

# Day Two: HSPF Virtual Meeting

December 9, 2020

**HEALTHY SCHOOLS**  
CAMPAIGN

**Healthy Students,  
Promising Futures**  
LEARNING COLLABORATIVE



## Welcome & Logistics



# Documenting Medical Need in Student Records for Medicaid Billing

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The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The central area is white, providing a clean space for the text.

# Medical Necessity and Expanded Services

# Agenda

- ▶ National Perspective
- ▶ Colorado Specific
  - ▶ Background
  - ▶ Plans of Care and Medical Necessity
  - ▶ Examples
  - ▶ How it relates to Time Study
  - ▶ Training
- ▶ Questions

# National Trends and State Flexibility

- ▶ National momentum to increase access to services has influenced the partnership between CMS and the states around school based Medicaid programs
- ▶ Several models are being considered to design school-based Medicaid programs that reflect the uniqueness of each state's existing program
- ▶ CMS has approved changes that are distinctive to each state
  - ▶ Massachusetts and Colorado expanded the full scope of their programs and added providers
  - ▶ Nevada elevated the language for delivery of services in schools to match their statewide program
  - ▶ States such as Georgia and Michigan have chosen to focus expansion primarily on nursing or mental/behavioral health services
  - ▶ CMS has enhanced flexibility in the face of the public health emergency-especially in the area of telehealth

# Considerations for Expanding Services

- ▶ Expanded Services
  - ▶ National momentum surrounding the need for better access to mental/behavioral health services and nursing services among school aged children.
  - ▶ In traditional IEP driven school based Medicaid programs, reimbursement for mental health services usually only accounts for 10% or less of overall reimbursement
- ▶ Qualified Providers
  - ▶ The importance of qualified providers to expansion of services and plans of care.
- ▶ Establishing Medical Necessity and Plans of Care
  - ▶ Who, What, Where

# SPA and Time Study Implementation Guide

## Services

- Services covered in the community can be performed in a school-based setting by a qualified medical provider
- Established medical necessity by a qualified medical provider operating within the scope of his/her practice
- Mental/behavioral health services that are identified on a medical plan of care and performed by a qualified medical provider

## Time Study

- Direct medical service codes (4B-IEP/IFSP, 4C-other plans of care)
- 24-hour prior moment notifications, 2-day moment response window
- Transportation codes (5A, 5B)

## Medicaid Enrollment Ratio

- MER will be applied to other medical plans of care

## Cost Pools

- TCM removed
- Job category changes



# Plans of Care

- ▶ Expansion of Free Care services will allow districts/BOCES to be reimbursed for services prescribed and rendered on other medical plans of care **if** medical necessity has been established

## Compliant

- IEP/IFSP
- Health (meal modification, seizure allergy management)

## Maybe Compliant

- 504
- Behavior
- Safety
- Health

## Not Compliant

- Threat Assessments

- ▶ Districts should be researching what medical plans of care are currently compliant and what plans need work to become compliant

# Compliance for All Plans of Care

- ▶ This model is relevant to all medical plans of care including IEP/IFSPs:

Compliance Model		
1. Establish Medical Necessity by QMP	2. Scope, Frequency, Duration Documented	3. Provider Logging Services

# Scope, Frequency and Duration

- ▶ Scope, frequency and duration must be included in the medical plan of care to be acceptable in the SHS program:

## Scope

Explanation of services to be provided

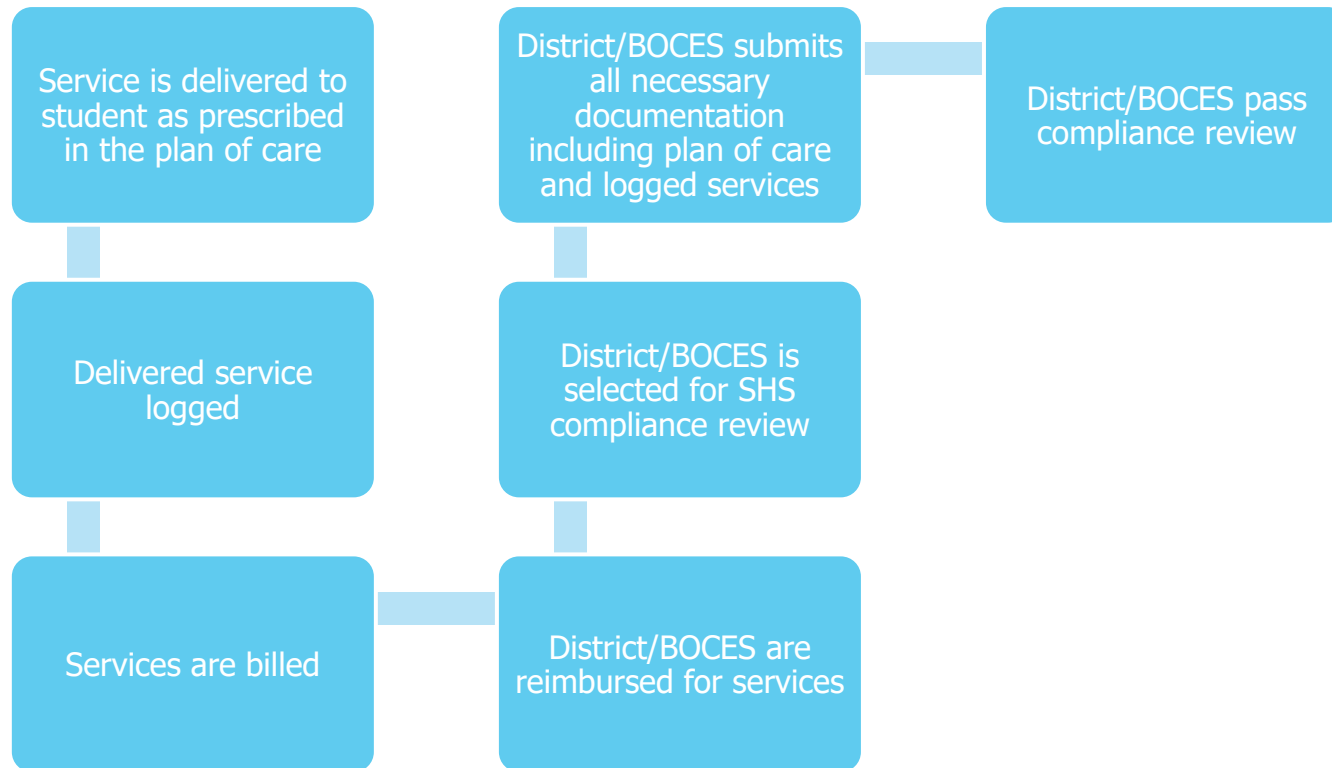
## Frequency and Duration

For which the service will be delivered

- How often
- Length of each session
- Length of plan

# Lifecycle of a Compliant Plan of Care

- ▶ The lifecycle of a compliant plan of care should follow this process flow:



# Templates

- ▶ Examples of standalone other medical plan of care templates shared with LEAs:
  - State Asthma (Colorado Specific)
  - State Allergy/Anaphylaxis (Colorado Specific)
  - Catheterization
  - Adrenal Insufficiency
  - Diabetes
  - G-tube feeds/G-buttons
  - Seizure
  - Diapering/Toileting
  - Trach Support
  - Generic plan - multiple health conditions

# State example

**COLORADO ASTHMA CARE PLAN AND MEDICATION ORDER FOR SCHOOL AND CHILD CARE SETTINGS**

PARENT/GUARDIAN COMPLETE AND SIGN:		School/grade: _____	
Child Name: _____		Birthdate: _____	
Parent/Guardian Name: _____		Phone: _____	
Healthcare Provider Name: _____		Phone: _____	
Triggers: <input type="checkbox"/> Weather (cold air, wind) <input type="checkbox"/> Illness <input type="checkbox"/> Exercise <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Pollen <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Life threatening allergy, specify: _____			

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child/youth, and if necessary, contact our healthcare provider. I assume full responsibility for providing the school/program prescribed medication and supplies, and to comply with board policies, if applicable. I am aware 911 may be called if a quick relief inhaler is not at school and my child/youth is experiencing symptoms. I approve this care plan for my child/youth.

PARENT SIGNATURE	DATE	NURSE/CCHC SIGNATURE	DATE
HEALTHCARE PROVIDER COMPLETE ALL ITEMS. SIGN AND DATE:		QUICK RELIEF (RESCUE) MEDICATION: <input type="checkbox"/> Albuterol <input type="checkbox"/> Other: _____ Common side effects: <input type="checkbox"/> heart rate, tremor <input type="checkbox"/> Have child use spacer with inhaler. Controller medication used at home: _____	
IF YOU SEE THIS:		DO THIS:	
<b>GREEN ZONE:</b> No Symptoms No Symptoms Pretreat	<ul style="list-style-type: none"> <li>No current symptoms</li> <li>Doing usual activities</li> </ul>	Pretreat strenuous activity: <input type="checkbox"/> Not required <input type="checkbox"/> Routine <input type="checkbox"/> Student/Parent request Give QUICK RELIEF MED 10-15 minutes before activity: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> Repeat in 4 hours, if needed for additional physical activity. <i>If child is currently experiencing symptoms, follow YELLOW ZONE.</i>	
<b>YELLOW ZONE:</b> Mild symptoms	<ul style="list-style-type: none"> <li>Trouble breathing</li> <li>Wheezing</li> <li>Frequent cough</li> <li>Complains of tight chest</li> <li>Not able to do activities, but talking in complete sentences</li> <li>Peak flow: _____ &amp; _____</li> </ul>	1. Stop physical activity. 2. Give QUICK RELIEF MED: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs 3. Stay with child/youth and maintain sitting position. 4. REPEAT QUICK RELIEF MED, if not improving in 15 minutes: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs 5. Child/youth may go back to normal activities, once symptoms are relieved. 6. Notify parents/guardians and school nurse. <i>If symptoms do not improve or worsen, follow RED ZONE.</i>	
<b>RED ZONE: EMERGENCY</b> Severe Symptoms	<ul style="list-style-type: none"> <li>Coughs constantly</li> <li>Struggles to breathe</li> <li>Trouble talking (only speaks 3-5 words)</li> <li>Skin of chest and/or neck pull in with breathing</li> <li>Lips/fingernails gray or blue</li> <li>↓ Level of consciousness</li> <li>Peak flow &lt; _____</li> </ul>	1. Give QUICK RELIEF MED: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <ul style="list-style-type: none"> <li>Refer to anaphylaxis plan, if child/youth has life-threatening allergy.</li> </ul> 2. Call 911 and inform EMS the reason for the call. 3. Stay with child/youth. Remain calm, encouraging slower, deeper breaths. 4. Notify parents/guardians and school nurse. 5. If symptoms do not improve, REPEAT QUICK RELIEF MED: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs every 5 minutes until EMS arrives. <i>School personnel should not drive student to hospital.</i>	
PROVIDER INSTRUCTIONS FOR QUICK RELIEF INHALER USE: CHECK APPROPRIATE BOX(ES)			
<input type="checkbox"/> Student needs supervision or assistance to use inhaler. Student will not self-carry inhaler. <input type="checkbox"/> Student understands proper use of asthma medications, and in my opinion, <u>can carry and use his/her inhaler at school independently with approval from school nurse and completion of contract.</u> <input type="checkbox"/> Student will notify school staff after using quick relief inhaler, if symptoms do not improve with use.			
HEALTH CARE PROVIDER SIGNATURE	PRINT PROVIDER NAME	DATE	PHONE
Copies of plan provided to: <input type="checkbox"/> Teacher(s) <input type="checkbox"/> PhysEd/Coach <input type="checkbox"/> Principal <input type="checkbox"/> Main Office <input type="checkbox"/> Bus Driver <input type="checkbox"/> Other _____			

Adding New Language after Provider Signature:

Good for 12 months unless specified otherwise in district policy.

# Jeffco examples

Confidential 2019-2020 Jefferson County Public Schools –Student Health Plan

Student Name: \_\_\_\_\_ Grade: # \_\_\_\_\_ DOB: \_\_\_\_\_

Prepared by \_\_\_\_\_, RN - District Nurse (720) [@jeffco.k12.co.us](mailto:jeffco.k12.co.us)



## Parent and Emergency Contact Information:

Parent/Guardian contacts: Emergency Contact:		
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Physician Name:	Number:	Fax:
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Medications at Home:
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Medications at School:
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Known Allergies:
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Health History:
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Health Concern #1:
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### SYMPTOMS:

- 

### INTERVENTIONS:

- 

### ACTIVITY RESTRICTIONS:

- 

### CALL 911:

- With all emergencies

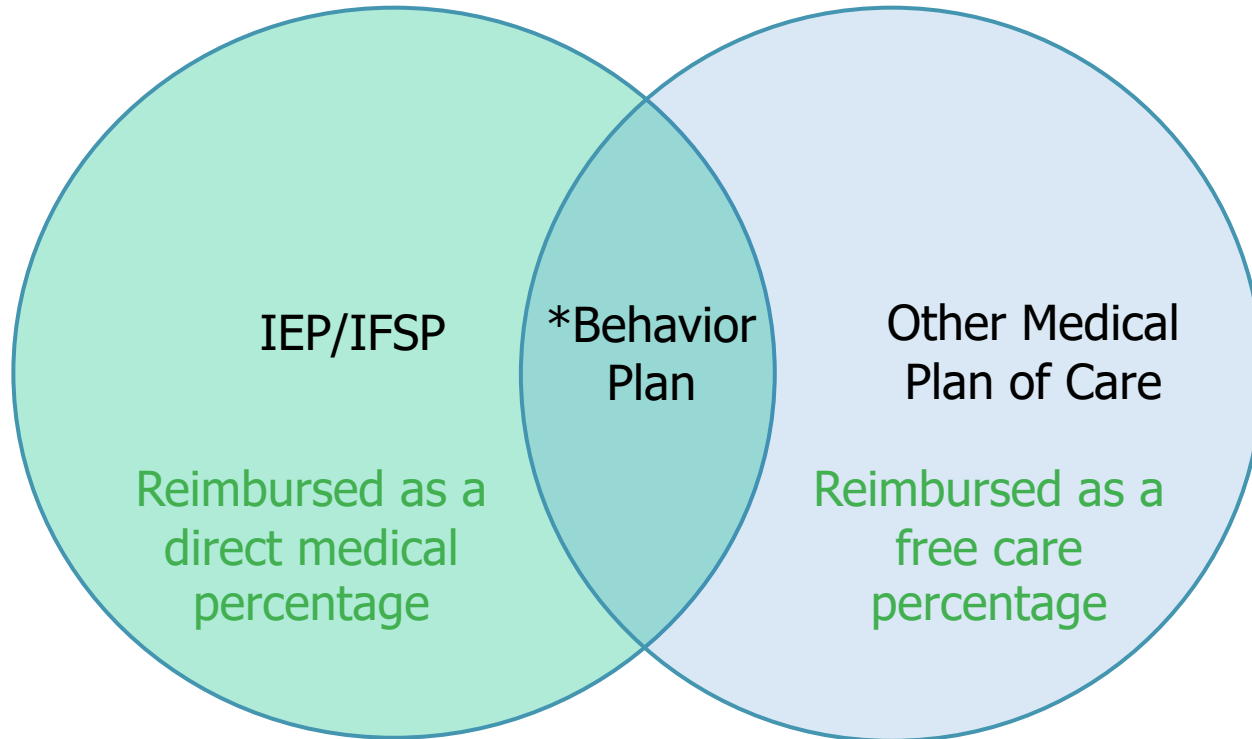
**FIELD TRIPS:** Current HCP should accompany student on all field trips. Supervising Staff will review this Student Health Plan. Trained and delegated staff will provide necessary health interventions as identified by the Student Health Plan. Parents will be notified prior to field trips.

What health supports does this student need if there is a emergency setting such as a **lockdown**? (Lockdowns at times could take several hours.)

What health supports does the student need **outside of academic day**? (Include before and after school, athletics, field trips, overnight and travel)

# Overlapping Medical Plans of Care

Some students have plans of care that may overlap:

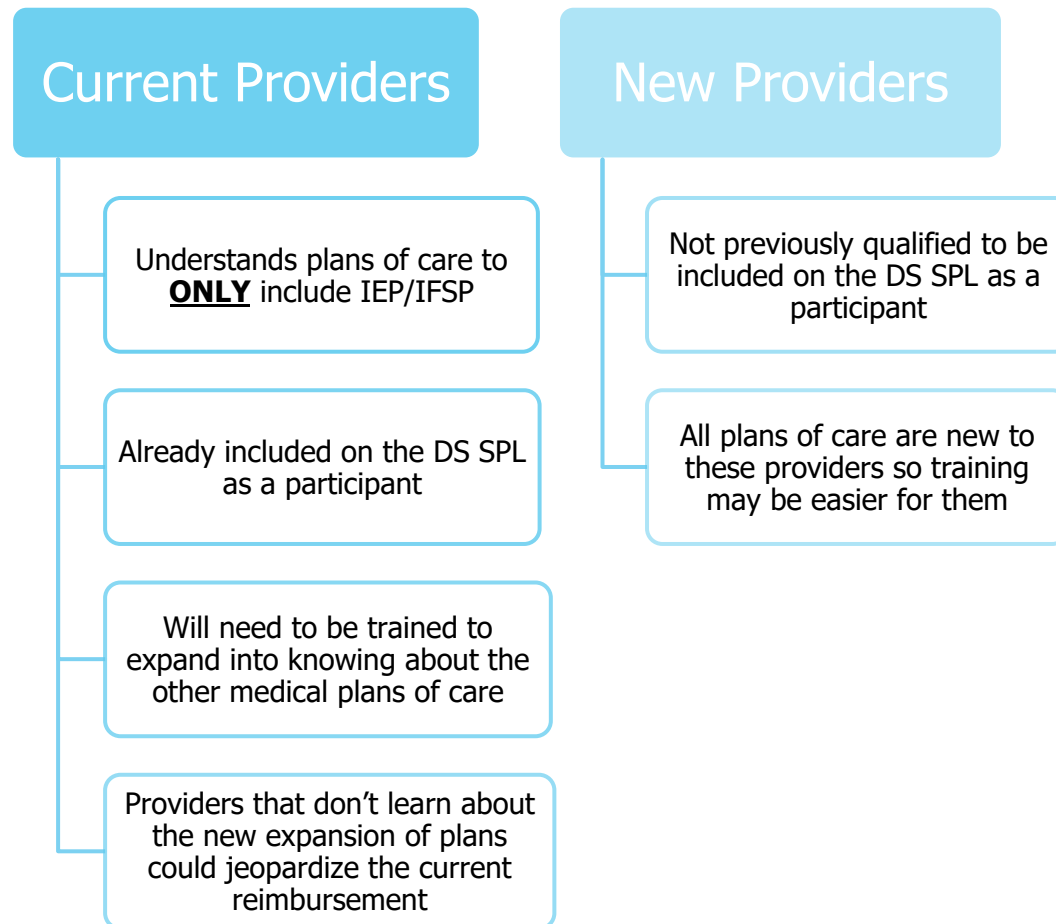


\*Behavior plans can stand alone or be part of an IEP/IFSP



# Staff Pool List Participants

- ▶ How do the new medical plans of care impact time study participants?



# Examples of Phased Training Approaches

## ***Example 1***

Identify plans of care that are already SHS compliant and train participants that are responsible for delivering services on those plans.

## ***Example 2***

Research the plans of care that house the most services or support the most students and focus on making them compliant.

## ***Example 3***

First identify the largest number of providers with the same job category (Health Technicians/Personal Care Aides) on your SPL and determine the types of plans they support when services are rendered (i.e. behavior plans, safety plans, etc). Focus training on the overlapping plans of care and the importance of knowing the difference.

questions



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# Concurrent Breakout Sessions

- **School Telehealth Services in Practice: Implications for COVID & Beyond**
  - Jodi Patton, Hazel Health
  - Jessica Rod, PCG Consulting
- **Navigating Remote Parental Consent**
  - Mark Smith, Ohio Department of Education
  - Bernadette Laughlin, Ohio Department of Education
- **Digging in Deep on RMTS as Schools Reopen**
  - Melinda Hollinshead, PCG Consulting
  - Peter Gilles, PCG Consulting

