

IEPs

Q Do we need to upload the IEP Summary or the entire IEP?

A The entire IEP should be uploaded. In the event of an audit we need the entire IEP.

Q I see "download file" next to my student in IEP Maintenance, does that mean the IEP has already been uploaded and I do not need to do it again?

A You may see another IEP uploaded. You should not assume that the previously-uploaded IEP is a duplicate of the IEP you need to upload. You should view the previously-uploaded IEP to ensure that the mandates on the IEP match the Portal ESIDs for your agency.

Q If you have an IEP that includes extended school year services for school year 2020-21, does it have to be uploaded twice?

A Because the summer session has already concluded, if you upload an IEP that has both summer and 10-month services listed, it will cover the requirement to get the IEP uploaded. In the future (2021-22) you should upload the IEP twice; once with a summer effective date and once with the 10-month effective date. If another service was added/changed and is not on the initial IEP, an additional IEP will need to be uploaded to ensure that each Medicaid ESID (OT/PT/ST) has an uploaded IEP with a matching mandate.

Q Are school districts responsible for uploading the IEPs?

A No. The provider that services the child should upload the IEP.

Q Do we need to go back and add IEPs and prescriptions for ESY?

A Yes. If the IEP that you are uploading for the 10-month session has the summer session included in the IEP, you only have to upload the one IEP providing that all the Portal enrollments attached to your agency are shown on the IEP with a matching mandate. If the prescription that you are uploading covers summer and 10-month services, you will only need to upload one prescription. Both sessions need to have an IEP and prescription uploaded.

Prescriptions

Q Does the prescription need to be dated/prepared before the service begins?

A The Medicaid Provider & Billing Handbook states, *"It should be noted that the written order/written referral must be in place prior to the initiation of services (prospective), including evaluations."* So the answer to your question is, Yes.

Prescriptions

Q As a billing admin, can I go to Caseload Maintenance and see all my therapists children and scripts there?

A It depends on the level of "permission" that has been assigned to you in the Portal. If the Caseload Maintenance menu is available to you, the answer to your question is, Yes. If you do not have the Caseload Maintenance menu available, you can use the Prescription Entry Maintenance screen. Both screens (Prescriptions for Caseload and Prescription Entry Maintenance) have a Status column on the screen where you will be able to see if the prescription has been Entered, Verified, Missing or Invalidated.

Q Do you need a new prescription if a child moves to a new school district, even if the school district is within the same county?

A The Medicaid Policy & Billing Handbook (Page 22), Life of a Written Order states, *"When a student with an IEP transfers from one district to another the new home district may adopt the student's IEP from the prior district - for continuity of services - **until they have an opportunity to hold a CSE meeting and develop a new IEP**. In these instances, the existing IEP and written orders/referrals (that haven't expired, aren't over a year old) would still be considered valid for Medicaid reimbursement as long as all other Medicaid requirements are satisfied until such time that the existing written orders/referrals expire **or the next IEP is written** (whichever comes sooner)."*

Let me interpret this for you... When a child enters a new school district, for continuity of service(s) the previous IEP (and prescription if not expired) **will be in effect until the child has a CPSE meeting (which must occur within 60 days)** at which time **a new IEP will be generated (and a new prescription will be required due to a new IEP being generated)**. If you plan to use the previous IEP and prescription (from the previous district) for 60 days, the IEP and prescription from the previous district should be uploaded to the Portal as well as the newly-generated IEP and new prescription from the current district.

Q Who completes the prescription for speech services? Doctor or SLP?

A A prescription can be written by either a Doctor, PA, Nurse Practitioner or SLP.

Q Is there anything special that needs to be included on a prescription if a child is receiving only teletherapy?

A No.

Q Can we begin adding prescriptions now?

A Yes.

Prescriptions

Q In the past, if an SLP did not receive a script from the evaluator, the SLP would need to write the script, which was usually dated "after" the initial session. Is this acceptable?

A I believe you are referring to the **Medicaid Q&A, Question #94** - "*Can a NYS licensed and currently registered speech-language pathologist (SLP) who has not seen the student write a referral for speech therapy?* No.

The SLP cannot write a referral if they have not seen the student. 18NYCRR 505.11 states that a written order must contain a diagnostic statement and purpose of treatment. It is not acceptable under the Medicaid program for the ordering or referring professional never to have met with the child as it is incompatible with the obligations of the ordering practitioner to assure that the ordered care, services, or supplies will meet the recipient's needs and restore him or her to the best possible functional level. [December 13, 2010]

McGuinness recently received clarification on this issue. The response from SED was...

A SLP can write a speech recommendation "**directly following**" the initial session with the child under the following circumstances:

- The SLP uses the results of the initial evaluation (which should be delineated in the IEP).
- The SLP can be assured that the ordered services will meet the child's needs.
- The SLP can be assured that the child's level of function can be increased to the best possible outcome.
- If the above criteria can be met, the recommendation can be written on the same day "after" the initial session has occurred and the session will be Medicaid-eligible. If the prescription is not written on the same day that services began, any provided sessions that took place prior to the date of the prescription must be marked as "**Not Medicaid Eligible**" on the session note.
- The date of the Speech recommendation must be the **same date as the initial session** with the child (so that Medicaid can be billed).

Miscellaneous

Q When was the New Implementation Guide sent to agencies?

A The County sent the Guide as an attachment when they sent the email to providers letting them know that McGuinness would be handling their Medicaid program (end of August). If you did not get the Guide or the Knowledge Base Links Table, email Deb Frank at dfrank@jmcguinness.com and she will forward one to you.

Q CBRS Billing: Just to clarify, we should be creating a CB voucher and then a CBRS voucher? Can all the related services be put on that second voucher?

A There are three options for creating vouchers: 1) Creating the CB voucher, 2) Creating the CBRS voucher, and 3) Creating a voucher for an itinerant related service. If you create a CBRS voucher, which is a separate process than completing an itinerant RS voucher, you will be able to list all the related services provided within the center-based program.

Miscellaneous

Q Does the entire school year mean September to June? And then followed by ESY?

A A school district's fiscal year is July 1 to June 30. The school year starts off with the extended school year services (two-month session) followed by the 10-month session ending on June 30.

Q Do you have a schedule for upcoming webinars?

A Yes.

- Uploading Medicaid Documentation - Live Training (Two Presentations) - Tuesday, September 22, at 2:30 & Thursday, September 24, at 10:30
- November Webinars (Exact dates to be determined):
 - Digital Speech Recommendations
 - Medicaid-Compliant Written Orders (Everyone can benefit by attending this webinar)