

Explanation of Wisconsin Medicaid for School Nurses

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Outcomes of this program:

School nurses will develop the skills and knowledge to document school health services to allow for SBS Medicaid billing. This includes medical necessity.

School nurses will learn how to refer services and obtain a National Provider Identifier (NPI).

Objectives:

- Describe Covered Nursing Services for which school nurses may refer for Medicaid SBS.
- Identify various treatment plans.
- Describe the various health plans and how they can be used to document medical necessity.
- Demonstrate how to document “medical necessity” for Medicaid billing.
- Explain required documentation in order to bill for Medicaid SBS
- Explain how school nurses may refer for Medicaid SBS, including obtaining a National Provider Identifier (NPI).
- Explore how school nurses might refer for attendant care services

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Medicaid's Role in Funding School Health Services

The cost of school health services is covered by different funding streams. Federal, state and local sources of education funding cover most of the cost, while the Medicaid reimburses a smaller portion of the total healthcare costs.

Medicaid-Funded School Health Services – Healthy Schools Campaign (March 2022)

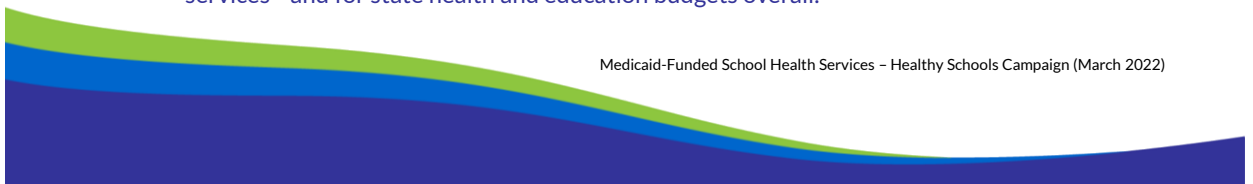


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Medicaid's Role in Funding School Health Services

- The Centers for Medicare and Medicaid Services (CMS) reimburses states for a portion of the services that are billed, and each state passes some of the money back to schools and districts. The process for reimbursement is complicated and varies state-by-state.
- Not billing for otherwise eligible services that are already being provided in schools means leaving federal dollars unclaimed.
- This makes Medicaid a very important source of funding for school health services—and for state health and education budgets overall.

Medicaid-Funded School Health Services – Healthy Schools Campaign (March 2022)



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The Role of State Medicaid Plans

- Benefits and eligibility levels are outlined in each state's Medicaid state plan. This agreement between a state and the federal government describes how the state administers its Medicaid program and includes clear guidelines about who gets covered, what services are covered and who are eligible providers.
- States have significant flexibility in designing their state Medicaid plan within certain CMS guidelines.

Medicaid-Funded School Health Services – Healthy Schools Campaign (March 2022)

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Wisconsin Medicaid Services

In Wisconsin the [Division of Medicaid Services \(DMS\)](#) administers the Medicaid programs of the (federal) Centers for Medicare and Medicaid Services (CMS)

- [Medicaid State Plan](#) is the officially recognized statement describing the nature and scope of Wisconsin's Medicaid program.



Guidelines are online= [ForwardHealth](#)

- [Resources for School-Based Service Providers](#)

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Affect on personal benefits

Billing for SBS does not influence approval or denial of prior authorization requests for community (non-school-based services) therapies or services.

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Medicaid Billing

Several commercial companies provide Medicaid billing services for Wisconsin schools. Follow the instructions and procedures for the actual billing as determined by your district and the company (if applicable) providing billing services.

The individual who submits the billing forms may vary district by district. The RN referring the service is not required by Wisconsin DMS to be the individual filling out the forms.

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Covered Nursing Services

- Nursing services must be appropriate for the child's medical needs and specifically identified in the **child's written treatment plan**. Covered nursing services under the SBS benefit are described in Wis. Admin. Code § DHS [107.36 \(1\)\(e\)](#). Services include:
 - Evaluation and management services, including screens and referrals for health needs
 - Treatment
 - Medication management
 - Explanations of given treatments, therapies and physical or mental conditions to family members, or school district or CESA staff.

All time that a nurse spends conducting activities **with the child** that are included in the child's treatment plan may be submitted to Wisconsin Medicaid for reimbursement.

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Covered Nursing Services

Like all SBS, nursing services identified in the treatment plan must have **outcome-based goals**. The goals must be detailed in either the **treatment plan** if there are **student goals** or in the IHP if there are **nursing goals**. Goals for medication management must be identified as well (for example, seizure medication to prevent and/or treat seizures).

- The child's treatment plan must identify:
 - Each specific nursing service (for example, medication management, suctioning, dressing changes, nebulization treatment, G-tube feeding).
 - The personnel, by name, who will perform the services.

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Face –to-Face Time

Topic #1468

Face-to-Face Time

Providers are required to document and may submit claims only for face-to-face encounter time with the child for all SBS. Wisconsin Medicaid reimburses only face-to-face time spent with the child for all covered SBS.

Face-to-face time is the time any SBS personnel, both teachers and medical professionals, spend with the child present in the course of providing a covered service. This includes:

- Time to obtain and update a history **with the child present**
- Direct observation of the child
- Written treatment plan team testing and assessment – only for the time when the SBS health professional **is in direct contact with the child**
- Delivery of the treatment plan services
- Treatment plan meetings – only for the time when the child is present at the meeting

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Non- Face –to-Face Time

Topic #1468

- Wisconsin Medicaid does **not** pay separately for any non-face-to-face time; payment for non-face-to-face time is included in the reimbursement rates for face-to-face services. Non-face-to-face time includes the time that providers spend in preparation and follow-up **without** the child present, including:
 - Reviewing and scoring records and tests
 - Writing reports
 - **Communication and consultation (without the child present) related to the treatment plan team or treatment plan service with other professionals, staff, and parents**
 - **Meeting with parents regarding the treatment plan (without the child present)**

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Delegation of Nursing Services

Topic #1465

Medicaid-covered nursing services are performed by an RN, LPN, or are delegated under nursing protocols, according to Wis. Admin. Code ch. N 6. Only RNs may delegate nursing services to an LPN or individual without a medical license. The RN who delegates these services is required to follow nursing protocols pursuant to Wis. Admin. Code ch. N 6, including training, evaluation, and supervision.

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Delegation of Nursing Services

Topic #1465

Medication Administration

- An exception to the rules of nursing delegation in schools is medication administration. Wisconsin law allows school staff without a medical license to administer medication provided all protocols of Wis. Stats. §§ 118.29 and 118.291, are followed. An RN is required to:
 - Develop medication administration policies and procedures.
 - **Train staff in medication administration.**
- Formal nursing delegation is not uniformly required but the determination of need to do so must be made by an RN. **However, because Wisconsin Medicaid can only reimburse providers for medical services, under the SBS benefit medication administration by unlicensed school staff is only covered when it is a delegated nursing act by the RN and is documented as such.**

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Covered Nursing Services

- Nursing services must be appropriate for the child's medical needs and specifically identified in the **child's written treatment plan**. Covered nursing services under the SBS benefit are described in Wis. Admin. Code § DHS [107.36 \(1\)\(e\)](#). Services include:
 - Evaluation and management services, including screens and referrals for health needs
 - Treatment
 - Medication management
 - **Explanations of given treatments, therapies and physical or mental conditions to family members, or school district or CESA staff.**

All time that a nurse spends conducting activities **with the child** that are included in the child's treatment plan may be submitted to Wisconsin Medicaid for reimbursement.

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Medical Necessity

Wisconsin Medicaid reimburses only for services that are medically necessary as defined under [Wis. Admin. Code DHS 101.03\(96m\)](#). Wisconsin Medicaid may deny or recoup payment if a service fails to meet Medicaid medical necessity requirements.



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An SBS (school-based service) is considered medically necessary when the service:

- Identifies, treats, manages, or addresses a medical problem, or a mental, emotional, or physical disability.
- **The service no longer must only be identified in the child's IEP or be necessary for a child to benefit from special education.**

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Plans that can be used to document medical necessity

IEP
IFSP
504 plan
Individualized Healthcare Plan (IHP)
Behavioral Plan
Other plan type

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Medical Necessity Requirements –

- Start and End Dates
- Frequency
- Duration
- Type or Scope of Service Provided
- Statement of Medical Need
- In Special Education (only) how service is needed for child to benefit from special education

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Where you can document medical necessity

Can document medical necessity in an **IEP, OR** in a **health plan, OR medical order** for those who are receiving **special education services**.

Can document medical necessity in a **health plan or medical order** for students who are not receiving special education services.



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Health documentation for an IEP

Contains enough health information to support allocation of resources, including services such as nursing, supplemental aids, support for school personnel, and accommodations

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Currently school nurses document medical necessity in IEPs in these sections

- Functional Performance
- Effects of Disability
- Summary of Disability Related Needs
- Supplemental Aids and Service
- Related Services
- Program Modifications and Support for School Personnel

[School Nurse Documentation in Career and College Ready IEPs \(2023\)](#)

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Functional Performance in an IEP

Concise health history that is educationally relevant and written in language educators can easily understand. Enough information documented to support allocation of resources (school nursing, school health and other aids and services).

Example statements:

- “Nursing and school health services are required to provide medication management and administration to maintain health status and attendance pattern in order to obtain IEP goals.”
- “Nursing services are required for the assessment and monitoring of xxx health condition/status; communicate with parents and healthcare providers; health planning, and medication treatments needed to minimize the impact of her health condition on the attainment of her IEP goals.”
- “School health services are required for medication administration so that xxx can concentrate and control his impulsivity in order to attain his IEP goals.”
- “XXX requires tube feedings to maintain nutritional status while at school. This tube feeding will be performed by the classroom teacher assistants under the delegation of the school nurse.

Statement of Medical Need

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Effects of Disability

Identifies how the student’s disability affects academic achievement and functional performance.

Nursing diagnosis from IHP (nursing assessment) may assist.

Xx is at risk for injury if he is exposed to his food allergens. Xx is not able to participate in his IEP programing if he is ill or injured after exposure to food allergens.

Statement of Medical Need

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Summary of Disability Related Needs

Document health related needs as they affect the students' ability to access and benefit from his/her education.

These needs then will be addressed with related services of school nursing, or school health services, or some other supplemental aid.

Examples:

Organizational need

Need to maintain safe blood sugar levels in order to concentrate

Need to receive adequate nutrition

Injury prevention (seizures, cerebral palsy, food allergies)

Need to maintain breathing status (asthma, Cystic Fibrosis)

Identifies service necessary for student to benefit from special education

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Supplementary Aids and Services

List accommodations (similar to ones that could be on a 504 plan) that enable student with a disability to be educated with students without disabilities to the maximum extent appropriate. [34 C. F. R. §3000.34].

Examples:

- extended time (when taking graded exams)
- alarm clock (to remind to come to office to take medication)
- permission to leave class randomly (to check blood sugar)
- ability not to take test (if blood sugar out of normal range)
- wearing of percussion vest for student with cystic fibrosis (addresses need for adequate respiration)
- all staff will perform handwashing before assisting student with feeding.
- parents of classmates will be informed of need to avoid tree nut products in classroom. (xxs parents approve of this notification.)

Type of Service

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Related Services Needed to Benefit from Special Education

Related services can be **direct services** that involve hands on nursing interventions: medication administration, tube feeding, urinary catheterization, glucose testing, physical assessment

or

indirect services which are provided on behalf of the student: calling parent to update IHP, communicating with medical provider to clarify orders, delegating nursing procedure to UAPs

- **School Nurse Services** – services provided by a qualified school nurse
- **School Health Services**- services that may be provided by either a qualified school nurse or other qualified person

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It is important to note that those issues, example writing in a service on an IEP not by someone within his or her scope of practice makes the service ineligible for Medicaid reimbursement. All services on all plans of care must be recommended/ordered/prescribed by a licensed practitioner of the healing arts within his/her scope of practice to be eligible for Medicaid reimbursement. If this step is not occurring, the service is not billable to Medicaid.

~ answer in response to a question posed regarding school nurses not involved in writing the IEP

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Related Services- allocation of resources

xx requires School Nursing Services to provide nursing assessment, write an Emergency Action Plan, and train school staff how to recognize and respond to an allergic reaction. xxx requires School Health Services as school staff will be responsible for monitoring him and carrying out the Emergency Action Plan as needed.

Service	Frequency	Amount	Location	Duration
School Nurse Service	At beginning of school year and during any episode	Assessment as needed. Training and health plan development 120 minutes	In classroom and wherever student is present	IEP year
School Health Services	During any episode of anaphylaxis	Whenever he displays symptoms of allergic reaction	In classroom and wherever student is present	IEP year

Start date/End date/Duration/Frequency/Type of Service/Statement of Medical Need

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Program Modifications or Supports for School Personnel

Document services and support that teachers and school staff require to they can help student reach IEP goals.

- Statement of nursing interventions that support educational staff.
 - School nurse will train staff..*
 - *to follow EAP*
 - *to observe for medication side effects;*
 - *to use rectal diastat; in seizure management..*

The school nurse will **write an Emergency Action Plan** and **train staff** at the **beginning of the school year** on how to monitor student for seizure activity, prevent known triggers, and administer nasal seizure medication **to prevent or limit injury from prolonged seizure activity**. The school nurse will provide case management and support to school staff **throughout the school year** including fieldtrips

Start and End Dates/ Frequency/ Duration/ Type or Scope of Service Provided/Statement of Medical Need

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Medical Necessity in an IEP

IEP Section	Functional Performance	Effects of Disability	Summary of Disability Related Needs	Measurable Annual Goals (optional)	Supplemental Aids and Services	Related Services	Program Modifications or Supports for <i>School Personnel</i>
Medical Necessity Area	Statement of Medical Need	Statement of Medical Need	Identifies health disability and service(s) necessary for student to benefit from special education	Student Health Goal	Type or Scope of Service	Start and end dates Frequency Duration Type of Service Provided Statement of Medical Need	Type or Scope of Service Frequency Statement of Medical Need

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Recommended that Student Health Plan/EAP **NOT** be included as part of IEP document. It should/can be mentioned but not kept as part.

Need to reconvene IEP meeting if need to change health plan.

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What is and is not an IHP



A **Student Health Plan** is not the same as an “**Individualized Healthcare Plan (IHP)**” which the school nursing profession has defined as the counter part of the nursing care plan used in health care institutions.

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What is an Individualized Health Plan (IHP)?

- A plan used for students with health-related conditions (e.g., diabetes, asthma, severe allergies).
- Focuses on ensuring the student’s safety and well-being during the school day.
- Specifies necessary health management steps, such as administering medication, coordination of care with healthcare providers, delegation of care, health education, contains student health goals

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IHP Components:

Assess
Plan- Diagnosis
Implement – Interventions
Evaluate- Student Outcomes
and Response to Interventions

Individual Health Care Plan (IHP) Page ____ of ____

For health needs that may result in an emergency and/or need management or monitoring.

Student Name: _____	Medical Diagnosis: _____	Part of IEP: Yes No	
School: _____	Health Care Provider: _____	Date Initiated: _____	By: _____
Grade: _____		Date Reviewed: _____	By: _____

Circle areas of concern: Medical management, dental management, safety, vital functions, elimination, mobility, rest, comfort

NURSING ASSESSMENT	NURSING DIAGNOSIS	NURSING INTERVENTIONS <small>(To school nurse only)</small>	EVALUATION <small>(Student Outcomes - To student only)</small>

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IHP – Individualized Health Plan

- IHP’s also provide information for the delegation and determining of staffing needs in each school.
- IHP’s may or may not be part of IEP process or 504 Plans
- IHP designed to be stand alone document
- IHP can be used to document medical necessity



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IHP Components

Assessment Data	Nursing Diagnosis	Nursing Interventions	Goals/Expected Outcomes
<p>Interview of student, family, school staff</p> <p>Review of pertinent past and current records: nursing, medical, educational, IHP, ECP, IEP, 504</p> <p>Consultation with other providers: MD, hospital, home care, counseling agencies</p> <p>Physical assessment Self-care skills Vision and hearing Psychosocial status</p>	<p>NANDA Nursing Diagnoses</p> <p>Problem statement</p> <p>Summarizes the present status of the student.</p> <p>Types: actual, risk for, wellness</p> <p>Effects of a given situation on student</p> <p>Contains several elements: Current concerns Contributing factors Student response</p>	<p>Actions to be taken to achieve the desired outcomes.</p> <p>Goal oriented</p> <p>May vary across settings</p> <p>Implemented by various school staff</p> <p>Direct or indirect</p> <p>Nurse, physician, or other provider initiated</p>	<p>What the student is expected to do, learn, or experience.</p> <p>Overall desired result</p> <p>Basis for nursing interventions</p> <p>Short or long term</p> <p>Clear and concise Measurable in positive or negative terms</p> <p>Short or long term Specific in content and time</p> <p>Realistic and achievable</p>

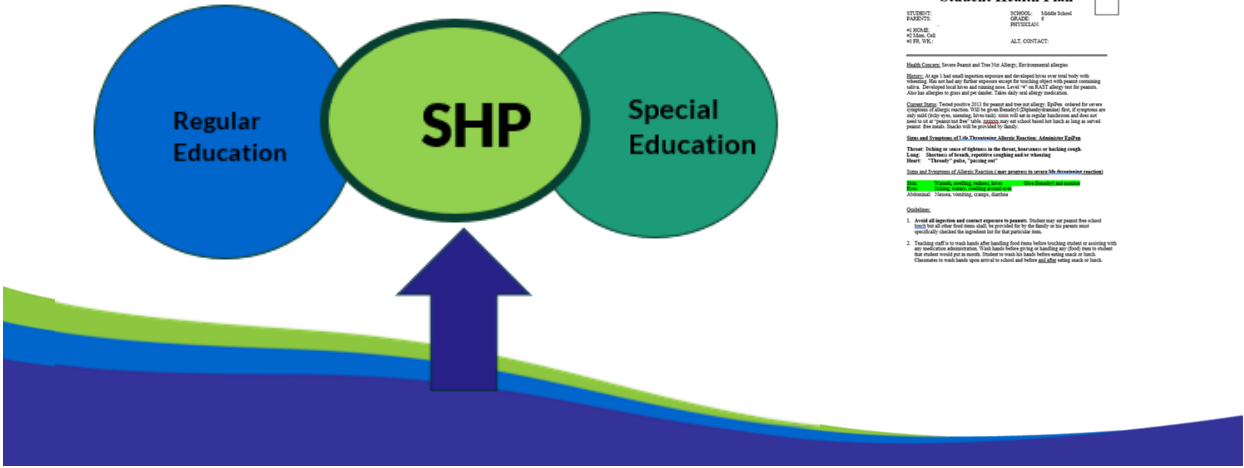
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Example of Nursing Process for a Student with Seizure Disorder

NURSING ASSESSEMENT	NURSING DIAGNOSIS	NURSING INTERVENTIONS The school nurse will:	EVALUATION/ STUDENT OUTCOMES The student will:
<p>Review health information form completed by parent.</p> <p>Description of seizure activity/length/history</p> <p>Age of onset</p> <p>Describe postictal activity</p> <p>Medication and effectiveness</p> <p>Student's ability to participate in self-care</p> <p>Student's desire and ability to tell classmates and adults about seizures</p> <p>Sensitivity to diagnosis</p> <p>Evidence of hyperactivity or disruptive behavior, sadness, apathy depression related to seizure disorder</p> <p>Academic performance and any changes in performance</p>	<p>Risk of injury</p> <p>Risk of ineffective breathing pattern</p> <p>Risk of aspiration</p> <p>Disturbed sleep pattern</p> <p>Risk for fatigue</p> <p>Deprivation sleep</p> <p>Risk for self-esteem, chronic, situational, low,</p> <p>Self-care deficit</p> <p>Knowledge, deficient</p> <p>Health management, ineffective</p> <p>Risk for noncompliance</p>	<p>Provide student-specific information to designated school personnel</p> <p>Develop EAP</p> <p>Develop and implement use of seizure log</p> <p>Obtain medication consent forms and supply of prescription and emergency medications</p> <p>Support social and emotional development</p>	<p>Describe and follow medication regime</p> <p>Verbalize age-appropriate acceptance of seizure disorder</p> <p>Wear medical alert tag</p> <p>Share information regarding seizures with peers and teachers.</p>

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Writing an SHP that documents medical necessity



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20xx-20x
Student Health Plan

Insert Picture

STUDENT: _____ SCHOOL: _____
 PARENTS: _____ GRADE: _____
 #1 HOME: _____ HEALTHCARE PROVIDER: _____
 #2 Cell: _____ ALT. CONTACT: _____
 #3 _____

Health Concern: Describe Present and Two Year Affect; for treatment changes

History: If age 1, list most significant exposure and developmental areas and body with history. If age 2, list all the exposures since the beginning of life with special emphasis on: Allergies, asthma, and all chronic conditions. List all of the things that the parent/child has changes to grow and get health. Take daily and allergy medication.

Current Status: Describe present (1) day medical and chronic status. Describe, without the use of diagnosis of change status, all the given health/developmental history, if exposure to any and any other chronic conditions. Describe, with all the medical functions and how they relate to the "Healthcare Plan" and, if applicable, how they relate to the "Special Education Plan" and "Statement of Medical Need" that should have been provided by parent.

Statement of Medical Need: Describe, without the use of diagnosis, all the symptoms, signs, symptoms, and history of the child.

Level: Describe, in detail, the level of the child, symptoms, or history of the child.

Frequency and Duration of Services: Describe, in detail, the frequency and duration of the services.

Types of Services Provided: Describe, in detail, the types of services provided.

Guidelines:

1. Avoid all operations and contact exposure to parents. Describe, in detail, the school staff and other staff who should be involved in the child's health care plan and, if applicable, describe the operations of the personnel staff.
2. Teaching staff is to teach health after learning and then, before teaching, explain or assist with all medical accommodations. This includes teaching and, if applicable, all staff who are involved in the child's health care plan. Describe, in detail, how the child's health care plan should be used in the school. Describe, in detail, how the child's health care plan should be used in the school.

20xx-20xx Student Health Plan

Insert
Picture

STUDENT: _____ SCHOOL: _____
 PARENTS: _____ GRADE: Start **Date and End Dates**
 HEALTHCARE PROVIDER: _____
 ALT. CONTACT: _____

Health Concern: Describe health concern(s) or diagnosis(es)

History: Provide history of condition

Current Status: Describe current needs and medical regime. List accommodations or interventions school staff will provide. Written in language school staff can understand.

Statement of Medical Need

Guidelines: Can list specific accommodations or interventions that will be followed to ensure the safety of the student and that they are able to participate safely in school and after-school activities.

Frequency
Duration
Types of Services Provided

I was involved in the planning of, and/or agree with, the procedures identified in the above plan. I give permission for this information to be shared with appropriate staff at school. This could be used for consent for Medicaid services.

School Nurse	Parent/Caregiver
Date	Date

In case of emergency transport this sheet should accompany student.

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Medical necessity per medication and medical orders -

- Start and End Dates
- Frequency
- Duration
- Type or Scope of Service Provided
- Statement of Medical Need

Authorization to Administer Medication Form

Student Name: _____ Date of Birth: _____ Grade/Teacher: _____
 School: _____ School Phone: _____ Fax: _____
 Parent Name: _____ Daytime Phone: _____

17X - give consent for school personnel to administer the following medications according to the directions stated by the above named licensed prescriber physician - consent to the free exchange of information regarding this medication between the licensed prescriber physician and school personnel - agree to notify the school in writing of any change or termination of this request - understand that the medications must be delivered to the school in the original over-the-counter or prescription package detailing instructions for medication administration including container name, drug dosage, time frequency to be administered and physician name - understand that any unused medications must be picked up at school by you or in the school office - understand any medications not picked up by the last day of school will be disposed of by school personnel - agree to hold school personnel harmless in any and all claims arising from the administration of this medication at school or school related event - understand that this medication order is in effect for the current school year only

Parent Guardian Signature: _____ Date: _____

DAILY MEDICATIONS						Diagnosis Reason for Medication
Medicine Name	Route	Dose	Frequency/Time	Duration		
				From: _____ To: _____		
				From: _____ To: _____		
				From: _____ To: _____		

PRN (as needed) MEDICATIONS						Condition under which medication should be given
Medicine Name	Route	Dose	Frequency/Time	Duration		
				From: _____ To: _____		
				From: _____ To: _____		
				From: _____ To: _____		

According to school policy, no prescription medication will be administered to a student without written medication orders from parent and physician. These orders must include the name of the drug, dosage, frequency, time to be administered, length of time medication is to be administered, reason medication is prescribed and conditions under which contact with the physician should be made

I am prescribing medication for the above named student who has a diagnosis of: _____

Licensed Prescriber/Physician Signature: _____ Date: _____
 Prescriber Physician Name: _____ Phone: _____
 Office Clinic Address: _____ Fax: _____

APPROVAL FOR STUDENT CARRYING AN INHALER and/or EPI-PEN

This student has received instruction and has demonstrated competency in the use of a metered dose inhaler (Epi-Pen) (circle). He/She may carry and self-administer as prescribed. YES NO

Licensed Prescriber/Physician Signature: _____ Date: _____

School Nurse/Administrator Signature: _____ Date: _____
 Revised: 02-09-2023

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Medical necessity per medication and medical orders -

- Start and End Dates
- Frequency
- Duration
- Type or Scope of Service Provided
- Statement of Medical Need

G-tube Feeding & Reinsertion of Gastrostomy Tube for Pupil: Physician Authorization

Name of Pupil: _____ Birth Date: _____

- Name of formula to be given: _____
- Amount of formula to be given: _____ Amount of water to be given: _____
- How feeding to be given: Bolus Pump =(specify rate): _____
- Number of feedings per day or time between feedings: _____
- The feeding times and amount may be changed if requested by parent and approved by school nurse Yes No
- May have foods/liquids orally? Yes No . If yes, please specify: _____
- I authorize the School Nurse/RN/LVN to reinsert the Gastrostomy tube into pupil. Yes No _____
 - The school health staff is allowed to feed this child after reinsertion. Yes No _____
 - This child should be checked by a physician before feeding following reinsertion of Gastrostomy tube. Yes No _____
- The physical condition(s) of this pupil is (are): _____
- Please list any signs or symptoms that may indicate an emergency situation. List the emergency procedures: _____
- List any concerns about transporting the student on the school bus: _____
- I understand that the procedures:
 - Must be ones that can be learned in a reasonable amount of time
 - Should not require the presence of a physician, medical judgment based on extensive medical training, or an undue amount of time to be provided or performed.
 - Must be provided or performed during the school day so that the pupil can attend school or benefit from his or her educational program
 - Must be ordered by a licensed physician or surgeon
 - Feeding must conclude 30 minutes before transportation commences
- The medical justification for providing the procedure(s) during school hours is: _____

I, the undersigned as the physician for the above-named student do recommend and approve the above-named procedure(s) to be provided to this pupil during school hours. This order should be in effect for a maximum of one year, unless specified otherwise:

Signature of Physician: _____ Date: _____
 Printed name (or stamp) of Physician: _____ Phone number: _____

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Record-keeping requirements for SBS

[DHS 105.53\(3\)\(a\)](#) For each recipient of school-based services, the provider shall keep a record containing, at a minimum, all of the following:

1. The member's first and last name and date of birth;.
2. The prescription or, if referred, the referral for the service;.
3. Documentation used to develop and annually revise member's treatment plan.
4. Annual documentation of the individual's progress toward treatment goals, as identified in the member's treatment plan, changes in the individual's physical or mental status and changes in the treatment plan.

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Record-keeping requirement for SBS

[DHS 105.53\(3\)\(b\)](#) For each date of service, the provider shall keep a service record within the recipient's member's record containing all of the following:

1. The date of service.
2. The general type of service provided.
3. A brief description of the specific service provided.
4. The unit of service delivered as defined through handbooks distributed by the department under s. DHS 108.02 (4).
6. Documentation of whether the procedure was provided in a group or individual setting, when appropriate.

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Required Documentation of SBS Provided

[DHS 105.53\(3\)\(c\)](#) Periodically, at least monthly, the provider shall include in the service record under par. (b) the following:

1. For each service provided, a brief description of the member's response to the service and progress toward the treatment goals identified in the treatment plan.
2. The service provider's signature.

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Medicaid Record Retention-not SBS specific

[DHS106.02\(9\)\(e\)2](#)

2. All records under pars. (a) to (d) shall be retained by a provider for a period of **not less than 5 years, except that a rural health clinic provider shall retain the records for not less than 6 years.** This period shall begin on the date on which the provider received payment from the program for the service to which the records relate. Termination of a provider's participation does not terminate the provider's responsibility to retain the records unless an alternative arrangement for record retention and maintenance has been established by the provider.

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Required CMS Changes

- **Specialized transportation**
 - Change in types of transportation allowable for reimbursement
- **Random moment time study**
 - Changes in notice and response window
- **National provider identifier**
 - Type 1 (individual) NPI of a prescribing referring or ordering provider on required claims

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Required Individual National Provider Identifiers

The NPI is a 10-digit number obtained through the National Provider Enumeration System (NPPES).

There are two kinds of NPIs:

Entity Type 1 NPIs are for individuals who provide health care, such as physicians, dentists, and chiropractors.

Entity Type 2 NPIs are for organizations that provide health care, such as hospitals, group practices, pharmacies, and home health agencies.

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Required Individual National Provider Identifiers

ForwardHealth will require the NPI of the provider who prescribed, referred, or ordered the service within the scope of their practice on claims for these SBS-allowable services:

- Nursing services.
- Occupational therapy.
- Physical therapy.
- Speech and language pathology services.
- Attendant care services. (RNs, PTs, OTs, SLPs could “refer” these services and have their NPI number used if the service is within their scope of practice)

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National Provider Identifier: Corrective Action Plan

School districts have several options to meet the prescribing, referring, or ordering requirement. Schools can:

- Hire or contract with a physician, physician assistant, or advanced practice registered nurse to refer services.
- Allow families to bring the student’s treatment plan to their primary care provider to sign off.
- Allow school providers such as physical therapists, occupational therapists, speech language pathologists, and **school nurses** to refer services within their scope of practice and obtain an NPI.

SBS providers can document their NPI directly on the student’s treatment plan. Or this NPI number may be stored in the “referrer’s” Medicaid biller’s profile.

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Referred for services by: NPI number

SAMPLE Individual Health Care Plan (IHP)

Page ___ of ___

Student Name: Christopher Robin Medical Diagnosis: Epilepsy Part of IEP: Yes No School: Health Care Provider: Statement of Medical Need Date: Start and end dates- duration By: Date Reviewed: By:

Highlight areas of concern: Medical management, dental management, safety vital functions, elimination, mobility, rest, comfort.

Table with 4 columns: NURSING ASSESSMENT, NURSING DIAGNOSIS, NURSING INTERVENTIONS, EVALUATION. Includes text about seizures, risk of injury, emergency action plan, and student outcomes.

20xx-20xx Student Health Plan

Insert Picture

STUDENT: GRADE: Start Date and End Dates PARENTS: HEALTHCARE PROVIDER: #1 HOME: #2 Cell #3 ALT. CONTACT:

Health Concern: Describe health concern(s) or diagnosis(es) History: Provide history of condition Current Status: Describe current needs and medical regime.

Statement of Medical Need

Guidelines: Can list specific accommodations or interventions that will be followed to ensure the safety of the student...

Frequency Duration Types of Services Provided

I was involved in the planning of, and/or agree with, the procedures identified in the above plan. I give permission for this information to be shared with appropriate staff at school.

School Nurse Date Parent/Caregiver Date

In case of emergency transport this sheet should accompany student.

Referred for services by: NPI #

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Authorization to Administer Medication Form

Student Name: Date of Birth: Grade Teacher: School: School Phone: Fax: Parent Name: Daytime Phone: IHP - give consent for school personnel to administer the following medications...

DAILY MEDICATIONS table with columns: Medication Name, Route, Dose, Frequency/Time, Duration, Doseage Form/for Medication.

PRN (as needed) MEDICATIONS table with columns: Medication Name, Route, Dose, Frequency/Time, Duration, Conditions under which medication should be given.

According to school policy, all prescription medications will be administered to a student without written medication orders from parent and physician.

Licensed Prescriber Physician Signature: Date: Prescriber Physician Name: Phone: Office Clinic Address: Fax:

APPROVAL FOR STUDENT CARRYING AN INHALER AND/OR EPI-PEN

This student has received instruction and has demonstrated competency in the use of a metered dose inhaler (Epi-Pen correct). He/She may carry said self-administer as prescribed. YES NO

Licensed Prescriber Physician Signature: Date: School Nurse/Administrator Signature: Date: Revised: 02-09-2023

Referred for services by: NPI #

G-tube Feeding & Reinsertion of Gastrostomy Tube for Pupil: Physician Authorization

Name of Pupil: Birth Date: 1. Name of formula to be given: 2. Amount of formula to be given: 3. How feeding to be given: 4. Number of feedings per day or time between feedings: 5. The feeding times and amount may be changed if requested by parent and approved by school nurse: 6. May have foods/liquids orally? 7. I authorize the School Nurse/RN/LVN to reinsert the Gastrostomy tube into pupil: 8. The physical condition(s) of this pupil is (are): 9. Please list any signs or symptoms that may indicate an emergency situation: 10. List any concerns about transporting the student on the school bus: 11. I understand that the procedures: 12. The medical justification for providing the procedure(s) during school hours is:

I, the undersigned as the physician for the above-named student do recommend and approve the above-named procedure(s) to be provided to this pupil during school hours.

Signature of Physician: Date: Printed name (or stamp) of Physician: Phone number:

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Obtaining a National Provider Identifier

Providers must meet federal qualifications to obtain an NPI. Refer to these NPI resources:

- ForwardHealth Online Handbook Provider Identification topic #[3421](#) for general information about NPIs
- [The National Plan and Provider Enumeration System website for information and instructions on how to apply for an NPI](#)

While LPNs meet the federal qualifications to obtain an NPI, LPNs do not meet the Wisconsin statutory requirements to “refer” for SBS.

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NPI number application

- Both NPI number application and enrolling as a Medicaid provider with ForwardHealth (DHS) requires school nurse to mark “private duty nursing services”
- Medicaid systems were first developed for clinical settings, not school setting.

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Use of NPI number

If a professional's NPI number is used without their permission it is considered Medicaid fraud.

<https://www.dhs.wisconsin.gov/fraud/index.htm>

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Enrolling as a Prescribing/Referring/Ordering Medicaid Provider with ForwardHealth (DMS)

Two step process:

Obtain an NPI number **AND** register with ForwardHealth as a Prescribing/Referring/Ordering Medicaid Provider”

SBS providers such as school nurses will enroll Prescribing/Referring/Ordering Medicaid Provider, not as a biller of Medicaid serves. The school district is the biller.

See Topic [#3069](#) Categories of Enrollment. School nurses will be “rendering-only providers.”

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Enrolling as a Medicaid Provider with ForwardHealth (DMS)

If an SBS provider is already enrolled (with ForwardHealth) as a Wisconsin Medicaid provider, they do not need to enroll a second time as a prescribing/referring/ordering provider. Their current Medicaid enrollment is sufficient.

If you have been providing services you might want to check to see if you were enrolled (and might not have known you were!)

Webpage to look up provider number:

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Certification/CertificationHomePage.aspx>

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Enrolling as a Prescribing/Referring/Ordering Medicaid Provider with ForwardHealth (DMS)

If a SBS provider needs to enroll with Wisconsin Medicaid solely as a prescribing/referring/ordering provider visit the [Provider Enrollment Information page](#) for general information.

See the [Prescribing/Referring/Ordering Providers page](#) to **begin the enrollment process.**

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Certification/ProviderCertification.aspx?pro=Y>

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How to Begin the Enrollment Process on the ForwardHealth Portal

SBS providers can begin a new provider enrollment application by:

- Clicking Start or Continue Your Enrollment Application on the [Provider Enrollment page](#) of the Portal.
- Then clicking Medicaid Prescribing/Referring/Ordering Provider Enrollment Application in the To Start a New Prescribing/Referring/Ordering Enrollment section of the [Certification](#) homepage.

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How to Begin the Enrollment Process on the ForwardHealth Portal

Providers should choose the enrollment type that matches their license and education level.

For example:

- A registered school nurse can enroll as **nurse in independent practice providing private duty nursing services** as outlined in Wis. Admin. Code § [DHS 105.19](#) or a nurse practitioner as outlined in Wis. Admin. Code § [DHS 105.20](#).

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Enrollment Process on the ForwardHealth Portal

During the online provider enrollment process, SBS providers will be asked to enter their license number. School nurses should enter their Department of Safety and Professional Services license number (nursing license number).

You may also need to know the name, address and information on who in your district is responsible for the billing (not you).

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Attendant Care Services

[Topic #8077](#)

Attendant care services include a range of human assistance provided to students with a disability and/or chronic condition. The assistance enables them to accomplish tasks in the educational setting that they would normally do for themselves if they did not have a disability or chronic condition. Assistance may be in the form of hands-on assistance (for example, actually performing an attendant care task for the student) or cuing the student so that they perform the task by themselves. Such assistance most often relates to performance of ADLs. IADLs may also be covered if they:

- Are medically necessary.
- Are listed in the written SBS treatment plan.
- Are not academic in nature.
- Are related to functional goals and needs of students.
- Are provided to a student as a district implements the student's treatment plan

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Attendant Care Services

The following attendant care services are reimbursable under the SBS benefit when claims are submitted by Medicaid-enrolled SBS providers:

- Preparing food, assisting with and monitoring eating, feeding, and swallowing.
- Performing routine personal hygiene (for example, hand washing, brushing teeth, combing hair, grooming, and showering).
- Dressing.
- Toileting and diapering.
- Transferring.
- Performing routine care of personal assistive devices (for example, eyeglasses, wheelchairs, communication boards).
- Supervision and cuing of activities.

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Attendant Care Services

These services are not covered as attendant care services under SBS:

- Services of a bus aide during transportation.
- Skilled services that may be performed only by a health professional.

Attendant care services are covered when provided to members enrolled in Medicaid and provided by Wisconsin DPI-licensed staff and billed by a Medicaid-enrolled SBS provider.

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Referring for Attendant Care Services

- School nurses will most often refer for attendant care services for students with IEP.
- It might be reasonable to refer for attendant care services for a Medicaid enrolled student who does not have an IEP.
- Referring for attendant care services is NOT the equivalent of delegating nursing care. Attendant care services do not require a nursing license to perform. Nor do they require a medical order.
- School nurses should consider ethical or professional standards when referring services. The Nurse Practice Act may not apply but Nursing standards and ethics always do!

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Since you asked...

- No prior authorization is required for SBS Nursing Services
- SBS Nursing Services are outlined in [DHS 107/36\(1\)\(e\)](#)
- School nurses are responsible for referring (recommending) services both Nursing and possibly Attendant Care. Billing liability rests with the school district.
- School nurses determine in their professional opinion if they can recommend a service such as attendant care.

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Since you asked...

- In order to bill Medicaid you must, by definition, release PII to Medicaid and the billing agency. You cannot release PII without first obtaining parental consent.
- Therefore, before the district BILLS for any services consent must be obtained.
- The district is billing, not you the school nurse. School nurses are providers and may refer for SBS. Follow the instructions of your district in all billing matters!
- Upon the request of DHS LEAs would need to furnish consent to bill forms.

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Since you asked...

- School nurses must obtain an NPI number and register with ForwardHealth as a prescribing/referring/ordering provider. Do not register as someone who bills for Medicaid services. The school district should be registered with ForwardHealth as the biller to receive SBS reimbursement. The district gets the money not the school nurse!
- DHS Division of Medicaid Services will be issuing an FAQ. Timeline unknown.
- DPI school nurse/health services consultant will publish written guidance this fall.

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Since you asked...

- It might not make sense, but school nurses will register as a private duty nurse when getting an NPI number and registering with ForwardHealth.
- Referring for services is not the same as making a medical diagnosis or writing a medical order. Referring for services is also not delegating the service. Delegation follows the Nurse Practice Act. Referring for Medicaid services follows state and federal Medicaid guidelines and laws.
- While districts are responsible for billing, school nurses are responsible to work within their scope of practice.

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Since you asked...

- “Double charting” is not necessary. Find out a system that works for your district to document medical necessity and the other components. Then know how to retrieve that documentation if ever audited by Medicaid.

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Resources

[Bulletin 10.07 Describing Special Education Services, Related Services, Supplementary Aids and Services, and Program Modifications and Supports for School Personnel.](#)

[Medicaid School-Based Services \(SBS\) Expansion: Overview for School Nurses](#)

Forward Health online provider enrollment:
<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Certification/ProviderCertification.aspx>

[ForwardHealth Handbook](#)

Forward Health Updates subscribe:
<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Subscriptions.aspx>

SBS Email: DHSDMSSBS@dhs.wisconsin.gov

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Resources

[Topic #1497](#)
Nursing Services
Task Method of
Documentation

[Topic #1496](#)
Nursing Services
Time Method of
Documentation

[Topic # 1498](#)
Documentation
Requirements

[Topic #1495](#)
Nursing Services
Units

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