

Medicaid and Schools

for

School Counselors, School Psychologists, & School Social Workers

October 2023

Behavioral & Mental Health Providers

Agenda

- Current Challenges & Concerns
- Brief History of Medicaid and Schools
- Benefits of Reimbursements/Making Claims
- RMTS
- The Process
- Tips & Resources

Goals

- Increase knowledge on Medicaid and Schools
- Encourage participation from more School Based Mental Health professionals
- Have fun learning and growing together!

What are some of the challenges and concerns relating to Medicaid and Schools?

- Provider-to-Provider Training
- Background information relating to the Medicaid and Schools program
- How the Medicaid and Schools programs works
- Laws & Regulations related to all Medicaid qualified mental/behavioral health providers
- Education Laws & Regulations regarding mental and behavioral health
- Scope of Practice for all qualified (school-based) mental and behavioral health providers
- Responding to a RMTS moment
- Personal Care Services for mental and behavioral health providers
- Supervision
- Documentation, including clinical impressions and Medicaid requirement of a “diagnosis”
- Choosing CPT codes for interim claiming

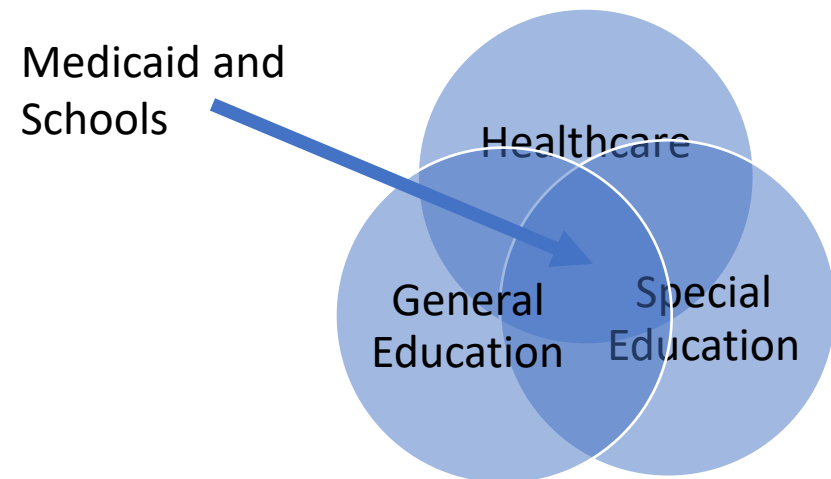
What do you mean by Provider-to-Provider Training?

- Sharing of experiences
- Consultation and Supervision
- Support and Guidance

“If you know about school counseling, school psychology, or school social work then you actually know about Medicaid and Schools...”

What is Medicaid and Schools?

- Opportunities
- Access
- Reimbursement
- School Counselors, School Psychologists, and School Social Workers as Healthcare Service Providers.



Is this a new initiative?

- 1965 – Medicaid
- 1988 – Medicaid and Schools
- 1991 – Medicaid and Schools in Virginia
- 2022 – Virginia’s Medicaid and Schools Expansion

We’ve been doing this awhile and doing it well!

Health Care Professionals working in Schools

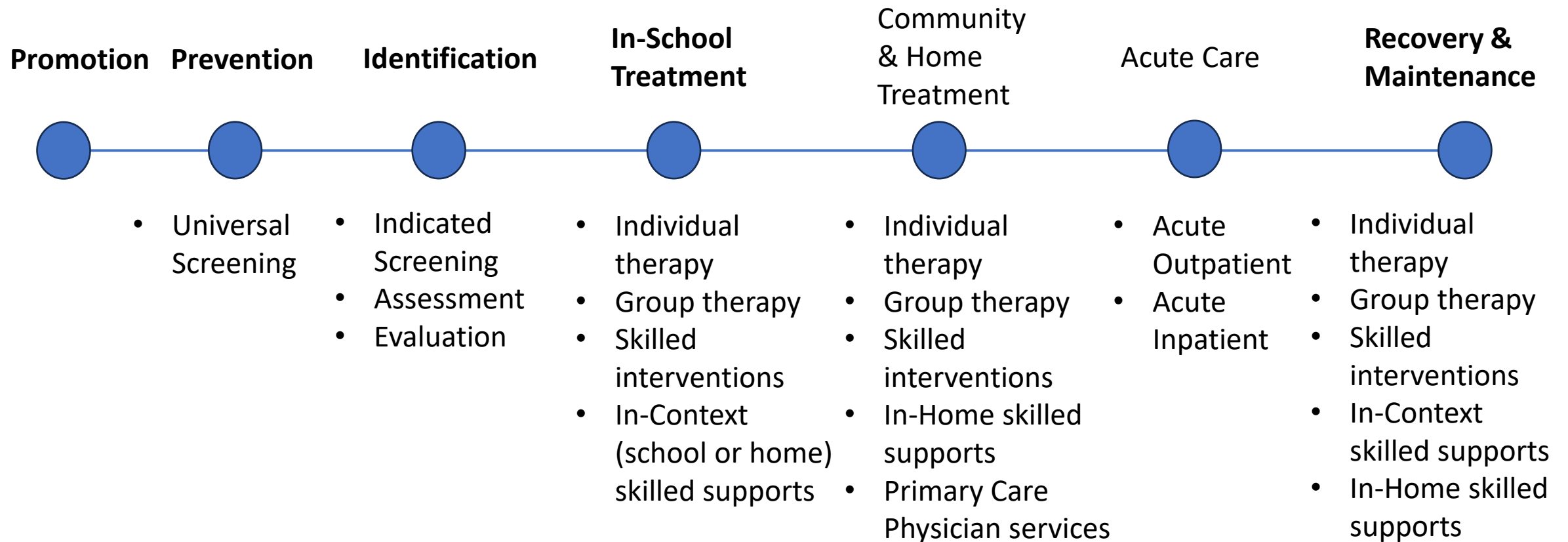
“...the school setting offers a unique opportunity to enroll children in Medicaid and facilitate access to coverage as well as provide health services directly to ANY Medicaid enrolled children. Schools provide a venue to enhance early identification of health needs and connect students to a broad range of health care services, including behavioral health resources.”

- *Centers for Medicare and Medicaid Services, May 2023*

<https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/medicaid-and-school-based-services/index.html>

School Services on the Continuum of Care

- School-based practitioners provide important **health-related** services on the continuum of care for the children you serve.



Continuum of Care

- School division direct services are an important healthcare component on the continuum of care in a school setting.
- Other healthcare providers, such as long- term care providers and hospital providers, are also on the continuum.
- All services on the continuum represent important **health care** services.
- The direct services that school divisions provide are not “less than” other services and settings.
- When students receive services both in-school and out, the services that school divisions provide do not duplicate services in other settings, but rather compliment them.
- Schools provide important **health care** services, which when taken together with community-based services, can address the full scope of services that kids need on the complete continuum of care.

Health Care Professionals working in Schools

- As a provider working under the scope of your license, you are a health care provider, providing services in an education setting.
- Anytime that you are wearing your discipline's "hat" remember that you are bringing your skills, training, experience and scope of license to the work that you are doing, including:
 - Direct services with student(s)
 - Preparation/planning for services and paperwork/follow-up activities related to services (report writing, documentation, etc.)
 - Bringing your skills/training/license to contribute to a meeting, consultation, communication, coordination, training and other similar activities.
- When you are doing an activity that can be done by an unlicensed provider (lunch duty, bus duty, teaching, etc.), this is considered educational.
- It's important to keep your role as a health care professional in mind when responding to the RMTS. (More to come on RMTS later in this presentation.)

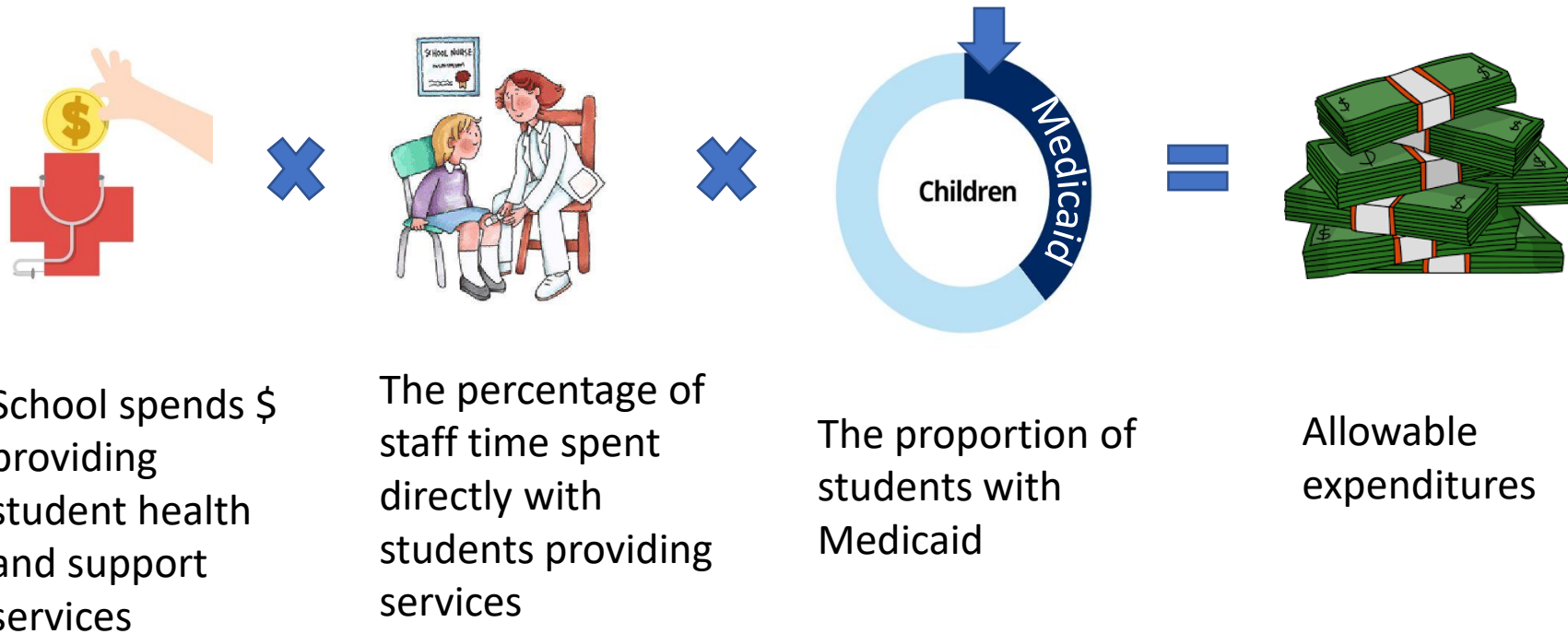
How are school divisions reimbursed?

Cost-Based Reimbursement

- Costs for providing services
- RMTS
- % of students

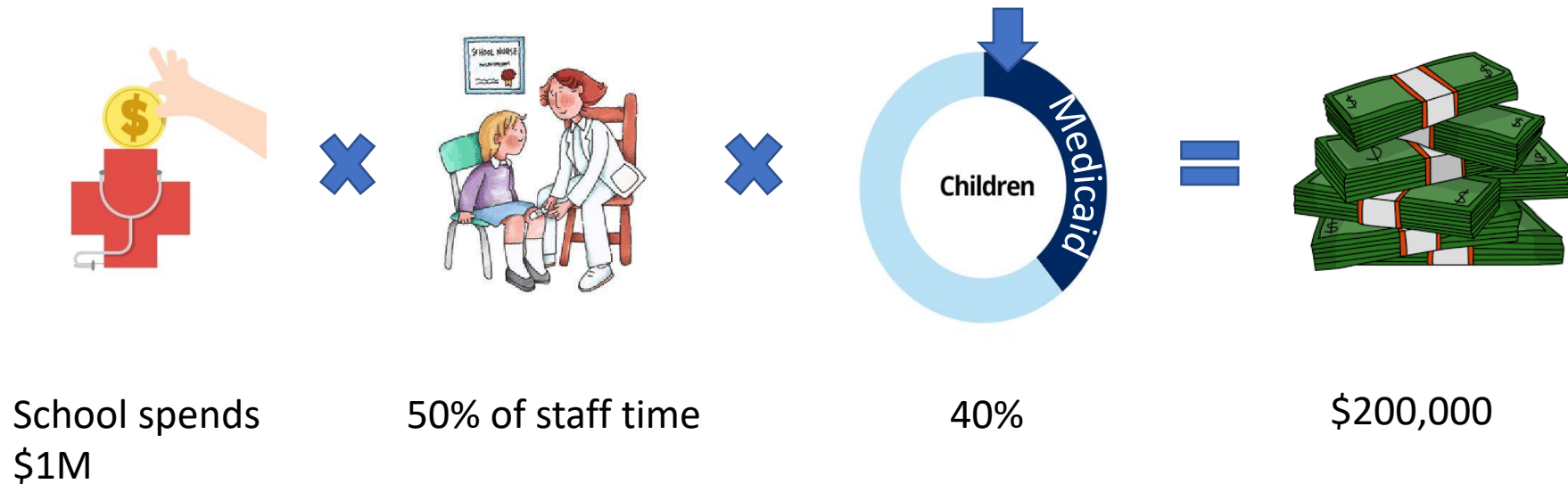
**Interim claims are submitted by school divisions to show that services are being provided.*

How are school divisions reimbursed?



How are school divisions reimbursed?

Example



\$200,000 of the total spending can be “claimed”. Federal government then reimburses a portion of this amount.

What kinds of behavioral/mental health services are we talking about?

- Pre-Intervention Data-Collection
- Interventions to address emotional, behavioral, and social needs
- Interventions designed for other staff to address emotional, behavioral, and social needs
- Crisis response

What is needed for a service to be covered?

- Student is enrolled in Medicaid.
- Service provided follows laws, regulations, and Medicaid requirements.
- Determined to be necessary by qualified provider such as a school counselor, school psychologist, or school social worker.*
- Evaluations completed to determine need for school-based services.
- Services provided by a school counselor, school psychologist, or school social worker or under their supervision.
- Associated with a diagnosis or clinical impression
- There is a written plan for treatment for on-going services.
- Must be documented and include signature of provider.
- **Must submit an interim claim**

Examples of Behavioral/Mental Health Evaluations and Assessments

- Evaluations for determining eligibility for special education
- Evaluations for determining eligibility for 504
- Mental Health screenings
- Functional Behavioral Assessments
- Pre-intervention data collections
- Interviews with students
- Suicide Risk Assessments
- Threat Assessment

Service-Specific Evaluations must also...

- Be performed by a school counselor, school psychologist, or school social worker or a school psychology intern under the supervision of a school psychologist.
- Be completed for the purpose of determining a student's need for school-based services.
- Include diagnostic or clinical impressions based on the evaluation.

Documentation Requirements for evaluations...

Screenings (96127 or 96110)

- Purpose of Screening
- Screening Tool(s) Used
- Findings
- Suggestions (if applicable)

**Written report not required*

Evaluations (90791)

- Reason for referral
- Description of functioning
- Relevant Background Information
- Sources of information, tests used, and interpretation if psychological testing is completed.
- Summary and Impressions including potential impact
- Suggestions

**No requirements for observations or mental status examination.*

Examples of On-going Behavioral/Mental Health Services

- Individual intervention time to help a student learn how to cope with feelings of sadness
- Counseling sessions to help a student learn strategies to manage impulsive behavior or anger
- CBT Anxiety Group for Teens or a CBITS or SSET group
- Meetings with parent and student to address substance use

On-Going Behavioral/Mental Health Services must also...

- Be provided by a school counselor, school psychologist, or school social worker.
- Be informed by an evaluation by a qualified provider.
- Be directed by a written plan developed by a school counselor, school psychologist, or school social worker.

Documentation requirements for On-Going Behavioral/Mental Health Services

- An evaluation (90791) by a qualified provider.
- An intervention plan that includes:
 - Presenting issue or diagnosis
 - Goals related to presenting issue
 - Type of Service (Individual (90832), Group (90853), Family (90846 or 90847))
 - Timeframe services will be needed (i.e., 1 month, 6 weeks)
 - Frequency and duration of intervention (i.e., 1 weekly 30-minute session)
 - Documentation of family/caregiver participation in the plan for treatment (if applicable)

*No requirements for observations or mental status examination.

Collaboration counts...

Documentation for intervention sessions must also...

- Identify the person providing the service.
- Identify the type of session (Individual (90832), Group (90853), Family (90846 or 90847))
- Note the date and length of session
- Note the total number of students for group sessions
- Include information on how the session related to the goals from the intervention plan
- Include a description of student participation during the session including progress or lack thereof
- Provide a description of the plan for the next session

Examples of Unplanned Behavioral/Mental Health Services

- Suicide Risk Assessment and Screening
- Suicide Intervention and management
- Helping a student who may be experiencing a panic attack
- Threat Assessment and Management
- Helping a student who stops by to see you because of strong feelings of anger
- Meeting with parent and student to respond to and plan support for substance use.

Unplanned Behavioral/Mental Health Services must also...

- Be provided by a school counselor, school psychologist, or school social worker.
- Be provided to students who are experiencing acute behavioral health symptoms requiring immediate attention to assess, de-escalate, and/or determine need for additional, planned services.

Documentation Requirements (90839) :

- Description of activity performed (assessment or counseling)
- Length of session
- Level of student participation
- Plan or recommendations

What is Personal Care?

- *Includes a range of “assistance activities” provided by unlicensed staff to help students participate in school.*

Examples of Personal Care Services:

- Prompting and Redirection
- Following a reinforcement schedule for a student exhibiting desired behavior
- Escorting students through building
- De-escalation

Personal Care Services must also...

- Be performed by unlicensed staff under the supervision of a school counselor, school psychologist, or school social worker.
- Follow a written plan developed by school counselor, school psychologist, or school social worker.

Documentation Requirements:

Intervention Plan that includes:

- Diagnosis or identifying clinical issue to be addressed
- Description of intervention including frequency of service
- Measurable long-term goals
- Date service begins

Service Log:

- Date and amount of time of service
- Activity
- Student Response

What does it mean by “qualified provider”?

- DMAS Qualified-Provider
- Licensed through DHP or VDOE

When we talk about qualified providers for Medicaid and Schools we are talking about behavioral/mental health professionals who are licensed through the Department of Health Professions or the Virginia Department of Education and meet Medicaid requirements in order for services to be reimbursable”.

School Counselors, School Psychologists, School Social Workers as Qualified Healthcare Service Providers!

Supervision activities for Medicaid and Schools...

- Supervision of unlicensed staff providing assistance services covered as Personal Care.
- Supervision of psychological testing technicians.

Examples:

- *An instructional assistant is following an intervention plan developed by a school counselor, school psychologist, or school social worker to monitor attention and provide verbal redirection every 10 minutes during math class. This is observed and discussed with the instructional assistant at least 1 time per 9 weeks.*
- *School psychology intern assists with cognitive testing as part of a comprehensive evaluation completed by a school psychologist. The school psychologist and school psychology intern meet to discuss evaluation session and the information is included in the evaluation report.*

Laws, Regulations, and Scope...Oh, My!



Where do I find information about laws, regulations, and scope of practice?

Virginia Law

- [Code of Virginia](#)
- [Administrative Code](#)

VDOE

- [Regulations Governing Special Education Programs for Children with Disabilities in Virginia](#)
- [Regulations Regarding School Guidance and Counseling Programs in the Public Schools of Virginia](#)
- [Guidance for the Provision of Specialized Student Support Positions in Virginia](#)

Licensure for School Personnel

- [Licensure Regulations for School Personnel](#)
- [School Counselor](#)
- [School Psychologist](#)
- [School Social Worker](#)

Privacy Laws

- [FERPA](#)
- [HIPAA](#)

Department of Health Professions

- <https://www.dhp.virginia.gov/>

How do we document “need”?

- Referral information and documents from school-based teams.
- Documentation of parent, staff, or student requests for assistance
- Intervention or treatment plan
- IEP or 504 Plan
- Recommended based on results of a screening or evaluation
- Service documentation for Unplanned Services

What is the ICD Diagnosis Code Requirement?

Translates as the “reason” for providing a school-based healthcare service

- Documentation requirement for submitting interim claims.
- Assigning ICD-10 Code with information about student, functional impact, and need.
- Must be documented on Interim Claim
- Does not constitute a formal or clinical diagnosis
- Only used for Medicaid documentation and does not have to be use in any school reporting (evaluation reports, intervention plans, IEP).

Resources

- DSM-5-TR
- ICD-10 Manual
- <https://www.icd10data.com/>

Assigning an ICD-10 Code: Examples

Use ICD-10 code that most closely represents student information regarding the “reason” for providing the service.

*Use F-Codes or R-Codes

If a screening was completed to screen for symptoms relating to depression use an ICD-10 code for depression or related symptoms.

If providing counseling to a student struggling with anxiousness use an ICD-10 code for anxiety disorders.

If a student has been evaluated due to difficulties relating to attention and activity level use an ICD-10 code for ADHD.

Common ICD-10 Classification Codes for Behavioral/Mental Health Providers

F41.1 – Generalized Anxiety Disorder	F34.8 – Disruptive Mood Dysregulation Disorder	F84.0 – Autism Spectrum Disorder
F93.0 – Separation Anxiety Disorder	F34.1 – Persistent Depressive Disorder (Dysthymia)	F90.2 – ADHD, Combined presentation
F94.0 – Selective Mutism	F32.0 – Mild Major Depressive Disorder Single episode	F90.0 – ADHD, Predominantly inattentive presentation
F40.10 – Social Anxiety Disorder	F33.0 – Mild Major Depressive Disorder Recurrent episode	F90.1 – ADHD Predominantly hyperactive/impulsive presentation
F42 – Obsessive-Compulsive Disorder	F31.11 – Bipolar 1 Disorder, Mild, current or most recent episode manic	F91.3 – Opposition Defiant Disorder
	F31.31 – Bipolar 1 Disorder, Mild, current or most recent episode depressed	F63.81 – Intermittent Explosive Disorder
	F31.81 – Bipolar II Disorder	F91.2 – Conduct Disorder Adolescent-onset type.
		F95.2 – Tourette’s Disorder
		F95.1 – Persistent Motor or Vocal Tic Disorder

Common ICD-10 R-Codes for Behavioral/Mental Health Providers

R45.0 – Nervousness	R45.2 – Unhappiness	R41.840 – Attention and concentration deficit
R46.6 – Undue concern and preoccupation with stressful events	R45.3 - Demoralization and apathy	R44.0 – Auditory hallucinations
R46.81 – Obsessive-Compulsive Behavior	R45.4 – Irritability and anger	R44.1 – Visual hallucinations
R46.5 – Suspiciousness and marked evasiveness	R45.8 – Low self-esteem	R45.1 – Restless and agitation
	R45.82 – Excessive crying of child, adolescent or adult	R45.6 – Violent Behavior
	R45.84 – Anhedonia	R45.850 – Homicidal ideations
	R45.851 – Suicidal ideations	

What is the service record?

- Your working file
- Log of dates, times, and types of services.
- Includes supporting information such as notes, data collection, protocols, etc.
- Includes reports and intervention plans
- Maintained for 6 years

How do I choose the right CPT code for interim claiming?

- Evaluations - 90791
- Screenings – 96127 or 96110
- Individual Counseling – 90832
- Group Counseling – 90853
- Family Counseling – 90846
- Family Counseling w/ student present – 90847
- Unplanned - 90839

Keep it simple & find the best fit...

Assigning a CPT Code: Examples

A school counselor, school psychologist, or school social worker is...

Providing short-term individual sessions for a student on coping with depression. This is CPT Code 90832.

Is completing an evaluation including a rating scale and obtaining relevant background information. Use code 90791.

Is conducting a suicide risk assessment. Consider CPT codes of 90839, 96127, or 90791

Following substance use protocol and meeting with parents and student to discuss substance use and appropriate coping skills. This could be 90847.

Providing small group on stress management for students struggles with stress and anxiety. This is CPT Code 90853.

Introducing the RMTS

<https://www.youtube.com/watch?v=7NX1-tMeYQM>

Health Care Professionals working in Schools

- As a provider working under the scope of your license, you are a health care provider, providing services in an education setting.
- Anytime that you are wearing your discipline's "hat" remember that you are bringing your skills, training, experience and scope of license to the work that you are doing, including:
 - Direct services with student(s)
 - Preparation/planning for services and paperwork/follow-up activities related to services (report writing, documentation, etc.)
 - Bringing your skills/training/license to contribute to a meeting, consultation, communication, coordination, training and other similar activities.
- When you are doing an activity that can be done by an unlicensed provider (lunch duty, bus duty, teaching, etc.), this is considered educational.
- It's important to keep your role as a health care professional in mind when responding to the RMTS.

Did you know?

- The Random Moment Time Study (RMTS) determines how much federal funding your school division is eligible to receive through the Medicaid and Schools program.
- Reimbursement is not based on “billing” for services.
- Reimbursement is based on how all the school-based staff across the state answer their “moments.”
- RMTS is actually a statewide group project! The responses from each individual staff member impact reimbursement for your school division, and for all school divisions in the state!



Health-Related work activities go far beyond time spent directly with students

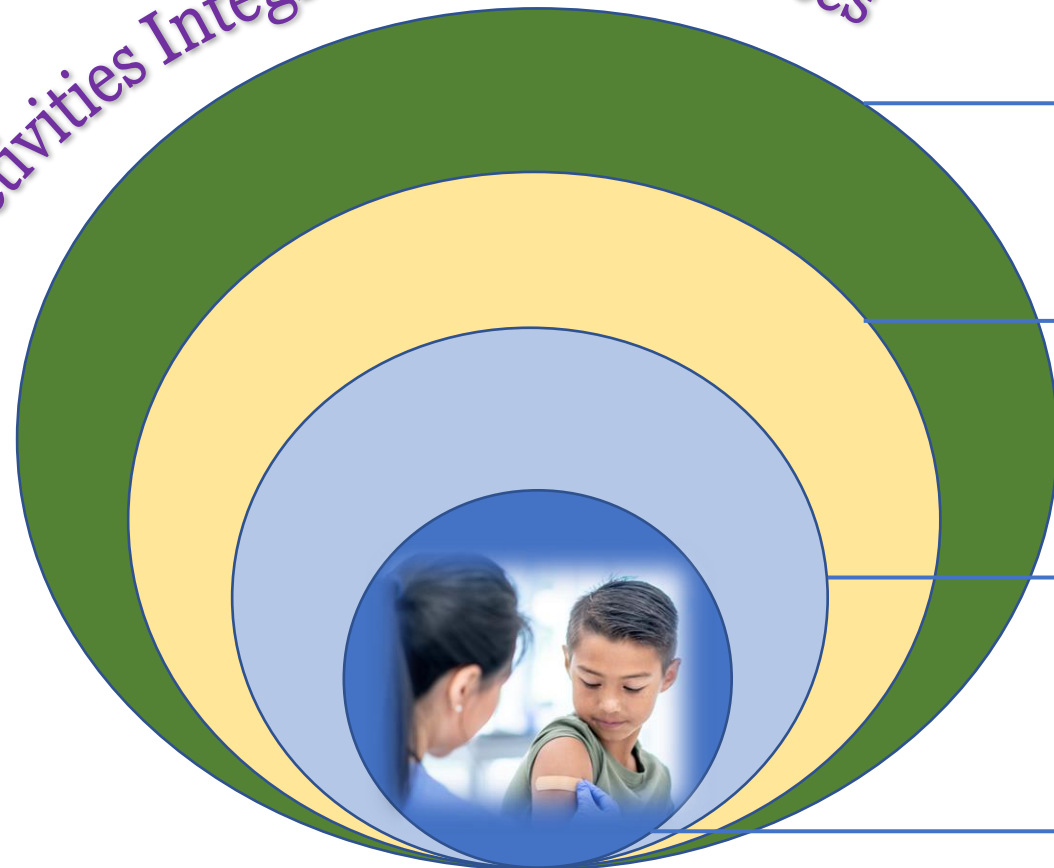
Reimbursable work activities are generally categorized for Medicaid purposes into two categories:

- Direct health care services, including all components that are integral to the delivery of services
- Medicaid “Administrative” activities

Medicaid Direct Service Reimbursable Work Activities

It's all about **PROVIDING** health care services in an educational setting:

Activities Integral to Direct Services



program planning

Planning related to meeting health needs

document service(s)

Service notes; Medicaid billing; writing an evaluation report

prepare for service(s)

gather supplies; set-up for therapy; review notes/records/POC

provide service(s)

Face to face with student(s)

Medicaid Administrative (Indirect Service) Reimbursable Work Activities

It's all about **ACCESS** to health care services:



A word cloud of Medicaid administrative work activities centered around a photo of a healthcare worker attending to a child. The words are arranged in various colors and orientations:

- Arranging
- Transportation
- Outreach
- Access
- Connecting
- Care Planning
- Informing
- Follow-up
- Monitoring
- Linking
- Referring
- Care Coordination
- Translating
- Collaborating
- Program Planning



Since so much of your day is spent “wearing your licensed hat” and doing things that support student behavioral health, what does that look like when responding to a random moment?



Vignette 1: School psychologist testing/evaluating a student

- Could be testing one or many aspects of a student's functioning in the school environment, including memory, cognition, executive functioning, reasoning, verbal and non-verbal communication, behavior etc.
- As a school psychologist, you are providing the testing/evaluation service under your scope and standards of practice.
- These are skilled health-related services.

Vignette 1: School psychologist testing/ evaluating a student

Q1: What type of activity were you doing?

- a) Working with student(s) regarding **EDUCATION / ACADEMICS** skills / issues / needs

Q2: What, specifically, were you doing?

- a) TEACHING or tutoring an academic subject
- b) COUNSELING services for EDUCATIONAL, ACADEMIC or SOCIAL needs (including course selection, schedule changes, career or college counseling, etc.)
- c) ACADEMIC TESTING (includes proctoring AP exams, statewide testing, etc.)
- d) Other choices...

- a) Working with student(s) regarding **HEALTH CARE** (e.g., PT, OT, SPL, Nursing, dental, vision, hearing, mental and/or behavioral health)

Q2: What, specifically, were you doing?



- a) Providing **MENTAL or BEHAVIORAL HEALTH** Counseling Service / Intervention or **Evaluation** (includes adaptive behavior treatment and substance use disorder treatment)
- b) Providing CRISIS INTERVENTION services for urgent HEALTH needs (for example: suicide risk or threat assessment, overdose, urgent behavioral or physical health interventions)
- c) OBSERVATION of student(s) for the purpose of assessing HEALTH-related needs (PT, OT, SPL, psychological, etc.)
- d) Other choices...

Vignette 1: School psychologist testing/evaluating a student

Q3: Was this activity pursuant to a student's IEP?

- a) Yes, my work activity was pursuant to a student's IEP
- b) No, my work activity was not pursuant to a student's IEP

Q4: Who were you working or interacting with?

- a) Student(s)
- b) Student(s) and School Staff
- c) Other choices...

Q5: Why were you performing this activity?

- a) This was an INITIAL EVALUATION of a student to determine if mental/behavioral health-related services are needed, which I performed within the scope of practice allowed by my clinical license.
- b) RE-EVALUATION FOR DETERMINATION TO CONTINUE IEP SERVICES OR DISCHARGE: and/or to adjust the plan of care or treatment plan, which I performed within the scope of practice allowed by my clinical license.
- c) Other choices...

Vignette 2: School BH professional planning/ preparing to conduct a threat assessment

- The role of a school psychologist, social worker or counselor in threat assessments is not about student “discipline” or “emergency preparedness.”
- Threat assessment stems from a concern about a threat of violence, but the behavioral health professional’s role is primarily support-focused and aims to evaluate and classify the threat and determine appropriate response and intervention and may include suicide risk assessment.
- This is a skilled health-related service.

Vignette 2: School BH professional planning/ preparing to conduct a threat assessment

Q1: What type of activity were you doing?


- a) Working with student(s) regarding **EDUCATION / ACADEMICS** skills / issues / needs

Q2: What, specifically, were you doing?

- a) TEACHING or tutoring an academic subject
- b) COUNSELING services for EDUCATIONAL, ACADEMIC or SOCIAL needs (including course selection, schedule changes, career or college counseling, etc.)
- c) ACADEMIC TESTING (includes proctoring AP exams, statewide testing, etc.)
- d) Other choices...

- a) Working with student(s) regarding **HEALTH CARE** (e.g., PT, OT, SPL, Nursing, dental, vision, hearing, mental and/or behavioral health)

Q2: What, specifically, were you doing?

- a) Providing MENTAL or BEHAVIORAL HEALTH Counseling Service / Intervention or Evaluation (includes adaptive behavior treatment and substance use disorder treatment)
-  b) Providing **CRISIS INTERVENTION** services for urgent HEALTH needs (for example: suicide risk or **threat assessment**, overdose, urgent behavioral or physical health interventions)
- c) OBSERVATION of student(s) for the purpose of assessing HEALTH-related needs (PT, OT, SPL, psychological, etc.)
- d) Other choices...

Vignette 3: School social worker completing a socio-cultural assessment

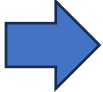
- A socio-cultural assessment is an in-depth procedure or process used to understand a child's and/or family's strengths and needs in the areas of functioning, family and individual history, symptoms and the impact of trauma.
- There are a variety of evidenced-based tools/ checklists/ questionnaires available to use, based on the clinical judgment of the social worker as to what's most appropriate/effective for the particular situation/child.
- This is a skilled health-related service.

Vignette 3: School social worker completing a socio-cultural assessment

Q1: What type of activity were you doing?

- a) Planning or participating in MEETING / CONVERSATION regarding SPECIFIC STUDENT(S), including phone and email conversations

Q2: What, specifically, were you doing?

- a) **EDUCATION / ACADEMIC** or SOCIAL related PARENT MEETING / CONFERENCE / COMMUNICATION (including phone or email)
- b) **EDUCATIONAL, ACADEMIC**, VOCATIONAL or SOCIAL services FOCUS: any other MEETING / COMMUNICATION / CONSULTATION regarding EDUCATIONAL OR ACADEMIC issues for a specific student (other than an IEP or Section 504 meeting)
-  c) **HEALTH-related** PARENT MEETING / CONFERENCE / COMMUNICATION (including phone or email but NOT and IEP, IFSP or 504 meeting)
- d) **HEALTH-related** FOCUS: any other MEETING / COMMUNICATION / CONSULTATION regarding HEALTH / MEDICAL issues for a specific student (other than an IEP / IFSP or Section 504 meeting)
- e) Other choices...

Vignette 4: Attendance Team Meeting


- Any school behavioral health professional (psychologist, social worker, counselor) is participating in a school Attendance Team to provide the clinical perspective of your license and training.
- Yes, the Attendance Team has a goal of improving attendance and preventing truancy to increase student academic success.
- But the BH professional is qualified to assess the barriers and challenges a student faces that contribute to poor attendance, such as social and emotional stress, family issues and limitations, and health concerns, among other things.
- You bring your skilled expertise to address health-related concerns to this meeting/effort.

Vignette 4: Attendance Team Meeting

Q1: What type of activity were you doing?

- a) Planning or participating in MEETING / CONVERSATION regarding SPECIFIC STUDENT(S), including phone and email conversations

Q2: What, specifically, were you doing?



- a) **EDUCATION / ACADEMIC** or SOCIAL related PARENT MEETING / CONFERENCE / COMMUNICATION (including phone or email)
- b) **EDUCATIONAL, ACADEMIC**, VOCATIONAL or SOCIAL services FOCUS: any other MEETING / COMMUNICATION / CONSULTATION regarding EDUCATIONAL OR ACADEMIC issues for a specific student (other than an IEP or Section 504 meeting)
- c) **HEALTH-related** PARENT MEETING / CONFERENCE / COMMUNICATION (including phone or email but NOT and IEP, IFSP or 504 meeting)
-  d) **HEALTH-related** FOCUS: any other MEETING / COMMUNICATION / CONSULTATION regarding HEALTH / MEDICAL issues for a specific student (other than an IEP / IFSP or Section 504 meeting)
- e) Other choices...

Vignette 4: Attendance Team Meeting

Q1: What type of activity were you doing?

- a) Planning or participating in GENERAL MEETING / CONVERSATION - NOT regarding any specific student(s), including phone and email conversations

Q2: What, specifically, were you doing?

- a) **EDUCATIONAL, ACADEMIC, VOCATIONAL or SOCIAL services** FOCUS: Staff / Faculty / Department or other meeting
- b) **BEHAVIOR / DISCIPLINE** FOCUS: Staff / Faculty / Department or other meeting
-  c) **HEALTH-related** FOCUS: Staff / Faculty / Department or other meeting
-  d) None of the above (after selecting this response, a text box will open for you to type your answer)
- e) Other choices...

Vignette 5: Consultation with a teacher


- School behavioral health professionals (psychologists, social workers, counselors) collaborate and consult with other professionals in the school, such as teachers and administrators, to help support student behavioral health.
- When consulting with a teacher, it's important to clearly identify whether you are truly:
 - mentoring/modeling teaching practices to improve behavior (discipline) management of their classroom, or
 - Observing students in the classroom through the lens of your expertise and training for the purpose of identification of need for implementation of MTSS or other interventions or determine the need for further assessment or evaluation.

Vignette 5: Consultation with a teacher

Q1: What type of activity were you doing?

- a) Planning or participating in MEETING / CONVERSATION regarding SPECIFIC STUDENT(S), including phone and email conversations

Q2: What, specifically, were you doing?

- a) **EDUCATIONAL, ACADEMIC**, VOCATIONAL or SOCIAL services FOCUS: any other MEETING / COMMUNICATION / CONSULTATION regarding EDUCATIONAL OR ACADEMIC issues for a specific student (other than an IEP or Section 504 meeting)
-  b) **HEALTH-related** FOCUS: any other MEETING / COMMUNICATION / CONSULTATION regarding HEALTH / MEDICAL issues for a specific student (other than an IEP / IFSP or Section 504 meeting)
- c) None of the above (after selecting this response, a text box will open for you to type your answer)
- d) Other choices...

How to make this all work...

- Be Confident!
- Use the LEA Provider Manual and other available resources.
- Simplify, Personal, and Plan for successful implementation of services and program requirements.
- Work together and talk about Medicaid and Schools more often.

“We are already doing Medicaid and Schools, so let’s participate in Medicaid and Schools...”

Resources and Contact Information

Amy Edwards – VDOE

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DMAS

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