supplies/equipment, reviewing your plan for the upcoming session or your notes from last session)
  - Time spent traveling to provide a covered services (e.g. between the elementary school and the middle school)
  - Time spent completing paperwork or electronic interim billing forms/documents

# RMTS Tips

- Because the RMTS needs to capture and “count” all the working time that is an *integral component* of service delivery, even when not “face-to-face” with the student, we still need to know that the Medicaid requirements for reimbursement of the related service are met.
  - If your moment responses are not clear, you might get a follow-up question asking you about the “purpose of your travel” and things of that nature.
- **Note:** with the expansion of program reimbursement to include services that are not related to a student’s IEP, your RMTS moment responses need to clearly identify work that is related to a student’s IEP vs. when it’s not.

# RMTS – “Administrative” Claiming

- Many work activities that school-based providers perform may not be reimbursable as a “direct service” but instead are reimbursed through Medicaid Administrative Claiming.
- In the Administrative Claiming program there are no interim claims, just the RMTS is used to quantify work time spent doing reimbursable activities, such as:
  - Referrals, care coordination, monitoring – “indirect service” time
  - “Big picture” planning (not specific to any one student) for health care service delivery needs/programs
  - Clinical supervision
  - Conducting or receiving training related to health care services and practice

# Contacts:

- Department of Medical Assistance Services
  - Rebecca Anderson, Manager, Policy Research & Analysis  
[Rebecca.Anderson@dmas.virginia.gov](mailto:Rebecca.Anderson@dmas.virginia.gov)
- Virginia Department of Education
  - Amy Edwards, Medicaid Specialist  
[Amy.Edwards@doe.virginia.gov](mailto:Amy.Edwards@doe.virginia.gov)
- Virginia Beach Public Schools
  - Jill J. Robinson  
[Jill.Robinson2@vbschools.com](mailto:Jill.Robinson2@vbschools.com)
- Virginia Beach Public Schools
  - Katrina Ward  
[Katrina.Ward@vbschools.com](mailto:Katrina.Ward@vbschools.com)