

As a result of the Medicaid State Plan amendment, it is now possible for Local Education Agencies (LEAs) to bill Medicaid for cost reimbursement when providing qualifying nursing services to students in schools who are Medicaid beneficiaries, regardless of status in the Exceptional Children’s Program. Therefore, a student will no longer require service documentation on an Individual Education Plan (IEP) for reimbursement to occur. Policy language states that medically necessary evaluations and treatments provided to a NC Medicaid-eligible beneficiary are covered when the service is documented on an IEP, Individual Family Service Plan, IHP, Behavior Intervention plan or 504 plan. Nursing services are covered when they are directly related to a written nursing plan of care (POC) and based on an order from a licensed provider.

However, Medicaid requirements for what is covered, how that is to be documented, and what must be retained is very prescriptive.

This LEA State Plan Amendment (SPA) is a carve out from standard Medicaid requirements. It is only applicable to costs incurred by the LEA in providing these services. Therefore, services provided by school nurses employed through other agencies may not be eligible. Health department and other agency programs should

contact the Division of Health Benefits to discuss their particular example.

Content

- **Background – Overview of general requirements**
- **Documentation and document requirement**
 - Evaluation for services (initial nursing assessment)
 - Plan of Care/Individual Healthcare Plan
 - Nursing service provided – Intervention
 - Progress Note – Evaluation
- **Summary Points and References**

These slides will provide an overview of the requirements as described in the related Medicaid Policy 10c, an introduction to the documents and documentation that must exist and retained for possible verification or audit, and suggestions for how to be a part of the local billing process. That general education process is currently under development through the Exceptional Children's Every Child Accountability & Tracking System (ECATS). As progress is made this deck will be updated.



There is no requirement to participate in Medicaid reimbursement billing for school nursing services. However, the NC General Assembly and the North Carolina State Board of Education monitor funding sources for school nursing services. Action was taken by legislators to authorize revision of the State Plan Amendment that allows these activities to be billable. It is expected that LEAs that are not taking advantage of the opportunity may be questioned regarding their decisions when all is underway.

First let's set the stage with some background information.

Why Bill for Services Provided?

Under the *Individuals with Disabilities Education Improvement Act (IDEIA)*, children with disabilities must have access to a free and appropriate public education regardless of disability.

Health-related services are provided at considerable cost to state and local school districts.

Opportunities exist to offset some of these costs through NC's Medicaid program.



These are points that are known by NC school nurses, but to date very few have been a part of the reimbursement process. For the most part, nursing services provided in NC public schools are currently being subsidized through education dollars. This is because school nurses work in an education environment and are generally part of a school or district budget – an education budget, the funds for which come from local and state tax dollars. Nursing services are necessary in schools to allow students with special health care needs and disabilities to attend and to be well enough to access the educational process. This ability is protected under federal law, IDEIA. School nurses serve the entire school population (comprehensive service delivery) and as a result represent ‘free health care’ in the school setting since most insurers do not cover these services for their beneficiaries in schools. Medicaid is the exception within prescribed

parameters. Public charter schools are considered LEAs when serving children under the Exceptional Children's Program.

[NC LEA Medicaid Policy 10c](#)

Your Guide Related to Billable Services in Local Education Agencies (LEA)

It is important for those staff providing services under Medicaid to read the policy that covers those services. This slide links that policy. The language used in this presentation is from the policy. In reviewing you will find that much of the policy is directed to specific services provided by other providers – like Speech and Language therapists. You may skip those provisions but should read all the general directives and the nurse specific ones.

All Medicaid requirements and expectations are consistent with, and reflect, North Carolina nursing regulations.

Medicaid LEA Policy

NC Board of Nursing

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Medicaid requirements are VERY reflective of NC Board of Nursing regulations and of the nursing process. As a result, services must be provided in a manner that follows those requirements and the nursing process steps (components). This is the same for all service providers in schools under Medicaid (OT, PT, ST, etc.). The LEA Medicaid Policy directly reflects the regulations and practice expectations of the service provider. As a result, short cuts in nursing process and documentation cannot be taken. It may be necessary to evaluate your own practice and how well you reflect NC Board of Nursing requirements in the documents and evidence that support your work. Documentation must reflect that the steps of the nursing process are used and be available upon request. The absence of required components may result in a determination that services were not provided as required and denial of payment or return of fees paid.

Services provided to Medicaid beneficiaries and resulting documentation should be the same **for all** students since the requirements reflect current BON expectations for **all** nursing care. As a result it is not necessary to know that a student is a Medicaid beneficiary – all components needed should be present. The local school or district is already billing for other related service providers, so has a method in place for determining who is a Medicaid beneficiary.

Provider (Nurse) Eligibility Requirements

Licensed registered nurses (RN) or licensed practical nurses (LPN) under the supervision of a registered nurse. Nurses must be licensed to practice in the State of NC. Certain tasks may be delegated by the RN to unlicensed school personnel. Delegated staff are school or contracted staff such as teachers, teacher assistants, therapists, school administrators, administrative staff, cafeteria staff, or personal care aides.

Who is allowed to provide reimbursable nursing services is detailed in the policy. Delegation and the delegation process are supported by the LEA Medicaid policy – as a result eligible providers of nursing services include (Read the first slide paragraph).

Provider Oversight for Delegated Activities

The RN determines the degree of supervision and training required by the LPN and staff to whom duties have been assigned or delegated in accordance with North Carolina Board of Nursing regulations. When the RN is not present on school grounds they must remain available to provide indirect supervision and monitoring. The nurse should be immediately available by telecommunications and available to go to the school if needed. Nurses must be either employed by, or under contract with, the LEA.

The delegating RN must be available to staff at all times as part of supervision and monitoring.

Definitions

Terms that may be used for documentation that must be retained:

- **Evaluation** – this is the nursing assessment that is completed and supports the development of the POC/IHP.
- **Nursing Plan of Care (POC)** – must show evidence of the steps of the nursing process; may be the same as the IHP if it reflects the nursing process.
- **Intervention/Treatment/Contact Note** – documentation of the provision of each instance of care with the discussed components.
- **Progress Note** – periodic evaluation of care or summary of care provided with outcomes. Used also to update POC as condition changes

When you read the Medicaid policy you will see the use of some terms in a manner that are not always common to school nursing. This slide lists those terms (components) and the document and process piece to which they apply.

Other related services must do an evaluation for service eligibility to determine Medical Necessity. Nursing does not do that for reasons mentioned later in the presentation. An evaluation must be completed and documented to support the nursing plan of care and that evaluation is the nursing assessment.

The Nursing Plan of Care (POC) must demonstrate that the nursing process was followed in its development. A POC and an IHP may be the same document under certain circumstances, which we will discuss later.

Each time care is given there is a note written – it is called all of these terms in the policy – intervention, treatment, contact.

Student progress is regularly reviewed, and a progress note written with an update to the POC as needed. This is nursing evaluation.

Initial Evaluation = Nursing Assessment

Now we will move through each of those components just reviewed, with nursing assessment first – remember that the policy will often call this an evaluation, the student is being evaluated for needs for service.

Data Collected During a Nursing Assessment Informs the Plan of Care

NC Board of Nursing: “Assessment is an on-going process and shall consist of a determination of nursing care needs based upon collection and interpretation of data relevant to the health status of a client, group, or community.”

District nurses should have a consistent way to document and retain the assessment.

For nursing, medical necessity does not depend on the evaluation (assessment) for services.

As mentioned earlier, the Medicaid process is very reflective of NC BON requirements. Nurses complete assessments before providing care. Those assessments are defined by the BON (listed on the slide) and create the basis for the development of a plan. All nurses in your district should have a consistent mechanism for recording assessments and those should be retained and accessible (wherever nursing documentation is currently maintained).

Remember that the other service disciplines must do an evaluation (assessment) in order to establish medical necessity. That is not the case for nursing. Nursing does an assessment to develop a student based plan of care. Medical necessity is determined by the presence of a medical order for the included procedure(s).

Medical Necessity Criteria

- Medicaid accepts the medical necessity criteria for beginning, continuing, and terminating treatment as documented in an established plan of care when ordered by a physician, physician assistant, or nurse practitioner.
- Services must be within the scope of practice and comply with other licensure rules as outlined in the North Carolina Nurse Practice Act.
- A verbal or a written order must be obtained for services prior to the start of the services. Backdating is not allowed.

Medical provider orders for billable nursing services must be in place prior to giving service and constitute the evidence for medical necessity for nursing. Those services rendered must be within the nurses' scope of practice. Please be careful about beginning services without an order. If services must be given and a verbal or written order is not in place, then those services delivered before the order date will not be billable for reimbursement.

Nursing Plan of Care/Individual Health Care Plan

Next we will discuss the nursing plan of care and individual healthcare plan.

Plan of Care Requirements for Covered Nursing Services

Covered services are directly related to a written plan of care (POC) that includes a physician, physician assistant or nurse practitioner's written order(s).

Plan of care must be developed by a Registered Nurse.

The covered service(s) must be included on the student Individual Health Care Plan (IHP).

These may be the same document if all components of a POC are reflected in the IHP.

Services may include (examples):

bladder catheterizations, suctioning, medication administration & management (including observation for adverse reactions, response or lack of response, teaching the student about the medications), oxygen administration, tracheotomy & ventilator care, enteral feedings, vision & hearing screening services (as defined in policy), other treatments ordered by the physician, physician assistant or nurse practitioner & outlined in plan of care

On the left are the points related to the plan of care. On the right are examples of services that qualify.

Covered services appear on the nursing plan of care which must be developed by the RN. However, the Medicaid policy allows for the billing for those nursing services when they appear on the student's Individual Healthcare Plan (IHP), since an IHP is viewed to be the student's plan for nursing services in a school setting. There are many different ways that nurses are currently doing care planning and often IHPs are very brief 'short cut' documents. Those 'short cut' documents should not exist without a supporting nursing Plan of Care. If we were to pull an IHP and trace it back to development, there should exist a nursing Plan of Care from which it came. The nursing plan of care is the practice standard. Medicaid billing expects that the IHP is not a 'short cut' document but is rather a plan that reflects the standard practice components for nursing.

Therefore the school nurse has two options: Create a supporting nursing plan of care AND a more comprehensive IHP, both of which include the ordered services; OR, create one plan of care/individual healthcare plan document in recognition that a student's IHP is the nursing Plan of Care in the school setting and as such should reflect all care that is delivered to the student by all involved. This is going to be a change for some school nurses.

Nursing Plan of Care (POC) and IHP

A Plan of Care is based on the data and nursing judgment that comes from the nursing assessment.

Documents can be the same if all aspects of the POC are reflected on the IHP.

A template that meets these criteria is available.

When POC = IHP

- Language must be non-technical**
- All providers (RN, LPN, UAP) are included on one plan**

In deciding to create one health plan document the school nurse recognizes that a school is not a health care setting, and that all who are providing nursing services are on the same 'care team'. In an acute care setting there are not separate plans of care for different level providers of nursing services, everyone is on the same plan. In choosing to develop one plan for a student on which all are represented, the language used must fit the education setting and be non-technical.

- (7) The "practice of nursing by a registered nurse" consists of the following 10 components:
- a. Assessing the patient's physical and mental health, including the patient's reaction to illnesses and treatment regimens.
 - b. Recording and reporting the results of the nursing assessment.
 - c. Planning, initiating, delivering, and evaluating appropriate nursing acts.
 - d. Teaching, assigning, delegating to or supervising other personnel in implementing the treatment regimen.
 - e. Collaborating with other health care providers in determining the appropriate health care for a patient but, subject to the provisions of G.S. 90-18.2, not prescribing a medical treatment regimen or making a medical diagnosis, except under supervision of a licensed physician.
 - f. Implementing the treatment and pharmaceutical regimen prescribed by any person authorized by State law to prescribe the regimen.
 - g. Providing teaching and counseling about the patient's health.
 - h. Reporting and recording the plan for care, nursing care given, and the patient's response to that care.
 - i. Supervising, teaching, and evaluating those who perform or are preparing to perform nursing functions and administering nursing programs and nursing services.
 - j. Providing for the maintenance of safe and effective nursing care, whether rendered directly or indirectly.

§ 90-171.20. Definitions.

Some might ask if there is a problem with calling the Plan of Care an Individual Health Care Plan (when it meets the criteria for a plan of care) or with including all nursing service providers on it. This and the next slide present all NC Board of Nursing references to the Nursing Plan of Care. In nursing regulations there is never the term 'Nursing Care Plan', or any other title given to the plan. Other than describing the steps and components of a plan, there is no requirement regarding its appearance or format.

Planning nursing care activities includes identifying the client's needs and selecting or modifying nursing interventions related to the findings of the nursing assessment.

Components of planning shall include:

- (1) prioritizing nursing diagnoses and needs;
 - (2) setting realistic, measurable goals and outcome criteria;
 - (3) initiating or participating in multidisciplinary planning;
 - (4) **developing a plan of care** that includes determining and prioritizing nursing interventions; and
 - (5) identifying resources based on necessity and availability.
- (d) Implementation of nursing activities shall be the initiating and delivering of nursing care according to an **established plan**, which includes:
- (e) Evaluation shall consist of determining the extent to which desired outcomes of nursing care are met and planning for subsequent care, including:
- (3) **modifying the plan of care** based upon newly collected data, new problem identification, a change in the client's status, and expected outcomes.

21 NCAC 36 .0224 COMPONENTS OF NURSING PRACTICE FOR THE REGISTERED NURSE, REFERENCING PLAN OF CARE

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And more references. As you can see the title of a nursing Plan of Care is not important, it is the process and activities that it represents.

NC Plan of Care/Individual Health Care Plan Template

PLAN OF CARE/INDIVIDUALIZED HEALTHCARE PLAN

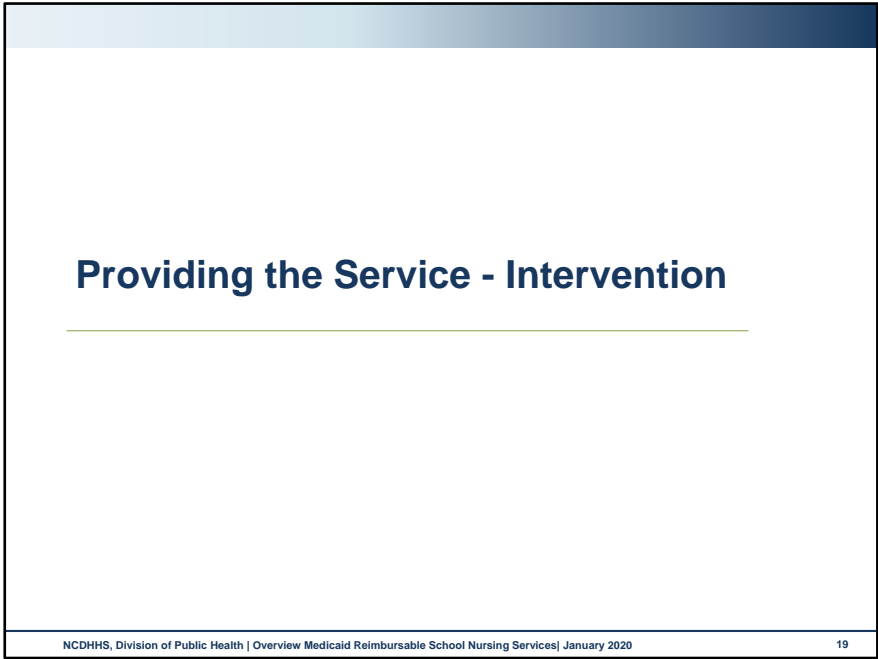
Student Name: _____ DOB: _____ Grade/School: _____ Date of IHP: _____
 Medical Diagnosis: _____ IHP created by: _____ Initials: _____
 Student Problem (Nursing Diagnosis): _____
 Student-Centered Goal (Long-term, SMART format): _____

| OUTCOMES (SMART format) | INTERVENTIONS | | EVALUATION (Date, Progress & Initials) |
|----------------------------|---------------|--------------------|---|
| | Intervention | Person Responsible | |
| | | | |

Name: _____ Initials: _____ Name: _____ Initials: _____
6/20 Adapted from Principles for Practice, National Association of School Nurses 2017

NC DPH/SHU 1

The consultant team has revised a template that has been available in the manual for this purpose. It is one document and can be used for a nursing Plan of Care that is also a student Individual Healthcare Plan, or one or the other. But in the interest of simplifying work a nursing Plan of Care can be the student IHP, if it reflects the criteria and components we have discussed.



Now lets move to requirements related to providing the nursing service – intervention.

Service Provision

Covered services may be provided by any qualified provider consistent with the NC BON delegation process.

We have already mentioned this point related to delegation – so the TA, the office secretary, other UAPs, a directed LPN, and an RN may all be service providers when operating according to scope of practice requirements and the delegation process.

| Definition (Requirements) of Covered Nursing Services (continued) | Training and oversight of delegated services by an RN, including: |
|--|--|
| <p>Collaboration with the student's primary physician regarding all medical/mental health-related medically necessary services that are outlined in the POC/IHP is expected.</p> | <ul style="list-style-type: none"> - assessing capabilities of personnel in relation to student status and plan of nursing care and providing adequate training - delegating responsibility or assigning nursing care functions to personnel qualified to assume such responsibility and to perform such functions - accountability for nursing care given by all personnel to whom that care is assigned and delegated - direct observation of students and evaluation of nursing care given - RN availability by phone or beeper if not on campus |

This slide lists the expectation of collaboration with the health care provider(s) who has ordered the planned procedures – that collaboration should be documented. Delegated services must include the training provided, determination of competence, and ongoing oversight, all of which must be documented. (Review points on slide). Documentation can be in the form of a checklist or any other format that is locally used.

Documenting Services

Each of these items may be requested for validation or during an audit.

The student name and Medicaid identification number.

A copy of the plan of care/individual healthcare plan.

A copy of the MD, PA, or NP's order for treatment services. Date signed must precede treatment dates.

Description of services (intervention and outcome/client response) performed and dates of service (documentation of services completed).

The duration of service (i.e., length of assessment and/or treatment session in minutes).

The signature of the person providing each service when documented.

These are the details in records and documentation that must be present and accessible if requested for verification. Review items on slide. The time that it takes to provide the service must be included in documentation.

Documenting Services (continued)

For medication administration under Nursing Services

- A flow sheet or equivalent documentation (medication administration record) must be used by the nurse or delegated individual.
- The documentation must show the nurse/delegated individual's full name and title.
- The date and time administered as well as nurse/individual's initials and title must be written after each medication given.
- A narrative note summarizing the medication administered must be completed at least weekly by the RN with input from the delegated person administering medication. This note should document results from the medication, side effects of medication and any other pertinent data

Medication administration and oversight is also reimbursable within the parameters on this slide. While the activities of giving the medication are commonly in place in schools as listed on the left, a weekly narrative on progress and effect is often not being written as described on the right, which must also be included.

Documenting Services (continued)

For delegated services there must be:

Documentation of training and validation of competency by the RN to the person who will be performing the procedure.

Documentation, at least monthly, that the RN monitors the care of the student to ensure that the procedure is being performed safely and effectively.

Skill competency documentation is often maintained on a checklist signed and dated by both the school nurse and the assistant.

And final documentation points for delegated services.

Documenting Services (continued)

Documentation

- Short and concise
- Clear to a reviewer to support the services billed
- Follow documentation standards for nursing care
- Use format standard for the district (electronic, paper, etc.)
- POC/IHP, is not documentation; It does not document the provision of these services
- Documentation of a periodic review of student progress is required – progress Note (Evaluation in the Nursing Process)

Schools are not an easy practice setting for full documentation, but that is the expectation for services that will be reimbursed under Medicaid. (Review these reminders regarding documentation).

Summary and References

As you can see – the ability to successfully bill Medicaid for reimbursement of nursing services is very dependent on how well BON regulations are followed and reflected in documents. We have covered that in relation to the nursing process. Now lets review some final points.

Treatment Services

Additional Information

Under Nursing Services, collaboration with the student's primary physician regarding all medical/mental health-related medically necessary services that are outlined in the nursing POC/IHP is encouraged. It is important that the student's primary physician be aware of the health-related services being received by the student in the school.

Time spent for preparation, processing of claims, documentation regarding billing or service provision, and/or travel, is not billable to N.C. Medicaid or to any other payment source, since it is a part of the treatment process which was considered in the determination of the rate per unit of service. Under Nursing Services, any medical services such as acute illness or injury and routine services rendered to all students, are not billable if they are not designated in the POC/IHP.

Evidence of collaboration with the primary physician has already been mentioned. The second paragraph also mentions different types of time spent accomplishing tasks that are not reimbursable. Note that only time spent in the delivery of services are considered for reimbursement. Also, only regular nursing services that are done through a provider's order are eligible. School nurses often provide other nursing services in support of the student needs, but those services do not meet the 'medical necessity' requirement for Medicaid reimbursement.

Reimbursement Sources

Nursing Fee for Services Code Unit of Service

- T 1002 (1 unit = 15 minutes)
for RN Services
- T 1003 (1 unit = 15 minutes)
for LPN services
- S 5125 (1 unit = 15 minutes)
for delegated staff
services

Cost Accounting

School agencies calculate the actual total costs incurred to deliver services. If the total allowable actual costs are greater than the interim payments made (fees for service already paid), there is an additional settlement reimbursed to the school district.

Medicaid Administrative Claiming

Reimburses LEAs for providing Medicaid administrative activities (MAC) which are not direct service but activities that are outreach and considered administrative in nature. All LEAs participate in MAC. The 'random moment' survey process is used in this state for MAC payment assessments.

The fee for service component of Medicaid reimbursement did not change. However, it is important to realize that fee for service is the smallest amount of funding that is returned and the codes are shown in the left hand column. Consider it a 'down payment' on the total amount to be reimbursed. There are two other funding streams (shown on the right) that come when participating in nursing services under Medicaid, and they do make a difference in district budgets. Those processes are done at the district level. If you do the 'random moment' survey process that process is related to one of these funding streams.

When all of these streams are combined for multiple service providers the funding is significant to the local budget.

How Does the Billing Process Happen?

Those charged with collecting service documentation and submitting required billing information use coding through NC Tracks (most often contracted third-party vendors.)

LEAs are currently billing for related services for other providers (PT, OT, ST) who are serving the Exceptional Children population.

Those services are billed in a manner established by the LEA, generally through a third-party biller contract handled by the local EC Director, or similar administrator.

Nursing services should be a related service that is added to this third party biller contract OR manner in which the LEA is currently billing.

The third-party biller will also have guidance and requirements that must be addressed.

The actual billing process is not usually left to the school nurse. Most districts contract with a third-party biller that pulls the service documentation and uses NC Tracks to enter. That third party biller should provide guidance on their requirements. The new Exceptional Children's Accountability and Tracking System (ECATS) includes a Service Documentation Module that currently allows for entry of services provided for children who participate in the Exceptional Children's Program. Depending on the local billing process, those may be the only children for which there is a system in place that allows nursing services to be billed for reimbursement at present. However, often there is an ability to bill for past services that have occurred since the implementation of the new State Plan Amendment. Therefore, it is wise to start now to handle services for all Medicaid beneficiaries in a consistent manner that complies with requirements in anticipation of that possibility. DPI is currently undertaking efforts to add general education students to the ECATS Service Documentation Module platform in some manner, but that may take a while. Your local district should provide guidance and ECATS training for school nurses, as they do for other related service staff.

Where do reimbursement funds go?

Reimbursement for cost of related services that are provided for children served in the Exceptional Children's Program (EC) are required to be returned to the local EC budget.

Reimbursement for cost of related services that are provided to general education students are returned to the general district or school budget.

It is locally determined how those funds are used.

When a successful program for reimbursement of nursing services is underway it would be wise to have a discussion locally about use of those returned funds and possible allocation to the local school health program needs.

Template Resources Available

There is no requirement to use these, but they meet the documentation needs discussed

- **Nursing Plan of Care/Individual Healthcare Plan**
- **Medication Documentation Record (MAR)**
- **Progress Note Template**

<https://ec.ncpublicschools.gov/finance-grants/medicaid-in-education/resources>

There is not a requirement to use templates that are available, however these are accessible if you would like to do so. Currently they are housed on the NC Exceptional Children's webpage link at the bottom of the current slide but will soon be located elsewhere also. They are also available from your Regional School Health Nurse Consultant.

References and Links

<https://medicaid.ncdhhs.gov/providers/medicaid-bulletins> Check monthly for bulletin policy updates

<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/specialized-therapies-clinical-coverage-policies> NC LEA Medicaid Policy 10c

<https://www.medicare.gov/medicaid/finance/admin-claiming/index.html>
<https://www.medicare.gov/medicaid/data-and-systems/hie/fee-for-service/index.html>

<https://medicaid.ncdhhs.gov/providers/claims-and-billing>

<https://ec.ncpublicschools.gov/ecats/service-documentation>
<http://bit.ly/MedicaidResources>

References are provided here that may be useful, in addition to the link to information on ECATS at DPI.

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Your regional consultant is available for questions and assistance.