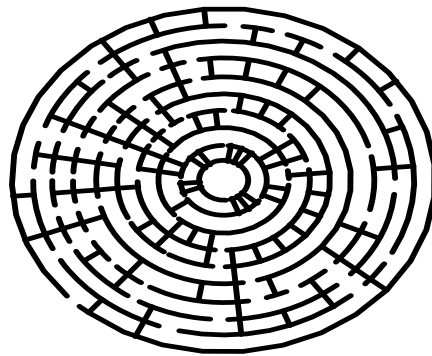


School

To download other “topics” or the entire Who Pays document go to:

<http://www.health.state.mn.us/mcysn>

Who Pays?



Taking the *MAZE* Out of Funding

Minnesota Children & Youth
with Special Health Needs



651-201-3650 OR 1-800-728-5420
www.health.state.mn.us/mcysn

School

Individual Education Plan (IEP) Services
Department of Human Services

Third Party Billing

504 Plans

School Resources

Individualized Education Program (IEP) Services **Department of Human Services (DHS)**

NOTE: The IEP Services Technical Assistance Guide provides policy, billing, rates and payment information for Minnesota Health Care Programs (MHCP) covered IEP Services. The current IEP Services Technical Assistance Guide can be downloaded from the DHS Web site at: www.dhs.state.mn.us/provider/iep

What are Individualized Education Program (IEP) Services? Covered Minnesota Health Care Programs (MHCP) IEP services are those on a school Individualized Education Plan (IEP), an Individualized Interagency Intervention Plan (IIIP) or on an Individual Family Service Plan (IFSP).

Which schools can be IEP service providers for Minnesota Health Care Programs (MHCP)?

The following public schools and school districts can enroll with DHS as IEP services providers:

- Charter schools, education districts, intermediate districts and state academies
- Public school districts
- Service cooperatives & spec. ed. co-ops
- Tribal schools - schools receiving Bureau of Indian Affairs (BIA) funding

DHS does not directly pay private schools for covered IEP services. The public school responsible for providing the IEP services to the children attending a private school bills DHS & receives the payments.

Which students are eligible for their school services to be billed to MHCP?

- Enrolled in MA or MinnesotaCare; and
- Under the age of 21; and
- Have covered IEP services on a current IEP/IFSP/IIIP and;
- Receive covered IEP services.

Which school services are covered by MHCP?

Schools are responsible for assuring that the covered IEP services billed to MHCP are provided by qualified staff within the provider's scope of practice and/or licensure/certification. Services eligible for payment must meet **all** the following criteria plus any other requirements for the specific service:

- Medically necessary;
- Provided to an eligible MA/MinnesotaCare recipient under age 21;
- Included in the recipient's IEP/IFSP/IIIP, and authorized by the IEP/IFSP/IIIP team;
- Documented in the recipient's record;
- Provided by the school during school day;
- Health related services necessary for the recipient to benefit from his/her education.

MHCP will cover the following services provided in school if the above criteria are met:

- 1. Physical therapy (PT):** IEP evaluations provided by a physical therapist. Individual, group and specialized maintenance therapy provided by a physical therapist or PT assistant, under the direction of a physical therapist.
- 2. Occupational therapy (OT):** IEP evaluations provided by an occupational therapist. Individual, group and specialized maintenance therapy provided by an occupational therapist or certified OT assistant, under the direction of an occupational therapist.
- 3. Speech-language pathology and audiology services:** IEP evaluations provided by a speech-language pathologist (SLP), educational speech-language therapist or audiologist. Individual and group therapy provided by an SLP or educational speech-language pathologist. Specialized maintenance therapy provided by an SLP. Audiology services provided by an audiologist.
- 4. Nursing services:** Face-to-face nursing care provided by an LPN/RN/PHN/LSN.
 - Nursing care includes: catheterization, tube feeding, suctioning, ventilator care, nursing assessment and diagnostic testing such as glucose testing, vital signs, health counseling and simple and complex medication administration. Complex medication administration is a service requiring the skill of a nurse and is administered rectally or through an IV, injection, nebulizer, or gastrostomy tube. Simple medication administration is the administration of prescription medications by a licensed nurse who is employed by or

under contract with a school district. To be a covered service, simple medication administration must be related to a child's disability & identified in the child's IEP/IFSP/IIP for treatment of the identified disability.

- ❑ Medication management provided by an RN, LSN, PHN, or LSN that includes: a review of a recipient's current medications and adherence to the prescribed medication; nursing evaluation for adverse reactions to medications; educating the recipient about his/her medication and proper medication administration; and any contacts with the physician about prescriptions, tolerance or adherence to the medication regimen.
- ❑ IEP evaluations provided by an RN, PHN, or LSN.

5. Personal care assistant (PCA) services: PCA services are medically necessary services that are provided to a child who is unable, because of his/her medical diagnosis or condition, to manage the activities him/herself. However, if most children the age of the child need assistance with the activity, the activity is not covered if provided by a PCA.

- ❑ The PCA must be employed by the school or district as a PCA or paraprofessional or be contracted to provide PCA services through an agency agreement with the school or district. Training and orientation is the responsibility of the school or district and is provided by a qualified professional (QP). QPs include: RN, PHN, LSN, mental health professional, physical therapist, occupational therapist, speech therapist, audiologist, physician, social worker or developmental disabilities specialist.
- ❑ PCAs must be supervised by a qualified professional as designated in the IEP. One or more qualified professionals may provide supervision as appropriate. Supervision must be through direct (face to face) training, demonstrations, observation and consultations. The QP must provide ongoing monitoring and supervision of a child's PCA services. **Supervision of PCA services cannot be provided by phone or by consulting with the teacher.** There are specific requirements for frequency of PCA supervision. See www.dhs.state.mn.us/provider/iep
- ❑ Communication with a child's primary care provider is required using the **Communication to Physician of Personal Care Assistance Services Form (DHS-4690)**. It is for information only and does not require any action by the primary medical provider.

⌘ **Effective July 1, 2009:**

- Instrumental Activities of Daily Living (IADL) are not covered for children.

⌘ **Effective January 1, 2010:**

- To qualify for PCA services, the child must be dependent in at least one activity of daily living or meet the definition of having a Level I Behavior. (See next page for definition of Level I Behavior.)
- A PCA who provides tracheostomy suctioning or services to children on a ventilator must be trained by a nurse, respiratory therapist or a physician. Supervision for these services must be provided by a nurse.
- ❑ IEP PCA services are provided only at school on scheduled school days during regular school hours (not weekends, school breaks, holidays or beyond the regular school day). This includes providing these services during off-campus activities such as field trips during the regular school day.
- ❑ Covered personal care services must be included in the IEP/IFSP/IIP and documented on an approved checklist. Covered services are:
 - **Activities of daily living (ADL):** Services & supports provided as needed, to assist the child to accomplish the activities of daily living - eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning. Assisting & supporting a child/student with schoolwork is not covered. See www.dhs.state.mn.us/provider/iep for definitions of each activity of daily living (ADL).
 - **Health related procedures and tasks** including those listed below, that do not require the skill of a nurse and can be assigned, under state law, by a health care professional to be performed by a PCA. PCAs cannot complete sterile procedures or give injections. They can:

1. Provide range of motion & passive exercise to maintain a level of strength & muscle functioning,
2. Assist with self-administered medication (Medication taken orally, by injection or insertion or applied topically **without the need for assistance**). Setting up and administering medications is not covered.
3. Observe, monitor and intervene for seizure disorders when a child has had a seizure within the last three months.

- **Intervention and redirection for behavior** that is medically necessary and related to the child's diagnosis. Intervention and redirection for Level I behaviors which means physical aggression towards self, others or destruction of property that requires an immediate response from another person.
 - Self injurious behavior - causes injury to one's own body; examples: hitting, biting, head-banging, burning, poking, cutting, eating foreign objects/substances, pulling out hair & suicide threats.
 - Physical injury to others – causes or has the potential to injure others by hitting, biting, pinching, scratching, kicking, stabbing and pulling out hair.
 - Destruction of property – causes or has the potential to break windows, lamps, furniture, tearing clothes, setting fires and using tools or objects to damage property.

6. Assistive technology devices MHCP covers rental, purchase and repairs. Covered devices are:

- | | |
|-------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Augmentative communication devices | <input type="checkbox"/> Positioning devices |
| <input type="checkbox"/> Hearing amplification devices | <input type="checkbox"/> Hardware and software essential to use a covered device |
| <input type="checkbox"/> Mobility devices | |

Assistive technology devices:

- Must be identified and documented in the IEP/IFSP/IIP, including its function and medical necessity;
- Can be used at school only by the recipient for whom purchased or rented;
- Cannot be primarily for education, such as Math Blaster software or a device to assist with homework;
- Equipment purchased with MHCP funds belongs to the child & is only used by them; and
- Can be used for home and school as needed.
- Augmentative communication devices are dedicated to transmitting or producing messages or symbols in a manner that compensates for the child's impairment and disability with severe expressive communication disorders (e.g., communication picture books, communication charts and boards, and mechanical/electronic devices). Devices requested for use only at school and for education are not covered.

7. Transportation –Station to station transportation provided by a school or school district for a child in a school owned or contracted vehicle: to and from school on a day when another covered IEP services is provided, to and from a contracted community provider to receive another covered IEP service, or, to and from a medical appointment that occurs during a regular school day.

Covered only when the following apply:

- The child has a physical or mental health condition or mental impairment that prevents him/her from safely accessing & using a non-school common carrier (such as a van, taxi, car, bus or school vehicle) that is not equipped with a special adaptation or an aide for the child;
- The child requires a special adaptation to the bus such as a wheelchair lift, special harness, safety vest or special car seat (not a regular car seat/seat belt) or a one-on-one aide;
- The reason the child needs transportation is documented on the IEP/IFSP/IIP.

8. Language Interpreter Services

- Oral language interpreter services** are covered when:
 - provided to a child with limited English proficiency in conjunction with another covered IEP service when the child, service provider and interpreter are present; or
 - provided to a parent with limited English proficiency in order to obtain & relay information regarding the child during a covered IEP service/evaluation of a child when both the child and parent are present. A competent interpreter is one who: demonstrates proficiency in both English and another language; uses appropriate modes of interpreting given the situation; understands their role as an interpreter; has a fundamental knowledge in both languages of specialized health terms & concepts; is

sensitive to the family's culture; and follows confidentiality and impartiality rules. Interpreter services provided by a family member, friend or minor child are not covered.

- **Sign language interpreter services (SLIS)** are covered when provided by a competent sign language interpreter during the provision of a direct, person-to-person, covered health care service when:
 - provided to a deaf child, who communicates by signing, in conjunction with another covered IEP service (except transportation) when the child/student, service provider and interpreter are present, or
 - provided to a parent who communicates by signing, in order to obtain and relay information regarding the child/student during a covered IEP service or evaluation when the child/student, parent, service provider and interpreter are present at the evaluation or service.

SLIS must be an accurate and quality service provided by a qualified interpreter. DHS encourages the use of certified sign language interpreters. SLIS provided by a family member, family friend or minor child is not covered. Lists of sign language interpreters are available @: www.interpreterreferral.org; and the Registry of Interpreters for the Deaf which lists agencies & interpreters by zip code & city: www.rid.org

9. Mental Health Services

A. Mental Health Services--NOT Covered as IEP Services or Under Children's Therapeutic Services & Supports (CTSS)

- **Psychological testing and diagnostic assessments (DA)**
 - Psychological tests and psychometric tests are provided by a licensed psychologist and are used to determine the status of the child's mental, intellectual, and emotional function.
 - A diagnostic assessment is a written evaluation, provided by a mental health professional that is used to determine a child's eligibility for mental health services. A diagnostic assessment must include all 5 Axes to be covered by Medical Assistance/MinnesotaCare.
 - ★ (See **MHCP Provider Manual: Mental Health Services Overview—Diagnostic Assessment for: “Who Can Do Mental Health Diagnostic Assessments & Psychotherapy?” Updated 5-3-2010. Now includes Licensed Professional Clinical Counselors.**
 - ★ See **Children's Mental Health Topic Packet: “Behavioral & Mental Health Concerns in Children and Youth”** for more information on diagnostic assessment.
 - The licensed psychologist or mental health professional performing the testing or diagnostic assessment must enroll separately as an individual MHCP provider in order to bill for these services. Services must be billed by the individual following directions in the MHCP Provider Manual.

B. Mental Health Services—Covered IEP Services, NOT Covered Under Children's Therapeutic Services & Supports (CTSS)

- IEP evaluations provided by a mental health professional or school psychologist that are health related and result in an IEP/IFSP/IIP or determine the need for continued services. Activities included are: administering tests, interpreting test results & writing reports. IEP evaluations are billed under the school's IEP provider number. IEP evaluations are billed only if the child receives services or continues to receive services. Concerns about mental illness or emotional disturbance should be referred to a mental health professional for a diagnostic assessment and treatment. (See above).

C. Mental Health Services—Covered IEP Services, Covered Under Children's Therapeutic Services & Supports (CTSS).

- Schools & districts must be certified as Children's Therapeutic Services and Supports (CTSS) providers in order to bill Medical Assistance or MinnesotaCare for covered CTSS services. (IEP evaluations are not covered under CTSS). (See **Children's Mental Health Topic Packet: “Children's Mental Health Services”** for more information on CTSS Services.)
- Schools and districts may choose from Option 1, 2, or 3 after reviewing the Options Chart regarding becoming a CTSS provider. If the school or district chooses Option 2 or 3 & becomes certified, all

policies must be followed & billing must follow specific instructions. **See the Individualized Education Program (IEP) Services: Technical Assistance Guide (DHS-4439)** for:

- Options 1, 2, 3 Chart,
 - CTSS Certification Application,
 - Required services for school to provide,
 - Coordination of services requirements,
 - CTSS eligible providers & supervision,
 - Eligible children for CTSS,
 - Authorization & requirements,
 - Billing procedures.
- CTSS services are provided to a child with an emotional disturbance(ED)/youth with a mental illness (MI) and those who meet the criteria for severe emotional disturbance (SED) and serious and persistent mental illness (SPMI). (See IEP Services Technical Assistance Guide for more information.)
- A diagnostic assessment is required within 180 days **before beginning** any currently covered IEP mental health services or CTSS services for children under 18 years and youth 18-20 years. Thereafter, a child under 18 who continues to receive CTSS services must have an annual diagnostic assessment. For youth 18-20 years old, an annual update of the diagnostic assessment is required. A diagnostic assessment is not a covered CTSS service.
- **Children’s Therapeutic Services and Supports (CTSS)** include:
Psychotherapy – Individual, group & family psychotherapy is provided by a mental health professional. Psychotherapy is a planned and structured face-to-face treatment of a child’s diagnosed mental illness through the psychological, psychiatric, or interpersonal method most appropriate to the needs of the child according to current community standards of mental health practice; and is directed to accomplish measurable goals and objectives specified in the child’s Individual Treatment Plan (ITP).

NOTE: Clinical supervision by a mental health professional is required for mental health practitioners who provide skills training, crisis assistance and direction for mental health behavioral aides.

- **Skills Training** – is social, communication, & organizational skills training or self-regulatory skills training to assist the child to develop skills that are compromised or have failed to develop due to the child’s mental health condition. Skills training is **NOT** teaching independent living skills (ILS) training. When children are trained in groups, all children must have similar needs and capacity to develop the skills so they can benefit equally from small group (3-8) intervention. A classroom is not a group. Parents may benefit by receiving training for alternative parenting skills fitted to the ways children with mental health diagnosis process information and respond different to their environments.
- **Crisis Assistance** is developing a crisis plan. The plan is developed by a mental health professional or mental health practitioner when reviewed and approved by a mental health professional and is intense, time-limited, and designed to resolve or stabilize a crisis through arrangements for direct intervention and support services to the child/student and family. The crisis plan must utilize resources designed to address abrupt or substantial changes in the child/student and family’s functioning as evidenced by a sudden change in behavior with negative consequences for well being, loss of usual coping mechanisms, or presentation of danger to self or others. The plan is implemented in a crisis situation.
- **Mental Health Behavioral Aide (MHBA) Services**—provided by a mental health behavioral aide who meets all the qualifications, training and orientation requirements for an MHBA. The MHBA is under the direction of a mental health professional or mental health practitioner who is under the clinical supervision of a mental health professional. .

★MHBA activities may include providing cues or prompts and practicing skills with the child; reinforcing and generalizing skill building activities and intervening as necessary to redirect and de-escalate target behaviors.

★An Individual Behavior Plan (IBP) is required for the MHBA. It provides specific service delivery instructions to the MHBA & outlines the MHBA's responsibilities in assisting the child to achieve treatment outcomes. The IBP is not a behavior management plan. The IBP reinforces the goals & objectives of the Individual Treatment Plan (ITP), & is based on the Diagnostic Assessment.

Service Limitations and Authorization Requirements

- Orders are required for nursing services that require such orders. Orders must be obtained annually by the school, can cover a period of time of up to one year & must be in place at the time the service is billed. Signatures must be dated. Orders can be provided by a physician, physician assistant, or nurse practitioner.
- Communication with the primary care provider is required for PCA services.
- The child's IEP/IFSP/IIP team authorizes the services in the plan.
- IEP services do not count against limits/thresholds for persons on Home & Community-Based Services (HCBS) such CAC, CADI, MR/RC and TBI.
- IEP services are not calculated in parental fees.
- IEP services do not count against authorization caps for home-care services.

More detailed and specific information about **non-covered services, documentation requirements** necessary to be a MHCP Provider and **billing requirements** to bill IEP and CTSS services, are all available in the **IEP Services Technical Assistance Guide**. www.dhs.state.mn.us/provider/iep .



Third Party Billing

There are federal regulations and state laws that give rights to students, who are eligible for special education, and to their parents. The regulations and laws also tell school districts certain actions they must take. One of those actions is to assess the needs of the student. Another is to write the student's Individualized Education Program* (IEP). Sometimes, the assessments and services on the IEP are health related services that may be eligible for payment from Medical Assistance (MA), MinnesotaCare (MNC), or a private insurance plan. Getting payments for health related services can be complex for school districts. It may raise questions from parents. But, third party billing brings extra money to the district. This money can really help the school district to pay for the services we provide for children with special needs. We want to make sure that parents have answers to their questions about third party billing. Following, you will find common questions. If you have questions that are not answered here, you may want to contact:

- * Minnesota Department of Human Services about MA or MNC questions: 651-431-2622;
- * Minnesota Department of Education about third party billing for related services: 651-582-8263;
- * PACER Center for answers from an advocate: 952-838-1347; 1-800-537-2237; 952-838-0190 (TTY)
- * Arc Minnesota for answers from an advocate: 651-523-0823; 1-800-582-5256
- * Your school district about district policies related to third party billing: _____; or
- * Your own health plan.

**When we use the term IEP, we also mean an Individualized Family Service Plan (IFSP) and an Individual Interagency Intervention Plan (IIIP).*

Q. What are health related services?

- A.** Health related services are defined by Congress in the Individuals with Disabilities Education Act (IDEA). They include the support services a child with a disability needs to benefit from special education. They are part of the IEP, but they are not instructional in nature. Health related services support a child's instructional program. Health related services include supports such as:
- * Diagnosis, evaluation and assessment;
 - * Speech, physical and occupational therapy;
 - * Mental health and behavioral services;
 - * Audiology;
 - * Special transportation; and
 - * Health services such as nursing and personal care assistant services.

Q. Why does my child's district want to bill Minnesota Health Care Programs (MHCP) and private health plans for health related services?**

- A.** Federal and state laws are very clear that districts must make sure students get all services identified on the IEP. The law is also clear that students get the services with no cost to parents. But, the law states the district is not responsible to pay for all of the services. In Minnesota, districts are required to try to get non-educational funds to pay for health related services. Some health related services are paid for by public and/or private health plans.

***Minnesota Health Care Programs includes Medical Assistance (MA) and MinnesotaCare (MNC). The term MA includes children who are eligible under fee for service, a Prepaid Medical Assistance Plan (PMAP), waivers, or the TEFRA Option.*

- Q. If my district gets money from MHCP or my private health plan, does the district get less money from the Department of Education for the cost of special education?**
- A.** No, the money a district gets from the Department of Education does not go down because they get paid by MHCP or your health plan. This is why it is important for the district to try to get payment from MHCP or your health plan. It is additional money for the district. Often, districts must ask for extra money from local resources to cover the costs of special education. When districts get paid from third parties, such as MHCP or private health plans, it helps to cover the cost of special education.
- Q. Can my school district bill MHCP if I don't want them to bill?**
- A.** Your district does need your permission to share the information necessary to bill MHCP. To do this, the district must give you an initial and annual notice. This notice is in the Notice of Procedural Safeguards. Your district may also give you the notice in an easier to read form. If the parent or legal representative agrees to share the private information needed for billing, they sign a consent form. The consent to release information can be valid as long as the student is eligible for special education, for up to one year, or until the parent ends the release in writing. There are some things you need to know:
- * The district will bill MA or MNC for covered services on your child's IEP. This includes some assessments done to determine if your child is eligible for special education.
 - * If you ask, the district will send you copies of all the records they share with a third party to get paid.
 - * You can take back your permission to share your child's records at any time. You can't take back permission for records already shared.
 - * If you do not give permission, or you take back your permission, your child's IEP services will not change or stop.
- Q. What things about billing MHCP should I know?**
- A.** One of the most important things to know is that Minnesota's laws currently have protections:
- * Services provided by the district and paid by MA or MNC do not count toward any monthly, annual or lifetime limits for the same or similar services. For example, if your child's IEP includes occupational therapy services, it does not affect therapy service limits your child might need or receive from a rehab agency.
 - * Services provided by the district and paid by MA or MNC do not count toward any home care or waiver caps. For example, if your child's IEP includes staff to assist with eating and toileting, it does not affect the amount of personal care services your child can receive at home.
 - * Services provided by the district and paid by MA or MNC do not affect services your child gets from other providers or those covered by a PMAP.
 - * Services provided by the district and paid by MA do not count toward the amount of a parental fee. If only IEP services are paid by MA, there is no parental fee. If parents of children eligible for MA under the TEFRA Option choose to not use MA for other services, they can request a disparity agreement. This means they do not pay a parental fee, unless services other than IEP services are billed. To find out about getting a disparity agreement, parents can call DHS at 651-431-3801.
 - * Services provided by the district and paid by MA do not count toward a spenddown.
- Q. Can my school district bill my private health plan if I don't want them to bill?**
- A.** No, the district must give you information about what might happen if your district bills for health related services once a year. Then, every year the parent or legal representative must make an informed decision about whether the district should or should not bill a private health plan. Your decision must be in writing. It can be valid for up to one year. You can change your decision at any time in writing. If you give your district permission to bill your health plan, it does not mean the plan will pay the district for related services.

Q. What things about billing my private health plan should I know?

A. There are many important things to consider before making a decision about whether your school district should bill your private health plan:

- * If your plan pays the district for covered services, some service limits and prior authorization limits may be affected.
- * If your plan pays the district for covered services, some annual and/or lifetime limits may be affected.
- * If your plan pays the district for covered services, the cost of your private health insurance could go up.
- * If your private plan pays the district for covered services and there is a copay or deductible, there is no cost to you. The district will cover the copay and/or deductible for those services.
- * You can agree to let the district bill your private plan for some, but not all, types of related services on your child's IEP.
- * You can decide your district should not send a bill to your health plan, but allow your district to ask your health plan if the plan would pay the district for services. This is only something to think about if your child is also covered by a public plan like MA. (See next question)

Q. What if my child is covered by a public plan like MA and a private plan?

A. You probably know that when using your child's MA coverage, the doctor or other provider must first bill your private plan to see if they pay for the service. If your private plan denies the payment, then MA can consider whether or not they can pay the claim. School districts must follow the same rules. This could be the type of situation when a parent decides they do not want the district to bill their private health plan for IEP related services. However, the parent might agree the district could find out if the private plan does or does not cover IEP related services. When parents give permission to the district to ask the health plan about coverage, if the plan states they do not cover IEP related service, the district may submit the claim to MA. This assumes the parent or legal representative has given the district an annual informed signed consent.

Q. How does third party billing affect due process?

A. There is nothing about third party billing that has any affect on due process:

- * If you do not let the district share information with DHS or use your private health plan benefits, the district must still make sure your child gets all of the services identified on the IEP.
- * The amount or types of services on your child's IEP does not depend on the ability to get money from a third party. The IEP is written before asking questions about third party options.
- * Once you agree to your child's IEP, the district must start giving services even if the district is waiting to find out if a third party will pay.
- * The district can't change or stop services if they find out a third party won't pay.
- * Districts must follow all privacy regulations. This means that only staff who have a need to know about your health care coverage should have that information.
- * Services will still be provided in the least restrictive environment, even if a third party will pay for services if they are provided in a different setting.
- * Families will not incur any direct costs linked to third party billing

Q. How will I know what my district is being paid for related services?

A. If your district is paid by MHCP for services, the payment will be listed on the Explanation of Medical Benefits (EOMB) you get from the Department of Human Services. The services are described as:

- * School-based IEP services, bundled, physical therapy
- * School-based IEP services, bundled, occupational therapy
- * School-based IEP services, bundled, speech therapy
- * School-based IEP services, bundled, mental health services
- * School-based IEP services, bundled, nursing services

- * School-based IEP services, bundled, PCA/paraprofessional services
- * School-based IEP services, bundled, assistive technology devices
- * School-based IEP services, bundled, special transportation
- * Interpreter Services

Note that all but interpreter services include the word “bundled.” This means that many forms of a service fall into each group. For example, speech therapy includes assessments and evaluations of speech, language and hearing. It also includes treatment services provided by a speech therapist or an audiologist.

The EOMB tells the amount the school was paid. However, the amount on the EOMB is not the money the school gets in a check from MHCP. This is because the check is only for the federal dollars that are paid by MA or MNC. The district gets a little less than 50% of the amount shown on the EOMB. The EOMB is not a bill. You can never owe MHCP or the district for any costs related to your child’s IEP services.

If your district is paid by your private health plan, you should get the same kind of payment report that you do for payments made to other providers.

Q. What happens with the money my district gets from third party billing?

A. Minnesota laws are very specific about the use of money districts get from third party billing. There are several things you should know:

- * If your district gets money from third party billing, it does not reduce any other state aide the district gets for education or special education.
- * Payments from third parties for services given to your child do not go directly to offset costs for your child.
- * Money your district gets for third party billing can only be used for three things:
 1. For the benefit of students with special needs in your district;
 2. To pay for the cost of doing third party billing; and
 3. To get training and help to increase the amount of third party billing.



MC Griffin 06-18-08

This information is available in other forms to people with disabilities by contacting your local school district or the Minnesota Department of Education at the numbers on the first page.

TDD users can call the Minnesota Relay at 711 or 1-800-627-3529. For Speech-to-Speech Relay, call 1-877-627-3848.

504 Plans

What is a 504 Plan?

- The "504" in "504 Plan" refers to Section 504 of the Rehabilitation Act and the Americans with Disabilities Act and falls under civil-rights law
- This plan is an attempt to remove barriers and allow students with disabilities to participate freely
- It seeks to level the playing field so that students with disabilities can safely pursue the same opportunities as everyone else
- Schools **DO NOT** receive additional money to provide accommodations or services in 504 plans

Who is covered under a 504 Plan?

- Qualified students with disabilities who attend schools receiving Federal financial assistance (Parochial schools receiving NO federal aid do not have to do 504 plans)
- Qualified students must have a **physical or mental impairment** that substantially limits one or more **major life activities**
- Examples of a **physical or mental impairment include:**
 - any **physical disorder or condition** such as:
arthritis
chronic asthma or severe allergies
cancer
cerebral palsy
diabetes
muscular dystrophy
orthopedic conditions
seizure disorders
spinal cord or traumatic brain injury
visual or hearing impairments
 - any **mental or psychological disorder**, such as:
ADHD
anxiety
depression
recovering drug or alcohol addicted students
specific learning disabilities
- Examples of **major life activities** include:
caring for self hearing working
walking communicating performing manual tasks
seeing breathing learning

How are evaluation and placement decisions made under a 504 plan?

- A parent, school personnel, or other service provider may request a 504 evaluation
- School districts must have standards and procedures for initial evaluations and periodic re-evaluations (timing of re-evaluations is not specified but **MUST** be done prior to a significant change of placement, which would include a suspension of more than 10 days)
- School districts are required to draw from a variety of sources in the evaluation process
- Amount of information required, eligibility and placement is determined by a multi-disciplinary committee including persons knowledgeable about the student, the meaning of evaluation data, and placement options
- School districts must **NOT** consider the ameliorating effects of any mitigating measures that the student is using (with the exception of ordinary eyeglasses or contacts) when determining eligibility
- The placement decision must be made in conformity with the least restrictive environment
- Each school district must designate an employee to coordinate compliance with Section 504

What about Postsecondary Educational Institutions?

- Section 504 also covers students at postsecondary institutions receiving federal financial assistance.
- A qualified student is a student with a disability who also meets the academic and technical standards required for admission or participation
- Postsecondary institutions must provide students with appropriate academic adjustments and auxiliary aids and services that are necessary to afford equal opportunity to participate

What is required for parental consent and notification?

- Parental permission is required for initial evaluations (while not specified, this would most likely be a written consent)
- Parents may refuse evaluation and/or services
- School districts may use due process hearing procedures to seek to override the parents' denial of request to initiate evaluation
- School districts are required to provide notice to parents explaining any evaluation and placement decisions

Additional information on 504 plans can be found at the following organizations website:

Minnesota Department of Education

http://education.state.mn.us/MDE/Accountability_Programs/Compliance_and_Assistance/Section_504_of_the_Rehabilitation_Act/index.html

Wrightslaw

<http://www.wrightslaw.com/info/sec504.adaaa.htm>

US Dept. of Ed – Office for Civil Rights:

Frequently asked Questions About Section 504

<http://www2.ed.gov/about/offices/list/ocr/504faq.html>

Fact Sheet: Your Rights Under Section 504

<http://www.hhs.gov/ocr/civilrights/resources/factsheets/504.pdf>

About.com: Special Need Children:

What is a 504 plan?

<http://specialchildren.about.com/od/504s/f/504faq1.htm>

How does a 504 plan differ from an IEP?

<http://specialchildren.about.com/od/504s/f/504faq2.htm>

How do I get a 504 plan for my child?

<http://specialchildren.about.com/od/504s/f/504faq3.htm>

LawHelpMN.org (click on the Disability button)

<http://www.lawhelpmn.org/MN>

Examples of Possible Accommodations (PACER)

<http://www.pacer.org/parent/php/php-c49.pdf>

Example of a 504 Plan

<http://www.childrenwithdiabetes.com/504/>

SCHOOL RESOURCES

Directory of Resources for Children and Families in Minnesota – This directory provides information on resources that may help children, families, providers and others working with families and children. Access this directory through the MN Department of Health, Children & Youth with Special Health Needs Program Web page at: <http://www.health.state.mn.us/mcyshn>

Minnesota Parents Know - www.MNParentsKnow.info This website provides parenting information, resources, and activities related to infants, children and youth through Grade 12. You can also access “Help Me Grow” from this website. From the “Newborn”, “Age 1-2” or “Age 3-5” page, just click below the “Help Me Grow” logo and from here you can search for programs or refer a child to “Help Me Grow”

PACER Center - <http://www.pacer.org> PACER (Parent Advocacy Coalition for Educational Rights) Center is a *parent training and information center* for families of children and youth with disabilities from birth through 21 years old. Parents can find publications, workshops, and other resources to help make decisions about education, vocational training, employment, and other services for their children with disabilities

The University of Minnesota’s “Center for Early Education and Development” (CEED): <http://cehd.umn.edu/ceed/publications> has “Questions About Kids” flyers and a series of “Tip Sheets” on the topics of Social and Emotional Growth, Challenging Behaviors, and Mental Health. The “Tip Sheet” section links to various resources on topics including:

- Respond Calmly
- Definition of Infant Mental Health
- The Functional Behavioral Assessment
- Behavior Analysis
- Communicative Alternatives
- Positive Behavioral Support Plans
- Catch Your Child Being Good
- Change the Setting

Minnesota Disability Law Center – Fact Sheets and Resources This link www.mylegalaid.org/mdlc/mdlc-publications will take you to the web site of the Minnesota Disability Law Center. Scroll down to the **Special Education** section to access a series of Fact Sheets that include:

- Advocacy Steps and Dispute Resolution
- Child Find in MN
- Conditional and Prohibited Procedures
- Developing IEPs in MN
- Extended School Year Services
- Termination of Services
- Independent Education Evaluations in MN
- Transition
- Placement of Students with Disabilities in the Least Restrictive Environment

Additional legal resources addressing educational issues can be accessed at www.lawhelpmn.org Scroll down and click on the “Education” button. From there, click on the “Special Education Rights” bullet. Topics here include:

- The Rights of Children with Disabilities to Receive Services from Daycare Providers
- What Makes a Good Individual Education Plan for Your Child?
- Discipline of Students with Disabilities – Frequently Asked Questions
- Resolving Disputes with the School About Your Child’s Special Education