
Medicaid Coverage of School-Based Crisis Services: Analysis and Recommendations Based on a Review of Eleven States

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To assist Healthy Schools Campaign (HSC) in advising states and stakeholders on how to strengthen Medicaid coverage of crisis services in schools, Aurrera Health Group conducted research on Medicaid coverage of school-based behavioral health and physical health crisis services in eleven states: Arkansas, Alaska, California, Georgia, Idaho, Indiana, Maine, Massachusetts, Michigan, Missouri, and North Carolina. This memorandum describes our findings from this research and provides recommendations for states seeking to establish or strengthen their coverage of crisis services.

The memorandum is organized in four sections. Section one is a summary of our findings and recommendations. Section two describes our research findings in more detail. Section three provides policy recommendations for states seeking to establish or strengthen their coverage of crisis services, and section four briefly addresses the steps states may need to take to implement our policy recommendations.

1. Summary and Key Takeaways

Of the eleven studied states, nine states appear to provide coverage for behavioral health crisis services, but only four state the conditions for coverage in state guidance. Only two of the studied states clearly provide coverage for physical health crisis services and one additional state *appears* to do so.

Because the vast majority of states require that services be provided pursuant to an individual education plan (IEP), individual family service plan (IFSP), or other written plan of care (POC), state guidance should expressly state that unplanned behavioral or physical health interventions needed to address an acute need are eligible for reimbursement. States should set forth in guidance the documentation requirements for crisis services and other conditions of coverage so that Local Education Agencies (LEAs) can successfully and efficiently submit claims for these services. State requirements should ensure consistency with the Medicaid State Plan and compliance with other applicable Medicaid authorities but should not be so burdensome as to preclude LEAs from billing for medically necessary crisis services.

Key Takeaways

Findings: 9/11 states appear to cover behavioral health crisis services; 3/11 states appear to cover physical health crisis services

Recommendations: Expressly provide for coverage of crisis services; specify the conditions of coverage; avoid unnecessary or overly burdensome requirements

Model States: Massachusetts and Michigan (for coverage of behavioral health and physical health crisis services); Arkansas and Idaho (for behavioral health crisis services)

2. Research Findings

This section summarizes our findings on Medicaid coverage of crisis services in the eleven selected states. Our findings are based on a review of each state’s Medicaid State Plan, Medicaid agency guidance, and in some instances, other authorities governing coverage of school-based services in the selected states. A table displaying our detailed research findings is provided in Appendix A.

Behavioral Health Crisis Services

Of the eleven states reviewed, nine states appear to provide coverage of behavioral health crisis (BHC) services in schools.¹ However, only four of the nine states that cover BHC provide clear guidance to LEAs as to the requirements for coverage.² The other five states provide little to no direction as to the state’s conditions for coverage of BHC services, such as applicable eligibility or documentation requirements. Several of these states do not directly address BHC services in their guidance—but they do provide a billing code for BHC services in their fee schedule for LEAs, suggesting that coverage is, in fact, provided.³

Four states stood out for their coverage of BHC services: Massachusetts, Michigan, Arkansas, and Idaho. Massachusetts requires only that the service documentation support medical necessity and contain the signature of a qualified practitioner. If that practitioner is a supervisor and not the rendering provider, the documentation must be signed by the supervisor as soon as possible after the service is provided and before it is billed to Medicaid.⁴ There is no requirement for the development of a formal POC or follow-up treatment.

Michigan does require the development of a formal POC but only if a student continues to need services more than 30 days after the initial crisis service. Specifically, Michigan’s policy provides that “[w]hen ongoing services are provided in the absence of a POC due to the urgency of the student’s medical needs, the expectation is that a POC will be developed within 30 calendar days from the first date that services are provided for a specific condition.”⁵ This is a very reasonable requirement; it appropriately supports the establishment a POC for students who need ongoing services, while recognizing that coverage should still be provided for services to students with only immediate or short-term needs.

Arkansas also has a reasonable, but slightly more demanding coverage policy. It provides that for BHC services to be billable, the provider must develop a crisis plan or revise an existing plan and that a mental health diagnosis be completed within seven days.⁶ Compliance with these requirements must be reflected in the medical record.

Idaho requires that the service be provided under the recommendation of a physician or other non-physician practitioner of the healing arts and that that recommendation or referral be issued no later than 30 days after the

¹ Massachusetts, Michigan, Arkansas, Missouri, California, Idaho, Indiana, Maine, and Alaska.

² Massachusetts, Michigan, Arkansas, and Idaho.

³ Missouri, Alaska.

⁴ [Guidance](#) at p. 15.

⁵ [Guidance](#) at p. 3, 6.

⁶ [Guidance](#) at 272.150.

service is provided. This is a reasonable requirement and not dissimilar from Massachusetts' requirement that the service documentation be signed by a qualified practitioner (which may be a supervisor where the rendering provider is not a qualified practitioner). Idaho is also unique for its inclusive description of what qualifies as crisis intervention service, providing that it may include training to staff involved with the student in addition to the intervention itself and the development of a crisis plan.⁷

Notably, there were states that both require that services be identified in an IEP/IFSP to be covered, and also appear to provide for coverage of BHC services. Alaska is one such state, providing a billing code for BHC services in its schedule for LEAs.⁸ Although it is not clear how the state squares its IEP/IFSP requirement with its coverage of BHC services, it may be that the state provides coverage for BHC services as long as a student has an IEP or IFSP or one is developed shortly after the provision of crisis services. Indiana is another state that states that services must be listed in an IEP or required to develop an IEP to be billed to Medicaid.⁹ And yet, its guidance provides that it covers "unscheduled activities for the purpose of resolving an immediate crisis situation."¹⁰ Although unclear, again we assume this means that BHC services are covered so long as the student has an IEP or one is developed shortly after the provision of BHC services.¹¹ Another approach for a state with an IEP/IFSP requirement, which would be more restrictive, would be to provide that BHC services are covered if, but only if, the student has an IEP/IFSP that provides for coverage of psychological/counseling services.

California was another state that failed to provide clarity around its coverage of crisis services. The state's Medicaid State Plan and Medicaid agency guidance are both silent as to coverage of crisis services, except that the State Plan provides that "prior authorization is not required for emergency services."¹² While unclear, based on this language, it seems reasonable to assume that BHC and PHC services are covered in California as a form of emergency services. Since California conditions Medicaid reimbursement on the presence of an IEP/IFSP or individualized health and support plan (IHSP), we assume that an IEP/IFSP or IHSP must be in place or developed shortly after the provision of the crisis service in order for the service to be reimbursable by Medicaid.¹³

There were some states that did not expressly cover BHC services or provide any basis for inference of coverage. Georgia's guidance for example requires that all services be "recommended and documented as appropriate

⁷ [Idaho Regulation 16.03.09.853](#). While we lack information as to how often training to staff is provided as part of the provision of BHC services in Idaho schools, we believe that including this as part of the service definition supports schools in providing this training, which may inure to the benefit of the student as well as school staff.

⁸ [Agency Guidance](#) at p. 13; [Fee Schedule](#) at p. 4.

⁹ [DOE Agency Guidance](#) at p. 24.

¹⁰ *Id.* at p. 85.

¹¹ To gain greater clarity on what these IEP/IFSP states require for coverage of BHC services, we recommend outreach to the state Medicaid agency officials responsible for overseeing the school-based Medicaid program. This memorandum contains all the information about these states' coverage of BHC services that is provided in the states' publicly available documents.

¹² [California State Plan](#) at p. 34.

¹³ [California Guidance](#) at p. 2. Agency guidance does not provide a billing code for BHC or PHC services. While this could be viewed as evidence of non-coverage, it could also be that the state's list of billing codes is non-exclusive or that LEAs are expected to bill for these services using other codes (e.g., those applying to psychological/counseling services or nursing codes).

interventions by a physician.”¹⁴ While the physician’s recommendation could conceivably occur after the provision of services (as authorized in Idaho), absent any evidence that this is the case, it would be reasonable to interpret this language as requiring in all cases that a physician’s order predate the service. Such a condition is incompatible with the provision of crisis services which—by their nature—are unplanned.

Physical Health Crisis Services

In our research, we found far fewer states that expressly cover physical health crisis (PHC) services. Of the eleven states we reviewed, we found evidence of express coverage of PHC services in Massachusetts and Michigan only, and a reason to infer coverage in California, whose State Plan section on school-based services provides that prior authorization is not required for emergency services.

In Massachusetts, guidance provides for coverage of unplanned nursing services pursuant to a physician’s standing order, defined as “physician orders used in urgent or emergent scenarios in which immediate actions must be taken to support a patient, because any delay in care may be detrimental.” Massachusetts provides that nurses may provide services following the predetermined standards of care set forth in the standing order, as long as the standing orders have been reviewed and approved at least annually and the responsible physician signs the service documentation as soon as possible after execution of the nurse-initiated order(s) and before the service is billed to Medicaid.¹⁵

In Michigan, guidance provides covered nursing services may include unplanned interventions such as “assisting in a school-related emergency” like a “playground accident,” or “school bus accident” or “providing health services for a student with acute medical needs.”¹⁶ The POC requirement that applies to BHC services in Michigan also applies to PHC services. A formal POC is required if, but only if, the student continues to require services more than 30 days after the initial unplanned service.¹⁷

In California, the Medicaid State Plan section on school-based services provides that prior authorization is not required for emergency services. Although unclear, we assume this means that PHC services are covered in the school setting where they are medically necessary and where the student has an IEP/IFSP or IHSP or where one is developed shortly after the provision of the crisis service.

In the other eight states, there was no evidence of coverage for PHC services. These states also require, as a threshold condition of reimbursement for LEAs, that all school-based services be set forth in an IEP/IFSP or other POC. In light of this generally applicable requirement, and the absence of an exception for PHC services, we assume that PHC services are not covered.

¹⁴ [Georgia Guidance](#) at p. 8.

¹⁵ [Massachusetts Guidance](#) at p. 15.

¹⁶ [Michigan Guidance](#) at p. 4.

¹⁷ [Michigan Guidance](#) at p. 6.

A table providing our detailed research findings and supporting references is provided at the end of this memorandum as Appendix A.

3. Recommended Policy Options

To support the provision of crisis services to children and young adults, states should include Medicaid coverage for these services as part of their school-based Medicaid program. Allowing LEAs to bill for crisis services will support schools in meeting the needs of students experiencing behavioral and physical health crises in the short term and may allow them to invest in their capacity to provide crisis services in the future. In establishing this coverage, we recommend the following.

States should expressly state that they cover crisis services in State Medicaid agency guidance, and in other Medicaid authorities as needed. Simply including a code for crisis services on the school-based Medicaid fee schedule is insufficient. In states with an IEP/IFSP or written POC requirement, which is most, LEAs need to know that they can bill for crisis services notwithstanding the fact that these services cannot be set forth in advance in an IEP/IFSP or POC. State guidance should clearly state that unplanned behavioral or physical health interventions required to address an acute need are eligible for reimbursement.

When submitting State Plan Amendments (SPAs) to CMS that are related to school-based Medicaid states should, assuming they are not expressly covering crisis services—**refrain from using language that would prohibit the state from covering crisis services**. Very stringent descriptions of an IEP or POC requirement may unnecessarily limit a state’s discretion to interpret its State Plan-approved coverage of school-based psychological/counseling services or nursing services as allowing for coverage of BHC or PHC services. An example of such stringent language would include a requirement that all services be provided according to a schedule set forth in an IEP or POC, stated without exception. Crisis services are by their nature unscheduled and thus, could never satisfy the condition of being set forth in advance in an IEP or POC’s schedule of services. Thus, to leave open the possibility of establishing coverage of crisis services without the need for an additional SPA, we urge states to avoid using SPA language that would prohibit or be inconsistent with coverage of crisis services.

States should establish clear conditions for coverage, including documentation requirements, **that are not overly burdensome and that do not limit coverage for medically necessary care**. With clear conditions for coverage, LEAs can be confident in submitting claims for payment and avoid time lost addressing denied claims or requests for supporting documentation. Massachusetts and Michigan stand out among the studied states for having clear and not overly burdensome requirements for coverage of crisis services.

The table below provides examples of how the studied states specified their coverage of BHC services. Highlighted in grey are the specifications that we recommend for states seeking to establish the broadest possible coverage. However, the other specifications included in the table are not unreasonable and remain strong options for states looking for additional safeguards to ensure medical necessity or compliance with the state’s Medicaid authorities or state or federal law.

Options for Specifying the Conditions for Coverage of BHC Services	
Service Definition	Unplanned behavioral health intervention. (Massachusetts)
	Unscheduled activities performed for the purpose of resolving an immediate crisis situation. Activities include crisis response, assessment, referral, and direct therapy. (Michigan)
	Crisis intervention services may include providing training to staff directly involved with the student, delivering intervention directly with the eligible student, and developing a crisis plan that directly addresses the behavior occurring and the necessary intervention strategies to minimize the behavior and future occurrences. (Idaho)
	An unscheduled, immediate, short-term treatment activity provided to a Medicaid-eligible beneficiary who is experiencing a psychiatric or behavioral crisis. (Arkansas)
	Unscheduled activities for the purpose of resolving an immediate crisis situation. (Indiana)
Eligibility	Medical necessity as supported by service documentation. (Massachusetts)
	An unanticipated event, circumstance, or life situation that places the student at risk of hospitalization, out-of-home placement, incarceration or physical harm to self or others. (Idaho)
	For states that wish to hew closely to their IEP/IFSP requirement, a requirement that an IEP/IFSP exists or is established shortly after provision of the BHC service. ¹⁸
Documentation of Medical Necessity	Service documentation must be signed by a qualified practitioner, or if the rendering provider is not that practitioner, signature by the supervisor must be obtained as soon as possible and before the service is billed. (Massachusetts)
	Recommendation or referral for crisis service by a physician or non-physician practitioner no later than 30 days after service. (Idaho)
Other Documentation	When ongoing services are required, a POC must be developed within 30 calendar days from the first date that services are provided. (Michigan)
	Must include a clearly defined crisis plan or revision to existing plan. (Arkansas)

¹⁸ We did not find evidence of this requirement in any state. However, we believe it may be in place in states that purport to cover BHC services and require as a condition of coverage that services be set forth in an IEP or IFSP, such as Alaska.

Options for Specifying the Conditions for Coverage of BHC Services	
	Progress note must describe the intervention, the nature of the problem requiring intervention, and how the goal of stabilization will be attempted, in lieu of an individual treatment plan. (Maine)
Follow-up	Completion of a mental health diagnosis must occur within 7 days. (Arkansas)
Time Limits	Available on a short-term basis, typically not to exceed 30 school days. (Idaho)
Billing Code	Specify one or more billing codes to be used for BHC services. (Massachusetts, Missouri, Indiana, Alaska, Michigan)

4. Implementation

The steps a state must take to expressly provide for coverage of crisis services will depend on how coverage for school-based services is described in the state’s Medicaid State Plan. In some states, there is no express IEP/IFSP or POC requirement in the State Plan. In this case, it is possible that coverage of crisis services could be set forth in guidance as a form of psychological/counseling or nursing services, assuming those services are covered in the State Plan, as they are in most states, and that nothing in the State Plan or state law precludes the interpretation of psychological/counseling services or nursing services as including crisis interventions.

In states that do have an express IEP/IFSP or POC requirement in their State Plan, it may still be the case that guidance alone (and not a State Plan amendment) can be used to establish coverage for crisis services. This could be the case where the IEP/IFSP or POC requirement is not so rigidly stated as to be inconsistent with coverage of crisis services. A state may, for example, be able to adhere to its State Plan IEP/IFSP or POC requirement by requiring that an IEP/IFSP or POC be developed after the provision of crisis services. This is not dissimilar from the approach that many states take to coverage of evaluation and assessment services, where they provide that coverage is available where an IEP/IFSP or POC is already in place or where the evaluation or assessment results in one.¹⁹

In states that have a very rigid POC requirement that would be inconsistent with coverage of crisis services, amendment to the State Plan may be necessary. After approval of this amendment, the state should also update its guidance to schools to clarify the terms of the state’s coverage for crisis services.

In the table below, we provide potential paths to implementation depending on whether, and if so how, the state describes its IEP/IFSP or POC requirement in its Medicaid State Plan.

¹⁹ While the better approach is to provide coverage for an evaluation or assessment or crisis services, regardless of whether they result in an IEP/IFSP or POC, conditioning coverage on the establishment of an IEP/IFSP or POC shortly after the provision of the assessment or crisis service is a good option for states that wish to hew closely to their IEP/IFSP or POC requirement.

State Plan Language	Path to Implementation
Rigid IEP/IFSP or POC requirement	Amend State Plan to provide for coverage of crisis services; revise guidance accordingly.
IEP/IFSP or POC requirement that is not inconsistent with coverage of crisis services	Revise guidance to provide for coverage of BHC and PHC services as forms of psychological/counseling and nursing services, respectively. Specify documentation requirements and other conditions of coverage to ensure consistency with State Plan and other Medicaid authorities.
No IEP/IFSP or POC requirement	Revise guidance to provide for coverage of BHC and PHC services as forms of psychological/counseling and nursing services, respectively. Specify documentation requirements and other conditions of coverage to ensure consistency with State Plan and other Medicaid authorities.

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Appendix A. Ten States' Coverage of Behavioral Health Crisis (BHC) and Physical Health Crisis (PHC) Services

Arkansas, Alaska, California, Georgia, Idaho, Indiana, Massachusetts, Maine, Michigan, Missouri, and North Carolina

State and References	Coverage for BHC Services	Coverage for PHC Services & Conclusion
States without an IEP/IFSP Requirement		
<p>1. Massachusetts</p> <p>SPA 16-012</p> <p>Guidance</p> <p>Medicaid Agency Resource Page (all agency guidance available here)</p> <p>IEP Requirement: No</p>	<p>Yes. Agency guidance provides for coverage of “unplanned behavioral health interventions” that are not pursuant to a plan of care. Medical necessity must be “supported through service documentation” and signed by a qualified practitioner. If that practitioner is a supervisor and not the rendering provider, the documentation must be signed by the supervisor as soon as possible after the service and before it is billed to Medicaid. Guidance at 15.</p> <p>The state also provides a billing code for “unplanned behavioral health interventions.” Billing Codes at 4.</p>	<p>Yes. Agency guidance provides for coverage of unplanned nursing services pursuant to a physician’s standing order. Standing orders are defined as “physician orders used in urgent or emergent scenarios in which immediate actions must be taken to support a patient, because any delay in care may be detrimental.”</p> <p>Nurses may provide services following the predetermined standards of care set forth in the standing order, as long as the standing orders have been reviewed and approved at least annually and the responsible physician signs the service documentation as soon as possible after execution of the nurse-initiated order(s) and before the service is billed to Medicaid. Guidance at 15.</p> <p>No specific billing code is provided for an unplanned nursing intervention.</p> <p><u>Conclusion:</u> Clear, well-defined, and generous coverage of BHC and PHC services. Coverage of BHC service is provided if medical necessity is supported through service documentation; unplanned PHC services are covered if provided pursuant to a physician’s standing order.</p>

State and References	Coverage for BHC Services	Coverage for PHC Services & Conclusion
<p>2. Michigan</p> <p>Guidance</p> <p>Provider Manual</p> <p>IEP Requirement: No</p>	<p>Yes, Agency guidance provides for coverage of “crisis intervention” as a form of psychological, professional counseling, behavioral, and social work services. Guidance at 3.</p> <p>Agency guidance states that “[w]hen ongoing services are provided in the absence of a [plan of care] (POC) due to the urgency of the student’s medical needs, the expectation is that a POC will be developed within 30 calendar days from the first date that services are provided for a specific condition.” Guidance at 6.</p> <p>The Provider Manual provides that crisis intervention services are “unscheduled activities performed for the purpose of resolving an immediate crisis situation. Activities include crisis response, assessment, referral, and direct therapy.” Provider Manual at 1990.</p> <p>The state also provides a billing code for behavioral health crisis intervention services. Provider Manual at 1990.</p>	<p>Yes, Agency guidance provides that covered nursing services may include “assisting in a school-related emergency, such as a playground accident, a school bus accident or some other critical incident that affects the health and safety of students,” as well as “providing health services for a student with acute medical needs.” Guidance at 4.</p> <p>Agency guidance states that “[w]hen ongoing services are provided in the absence of a POC due to the urgency of the student’s medical needs, the expectation is that a POC will be developed within 30 calendar days from the first date that services are provided for a specific condition.” Guidance at 6.</p> <p>No specific billing code is provided for an unplanned nursing intervention.</p> <p><u>Conclusion</u>: Clear, well-defined, and generous coverage of BHC and PHC services. If ongoing services are required, a POC must be developed within 30 days of the first date of service. If ongoing services are not necessary, no POC is required.</p>

State and References	Coverage for BHC Services	Coverage for PHC Services & Conclusion
<p>3. Arkansas</p> <p>State Plan (329-332)</p> <p>Guidance</p> <p>IEP requirement: Not for behavioral health services, EPSDT screening services, or audiology services. For physical, occupational, and speech therapy, as well as personal care services, an IEP is required.</p>	<p>Yes, the State Plan expressly provides for coverage of BHC services. State Plan at 331.</p> <p>Agency guidance states that it can be provided to beneficiaries that “have not been previously assessed” or “previously received behavioral health services.” Guidance at 272.150.</p> <p>Requirements include documentation of “a clearly defined crisis plan or revision to existing plan” and completion of a mental health diagnosis within 7 days. Guidance at 272.150.</p>	<p>No, there is no indication of coverage for PHC services.</p> <p><u>Conclusion:</u> Strong coverage of BHC services, necessitating only: mental health diagnosis within 7 days, and development of a crisis plan or revision to existing plan. No indication of coverage for PHC services.²⁰</p>

²⁰ We have marked every other row as grey solely to improve readability; it does not signify anything substantive regarding these states’ coverage of crisis services.

State and References	Coverage for BHC Services	Coverage for PHC Services & Conclusion
<p>4. Missouri</p> <p>State Plan (96)</p> <p>Provider Bulletin</p> <p>Guidance (196)</p> <p>MCO Contract (80)</p> <p>IEP Requirement: Not for behavioral health services, but otherwise yes.</p>	<p>Yes, at least for students with an IEP. For other students, coverage is unclear.</p> <p>Psychotherapy for crisis is listed as a covered code for school-based IEP services. Guidance at 199.</p> <p>Whether coverage is provided for students without an IEP is unclear. Agency guidance provides that with respect to non-IEP services, “each child must have a treatment plan;” and that all services must have parental consent. Guidance at 196.</p> <p>However, BHC services are covered in non-school settings, and it appears that all behavioral health services that are billable in non-school settings are billable by LEAs, if the applicable provider requirements and other conditions are met.</p>	<p>No, there is no indication of coverage for PHC services.</p> <p><u>Conclusion:</u> Coverage of BHC services is expressly provided for students with an IEP; for students without an IEP, coverage of BHC services is unclear. No indication of coverage for PHC services.</p>
<p>5. California</p> <p>State Plan (23-39; 34-35)</p> <p>Guidance</p> <p>IEP requirement: No</p>	<p><i>Likely yes.</i> While neither the State Plan nor agency guidance expressly provides for coverage of BHC services, the State Plan states that “prior authorization is not required for emergency services” which suggests that they are covered where medically necessary. State Plan at 34.</p> <p>However, agency guidance does not expressly address BHC services or provide a billing code for this service.</p>	<p><i>Likely yes.</i> While neither the State Plan nor agency guidance expressly provides for coverage of PHC services, the State Plan states that “prior authorization is not required for emergency services” which suggests they are covered where medically necessary. State Plan at 26.</p> <p><u>Conclusion:</u> Likely coverage of BHC and PHC services, but not expressly addressed in agency guidance.</p>

State and References	Coverage for BHC Services	Coverage for PHC Services & Conclusion
States with an IEP/IFSP Requirement		
<p>6. Idaho</p> <p>State Plan (1079-1085)</p> <p>Guidance (11-17)</p> <p>Agency regulations (16.03.09.850 – 857)</p> <p>IEP requirement: Yes</p>	<p>Yes, state regulations provide for coverage of BHC services.</p> <p>The service is available on a “short-term basis typically not to exceed thirty (30) school days” for students who have “an unanticipated event, circumstance, or life situation” that places them at risk of hospitalization, out-of-home placement, incarceration or physical harm to self or others. The service must be provided under the recommendation of a physician or other non-physician practitioner of the healing arts; the recommendation or referral must be issued no later than 30 days after the service. Idaho Regulation 16.03.09.853.</p> <p>Regulations further provide that crisis intervention services may include providing training to staff directly involved with the student, delivering the intervention directly with the eligible student, and developing a crisis plan that directly addresses the behavior occurring and the necessary intervention strategies to minimize the behavior and future occurrences. Idaho Regulation 16.03.09.853.</p> <p>While state regulations appear to authorize coverage, BHC services are not expressly identified as a covered service in the State Plan or agency guidance. Psychotherapy is listed as a covered service in agency</p>	<p>No, there is no indication of coverage for PHC services.</p> <p><u>Conclusion:</u> Coverage of BHC services is expressly provided, broadly defined, and may be allowed for up to 30 school days. A recommendation or referral for the service must be provided by a physician or other licensed practitioner no later than 30 days after the service. No indication of coverage for PHC services.</p>

State and References	Coverage for BHC Services	Coverage for PHC Services & Conclusion
	guidance, however, and BHC services could be covered as a form of psychotherapy.	
<p>7. Indiana</p> <p>State Plan (at 1)</p> <p>Guidance</p> <p>DOE Agency Guidance</p> <p>IEP requirement: Yes</p>	<p>Yes. Agency guidance provides for coverage of “unscheduled activities for the purpose of resolving an immediate crisis situation.” DOE Agency Guidance at 85.</p> <p>Psychotherapy for crisis is also listed among the covered billing codes for school-based services. DOE Agency Guidance at 285.²¹</p>	<p>No, there is no indication of coverage for PHC services.</p> <p>Agency guidance provides that “only medically necessary services that are listed in or required to develop an IEP may be billed to Medicaid.” DOE Agency Guidance at 24.</p> <p><u>Conclusion:</u> Coverage of BHC services is expressly provided, along with an associated billing code. The eligibility and documentation requirements are unclear. No indication of coverage for PHC services.</p>
<p>8. Maine</p> <p>State Plan²²</p> <p>Guidance</p>	<p>Yes, agency guidance expressly provides for coverage of BHC services. For BHC services, the progress note must “describe the intervention, the nature of the problem requiring intervention, and how the goal of stabilization</p>	<p>No, there is no indication of coverage for PHC services.</p> <p>Generally, coverage is limited to services that are included in an IEP/IFSP. Guidance at 11.</p>

²¹ Note however that Medicaid Agency Guidance provides that IEP-related behavioral health services should be billed as set forth in the [BH services provider manual](#), which provides for coverage of BHC services, but does not list schools as a place of service or provider type. Behavioral Health Manual at 19. It is reasonable to resolve the potential inconsistency between the Medicaid and DOE Guidance in favor of the DOE guidance, which was developed in collaboration with the Medicaid agency, and is much longer (317 pages compared to the 10-page school-based manual issued by Medicaid) and expressly provides a crisis service billing code.

²² The State Plan does not appear to address coverage of school-based services.

State and References	Coverage for BHC Services	Coverage for PHC Services & Conclusion
IEP requirement: Yes	<p>will be attempted, in lieu of an individual treatment plan (ITP).” Guidance at 37.</p> <p>While an ITP is otherwise required, the Guidance provides that for “crisis resolution services, a written plan of care is substituted for the ITP.” Guidance at 33.</p>	<p><u>Conclusion</u>: Coverage of BHC services is expressly provided, and subject to certain documentation requirements. No indication of coverage for PHC services.</p>
<p>9. Alaska</p> <p>State Plan (24)</p> <p>Guidance</p> <p>Fee Schedule</p> <p>IEP requirement: Yes</p>	<p><i>Likely yes</i>, as long as student has an IEP.</p> <p>Agency guidance provides that services must be identified in the IEP/IFSP to be covered, but the fee schedule for school-based services includes a code for crisis services. Guidance at 13; Fee Schedule at 4.</p> <p>While unclear, this likely means that an IEP must exist for the student prior to the provision of BHC services or be developed shortly thereafter.²³</p>	<p><i>No</i>, there is no indication of coverage for PHC services.</p> <p><u>Conclusion</u>: Likely coverage of BHC services, as long as student has an IEP or one is developed shortly after the BHC service is provided. No indication of coverage for PHC services.</p>
<p>10. Georgia</p> <p>State Plan (529-533)</p> <p>SPA 17-0014 at 4.</p> <p>Guidance</p>	<p><i>No</i>, neither the State Plan nor agency guidance appears to provide for coverage of BHC services.</p> <p>In addition, guidance requires that all services be provided pursuant to a letter of medical necessity submitted by the student’s primary care provider (PCP), or a POC approved by the PCP. Guidance at 9. While this could conceivably occur after the provision of services,</p>	<p><i>No</i>, there is no indication of coverage for PHC services.</p> <p>Guidance requires that all services be provided pursuant to a letter of medical necessity submitted by the student’s PCP, or a POC approved by the PCP. Guidance at 9. Absent any indication to the contrary, it would be reasonable to conclude that the order/approval must predate the service.</p>

²³ Guidance provides that evaluation, screening, and assessment are billable only if the outcome indicates the need for services to be included in the IEP/IFSP. Guidance at p. 9.

State and References	Coverage for BHC Services	Coverage for PHC Services & Conclusion
<p>IEP requirement: For all services except nursing services.</p>	<p>absent any evidence that this is the case, it would be reasonable to interpret this language as requiring that the physician’s order/approval predate the service.</p>	<p><u>Conclusion:</u> No indication of coverage of BHC or PHC services.</p>
<p>11. North Carolina</p> <p>State Plan (at 548)</p> <p>Guidance</p> <p>IEP Requirement: Yes</p>	<p><i>No</i>, neither the State Plan nor agency guidance appears to provide for coverage of BHC services.</p> <p>Agency guidance provides that all services must be pursuant to a treatment plan. Guidance at 18.</p> <p>In addition, crisis services are not listed among the billable codes for LEAs. Guidance at 47.</p>	<p><i>No</i>, there is no indication of coverage for PHC services.</p> <p>Agency guidance provides that nursing services must be directly related to a written plan of care. Guidance at 16.</p> <p><u>Conclusion:</u> No indication of coverage of BHC or PHC services.</p>