Created: 10/15/2025 Revised: MM/DD/YYYY



ForwardHealth has developed this Frequently Asked Questions document to capture submitted questions about school-based services (SBS) expansion and share answers. This document will be revised with new information as it is available. Additionally, more information will be communicated in future ForwardHealth Updates.

Topic Category Guide

Eligibility, Services, and Documentation
Billing and Cost Settlement
Communications

Eligibility, Services, and Documentation

Date: 10/15/2025

Question: What is changing about the SBS program?

Answer: Prior to this expansion of Medicaid SBS, Wisconsin schools could seek reimbursement only for services provided to Medicaid-enrolled students with Individualized Education Programs (IEPs). Starting August 11, 2025, Medicaid-enrolled students will no longer need to have an IEP to receive SBS. Any care plan (for example, 504 plans, Individualized Family Services Plan, behavioral health plans, mental health plan, or other plans that establish medical necessity) will qualify. This Medicaid expansion will allow more students to access care at their school, and schools will receive the funds necessary to provide those services.

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Question: Who is eligible for SBS under the new policy?

Answer: Any student who:

Is enrolled in Wisconsin Medicaid.Needs a service covered by Medicaid.

Has a documented care plan.

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Question: Does a service have to be tied to an educational need in order to bill Medicaid?

Answer: No, as long as the service is covered by Medicaid, medically necessary, and has a written plan, the service can be covered. For some services, there are additional existing Department of Public Instruction (DPI)

licensure requirements and policy that Local Education Agencies (LEAs) still need to follow.

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Question: Can schools still use an IEP as SBS documentation?

Answer: Yes.

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Question: Will providers need to submit new documentation?

Answer: If a child has an IEP, no new documentation is required. For services outside of the IEP, providers can use any other care plan (e.g., 504 plans, Individualized Family Services Plan, behavioral health plans, mental health plan, or other plans) to establish medical necessity.

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Question: What services will be available under the expansion?

Answer: In addition to existing SBS offerings, new services will be available, including:

- Expanded personal and attendant care.
- Expanded nursing and medical services.
- Coaching for occupational therapy (OT), physical therapy (PT), and speech and language pathology (SLP) services.
- Broader mental health and behavioral services, including potential coverage for marriage and family therapy (MFT), and substance use disorder (SUD) treatment.
- Physician services (e.g., treatment, medication management).
- Preventive dental services, such as fluoride treatments and sealants.

For more information on covered services and associated requirements, refer to the <u>School-Based Services</u> service area of the ForwardHealth Online Handbook.

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Question: What are the documentation requirements needed to prove medical necessity?

Answer: When providing SBS to a Medicaid-enrolled student, providers must document details about the services in the student's plan (regardless of plan type) including:

- A statement or justification of medical need or a disability condition statement
- A list of services being provided
- Start date
- End date
- Description of scope
- Details about frequency
- Details about duration

There may be additional documentation requirements depending on the services provided.

Date: 10/15/2025

Question: Does an individual need to have a DPI license if providing Medicaid SBS in a school? **Answer:** Individuals providing direct services to students in Wisconsin public schools must follow DPI requirements for the content area for which they are providing services.

Date: 10/15/2025

Question: Are screenings covered under SBS?

Answer: Yes. Refer to the ForwardHealth Online Handbook Testing and Assessment Procedures topic #249, the Developmental Testing Services and Assessments topic #1466, and the A Comprehensive Overview topic #1479.

Date: 10/15/2025

Question: What is the policy for parental consent?

Answer: DPI's policy for parental consent is outlined <u>here</u>.

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Question: What are the licensure requirements for clinically trained mental health professionals?

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Answer: DPI's licensure requirements are outlined here.

Billing and Cost Settlement

Date: 10/15/2025

Question: When can schools start billing under the new rules?

Answer: August 11, 2025.

Date: 10/15/2025

Question: What is the process for referring and billing students without IEPs compared to the process for

referring and billing students with IEPs?

Answer: There is no difference in the billing process; there is only a difference in necessary documentation.

Date: 10/15/2025

Question: Will current billing procedures change as part of SBS expansion?

Answer: No, all current billing procedures are still in effect.

Date: 10/15/2025

Question: Who bills SBS?

Answer: Current SBS policy has not changed; LEAs incur the costs of SBS and are always the billing provider.

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Question: Does SBS cover the cost of community providers who come into schools (for example, OTs, PTs, SLPs,

dentists, mental health professionals not employed by or contracted with the LEA)?

Answer: Current SBS policy has not changed; community providers who practice in a school setting will bill for

their own services. SBS can only be billed by schools for costs incurred by the school.

Date: 10/15/2025

Question: Do all providers who render SBS have to be employed by or contracted with the LEA?

Answer: Yes. Current SBS policy has not changed.

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Question: Is case management a billable SBS?

Answer: Case management is not billable through SBS, but it could be covered under Medicaid Administrative Claiming (MAC). Refer to the ForwardHealth Online Handbook Medicaid Administrative Claiming/School-Based

Services Time Study topic #948 for more information.

Date: 10/15/2025

Question: Will the cost report and final settlement break down the amount of reimbursement for students with

IEPs and students without IEPs?

Answer: Yes. Refer to ForwardHealth Update 2025-22, "Claims Submission Information for Expanded School-

Based Services," for more information.

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Question: Is the TM (treatment plan) modifier still required on claims?

Answer: No, the TM modifier is no longer required; however, providers can still include modifiers on claims for SBS. Modifiers are used to identify the treatment outlined in the written treatment plan and/or the type of service that was performed. Note: Modifier 52 and "U" modifiers (for example, U1) are used to identify services for a specific reimbursement rate; providers are required to indicate those modifiers, as appropriate, in order to receive the correct reimbursement.

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Question: What modifiers are allowable on SBS claims?

Answer: All modifiers included in the Online Handbook Modifiers topic #1481 are allowed on SBS claims. Note:

Some modifiers are used to denote rate types (for example, individual versus group).

Communications

Date: 10/15/2025

Question: How is DPI involved?

Answer: DPI is a critical partner. They will help disseminate information to schools and update relevant guidance

and materials.

Date: 10/15/2025

Question: What communication materials are planned?

Answer: ForwardHealth Updates, DPI partner materials, FAQs, web content, and member-facing handouts will

be released in phases.

Date: 10/15/2025

Question: What will happen in the phases of the SBS expansion?

Answer: In Phase 1, effective for the 2025-2026 school year, ForwardHealth expanded SBS member eligibility, allowable provider types, and allowable services. Refer to ForwardHealth Update 2025-20, "School-Based

Services Expansion," for more information.

Phase 2, effective July 1, 2026, will focus on compliance with federal Centers for Medicare & Medicaid Services requirements. Phase 2 includes:

- Implementation of Random Moment in Time Study (RMTS) protocols.
- Updating specialized transportation services.
- Complying with a Corrective Action Plan requiring a Type 1 National Provider Identifier (NPI) on claims.

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Question: Who do I contact with additional questions?

Answer: Questions can be directed to your DHS or DPI liaison or submitted via the dedicated SBS email at

DHSDMSSBS@dhs.wisconsin.gov.