According to the U.S. Census department, the U.S. has more than 14,000 public school districts and spends more than $500 billion on public education each year (combined spending of federal, state, and local governments).  

A 2010 American Community Survey Brief noted that of the 53.9 million school-aged children aged 5 – 17, about 2.8 million were reported to have a disability. For many of these children, the kinds of disabilities that they experience may require special approaches to providing education or other accommodations.

Maintaining compliant, regulatory documentation helps districts that claim Medicaid in Education serve these children and support the programs they need to thrive in school and beyond.

2. U.S. Census Bureau American Community Survey Brief, November 2011 by Matthew W. Brault

Compliance Starts with Understanding!  
Training & Communication are your best tools to send the message: 
“This is important – Let’s do it right!”

- Buy-in from school leaders fosters program importance and promotes compliance among staff  
- Knowledge is power – work with providers and supervisors to create policies and procedures and use them  
- Provide annual and new hire training  
- Post training materials and updates on the school website
What's the Most Common Area of Non-Compliance???

SUPERVISION

Consider: USO/UDO is an agreed upon professional relationship, between a licensed therapy professional, and authorized therapy assistants in the same field, that must be documented.

Supervision/Direction
- Experience and Training Levels
- Importance of Documentation
- Attestation, Observation, Discussion
- School and/or District Policy and Expectations

Start with good habits and follow a process!

Functions of a Supervisor

<table>
<thead>
<tr>
<th>Problem</th>
<th>Administrative</th>
<th>Educational</th>
<th>Supportive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement policy &amp; procedures, Meet requirements</td>
<td>Knowledge, attitude &amp; skills needed</td>
<td>Motivation, job satisfaction &amp; good morale</td>
<td></td>
</tr>
<tr>
<td>Goal</td>
<td>Ensure adherence to policy &amp; procedures, Requirements met</td>
<td>Increase knowledge and develop skills</td>
<td>Motivate, improve morale &amp; satisfaction</td>
</tr>
</tbody>
</table>
Preparation is Key!

✓ What you do at the beginning of the year sets the stage
✓ Monitor: Accountability and oversight during the year
✓ Self-review and correct at the end of the year

Know what’s required...

➢ Med in Ed Regulations
➢ State Guidance
  ▪ State Department of Health
  ▪ State Department of Education

Note: Some professions require direct, on-site, supervision

Supervisors are SUPER! Point out the Positive
Examples of Guidelines for Supervision/Direction

➢ Sees the student at the beginning of, and as needed, during treatment
➢ Is familiar with the treatment plan as recommended
   ➢ Has input as to the type of care given
   ➢ Stays involved during treatment and reviews service needs

Examples of Supervision/Direction Guidelines (continued)

➢ Assumes professional responsibility for the services provided and monitors continued need
➢ Spends time as necessary, directly supervising services to ensure safe, efficient practices, as per accepted standards
➢ Informs supervised providers of contact details to allow direct contact as needed
➢ Maintains documentation to support supervision of services and ongoing treatment involvement

Best Practices for Districts Be Proactive!

➢ Define job activities for the each supervisory role
➢ Create a “Supervision Manual” for each supervised service type
   • Speech, OT, PT, Social Work
   • Provide clear guidelines to follow
➢ Provide training to pertinent staff on expectations:
   • For new hires within 30 days
   • At the start of a new year
   • Be sure everyone knows what to do
Best Practices for Districts (continued)

➢ Create/use a document checklist for supervisors
➢ Encourage supervisors to use common forms
➢ Reserve time for supervisors to meet with assistants to discuss cases and complete supervision forms
➢ Know that it’s ok to create district deadlines for session note sign off – include in district policy

Best Practices for Districts (continued)

➢ Designate a collection point, and
➢ Know where supervisory documentation is kept
➢ Set a time to collect the documentation, i.e. monthly/quarterly
➢ Verify supporting documentation before submitting claims; must be complete and accurate
➢ Follow records retention guidelines

Reflections on Attitudes
Help staff come to "I can" when it comes to compliance

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced mentors/supervisors</td>
<td>Case load size</td>
</tr>
<tr>
<td>District support</td>
<td>Time constraints</td>
</tr>
<tr>
<td>Peer support</td>
<td>Staff shortages</td>
</tr>
<tr>
<td>Positive environment</td>
<td>Stressful environment</td>
</tr>
<tr>
<td>Culture of compliance and support from administration</td>
<td>Lack of communication from administration</td>
</tr>
<tr>
<td>Supervisors utilize professional &amp; local resources: • ASHA, AOTA, APTA • District &amp; colleagues</td>
<td>Staff may not feel supported Staff wonder why the Medicaid program is important to the school</td>
</tr>
</tbody>
</table>
Other Common Audit Findings of Non–Compliance

➢ No supporting documentation
➢ Student attendance does not support date of service provided
➢ Services claimed do not line up with what is on the IEP or medical order
➢ Unqualified providers

Get Back to the Basics

Sometimes document reviews find required elements are lacking, such as:
➢ Provider credentials
➢ Service orders or referrals
➢ Attendance records

A simple approach is to set up a spreadsheet at the beginning of the year. Do what you can up front:
➢ Include students with related services and a column for each requirement, plus attendance
➢ Create separate tabs to track providers license and NPI information

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Medicaid Id.</th>
<th>Medicaid Enroll.</th>
<th>1/25/2020</th>
<th>IEP</th>
<th>Service Name</th>
<th>N/N</th>
<th>Payer</th>
<th>Provider Name</th>
<th>NPI</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>123456789</td>
<td>Yes</td>
<td>2021-01</td>
<td>35</td>
<td>Speech Therapy</td>
<td>Yes</td>
<td>John Smith</td>
<td>Yes</td>
<td>John Doe</td>
<td>District Park</td>
</tr>
<tr>
<td>Jane Smith</td>
<td>987654321</td>
<td>Yes</td>
<td>2021-02</td>
<td>45</td>
<td>Occupational Therapy</td>
<td>Yes</td>
<td>Jane Jones</td>
<td>Yes</td>
<td>Jane Jones</td>
<td>Another Location</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Medicaid Id.</th>
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<th>N/N</th>
<th>Payer</th>
<th>Provider Name</th>
<th>NPI</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex</td>
<td>111111111</td>
<td>Yes</td>
<td>2021-03</td>
<td>55</td>
<td>Physical Therapy</td>
<td>Yes</td>
<td>Alex Allen</td>
<td>Yes</td>
<td>Alex Allen</td>
<td>Another Location</td>
</tr>
<tr>
<td>across</td>
<td>222222222</td>
<td>Yes</td>
<td>2021-04</td>
<td>65</td>
<td>Intellectual Therapy</td>
<td>Yes</td>
<td>Jim Jones</td>
<td>Yes</td>
<td>Jim Jones</td>
<td>Another Location</td>
</tr>
</tbody>
</table>

Links between Interim Claims and Certified Public Expenditures

➢ Are providers associated with an interim claim captured on the cost report?
➢ Are you happy with your final settlement?
➢ What percentage of your costs are offset by interim claims?
Self-Audit to Strengthen Weak Areas

- Review supporting USO/UDO documentation from a specific date range every quarter
- Determine areas of need
- Work with struggling providers
- Encourage consistent documentation practices for all USO/UDO providers
- Improve documentation practices and give feedback
- Reduce risks with preparation!

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Senior Medicaid Consultant - Frontline Education
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800.766.1822 ext. 5025

Cindi Clarke
Monroe One BOCES/NYSED Medicaid in Education
cclarke@bocesmaars.org
585-349-9052
Name Changes: Legal Name Changes and Licensed Provider Name use for sign-off on referrals, session notes, evaluations, etc.

Practitioners should always use their name as it appears on their most recent, valid license/registration. If a practitioner’s name has legally changed, the provider should/must change their name with their State licensing authority within 30 days of any legal name change (e.g., marriage, divorce, etc.).

Go to the website of your State’s licensing authority to determine the process needed for name changes and follow the guidelines. In many cases, the name will be changed in the official database and will then display on the website for on-line license verifications. A new registration certificate displaying the new name may be mailed to the address on record.

Providers should be sure to update their NPI account name and Medicaid enrollment (as it applies).

NPI – National Provider Identifiers

3 Types of NPIs:
- Billing Provider NPI = School District/County
- O/R (Ordering/Referring) NPI = O/R Provider
- Attending NPI = Related Service Provider

All Billing, Ordering/Referring, and Attending NPIs must be reported on claims.

To improve electronic health care records transmission, provisions of the Health Insurance Portability and Accountability Act (HIPAA) mandate the adoption of standard unique identifiers for health care providers. The Centers for Medicare & Medicaid Services (CMS) developed the National Plan and Provider Enumeration System (NPPES) to assign the identifiers. Providers must have an NPI before enrolling in the Medicaid Program.

Go to NPPES at: https://nppes.cms.hhs.gov/#/ to apply. See the Registered User Sign in and Create a New Account sections. To create a new account and manage NPIs, you need an Identity & Access Management System (I&A) User ID and Password. Be sure to keep track of your User Name and Password, as you may need to access this site at a later date to update name or address changes.

The NPI belongs to the provider.

Medicaid Provider Enrollment

All Ordering/Referring Providers must be enrolled in the Medicaid program.

In April 2012, CMS published a final rule titled "Medicare and Medicaid Programs; Changes in Provider and Supplier Enrollment, Ordering and Referring, and Documentation Requirements; and Changes in Provider Agreements" (CMS-6010-F) in the Federal Register. This rule finalized several provisions of the Affordable Care Act.

The rule says that each State Medicaid Agency must require all Ordering/Referring Providers, including Physicians, Nurse Practitioners, Physician Assistants, and Speech-Language Pathologists, to be enrolled as participating Medicaid providers, under the State plan.

Go to the website of your State Medicaid Agency to find enrollment information.

State Medicaid Agencies must verify that the provider holds an appropriate license & meets State and Federal requirements for their provider type, check NPIs, and verify that providers have not been excluded from participating in the program by checking the list of Excluded Individuals and Entities.
Basic Outline for Medicaid Service Provider Manual

School District Procedures to Ensure Compliance with State and Federal Medicaid in Education
(Based on program requirements and school policy and procedure)

Table of Contents:

- Individual Education Plan – Individuals with Disabilities Education Act, IDEA
- Confidentiality
  - Review Health Insurance Portability and Accountability Act, HIPAA
  - Review Family Educational Rights and Privacy Act, FERPA
- Provider Credentials
  - Must be qualified as per State plan, NPI, and Medicaid enrollment regs.
  - List regulations.
  - All licenses/registrations/certifications must be current and up to date.
- Professional Office/NPI/Medicaid Enrollment
  - Providers must update legal name changes within 30 days.
  - All signatures should match provider’s legal name.
  - Licensed providers must have a valid National Provider Identifier, NPI.
    - Go to https://NPPES.cms.hhs.gov/
  - Ordering/Referring providers must be enrolled in the Medicaid program.
    - Give link to State provider enrollment process
- Orders/Referrals
  - List requirements and elements of Orders/Referrals per State plan.
  - Note if services must be “medically necessary”.
- Session Notes
  - List requirements and elements of Session Notes per State plan.
  - Provide an overview of Service Delivery documentation expectations.
  - If using an electronic system, provide training documentation how to here.
- Evaluations
  - List requirements for Evaluations, if claimable
- Quarterly Progress Reports
  - Even though Quarterly Progress Notes are not a Medicaid requirement, they are required per IDEA guidelines and must be maintained and available
- UDO/USO
  - List definitions, requirements and Medicaid claiming regulations per State plan.
  - Include credential requirements of supervisor and supervisee.
  - To address differences, consider creating a separate UDO/USO guide for each therapy type.
  - Specify a schedule for observations, note sign off and documentation collection.
  - Include samples of documentation forms for UDO/USO.
  - Statement of Certification & Accessibility
  - Student IEP review, Initial Observation, Periodic Observations
  - Contact Log
  - Specify a collection point, and deadlines, for documentation.
Therapy: Under the Supervision/Direction of – Special Education Related Service Model and the Medicaid in Education Program

Start by going to your:
- State Department of Education
- State Department of Health

- Is UDO/USO claimable?
- What are the Med in Ed regulations?
- Seek pathways to compliance!

Regulations Vary by State – look for Supervision in the Professional Office guidelines

<table>
<thead>
<tr>
<th>General Supervision Guidelines</th>
<th>Supervisors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Review the student’s IEP and other pertinent documentation</td>
<td>- Ensure services are given in a safe, effective, manner in accordance with accepted standards of practice</td>
</tr>
<tr>
<td>- See the student at the beginning of treatment (have an initial observation)</td>
<td>- Guide in the maintenance of educational and treatment records</td>
</tr>
<tr>
<td>- Maintain a supervision plan that specifies the names and credentials of those involved in the supervisory process</td>
<td>- Share ethical, regulatory, and reimbursement knowledge</td>
</tr>
<tr>
<td>- Know and reference the ability and experience of the assistant</td>
<td>- Model professional conduct</td>
</tr>
<tr>
<td>- Have input into the care provided and be available for consultations</td>
<td>- Have the ultimate responsibility for the service &amp; resulting claim</td>
</tr>
<tr>
<td>- Document supervisory contact and methods</td>
<td>Time should be allotted for the supervisor to:</td>
</tr>
<tr>
<td>- Note the nature of the contact, i.e. records review, treatment or condition consultations and discussions</td>
<td>- Conference &amp; meet with the assistant</td>
</tr>
<tr>
<td>- Regularly review student session notes (and progress notes, an IDEA requirement)</td>
<td>- Document supervision (on standardized forms)</td>
</tr>
<tr>
<td>- Determine the need to continue and/or modify treatment</td>
<td>- Review &amp; co-sign service documentation</td>
</tr>
<tr>
<td>- Co-sign and date each service session note</td>
<td></td>
</tr>
<tr>
<td>- Send original copies of supervision documents to district Medicaid department as required</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documentation Records – Did You Know?</th>
<th>Set the Stage for Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>- In addition to serving as a basis for documentation of care rendered to students, clinical records provide evidence of the organization’s implementation of policies and procedures as they correspond to special education related service delivery.</td>
<td>- Schedule times for supervision sessions; even a few minutes of focused time can be worthwhile</td>
</tr>
<tr>
<td>- All entries in the clinical record must be signed, dated, legible, and applicable to current treatment.</td>
<td>- Protect the time and space when possible, try to ensure there will be no interruptions and that there is privacy</td>
</tr>
<tr>
<td>- Documentation written by employees providing services, under contract, must meet the documentation standards of the organization.</td>
<td>- Ensure that there is confidentiality; work in a place where the supervision cannot be overheard, and share identifiable personal details of students only to those who really need to know</td>
</tr>
</tbody>
</table>

Find out which services are covered in your State’s Medicaid in Education plan and if any allow USO/UDO service provision
Make a list of USO/UDO directives that each therapy type needs to follow
Include district directives related to documentation & compliance

Supervision: General * Direct * Indirect

General: Therapist not required on-site, but available
Direct: Therapist is physically present, or within an immediate distance of, the session, on-site
Indirect: Phone calls, written notes
- Specific requirements vary by individual State practice act.

Check your State’s practice act!
CERTIFICATION OF UNDER THE DIRECTION/SUPERVISION AND ACCESSIBILITY

Medicaid “Under the Direction of”  
OR  
“Under the Supervision of” Services  

School Year: 20__ - 20__  OR  Extended School Year (Summer) 20__

I, ______________________, (Your State) Licensed and Registered ____________________, current license number ____________, and NPI number ______________, certify that I am providing "Under the Direction" services to the following Related Service Providers in accordance with all appropriate regulations and guideline;

<table>
<thead>
<tr>
<th>Name of Supervisee(s)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

I further certify that accessibility with these provider(s) will be maintained in the following manner in accordance with all appropriate regulations and guidelines:

Add any specific notes pertaining to the therapy here.

<table>
<thead>
<tr>
<th>CM = Conference/Meeting</th>
<th>DR = Documentation Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>EM = eMail</td>
<td>FX = Fax</td>
</tr>
<tr>
<td>TA = Therapy/Attendance Overview</td>
<td>TC = Telephone Call</td>
</tr>
<tr>
<td>TX = Texting</td>
<td>SV = Site Visit</td>
</tr>
</tbody>
</table>

_____________________________________________  __________________
Signature of Licensed Provider                 Date

UDO/USO Form 1 of 3
ACKNOWLEDGEMENT OF IEP RESPONSIBILITIES
Medicaid “Under the Direction of” OR “Under the Supervision of” Services

School Year:  20___ - 20___ OR Extended School Year (Summer) 20___

Student Name ___________________________ Date of Birth ____________

School/District/Building ____________________________

Supervisee/Assistant Name ____________________________

Supervisor/Licensed Provider Name ____________________________

“Under the Direction/Supervision of” Activity

A) IEP Review

- CSE approval of recommended service (meeting date) ____________
- Review of IEP goals/objectives ____________
- Evaluation Review ____________
- Initial Observation (prior to treatment) ESY: ____________
  Observation 1: ____________
  Observation 2: ____________
- Services are medically appropriate ____________
- Services are scheduled per IEP ____________

B) Periodic Reviews/Observations

- Diagnostic Evaluation Review ____________
- Reevaluation Report Review ____________
- Annual Review Report Review ____________

C) Quarterly Observation – Direct Quarter 1: ____________
(Speech) Quarter 2: ____________
  Quarter 3: ____________
  Quarter 4: ____________

Supervisor/Supervisee Meetings - (notes must be on file)

Q1 _________
Q2 _________
Q3 _________
Q4 _________

Licensed Provider Signature ___________________________ Date ____________ (?state) License # _________ NPI # _________
**CONTACT DOCUMENTATION LOG**
(Attach additional sheets as needed)

Medicaid “Under the Direction of” OR “Under the Supervision of” Services

School Year: 20___ - 20___ OR Extended School Year (Summer) 20___

____________________ is receiving “Under the Direction of” services from

____________________, license # __________, NPI #____________ as indicated.

**Student Name __________________________ Service/Therapy____________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Contact</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Session Note Review Checkoff:


Signature of Licensed Provider __________________________ Date __________________

**Type of Contact Key:**
CM = Conference/Meeting
DR = Documentation Review
EM = eMail
FX = Fax

TA = Therapy or Attendance Overview
TC = Telephone Call
TX = Text
SV = Site Visit

UDO/USO Form 3 of 3