MEDICAID-COMPLIANT WRITTEN ORDERS

Thursday, September 30, 2021 10:00 & 2:00

Questions & Answers

Q	If there is an increase/decrease in mandate and a new prescription is received, do we attach it to the new enrollment (the one with the new mandate)?
A	Yes. If a change is service occurs, a new enrollment should be created and the new prescription will be uploaded to the new enrollment/ESID. If the county has not created the enrollment before you need to treat the child (with the new mandate), an unmatched enrollment should be created.
Q	For the prescriptions that we have already uploaded, if group or individual is not written on the prescription, should the prescription be re- written?
Α	If group or individual is delineated in the IEP, it does not need to be written on the prescription.
Q	Does the OPRA number need to be delineated on the prescription?
Α	No. The SLP needs to be OPRA enrolled in order for the county to receive Medicaid reimbursement for their provided sessions, but the
	OPRA number does not need to be delineated on the prescription.
Q	Can the SLP who does the evaluation, write the prescription for the child if another SLP will provide the service?
Α	Yes.
Q	Can you review the rules of providing make-up sessions and identify when it can be Medicaid billable versus not Medicaid eligible.
A	In essence there are no make-up sessions with Medicaid sessions. If the IEP mandates that the session be delivered twice per week and the missed session was delivered during the same week, the session is Medicaid reimbursable. If the session were delivered in the following week, making the frequency 3 times per week, the missed session would need to be marked as "not Medicaid eligible" on the session note. For example: You have a child that is scheduled for an OT service twice per week for 30 minutes. The therapist scheduled the child for Monday and Wednesday on their schedule. The child was absent on Wednesday; the therapist rescheduled the session is eligible for Medicaid reimbursement. If the session were made up the following week on Tuesday, the Tuesday session would need to be marked as "not Medicaid eligible" on the session is eligible for Medicaid reimbursement. It becomes more of a scheduling issue rather than a make-up.
Q	If the prescription shows the frequency as "2X" instead of 2x30 is the prescription invalid for Medicaid?
Α	Yes. The prescription needs to have both the frequency (# of times per week) and duration (length of the session; 30 minutes) for the service.

Q	If a prescription is deemed invalid by McGuinness during the verification process, can we still treat the child while waiting for the compliant prescription?
A	A prescription for "treatment" purposes is less restrictive than a prescription for Medicaid purposes. As long as the prescription is signed, dated with a complete date, has the service listed along with the frequency (or As per IEP reference), the prescription can be used for treatment purposes until the Medicaid-compliant prescription is received. All sessions provided while waiting for the Medicaid-compliant prescription note.
Q	Who is responsible for obtaining the scripts for counseling?
A	First, only Psychological Counseling is Medicaid reimbursable. The county will determine whose responsibility it is to obtain the prescription. For Rockland, the agency and/or therapist must obtain the prescription. For counseling, a qualified "school official" or LCSW can write a counseling referral.
Q	Is a prescription invalid if there is more than one licensed clinician signing the prescription?
A	Yes. Only one ordering practitioner can sign a prescription. For a UDO situation, the supervising clinician should complete the prescription for the treating therapist. If two licensed SLPs are treating a child, only one prescription is required, but if each therapist will be treating for different diagnoses, each therapist can upload a separate prescription.