

Medicaid and the Behavior Analyst

1

Presentation Outcomes

Purpose:

This training is meant to inform about the Medicaid process and to educate BCBAs on how billable services and expectations fit into the scope of practice for a BCBA.

Objectives:

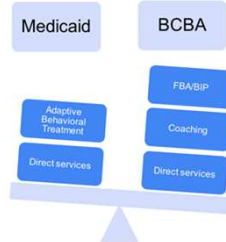
- Understand how certain typical activities with students would align to Medicaid billable services (and those that would not)
- Develop a working understanding of the Medicaid billing process
- Explain the purpose of the Random Moment Time Sample (RMTS) related to reimbursement

2

Expansion of Medicaid services that apply to BCBAs

As of July 2022 Medicaid now allows school divisions to submit claims for **Adapted Behavior Treatment** services provided by a LBA or LABA

This presentation is intended to inform you of the expectations and how your current work aligns with the Medicaid process.



3

Medicaid's view of your work

- You are a licensed, qualified health care professional working in a school setting.
- Educational needs and health care needs can and do overlap!
- As a licensed provider, you have special skills and training to address underlying health and behavioral issues that are impacting a student's ability to succeed in the educational environment.

4

4

Health Care Professionals working in Schools

"...the school setting offers a unique opportunity to enroll children in Medicaid and facilitate access to coverage as well as provide health services directly to ANY Medicaid enrolled children. Schools provide a venue to enhance early identification of health needs and connect students to a broad range of health care services, including behavioral health resources."

- Centers for Medicare and Medicaid Services, May 2023

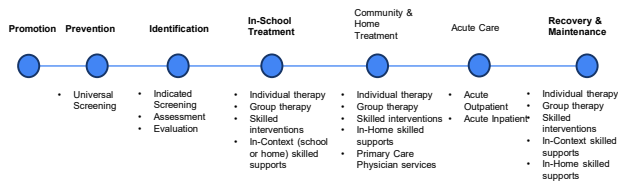
<https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/medicaid-and-school-based-services/index.html>

5

5

School Services on the Continuum of Care

■ School-based practitioners provide important **health-related** services on the continuum of care for the children you serve.



6

6

Continuum of Care

- School division direct services are an important healthcare component on the continuum of care in a school setting.
- Other healthcare providers, such as long-term care providers and hospital providers, are also on the continuum.
- All services on the continuum represent important **health care** services.
- The direct services that school divisions provide are not "less than" other services and settings.
- When students receive services both in-school and out, the services that school divisions provide do not duplicate services in other settings, but rather compliment them.
- Schools provide important **health care** services, which when taken together with community-based services, can address the full scope of services that kids need on the complete continuum of care.



7

Health Care Professionals working in Schools

- As a provider working under the scope of your license, you are a health care provider, providing services in an education setting.
- Anytime that you are wearing your discipline's "hat" remember that you are bringing your skills, training, experience and scope of license to the work that you are doing, including:
 - Direct services with student(s)
 - Preparation/planning for services and paperwork/follow-up activities related to services (report writing, documentation, etc.)
 - Bringing your skills/training/license to contribute to a meeting, consultation, communication, coordination, training and other similar activities.
- When you are doing an activity that can be done by an unlicensed provider (lunch duty, bus duty, teaching, etc.), this is considered educational.
- It's important to keep your role as a health care professional in mind when responding to the RMTS. (More to come on RMTS later in this presentation.)



8

General practice of a BCBA



Surveys and school division job descriptions have indicated that BCBAs are expected to complete the following tasks as part of their role:

- Develop and implement behavioral programs
- Conduct descriptive and systematic behavioral assessment
- Teach others to carry out ethical and effective behavior analytic interventions
- Develop student data collection tools
- Monitor classroom instructional procedures and Behavior Intervention Plans

9

How does the school-based Behavior Analyst provide Adaptive Behavior Treatment services?

- 1 Provider Categories**
Who can provide Adaptive Behavioral Treatment services?
- 2 Assessments**
How do PBAs and IOP Present Level or Performance Inform treatment?
- 3 Plan of Care**
Who is required by Medicaid to document the treatment plan?
- 4 Services, Supervision & Monitoring**
What are the expectations for BCBA's to support implementation of Adaptive Behavioral Treatment?
- 5 Reimbursement + PMTS**
What is the Harmonized Moment Time Study and how is it used for Medicaid reimbursement?

10

1 Provider Categories
Who can provide Adaptive Behavioral Treatment services?

Provider Categories

Who can provide Adaptive Behavioral Treatment services?



Chapter 2 of the DMAS Manual

add web link here when available

11

Medicaid includes broad categories:

- Licensed provider
 - Referring provider
 - Non-referring provider
- Unlicensed provider

12

Requirements for Registered Behavior Technician

- Must follow individual licensing related laws and regulations
 - VA Licensure defaults back to certification board
- Includes requirements for supervision and frequency of supervisory visits
- If individual licensing requirements do not specify frequency, the supervisor will complete supervisory visits at least every 90 days



13

Supervision Considerations

- Supervising RBT
 - Regulated by the BACB
 - Follow guidelines and supervisory structure
- Supervision of other unlicensed personnel (IA or para staff)
 - Professional judgement and justification
 - Monitoring for fidelity
 - Assessing training needs
 - AT LEAST every 90 days

14

Services and CPT Codes

- CPT Codes - Current Procedural Terminology Code
 - Each service has a code
 - Codes are used to categorize the services rendered
 - Required when submitting a claim
- Assessment CPT Codes
 - Adaptive Behavior Assessment - 97151
 - Adaptive Behavior Supporting Assessment - 97152


15



Assessments
How do FBAs and IEP Present Level of Performance Inform Treatment?

Assessments

16



Conducting assessments aligns with the BACB Ethics Code:
2.13 Selecting, Designing, and Implementing Assessments

Before selecting or designing behavior-change interventions behavior analysts select and design assessments that are conceptually consistent with behavioral principles; that are based on scientific evidence; and that best meet the diverse needs, context, and resources of the client and stakeholders. They select, design, and implement assessments with a focus on maximizing benefits and minimizing risk of harm to the client and stakeholders. They summarize the procedures and results in writing.

17

Functional Behavior Assessments (FBA) or Analyses (FA)

- Typically include the following components:
 - Description of the target behavior
 - Data collection tools
 - Data analysis
 - Hypothesis of the function of the problem behavior
 - Determination if a Behavior Intervention Plan is required
- School divisions vary in how they document FBA results
 - Through IEP system options provided
 - Separate documents with same components
 - May be summarized within the Present Level of Performance of a child's IEP

CPT Code: Adaptive Behavior Assessment

18

Activities related to assessment by a BCBA

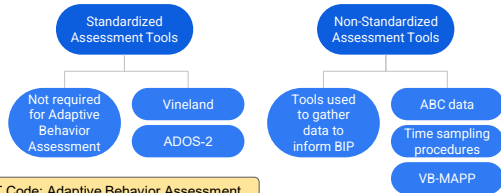
- File Review
- Indirect assessment
- Parent and teacher interviews
- Direct observation and data collection
- Criterion Referenced Assessments (VB-MAPP, FACTER, Vineland, ABLLS)
- Scoring Assessments
- Interpreting results / synthesizing information
- Preparing observation and reports
- Meeting with parents and teachers to discuss findings and recommendations
- Developing the plan of care

CPT Code: Adaptive Behavior Assessment

19

Assessment Tools & Procedures

Your standards of practice, professional training and experience guide you to select instruments, tools and procedures that will provide multiple sources of data to inform your decision making.



CPT Code: Adaptive Behavior Assessment

20

Data collection is a team effort!

There are times when the data gathered for assessments is taken by classroom staff. Data collection can be completed by not-DMAS qualified provider that supports the assessment. It is only billable if performed by a RBT.

- Unlicensed individual under the direction of a physician or *other qualified healthcare professional* (LBA or LABA).
- BCBA may or may not be on site
- Interpretation of results must still be completed by the LBA/LABA

CPT Code: Adaptive Behavior Supporting Assessment

21


Adaptive Behavioral Assessment - Documentation

Component Required:	Required by Medicaid	Typically completed by BCBA's
Diagnostic impression (related to ICD-10 code)	✓	
Behavioral history	✓	✓
Observations of student behavior	✓	✓
List of assessment procedures and instruments used	✓	✓
Teacher/Guardian/Caregiver interviews	✓	✓


22

Adaptive Behavioral Assessment - Documentation

Component Required:	Required by Medicaid	Typically completed by BCBA's
Professional's scoring of assessment	✓	✓
Interpretation of results/Data analysis	✓	✓
Discussion of findings & recommendations	✓	✓
Preparation of report	✓	✓

 CPT Code: Adaptive Behavior Assessment

23



Plan of Care

What is required by Medicaid to document the treatment plan?

Chapter 6 of the DMAS Manual

24

Each student receiving Medicaid reimbursable services must have a Plan of Care



A Plan of Care (POC) is a required document for ongoing Adapted Behavior Treatment services delivered to a student.

25

Plan of Care

- General summary of target behavior
- Long term goals
- Relatively short
- Medicaid dictated components
- Does not have to be updated for each protocol or intervention modification

BIP/IEP

- Detailed description of interventions and supports
- Outlines staff actions and supports to promote behavior change
- Multiple pages
- Division specific documentation requirements
- May include protocol modification based on student response to intervention

26

Sample Plan of Care

DMAS Department of Medical Assistance Services
Adaptive Behavior Intervention Services Plan of Care Form
Local Education Agency Services

This is an **EXAMPLE** of a Plan of Care Form.
This version is for informational purposes only.

Note to Local Education Agencies: Plan of Care Forms should contain the required fields, or fields of the title, illustrated below.

Student's Name: [Redacted] DOB: [Redacted] When this is not a required field, DMAS recommends DOB be completed for student identification.

Medical/FAMIS ID: [Redacted] M/D/YYYY (The billing program)

Identifying Clinical Issue: [Redacted] ICD Diagnostic Code: [Redacted] (The billing program)

Note: Select ICD Diagnostic Code based on student's medical history. Inserting this code does not reflect the rendering of a medical diagnosis by the individual completing this plan.

Describe the specific functional skill(s) for the intervention based on results of an assessment.

Baseline data used to determine the student's skill performance prior to intervention.
(It is encouraged to reference specific actions of the student's intervention.)

Treatment goals (include measures and expected time frames for achieving each goal)

Goal #	Goal	Time Frame
1.		
2.		
3.		

Interventions planned to meet each goal.

27

POC Demographics example

Note to Local Education Agencies: Plan of Care Forms should contain the required fields, or fields of the like, illustrated below			
Student's Name	Joshua Jones	DOB	11/15/2012 <small>While this is not a required field, DMAS requires this be completed for student identification</small>
Medicaid/FAMIS ID#:	123456		MM/DD/YY
Identifying Clinical Issue	Aggression towards others	* ICD Diagnosis Code	F93.8 <small>Billing category</small>
<i>* Note: Select ICD Diagnosis Code based on student's medical history. Inserting this code does not reflect the rendering of a medical diagnosis by the individual completing this plan.</i>			
Describe the specific functional skill(s) for the intervention based on results of an assessment			
Increase functional communication skills			
<small>Baseline data used to determine the student's skill performance prior to intervention. It is acceptable to reference another section of the student's service record.</small>			

28

POC Goals & Interventions example

Treatment goals (include measures and expected time frames for achieving each goal.)		
Goal #	Goal	Time Frame
1.	Joshua will request a break or aid for assistance with assignments across 3 out of 4 opportunities	10/7/2022-10/8/2023
2.		
3.		
Interventions planned to meet each goal		
Goal #	Intervention(s) planned	
1.	Functional communication training, Differential reinforcement of Alternative Behavior procedures	
2.		
3.		
4.		
Frequency of interventions planned		Daily
Plan of Care Implementation Date¹ (mm/dd/yyyy)		10/7/2022
<small>¹ Enter the date treatment will begin relative to this plan. It may or may not be the same date that services begin.</small>		
Other		

29

ICD-10, Diagnosis, Eligibility

- Codes are selected from the ICD-10 Manual
 - International Classification of Diseases, 10th Edition
- Align ICD-10 Codes with diagnostic impression
- This is NOT DIAGNOSING an individual
- Use existing data (IEP, BIP, educational records, medical documentation, presenting issue) to make an informed decision

30

Determining an ICD-10 Code for billing purposes

- Codes are only for reimbursement purposes
- Codes selected must be related to the services being provided
 - Speech services provided for student with Autism, or
 - SLI-eligible student with behavior concerns

31

Case Study #1

A 12 year old student eligible for special education services for Speech-Language Impairment. He receives speech services under the ICD-10 code of F80.1 Expressive Language Disorder, and has recently started displaying behaviors that are impacting his learning. The BCBA interviews the parent and classroom teacher and conducts a classroom observation of the student. The BCBA writes several student specific recommendations and meets with the school team to review. The team decides that additional support from the BCBA is needed in developing strategies to address the challenging behavior and in training classroom staff in implementing these strategies. The BCBA may select another ICD-10 code for services provided to address the behavior concerns.

32

Finding ICD-10 Codes

- High frequency codes
- Most found under Mental, Behavior, and Neurodevelopmental Disorders
 - F01-F99
 - <https://www.icd10data.com/ICD10CM/Codes/F01-F99>
- Align with the treatment being provided

33

ICD-10 Codes: Mental, Behavior, & Neurodevelopmental Disorders

- F70 Mild intellectual disabilities
- F71 Moderate intellectual disabilities
- F72 Severe intellectual disabilities
- F73 Profound intellectual disabilities
- F78 Other intellectual disabilities
- F79 Unspecified intellectual disabilities
- F80 Specific developmental disorders of speech and language
- F81 Specific developmental disorders of scholastic skills
- F82 Specific developmental disorder of motor function
- F84 Pervasive developmental disorders
- F88 Other disorders of psychological development
- F89 Unspecified disorder of psychological development
- F90 Attention-deficit hyperactivity disorders
- F91 Conduct disorders
- F93 Emotional disorders with onset specific to childhood
- F94 Disorders of social functioning with onset specific to childhood and adolescence
- F95 Tic disorder
- F98 Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence

34

Specific Billable Codes - Example

Code F84 - Pervasive Developmental Disorders

- Considered a non-billable/non-specific code
- Should not be used for reimbursement purposes
- Must select a billable/specific ICD code
 - F84.0 Autistic disorder
 - F84.2 Rett's syndrome
 - F84.3 Other childhood disintegrative disorder
 - F84.5 Asperger's syndrome
 - F84.8 Other pervasive developmental disorders
 - F84.9 Pervasive developmental disorder, unspecified

35

Case Study #2 for ICD-10 code decisions

Student has both IDEA eligibility category of Autism & an outside diagnosis from a medical provider. The student is exhibiting SIB during school when any work task is presented or asked to transition from break to work table. FBA results hypothesize an escape function to the behavior.



36

ICD-10 Code decision options:



Scenario 1: DMAS provider may choose ICD-10 code F84.0 Autistic Disorder based on eligibility documentation and/or medical diagnosis.



Scenario 2: DMAS provider may choose another ICD-10 code associated with presenting challenging behaviors. For example:

- o **F93.8** Other childhood emotional disorders
- o **F93.9** Childhood emotional disorder, unspecified
- o **F98.8** Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
- o **F98.9** Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence

37

Explore ICD-10 Codes

Explore ICD-10 page

<https://www.icd10data.com/ICD10CM/Codes/F01-F99>

F99 - Conduct Disorder

F70 - Mild Intellectual Disability

F93 - Emotional Disorders with onset specific to childhood

F41 - Other Anxiety Disorders

Answer these questions

1. Is the code a billable/specific code? How do you know?
2. If it is a non-billable/non-specific code, what are the billable/specific codes that you found?
3. What did you learn about navigating the site?

38

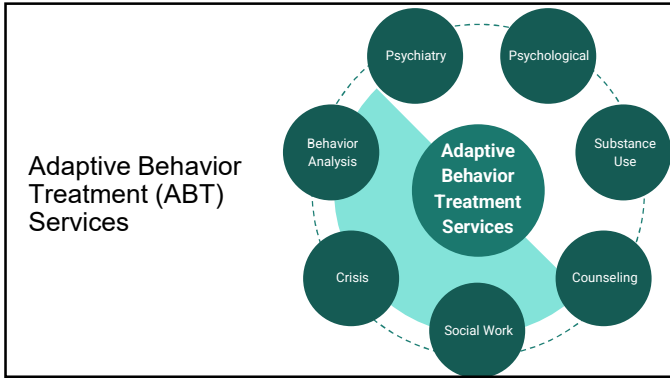
Services, Supervision & Monitoring

What are the expectations for BCBAs to support implementation of ABT?

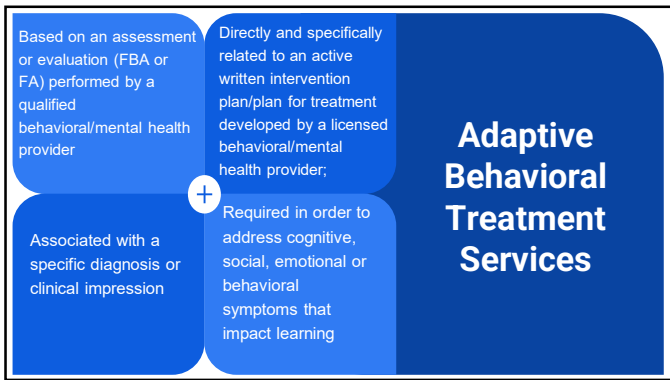
Chapter 4 of the DMAS Manual



39



40



41

Qualifying for Medicaid Reimbursement

- must be deemed “necessary” by a **licensed** provider in order to correct or improve an identified health condition
- In the school setting, such correction or improvement is often needed to ensure a student’s safety, attendance and/or academic performance at school.
- Included in Plan of Care

42

Unplanned Services- Behavioral Health Crisis Services

- Rendered by a **licensed** behavioral/mental health provider to a member student experiencing acute behavioral health symptoms requiring immediate attention
- De-escalation
- Crisis Management
- Services to stabilize the individual

43

Service Title and CPT Codes	Adaptive Behavior Treatment by Protocol	97154
	Adaptive Behavior Treatment with Protocol Modification	97155
	ABT Guidance to Teacher or other Caregiver	97156
	Group ABT by Protocol	97153
	Group ABT with Protocol Modification	97158

44

DMAS Manual Service Description: Adaptive Behavior Treatment by Protocol

- Administered by an LBA or LABA OR
- An unlicensed person
 - performs the service according to a written protocol
 - Protocol aligns with Plan of Care
- The licensed professional providing supervision must have developed the protocol or approved the written protocol
- LBA/LABA may or may not be on site during the treatment



CPT Code: Adaptive Behavior Treatment by Protocol

45

Sample activities: ABT by Protocol

- Implementation of a Behavior Intervention Plan
- Implementation of other adaptive behavior protocols
 - Functional Communication Training
 - Early Learner behaviors (scanning, visual discrimination, choice making, etc.)
 - Task Analysis
 - Implementation of token board
- Must align with goals identified in the plan of care
- Written protocol is separate document from the POC

CPT Code: Adaptive Behavior Treatment by Protocol

46

DMAS Manual Service Description: ABT with Protocol Modification

- Administered by LBA or LABA face-to-face with the student
- Must align with plan of care
- May include direction, coaching & modeling for an unlicensed professional to implement the protocol changes
 - The student may or may not be present for unlicensed training or modeling

CPT Code: ABT with Protocol Modification

47

Sample Activities: ABT with Protocol Modification

- Updates to behavior intervention plans
- Updating programmatic changes (DTT, task analyses, etc.)
- Other adaptive behavior program modifications
- Directing and providing feedback to other staff on the procedure

CPT Code: ABT with Protocol Modification

48

DMAS Manual Service Description: Adaptive Behavior Treatment Guidance to Teacher or Other Caregiver

- Student may or may not be present
- Scoring assessments, interpreting results, reviewing data
- Face to face interaction with teacher or other caregiver
- In class time coaching on procedures



CPT Code: ABT Guidance to Teacher or other Caregiver

49

Sample Activities: ABT Guidance to Teacher or Other Caregiver

- Student specific training on protocols relevant to the POC
 - Teachers and related service providers
 - IAs
 - Parents
- Examples include:
 - Components of the BIP
 - Procedures for reinforcing replacement behavior
 - Skill building to increase access to academics



CPT Code: ABT Guidance to Teacher or other Caregiver

50

DMAS Manual Service Description: Group adaptive behavior treatment by protocol

- Services provided in a group setting but based on individual POC and protocol
- There must be two or more students participating,
- Based on written protocol that align with the plan of care
- The activities must involve face-to-face interaction with the student,
- Maximum group size is 8.



CPT Code: Group ABT by Protocol

51

Sample Activities: Group ABT by Protocol

- Services provided in a group setting, but based on individual POC
- Indicates that the provider (licensed or unlicensed) is working with multiple students at the same time and providing individualized support
- Activities of Daily Living (cooking, transitioning, organization)
- Community Based Instruction



CPT Code: Group ABT by Protocol

52

Personal Care Assistance (PCA) Services

- A range of personal assistance activities provided directly by a person to an identified student or group of students that enable the student(s) to meet fundamental needs and complete day-to-day tasks in order to participate in school.
- Billing code available to all medicaid providers
- Assistance may be in the form of hands-on assistance or cueing so that the student may perform day-to-day self-care tasks as independently as possible.
- Existing Plans of Care written by other licensed professionals should and can remain with that professional

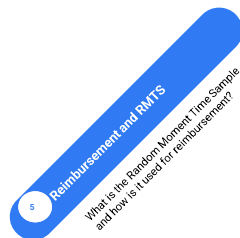


CPT Code: Personal Care Services

53

Reimbursement & RMTS

What are the reimbursement requirements for Medicaid? What is a Random Moment Time Study and how is it used for reimbursement?



54

Health Care Professionals working in Schools

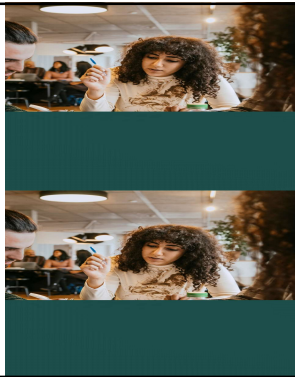
- As a provider working under the scope of your license, you are a health care provider, providing services in an education setting.
- Anytime that you are wearing your discipline's "hat" remember that you are bringing your skills, training, experience and scope of license to the work that you are doing, including:
 - Direct services with student(s)
 - Preparation/planning for services and paperwork/follow-up activities related to services (report writing, documentation, etc.)
 - Bringing your skills/training/license to contribute to a meeting, consultation, communication, coordination, training and other similar activities.
- When you are doing an activity that can be done by an unlicensed provider (lunch duty, bus duty, teaching, etc.), this is considered educational.
- It's important to keep your role as a health care professional in mind when responding to the RMTS.



55

Did you know?

- The Random Moment Time Study (RMTS) determines how much federal funding your school division is eligible to receive through the Medicaid and Schools program.
- Reimbursement is not based on "billing" for services.
- Reimbursement is based on how all the school-based staff across the state answer their "moments."
- RMTS is actually a statewide group project! The responses from each individual staff member impact reimbursement for your school division, and for all school divisions in the state!



56

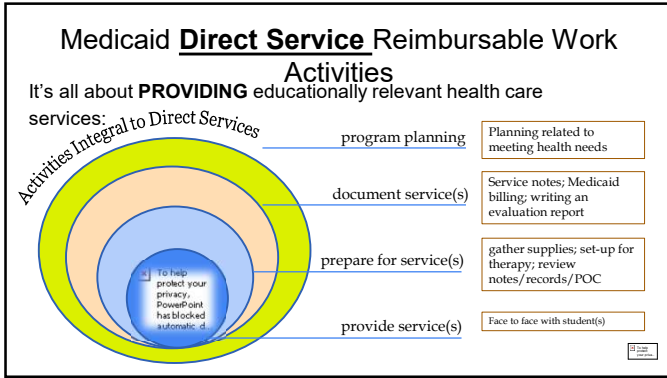
Health-Related work activities go far beyond time spent directly with students

Reimbursable work activities are generally categorized for Medicaid purposes into two categories:

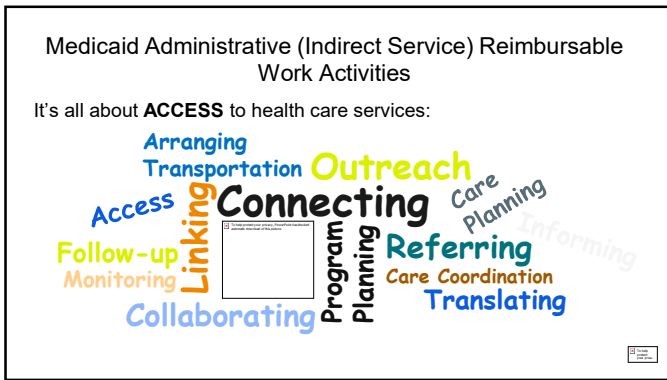
- Direct health care services, including all components that are integral to the delivery of services
- Medicaid "Administrative" activities



57



58



59

Since so much of your day is spent "wearing your licensed hat" and doing things that support student behavioral health, what does that look like when responding to a random moment?

60

Vignette 1: Assessing/evaluating a student

- Behavior analysts evaluate a student’s behavior in the school environment to assess whether the student is functioning at an age-appropriate developmental stage for various skills.
- As a Licensed Behavior Analyst, you are providing the evaluation service under your scope and standards of practice.
- These are skilled health-related services.



61

Vignette 1: Assessing/evaluating a student

- Q1: What type of activity were you doing?
- a) Working with student(s) regarding **EDUCATION / ACADEMICS** skills / issues / needs
- Q2: What, specifically, were you doing?
- a) TEACHING or tutoring an academic subject
 - b) COUNSELING services for EDUCATIONAL, ACADEMIC or SOCIAL needs (including course selection, schedule changes, career or college counseling, etc.)
 - c) ACADEMIC TESTING (includes proctoring AP exams, statewide testing, etc.)
 - d) Other choices...
- a) Working with student(s) regarding **HEALTH CARE** (e.g., PT, OT, SPL, Nursing, dental, vision, hearing, mental and/or behavioral health)
- Q2: What, specifically, were you doing?
- ➡ a) Providing **MENTAL or BEHAVIORAL HEALTH** Counseling Service / Intervention or **Evaluation** (includes adaptive behavior treatment and substance use disorder treatment)
 - ➡ b) Providing **CRISIS INTERVENTION** services for urgent HEALTH needs (for example: suicide risk or threat assessment, overdose, urgent behavioral or physical health interventions)
 - ➡ c) **OBSERVATION** of student(s) for the purpose of assessing HEALTH-related needs (PT, OT, SPL, psychological, etc.)
 - d) Other choices...



62

Vignette 1: Assessing/evaluating a student

- Q3: Was this activity pursuant to a student's IEP?
- a) Yes, my work activity was pursuant to a student's IEP
 - b) No, my work activity was not pursuant to a student's IEP
- Q4: Who were you working or interacting with?
- a) Student(s)
 - b) Student(s) and School Staff
 - c) Other choices...
- Q5: Why were you performing this activity?
- a) This was an INITIAL EVALUATION of a student to determine if mental/behavioral health-related services are needed, which I performed within the scope of practice allowed by my clinical license.
 - b) RE-EVALUATION FOR DETERMINATION TO CONTINUE IEP SERVICES OR DISCHARGE; and/or to adjust the plan of care or treatment plan, which I performed within the scope of practice allowed by my clinical license.
 - c) Other choices...



63

Vignette 2: Consultation with a teacher

- School behavioral health professionals collaborate and consult with other professionals in the school, such as teachers and administrators, to help support student behavioral health.
- When consulting with a teacher, it's important to clearly identify whether you are truly:
 - mentoring/modeling teaching practices to improve behavior (discipline) management of their classroom, or
 - Modeling behavior interventions for a teacher or behavior tech to ensure proper implementation of an intervention plan, or
 - Observing students in the classroom through the lens of your expertise and training for the purpose of identification of need for implementation of MTSS or other interventions or determine the need for further assessment or evaluation.




64

Vignette 2: Consultation with a teacher

Q1: What type of activity were you doing?

- a) Planning or participating in MEETING / CONVERSATION regarding SPECIFIC STUDENT(S), including phone and email conversations

Q2: What, specifically, were you doing?

- a) **EDUCATIONAL, ACADEMIC,** VOCATIONAL or SOCIAL services FOCUS: any other MEETING / COMMUNICATION / CONSULTATION regarding EDUCATIONAL OR ACADEMIC issues for a specific student (other than an IEP or Section 504 meeting)
-  b) **HEALTH-related** FOCUS: any other MEETING / COMMUNICATION / CONSULTATION regarding HEALTH / MEDICAL issues for a specific student (other than an IEP / IFSP or Section 504 meeting)
- c) None of the above (after selecting this response, a text box will open for you to type your answer)
- d) Other choices...



65


Vignette 2: Consultation with a teacher – clinical supervision/BIP oversight

If you're directly performing interventions with the student while modeling for the teacher/assistant/behavior tech, then the primary activity occurring is the delivery of a health care service.

Q1: What type of activity were you doing?

- a) Working with student(s) regarding **HEALTH CARE** (e.g., PT, OT, SPL, Nursing, dental, vision, hearing, mental and/or behavioral health)

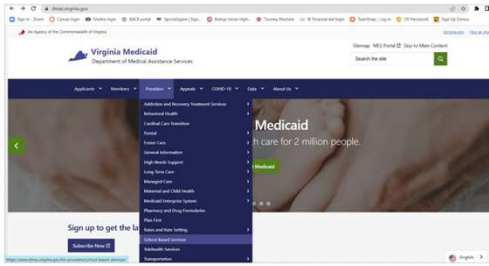
Q2: What, specifically, were you doing?

- a) Providing **AUDIOLOGY** service or evaluation
-  b) Providing **OCCUPATIONAL** or **PHYSICAL THERAPY** service or evaluation
- c) Providing **SPEECH-LANGUAGE THERAPY** service or evaluation
- d) **OBSERVATION** of student(s) for the purpose of assessing **HEALTH-related** needs (PT, OT, SPL, psychological, etc.)
- e) Other choices...



66

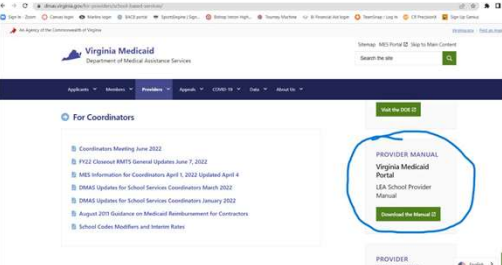
Additional Resources



<https://www.dmas.virginia.gov/for-providers/school-based-services/>

67

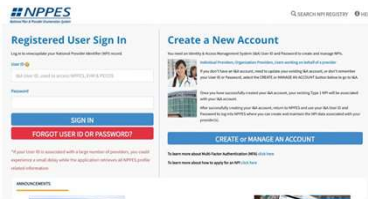
Additional Resources



68

Next Steps

- Contact your division's medicaid coordinator
- Get an NPI Number (required for registering in VA)
 - <https://nppes.cms.hhs.gov>



69

Thank you for your attention and participation
in this training.

For lingering questions, please contact

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