

To:

School-Based
Services
Providers

HMOs and Other
Managed Care
Programs

Covered nursing services provided under the school-based services benefit

This *Wisconsin Medicaid and BadgerCare Update* clarifies policy related to reimbursement for covered nursing services provided under the Wisconsin Medicaid school-based services (SBS) benefit.

Criteria for school-based nursing services reimbursement

For Wisconsin Medicaid to reimburse for nursing services under the school-based services (SBS) benefit, all of the following criteria must be met:

- The tasks reimbursed for covered nursing services must be specifically identified in the child's Individualized Education Program (IEP).
- Like all school-based services, nursing services identified in the IEP must have outcome-based goals. The goals must be detailed in either the IEP if there are student goals or in the Individualized Health Care Plan (IHP) if there are nursing goals. Goals for medication management must be identified as well (e.g., seizure medication to prevent and/or interrupt seizures).
- Services are required to be prescribed at least *annually* by a physician. Medication management is required to be prescribed annually by a licensed practitioner as defined in s. 118.29(1)(e), Wis. Stats.

- The child's IEP must identify each specific nursing service (e.g., medication management, suctioning, dressing changes, nebulization treatment, G-tube feeding). The IHP should identify the personnel, by name, who will perform the services.

Covered nursing services under the SBS benefit are described in s. HFS 107.36, Wis. Admin. Code, are included in Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update*.

Delegation of nursing services

Under Standards of Practice for Registered Nurses, ch. N 6.03, Wis. Admin. Code, only registered nurses may delegate services to medically unlicensed individuals. For delegated nursing services under the SBS benefit, the registered nurse responsible for delegating the services must agree to the delegation of the service and is responsible for supervision of the delegatee. The registered nurse who delegates these services is required to follow nursing protocols pursuant to ch. N 6, Wis. Admin. Code (such protocols include training, evaluation, and supervision). Refer to Attachment 1 for details.

Nursing tasks reimbursable for full-time health aides

A school or a prescribing physician may determine it necessary for a child to have a full-time aide; however, Wisconsin Medicaid will *not* reimburse for all the aide's time. Wisconsin Medicaid will reimburse SBS providers *only* for the times associated with performing *specific covered nursing tasks* (e.g., G-tube feeding, suctioning, medication management) identified in the IEP.

Time spent on educating and monitoring the child is not covered and will not be reimbursed even though a full-time aide may be required. Educational tasks include, but are not limited to, vocabulary development, reinforcement of classroom instruction, and rote learning skills (e.g., counting, name printing, coin labeling). Examples of monitoring include, but are not limited to, having an aide present *in case* the child has a seizure or behavior outburst. Only time spent performing *face-to-face covered nursing tasks* identified in the IEP can be reimbursed.

Required documentation for Medicaid reimbursement

Providers may use one of two methods, *time* or *task*, when documenting and submitting claims for covered nursing services. The time and task methods are also discussed in the September 1997 *Wisconsin Medicaid Update* (97-26), titled "SBS Billing Information." The examples for these methods are documented on two different SBS Activity Logs in Attachments 2 through 5. Attachments 2 and 4 are Optional SBS Activity Logs for Nursing/Therapy Medical Services and Attachments 3 and 5 are Optional SBS Activity Logs for Medication Administration. These activity logs can be used

in place of the activity log sent with the March 1998 *Update* (98-12), titled "Changes to the SBS Insurance Liability Requirement" or the activity log in the School-Based Services Handbook. Wisconsin Medicaid recommends providers use the optional activity logs; however, use of these forms is voluntary and providers may develop their own activity logs as long as they include all the information in the attachments.

Refer to Attachment 6 for blank versions of the Optional SBS Activity Log for Medication Administration and Optional SBS Activity Log for Nursing/Therapy Medical Services which can be photocopied.

Time method

There are two different ways to document using the time method. The provider of services can use either method or a combination of the *time* methods. Below are descriptions of each method.

- The provider of services can document the *specific times of the day* associated with the tasks (e.g., 8 a.m. - 8:30 a.m. — G-tube feeding). Refer to example ① in Attachments 2 and 3.
- The provider of services can record the number of *minutes* it took to provide the tasks (e.g., transfer onto toilet — 3 times = 30 minutes total). Refer to example ② in Attachments 2 and 3.

The provider of services should reflect the total time of Medicaid reimbursable services, for both medication administration and nursing services rendered, on their billing sheets.

Providers may use one of two methods, *time* or *task*, when documenting and submitting claims for covered nursing services.

Task method

The second mode of documentation is the task method. The provider of services may choose to use this method based on task, not time. For this task method, the provider of services is required to document the number of times each nursing task is provided for each child on a specific day. Refer to the examples in Attachments 4 and 5. A nursing task (e.g., G-tube feeding, ostomy care) must be recorded in the child's record. The total number of times a specific task was performed is then multiplied by the unit found on the conversion chart (e.g., G-tube feeding = 2.0 units per task) included in Attachment 7. Document the total units, identifying the date of service. This conversion chart was previously issued in *Update 97-26*.

If a nursing service is performed but is not listed on the conversion chart (e.g., epi-pen auto injection), report the actual time and convert to units using the standard record keeping and billing method (10 minutes = 1.0 unit). If a new task becomes a recurring task and average times need to be established, write to:

Division of Health Care Financing
Medicaid SBS Policy Analyst
PO Box 309
Madison WI 53701-0309

Providers are required to document in writing and keep on file the date on which they began using the task method.

General documentation requirements

Providers are required to *document in writing and keep on file* the date on which they began using a new method or any time thereafter when they changed methods. Providers are then required to use the same method, whether time or task, for *all* Medicaid-eligible children.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

Documentation of nursing services must include the results or outcomes of services (i.e., whether or not the services were effective, the response, the method used if the initial method did not work). Results are required for all nursing services with the exception of successful transfers.

Nursing standards of practice for documentation

While not a specific additional Medicaid requirement, nurses are required to comply with nursing clinical practice standards for documentation. These documentation standards must be met whether the SBS provider of services is using the time or the task method to meet Medicaid's documentation requirements.

Under nursing clinical practice standards, clinical/visit notes give a clear, comprehensive picture of the patient's continual status, the care being provided, and the response to that care. The nurse is required to be specific about times in his or her charting, especially the exact time of sudden changes in the patient's condition (e.g., seizure), significant events (e.g., a fall), and nursing actions which include medication administration and other treatments (e.g., tube feedings).

While not a specific additional Medicaid requirement, nurses are required to comply with nursing clinical practice standards for documentation.

ATTACHMENT 1

Wisconsin Administrative Code citations

HFS 107.36(1)(e), Wis. Admin. Code **Department of Health and Family Services**

The following information from HFS 107.36(1)(e), Wis. Admin. Code, describes nursing services covered under Medicaid's school-based services (SBS) benefit:

Professional nursing services relevant to the recipient's medical needs are covered school-based services. These services include evaluation and management services, including screens and referrals for treatment of health needs; treatment; medication management; and explanations given of treatments, therapies and physical or mental conditions to family members or school district or CESA staff. The services shall be performed by a registered nurse licensed under s. 441.06, Stats., or a licensed practical nurse licensed under s. 441.10, Stats., or be delegated under nursing protocols pursuant to ch. N 6. The services shall be prescribed or referred by a physician or an advanced practice nurse as defined under s. N 8.02(1) with prescribing authority granted under s. 441.16(2), Stats., and shall be identified in the recipient's IEP or IFSP.

Ch. N 6.03(3), Wis. Admin. Code, Related to the Practice of Nursing **Department of Regulation and Licensing**

The registered nurse who delegates nursing services under the SBS benefit is required to meet the following nursing protocols from ch. N 6.03(3), Wis. Admin. Code.

In the supervision and direction of delegated nursing acts an R.N. shall:

1. Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised;
2. Provide direction and assistance to those supervised;
3. Observe and monitor the activities of those supervised; and,
4. Evaluate the effectiveness of acts performed under supervision.

ATTACHMENT 2
Optional School-Based Services Activity Log Sample
(Time method)

(A copy of an example "Optional School-Based Services Activity Log for Nursing/Therapy Medical Services" is located on the following page.)

**WISCONSIN MEDICAID
 OPTIONAL SCHOOL-BASED SERVICES ACTIVITY LOG
 NURSING/THERAPY MEDICAL SERVICES**

Time method

Name — Student (Last, First, MI) Student, Ima G.	Name — School Wisconsin Elementary
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	Date of Service (MM/DD/YY)	General Service Category	Unit of Service (Time or Units)	Group or Individual	Describe Specific Services Performed	Student's Response/Progress	Initials or Signature* (Of Person Who Performed Service)
①	10/12/01	nursing	10 a.m. - 10:15 a.m. (15 minutes)	Ind	Post-seizure observation	Alert and oriented x3	Ima Provider
②	10/14/01	nursing	3 times, 10 minutes each (30 minutes) Times between 11 a.m. and 3 p.m.	Ind	Transferring onto toilet	N/A	Ima Provider

*Initials Key	Signatures — Corresponding Staff	Date Signed (MM/DD/YY)

Therapy services only:

A. Does the recipient have insurance?
 Yes No
 (If yes, go to B. If no, stop.)

B. Is there an insurance exclusionary clause for all school-based services?
 Yes No
 (If yes, insurance liability does not apply. If no or do not know, go to C.)

C. Check the option selected:

Option 1: School assuming insurance liability. (Subtract the first occurring unit of occupational therapy [OT] [group or individual] and/or physical therapy [PT] [group or individual] during the calendar month from the monthly claim for services. Bill the remaining services to Wisconsin Medicaid. Do not indicate an "other insurance" disclaimer code in Element 9 of the CMS 1500 claim form.)

Option 2: School seeking insurance payment for OT (group or individual) and/or PT (group or individual). Schools must have parental permission for this option.

Option 3: School not seeking Medicaid payment for OT (group or individual) and/or PT (group or individual).

ATTACHMENT 3
Optional School-Based Services Activity Log Sample
(Time method)

(A copy of an example "Optional School-Based Services Activity Log for Medication Administration" is located on the following page.)

**WISCONSIN MEDICAID
OPTIONAL SCHOOL-BASED SERVICES ACTIVITY LOG
MEDICATION ADMINISTRATION**

Time method

Name — Student (Last, First, MI)
Student, Ima G.

Name — School
Wisconsin Elementary

Date of Service (MM/DD/YY)	Medication Name and Dose	Route	Time Administered (Time or Units)	Took Medication Without Difficulty? (Yes or No)	Notes (All Exceptions Must Be Noted)	Initials or Signature* (Of Person Who Administered Medication)
① 10/12/01	Sustacal, 250 ml., four times a day followed by a 50 cc H ₂ O flush	G-tube feeding	8 a.m. - 8:30 a.m. (30 minutes)	Yes	N/A	I.N.
② 10/13/01	Sustacal, 250 ml., followed by a 50 cc H ₂ O flush	G-tube feeding	2 times, 30 minutes each (60 minutes) 11 a.m. - 11:30 a.m. and 2 p.m. - 2:30 p.m.	Yes	N/A	I.N.

*Initials Key	Signatures — Corresponding Staff	Date Signed (MM/DD/YY)
I.N.	Ima Nurse	10/14/01

Under Standards of Practice for Registered Nurses, ch. N 6.03, Wis. Admin. Code, only registered nurses (RNs) may delegate services to medically unlicensed individuals. For delegated nursing services under the school-based services benefit, the RN responsible for delegating the services must agree to the delegation of the service and is responsible for supervision of the delegatee.

ATTACHMENT 4
Optional School-Based Services Activity Log Sample
(Task method)

(A copy of an example "Optional School-Based Services Activity Log for Nursing/Therapy Medical Services" is located on the following page.)

**WISCONSIN MEDICAID
 OPTIONAL SCHOOL-BASED SERVICES ACTIVITY LOG
 NURSING/THERAPY MEDICAL SERVICES**

Task method

Name — Student (Last, First, MI) Student, Ima G.			Name — School Wisconsin Elementary			
Date of Service (MM/DD/YY)	General Service Category	Unit of Service (Time or Units)	Group or Individual	Describe Specific Services Performed	Student's Response/Progress	Initials or Signature* (Of Person Who Performed Service)
10/12/01	nursing	3 times, 9 a.m., 12 p.m. and 3 p.m. (1.5 units) ¹	Ind	Eye drops instilled	Excessive redness	Ima Provider

*Initials Key	Signatures — Corresponding Staff	Date Signed (MM/DD/YY)

Therapy services only:

A. Does the recipient have insurance?
 Yes No
 (If yes, go to B. If no, stop.)

B. Is there an insurance exclusionary clause for all school-based services?
 Yes No
 (If yes, insurance liability does not apply. If no or do not know, go to C.)

C. Check the option selected:

Option 1: School assuming insurance liability. (Subtract the first occurring unit of occupational therapy [OT] [group or individual] and/or physical therapy [PT] [group or individual] during the calendar month from the monthly claim for services. Bill the remaining services to Wisconsin Medicaid. Do not indicate an "other insurance" disclaimer code in Element 9 of the CMS 1500 claim form.)

Option 2: School seeking insurance payment for OT (group or individual) and/or PT (group or individual). Schools must have parental permission for this option.

Option 3: School not seeking Medicaid payment for OT (group or individual) and/or PT (group or individual).

¹Specific times are included to meet requirements for Nursing Clinical Practice Standards.

ATTACHMENT 5
Optional School-Based Services Activity Log Sample
(Task method)

(A copy of an example "Optional School-Based Services Activity Log for Medication Administration" is located on the following page.)

**WISCONSIN MEDICAID
 OPTIONAL SCHOOL-BASED SERVICES ACTIVITY LOG
 MEDICATION ADMINISTRATION**

Task method

Name — Student (Last, First, MI)
 Student, Ima G.

Name — School
 Wisconsin Elementary

Date of Service (MM/DD/YY)	Medication Name and Dose	Route	Time Administered (Time or Units)	Took Medication Without Difficulty? (Yes or No)	Notes (All Exceptions Must Be Noted)	Initials or Signature* (Of Person Who Administered Medication)
① 10/12/01	Tegretol, 100 mg	Oral	8 a.m. and 2 p.m., 2 times (2 x .5 units = 1 unit) ¹	No	Difficulty swallowing, swallowed after several attempts both times.	I.N.
② 10/13/01	Tegretol, 100 mg	Oral	12 p.m. and 4 p.m., 2 times (2 x .5 units = 1 unit) ¹	Yes	N/A	I.N.

*Initials Key	Signatures — Corresponding Staff	Date Signed (MM/DD/YY)
I.N.	Ima Nurse	10/14/01

Under Standards of Practice for Registered Nurses, ch. N 6.03, Wis. Admin. Code, only registered nurses (RNs) may delegate services to medically unlicensed individuals. For delegated nursing services under the school-based services benefit, the RN responsible for delegating the services must agree to the delegation of the service and is responsible for supervision of the delegatee.

¹Specific times are included to meet requirements for Nursing Clinical Practice Standards.

ATTACHMENT 6

Optional School-Based Services Activity Logs

(Copies of the "Optional School-Based Services Activity Logs" are located on the following pages.)

**WISCONSIN MEDICAID
OPTIONAL SCHOOL-BASED SERVICES ACTIVITY LOG
NURSING / THERAPY MEDICAL SERVICES**

Name — Student (Last, First, MI)			Name — School			
Date of Service (MM/DD/YY)	General Service Category	Unit of Service (Time or Units)	Group or Individual	Describe Specific Services Performed	Student's Response/Progress	Initials or Signature* (Of Person Who Performed Service)

*Initials Key	Signatures — Corresponding Staff	Date Signed (MM/DD/YY)

Therapy services only:

A. Does the recipient have insurance?
 Yes No
 (If yes, go to B. If no, stop.)

B. Is there an insurance exclusionary clause for all school-based services?
 Yes No
 (If yes, insurance liability does not apply. If no or do not know, go to C.)

C. Check the option selected:
 Option 1: School assuming insurance liability. (Subtract the first occurring unit of occupational therapy [OT] [group or individual] and/or physical therapy [PT] [group or individual] during the calendar month from the monthly claim for services. Bill the remaining services to Wisconsin Medicaid. Do not indicate an "other insurance" disclaimer code in Element 9 of the CMS 1500 claim form.)
 Option 2: School seeking insurance payment for OT (group or individual) and/or PT (group or individual). Schools must have parental permission for this option.
 Option 3: School not seeking Medicaid payment for OT (group or individual) and/or PT (group or individual).

ATTACHMENT 7

Conversion chart for Medicaid reimbursement

(This conversion chart was previously issued in January 1998 and has been modified.)

W6068 Individualized Education Program (IEP) nursing services: Care and treatment	
Medications	Standardized average nursing service units billable to Wisconsin Medicaid
G-tube medication	0.5 units per medication
Oral medication	0.5 units per medication
Injectable medication	1.0 units per medication
Eye drops	0.5 units per medication
Intravenous medications	2.0 units per task
Topical medications	0.5 units per task
Rectal medications	1.0 units per task
Other nursing tasks	
G-tube feeding	2.0 units per task
Venting G-tube	0.5 units per task
Intermittent catheterization	2.0 units per task
Tracheotomy care	1.0 units per task
Ostomy care	1.0 units per task
Hand-held nebulization	0.5 units per task
Aerosol machine nebulization	2.0 units per task
Blood glucose	1.0 units per task
Suctioning	1.0 units per task
Continuous oxygen	1.0 units per task
Dressing changes	1.0 units per task
Chest physiotherapy	3.0 units per task
Vital signs	1.0 units per task
Vital signs assessment*	1.0 units per task
Registered nurse-acute problem assessment*	2.0 units per task
PRN oxygen	1.0 units per task
W6069 Nursing services: Face-to-face, IEP-team assessment, and IEP plan development	
Face-to-face, IEP-team assessment, and IEP plan development	Standardized average nursing service units billable to Wisconsin Medicaid
Initial IEP-team assessment*	18 units per task
Re-evaluation for IEP-team*	12 units per task
Nursing developmental testing and Assessment*	6 units per task
IEP plan development/IEP-team-related activities*	6 units per task

* These tasks can only be performed by a qualified nurse and cannot be delegated.