

Webinar 1 FAQ: Sept. 23, 2024 | Medicaid Expansion: New Services, Provider Types and Practitioners

Background: Education Service District (ESD) and school district partnership options for School-Based Health Services (SBHS) Billing

The SBHS Medicaid program now allows additional education agencies, including Education Service Districts (ESDs), to bill SBHS Medicaid for K-12 health services (see [Oregon Administrative Rule 410-133-0040](#)).

Considerations ESDs and school districts may make when establishing SBHS Medicaid billing programs.

The school district responsible for providing free appropriate public education (FAPE) must consent to allow an ESD to bill SBHS Medicaid on the school district's behalf. The district must also execute an agreement with the ESD to:

- Define the billing relationship and flow of funds to avoid duplication of billing.
 - Clearly define service provision.
 - Establish training and communication protocols.
 - Define software platform and/or integration of software platforms.
 - Ensure compliance with education and Medicaid rules and regulations, including but not limited to requirements related to:
 - Written notification and parent/guardian consent
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- Practitioner recommendation
- Practitioner documentation
- Data sharing and recordkeeping
- Audit responsibilities
- Payback in the event of an audit
 - Medicaid cost settings
 - Enrollment of billing and referring providers

Examples of when an ESD might participate in Medicaid billing:

An ESD and a school district bill for different services each are providing to the same student.

For example, the ESD bills for occupational or physical therapy services they provide, and the school district bills for services provided by their district nurse. Both agencies are enrolled with Oregon Health Authority (OHA) and submit claims using their respective Medicaid Provider ID numbers.

A school district contracts and pays an ESD to provide and bill for Medicaid-covered health services.

The ESD submits all claims to OHA using their Medicaid Provider ID number. The ESD offsets the school district's cost based on reimbursement they receive through billing OHA.

A school district contracts and pays an ESD to provide covered health services, but the school district opts to bill OHA directly.

The district includes the contract costs in their SBHS cost calculations and submits claims using the district's Medicaid Provider ID number. The school district receives all billing reimbursement.

An ESD has an agreement with a school district to provide billing support (e.g., billing submitter, training and technical supports) on behalf of the school district.

The ESD will submit claims to OHA using the school district's Medicaid Provider ID number and the school district will receive Medicaid reimbursements.

An ESD, under an agreement, provides covered health services, documentation support and staff training to a school district.

The school district authorizes the ESD to submit claims under the ESD's Medicaid Provider ID number. The ESD receives all billing reimbursement and reinvests it into the ESD's program budget.

Program questions

Do ESDs have to reduce the cost of the medical services they provide to a school district by the amount of Medicaid reimbursement generated by those services?

No, the school district and ESD must agree and document how Medicaid reimbursements will be spent.

Are there specific requirements about how to reinvest Medicaid reimbursements?

For Early Intervention/Early Childhood Special Education (EI/ECSE) direct service billing, reimbursements must be reinvested back into the programs that generated them. Medicaid Administrative Claiming (MAC) reimbursements must be reinvested into health and social services and supports.

There is no requirement to reinvest reimbursement from K-12 direct service billing back into school health services, although it is recommended. Education agencies entering an SBHS Medicaid billing agreement will determine the exact use of SBHS Medicaid reimbursements. The billing agreement should outline the exact use.

May ESDs retain SBHS Medicaid reimbursement when billing on behalf of a school district or does the ESD have to pass reimbursement on to the school district?

The school district responsible for FAPE has the right to the reimbursement but could elect to enter an agreement with an ESD to have the ESD bill for and receive reimbursement directly.

Are there supports available to assist with understanding and implementing Medicaid billing programs?

OHA and Oregon Department of Education (ODE) have guidance materials on the [ODE: Medicaid in Education](#) and [OHA Oregon Health Plan School-Based Health Services](#) web pages.

For additional support, education agencies (EAs) can schedule meetings or trainings with our SBHS team by contacting Shelby Parks at shelby.parks@ode.oregon.gov .

Can ESDs begin billing k-12 services now?

Effective Sept. 6, 2024, ESDs may bill K-12 SBHS Medicaid direct services if they:

- Have a written agreement with the school district responsible for FAPE and
- Are enrolled with OHA as a School Medical Provider.

We contract with our county mental health department for school-based mental health services provided by medically qualified practitioners. Is there a pathway for the school district or the county to bill for these services?

Yes, the school district responsible for FAPE has the right to bill the contracted services. The county mental health department cannot bill SBHS Medicaid.

Covered services/consent

What types of assessments are covered under this program, particularly those provided by EI/ECSE programs?

Evaluations and assessments provided by medically qualified practitioners to determine IDEA eligibility, discontinuation, or continuation of services on an Individual Plan of Care (IPOC) are billable (see [Oregon Administrative Rule 410-133-0040](#)).

Evaluations for birth to 5-year-olds are the responsibility of the child's resident school district. The school district has the right to pursue Medicaid reimbursement for these services but could enter into an agreement with the EI/ECSE program to perform SBHS Medicaid billing. The EA may only bill for evaluation services when the parent/guardian:

- Has been notified in writing about the evaluation and
- Provides consent prior to the evaluation.

Can we use a non-licensed instructional aide to provide nurse delegated seizure monitoring in a student's plan of care and bill Medicaid for it?

Yes, if the non-licensed individual (e.g., educational assistant) is trained and supervised by a Registered Nurse (RN) to execute delegated nursing tasks as an unregulated assistive person (UAP) as outlined in [Chapter 851 Division 47 Standards for RN Delegation](#). The training and supervision of the delegated task by the RN may also be billed if it is written into the IPOC.

If an evaluation for mental health services does not result in placing Medicaid-covered service(s) on a student's IPOC, is the evaluation billable to Medicaid?

Evaluations for mental health services, regardless of whether they result in an IPOC, are covered if:

- EAs have provided written notification and obtained consent prior to the evaluation, and

- A medically qualified practitioner within their scope of practice provides and documents the evaluation.

Is consent for telehealth no longer required?

Medicaid rules used to require an annual consent for telehealth, but no longer do. To deliver telemedicine or telehealth services to children or young adults, SBHS rules require medically qualified individuals to obtain written, oral, or recorded consent. This is in alignment with many licensing board rules that require practitioners to obtain consent before providing services via telehealth.

Does a new telehealth consent need to be obtained if there was a change in the medically qualified provider of the service (e.g., change from one SLP to another)?

Please refer to your respective licensing board for consent requirements for telehealth. ODE partnered with several licensing boards to develop practitioner-specific guides on the provision of telehealth in schools. The guides can be found on ODE's [Licensed Practitioners and School Health](#) web page.

Can you expand on what part of an initial assessment or evaluation for Medicaid-covered health services is billable?

Billable services related to the medically licensed practitioner's assessment or evaluation may include:

- History taken,
- Tests administered (does not include academic tests),
- Interpretation of tests,
- Observations and assessments (child must be present), and
- The written evaluation report.

Is it duplication of billing if a student received speech therapy both in school and in the community from an outpatient clinic?

SBHS Medicaid services are separate from community health services and do not affect the maximum benefit allowed a child or family in the community setting. See definition of duplication of billing under Oregon Administrative Rules (OARs) in [Chapter 410 Division 133 School-Based Health Services](#).

OAR [410-141-3565\(8\)\(h\)](#) explains that coordinated care organizations cannot consider SBHS duplicative of any services the child receives in other settings.

SBHS Medicaid Cost Setting

Is the way Medicaid costs are calculated for EAs changing in 2025?

SBHS Medicaid cost methodology will not change for the 2025 calendar year. SBHS costs are due annually on January 31. Costs are established using prior state fiscal year audited expenditures and are good for a calendar year.