

Utah Medicaid Guidance: Distance Education Q&A for COVID-19 Emergency

During the school dismissal and distance education, can districts or LEAs still bill if they cannot guarantee the students are meeting the 180 or 90 minute combined daily service requirements outlined in the IEP?

As long as the student has a qualifying IEP and has received a Medicaid covered service during the billing month, the students are still eligible to be billed for.

During the school dismissal and distance education, can districts or LEAs still bill if they do not meet the services and minutes outlined in the IEP?

It is understood that during distance education, it may not be possible to render all the services at the levels outlined in the student's IEP. As long as the student has received a Medicaid covered service during the billing month, the students are still eligible to be billed for.

Can districts or LEAs bill for services if a provider is preparing packets for services to be worked on at home by the student and a parent?

The districts cannot bill for services unless they are actually being rendered or directly supervised by qualified providers, as defined in the School Based Medicaid Provider Manual.

What expectations are there for documentation of services during distance education?

All service documentation standards remain the same.

Can districts or LEAs still bill T1018 for dates of attendance in the month when daily attendance records are not being kept?

During this particular COVID-19 situation, districts and LEAs may still bill for every scheduled school day, based on the district calendar, as long as an eligible service was rendered and documented during the billing month.

If school dismissal continues and as a result billing is delayed, will there be any leniency to the expectation that a claim be submitted within 1 year of the date of service?

While the State understands that the current situation may cause delays in billing, the expectation is that districts continue to make every effort to submit claims in a timely fashion. If the need arises, the State will review each instance on a case-by-case basis to determine if leniency of timely filing is possible.

Can the school districts utilize Telehealth to address the health-related service needs of their students?

Telehealth is an appropriate way for districts to render billable services to students.

What types of services can be delivered through Telehealth?

Any covered Medicaid related service that is clinically appropriate, that does not require hands-on care, examination, testing or interaction with the Medicaid student, and can be reasonably accommodated, may be provided through Telehealth. The districts will have to determine how services can most appropriately be delivered. As an example, speech language pathology services would likely be a good fit for Telehealth, whereas services like personal care or itinerate nursing requiring more hands-on care, would not be as appropriate.

Are either the district providers or Medicaid students required to have special equipment or computer applications to participate in Telehealth?

It depends. Our previous general definition of Telehealth typically involved videoconferencing equipment in a clinician's office and another remote site that was usually another school, clinic or medical office. Based on rapidly evolving guidance from Centers for Medicare and Medicaid Services (CMS) and the federal Department of Health and Human Services (HHS), at this time, we are including a broader concept of Telehealth services to include a Medicaid provider or student's home or other community settings.

Depending on the type of service provided, more traditional Telehealth equipment may still be utilized, but for other services, use of more routine telephonic/video chat software may be utilized.

For guidance on Telehealth, refer to the Utah Medicaid Provider Manual Section 1, 8 – 4.2 for general Telehealth guidance. Also, please refer to the COVID-19 Telehealth Guidance document for accommodations that can be made during this current COVID-19 situation.