

PLANNING FOR THE MEDICAID SCHOOL PROGRAM (MSP)

DRAFT September 26, 2008

The following information is intended to (1) help school districts and other eligible providers implement the Medicaid School Program (MSP) and (2) assist them in deciding whether or how to participate. It is also intended to provide a general overview of the program and guidance on the program. More detailed questions can be submitted through the ODE Medicaid website at [www. schoolmedicaide@ode.state.oh.us](http://www.schoolmedicaide@ode.state.oh.us). Questions can also be presented at planned training sessions expected in October, 2008.

OVERVIEW OF THE MEDICAID PROGRAM FOR SCHOOLS

1. What is the Medicaid School Program?

The Medicaid School Program (MSP) is a federally approved State Medicaid program that provides reimbursements for eligible IEP related services delivered to Medicaid eligible children who are between the ages of 3 to 21 in the school setting. The program will be administered collaboratively by the Ohio Departments of Job and Family Services (ODJFS), the single state Medicaid agency, and the Ohio Department of Education (ODE). This program replaces the former Ohio Community Alternative Funding System (CAFS) program only for the school provider segment of the former program.

The MSP permits reimbursement to approved school providers for allowable medically necessary services delivered to Medicaid eligible special education students, when they are rendered by appropriately credentialed practitioners for a service approved under the program.

The MSP can reimburse providers for (1) direct services delivered to eligible children with an Individual Education Program (IEP), or those undergoing evaluation for a disability, (2) Targeted Case Management (TCM) for children with developmental disabilities who have an IEP, (3) administrative claiming (replacing the former Ohio MAC Program) and (4) limited transportation services.

2. Why is this program being implemented?

The MSP allows public school district providers to recover part of the cost of delivering eligible services to eligible special needs students that are mandated by federal IDEIA law. The program replaces the Ohio CAFS (Community Alternative Funding System) program for public school districts, which previously provided \$67 million dollars of annual reimbursements to participating Ohio school districts. The reimbursements allowable under the MSP are important because of ever increasing demands on public school district budgets.

3. Has the federal government approved Ohio's Medicaid School Program?

Yes. The federal Centers for Medicare and Medicaid Services (CMS) recently approved Ohio's Medicaid State Plan Amendment for the Medicaid School Program.

4. Are there administrative rules for the MSP and how can we get a copy?

ODJFS, working with ODE and a group of stakeholders, has drafted the administrative rules and shared them with a number of individuals and interested organizations. The draft rules are currently undergoing some final revisions; therefore, the final rules may be somewhat different from the draft rules currently available.

If you are interested in receiving copies of the most recent draft rules and being on the MSP stakeholder mailing list, you can e-mail Schoolmedicaid@ode.state.oh.us

5. When will the administrative rules go into effect?

Once the final rule drafting process is complete, ODJFS will work with the Governor's Office to put into effect Emergency Rules so that MSP can be implemented immediately. The Emergency Rules will allow MSP to start and will be in effect for ninety (90) days. Shortly following the implementation of the emergency rules, ODJFS will file final rules for MSP with the Joint Committee on Agency Rule Review (JCARR). ODJFS will then conduct a public hearing to gather testimony on the program rules prior to the JCARR hearing on the final rules.

6. When will MSP start?

When the administrative rules are signed by the Governor, MSP providers will have the ability to enroll in the program via an application process operated by ODJFS, and begin to submit claims once the provider agreement is approved and the provider receives its Medicaid provider number... **Providers should also note that CMS approved the MSP with an effective date of July 1, 2005.** This provision allows reimbursement for valid and appropriately documented claims back to July 1, 2005, when the CAFS Program terminated.

However, the timing of the receipt of the 2005-08 reimbursements for the back claims for services delivered between July, 2005 and the starting date for MSP, remains subject to a process that is under review and must be finalized with the federal Medicaid Agency (CMS).

7. When does MSP end?

MSP is an ongoing Medicaid reimbursement program. As such, it is not a pilot project or a time-limited program. Nonetheless, for MSP to be ongoing, the state, its agencies and all MSP providers must comply federal Medicaid requirements.

SECURING MSP FUNDING

8. Who can become a MSP Provider?

The following can apply to become an MSP Provider:

- Local Education Agencies (city school districts, local school districts, and exempted village school districts),
- Public Community Schools (recognized by ODE and receiving public funds), and
- The state schools for the deaf and for the blind.

Approved providers may contract with other entities (including Educational Service Centers and County Boards of Mental Retardation and Developmental Disabilities) that provide medically necessary services for children with IEPs. The reimbursement claims for allowable MSP services by these contracted entities must adhere to the same program and administrative standards and compliance requirements as the school provider. The reimbursement claims would be submitted through the MSP provider, which is usually the student's district of residence. The participants to such an arrangement must establish an appropriate contract.

9. Why can't private schools, Educational Service Centers, County Boards of MR/DD, and other agencies that serve children with special needs participate independently in the MSP program?

The approved plan establishing MSP provider eligibility is limited to the entity responsible for funding the IEP services and for providing due process rights under IDEA. In addition, since MSP is a cost-based Medicaid program for which non-federal matching funds are supplied by "Certified Public Expenditure", it is important that Ohio be able to demonstrate to CMS that a public expenditure has been made. Lastly, for the purpose of assuring Medicaid "program integrity," it is important that an individual child's costs not be duplicated by two MSP Providers submitting claims for the same services provided to the same child.

10. What does a potential Provider need to do to become an eligible MSP Provider?

First, the Provider needs to apply for a NPI (National Provider Identifier) number. Once the NPI is received, the Provider must complete and submit a Medicaid provider application.

A. How does the NPI application process work?

There are two ways to apply – electronically or by paper.

1. An electronic application is faster and preferred. Electronic applications can be approved within 1-5 business days and can be submitted using the National Plan and Provider Enumerator System (NPPEs) web site at: <https://nppes.cms.hhs.gov/NPPES>

An MSP Provider applicant will apply as a “health care provider” and should select that option on the home page.

2. A paper application can be obtained by calling the NPI Enumerator at 1-800-465-3203. The turnaround time for a paper application is about 60 days.

B. How can we obtain an Ohio Medicaid provider application?

The Medicaid provider application can be found under Organization Documents at--
<http://jfs.ohio.gov/OHP/bpo/pnms/providerDocuments/Organizations.stm>

Click on the PDF link “**Enrollment Application**”

- Download and print a paper copy of the PDF file of the *Ohio Health Plan Providers Enrollment Application/Agreement for Organizations* (the application which pertains to the **Medicaid School Program** Provider Type 28)
- In the Medicaid School Program section, please make sure you show the Information Retrieval Number (IRN). Not providing the IRN will delay the processing of your application.

C. What other documents are needed for a Medicaid application?

In addition to completing the Ohio Health Plans Provider Enrollment Application/Agreement for Organizations, the following forms must be completed and submitted:

- IRS W9
- Homeland Security DMA Form available at:
<http://jfs.ohio.gov/OHP/bpo/pnms/providerDocuments/dma.pdf> or
<http://www.homelandsecurity.ohio.gov/dma.asp>

Completed forms are mailed to: **Ohio Department of Job and Family Services
 Provider Enrollment Unit**

**P.O. Box 1461
Columbus, Ohio 43216-1461**

11. When can a school district submit its Medicaid provider application to the Ohio Department of Job and Family Services?

ODJFS will allow Providers to submit the MSP provider applications prior to the beginning of the program. However, ODJFS will not process them until the emergency rules take effect. Once ODJFS approves the application, the application becomes the Medicaid provider agreement.

12. What is the Medicaid provider agreement?

The Ohio Medicaid Provider Agreement is a contract between the Provider and the Ohio Department of Jobs and Family Services (ODJFS) in which the Provider agrees to a number of terms and conditions, including furnishing services that are medically necessary and in the amount required by the student (and which are listed in the student's IEP), to bill third-party resources, to accept reimbursement as full payment (not to charge the student's family), to maintain records, to follow the administrative rule requirements for MSP, and to coordinate services with the student's "medical home" (usually the Medicaid managed care plan).

13. What services are covered?

Physical therapy, occupational therapy, speech-language pathology and audiology, nursing, and mental health services (counseling, social work, and psychology) are billable through MSP if the service is on the child's IEP and the child is a Medicaid recipient. The individual skilled professionals rendering the services also have to meet the licensure qualifications listed in the MSP rules.

Adaptive medical equipment and medical supplies are not directly billable but can be included in the MSP provider's annual cost report, if the equipment or supplies are needed for the professional to perform an MSP service. Equipment and supplies that would be used by the child outside the school setting are not allowable and should be obtained through a non-school Medicaid provider.

14. Is a special education student's transportation reimburseable?

Yes, but reimburseable transportation is limited. The transportation must be on the child's IEP, provided in a specially adapted vehicle and rendered to transport a student from school to an appointment to receive an MSP medically necessary service. Transportation from home to school or from school back to the child's home is not reimburseable through MSP.

15. What services are not be billable through MSP?

The rules identify the services below as ineligible:

1. Development of the IEP
2. Services provided for the purpose of maintenance or habilitation.
3. Services and activities that go beyond the recommendation of the qualified practitioner conducting the assessment/evaluation, re-assessment/re-evaluation and therefore are provided solely for the purpose of education, special education or special instruction.
4. Health/medical screens, including mass screens provided to an eligible child with an IEP. (Note: such screenings are covered under the Medicaid EPSDT (Early and Periodic Diagnosis, Screening and Treatment) program.
5. Counseling parents and teachers regarding hearing loss.
6. In-services.
7. Fittings for amplification devices, and equipment troubleshooting and/or repair.
8. Nursing services provided as a part of immunizations process.
9. Instruction on self-care that does not require the expertise of the licensed practitioner.
10. Services provided to a child who does not have an IEP with the exception of the initial assessment/evaluation
11. Services not indicated in an eligible child's IEP prior to the provision of the service with the exception of the initial assessment/evaluation.
12. Services provided to a child who does not have a disability and a need for special education and related services (this does not include the assessment conducted on a child suspected to have a disability and the subsequent re-assessments).
13. Services provided on days or at times when the eligible child is not in attendance at school.
14. Services that are not provided under the appropriate supervision and/or at the appropriate direction of a licensed practitioner of the healing arts.
15. Services provided by a non-licensed person.
16. Services for which an eligible child fails to show progress toward IEP identified goals over two consecutive three-month periods and there is no documentation that the methods and/or techniques applied have been modified to improve progress.
17. Services provided as a part of the eligible child's waiver services, or as a part of services through an intermediate care facility for the mentally retarded or of a nursing facility.
18. Services and activities that are not a direct benefit to the eligible child.

16. Where can services be provided?

Services can be performed in the school setting, the skilled professional's office or clinic, or in the least restrictive environment, as is designated in the IEP. Services performed in an institutional setting such as an Intermediate Care Facility for the Mentally Retarded (ICF-MR) or a nursing home are not allowable under MSP.

17. Are there billable service limits?

Service levels should follow determinations resulting from the assessment/evaluation and re-assessment/re-evaluation conducted as part of the multi-factored evaluation process. The following are MSP service limitations:

- Assessment/evaluation services cannot be billed more than once per continuous twelve month period.
- Re-assessment/re-evaluation services cannot be billed more than once per continuous six-month period.
- Skilled services cannot be billed for dates of service beyond twelve months of the initial assessment/evaluation or re-assessment/re-evaluation

These limits can be exceeded if they are clinically appropriate; however, prior authorization from ODJFS is required.

REIMBURSEMENT CLARIFIED

18. Where are reimbursement claims submitted?

Claims are sent to ODJFS through an EDI trading partner.

19. What is EDI?

EDI (Electronic Data Interchange) is the direct, application-to-application transmission of business documents between business partners following the requirements of HIPAA (the Health Insurance Portability and Accountability Act).

Providers applying to participate in MSP are required to either contract with an EDI trading partner or become an EDI trading partner.

20. When can MSP providers begin submitting claims?

Schools can submit eligible claims to ODJFS as soon as the emergency administrative rules are signed by the Governor **and** following ODJFS approval of the school's individual MSP provider application.

Providers must also have a NPI and have or be an EDI trading partner.

21. Does the Provider need signed parental/guardian consent to submit Medicaid claims?

Providers are not required by HIPAA regulations to obtain a consent statement separate from what already is required under IDEA. However, MSP providers should consider sending a notice to parents/guardians to inform them that the school district is an authorized Medicaid Provider under the Ohio Medicaid Program which does permit them to provide related health insurance information to the child's medical home.

22. Is there a fee schedule that determines how much reimbursement a Provider will receive for MSP services?

The proposed fee schedule is shown as Attachment A.

The fee schedule lists the upper limit that Medicaid will pay initially for a particular service. The amount reimbursed (the federal share or approximately 60% of the fee schedule amount) varies depending on the service rendered and the associated billing code. The non-federal matching funds for MSP are provided by the providers, as demonstrated in the annual cost reports. ODE will reconcile a provider's costs with the amount received in initial reimbursements.

23. How frequently can MSP providers submit claims to ODJFS?

Providers can submit claims 24 hours a day, 7 days a week. ODJFS, however, will process MSP claims for reimbursement weekly.

24. How soon after an MSP claim is submitted to ODJFS can the Provider expect payment?

The timeline for reimbursement depends on various factors (such as claim accuracy and validity). The ODJFS claims submission calendar identifies the cut-off dates for claims and the date claims are scheduled to be paid (refer to the following web address:

<http://jfs.ohio.gov/OHP/tradingpartners/info.stm>

25. How does a Provider determine the correct code is for a service?

The services billed must match the service description in the MSP rule. The appropriate billing code is that which matches the description of the service performed by the skilled health professional. The Provider must have a process which ensures that the documentation includes enough information to support selection of the appropriate billing code.

26. What happens if the services costs exceed the reimbursement?

MSP providers will file a cost report at the end of the fiscal year (June 30) that will be reconciled to payments made to the provider. It will follow a standard format developed for that purpose. As a result, A Provider may be owed additional money if its costs exceeded the amount it was paid. Conversely, if the calculated costs are less than the MSP payments, the Provider would be required to refund part of its payments. In no case can reimbursements exceed the costs associated with the services.

27. What kind of documentation is required for reimbursement?

Service documentation must be consistent with the IEP and the underlying determination of medical necessity. Documentation must include:

- The date that the activity was provided, including the year.
- The name of the individual served.
- A description of the service, procedure, and method provided, as well as the location where the service is delivered (may be in case notes or a coded system with a corresponding key).
- Group size if the service was provided to more than one individual during the service delivery time.
- The duration in minutes or time in/time out of the activity provided. Duration in minutes is acceptable if the schedule of the person delivering the service is maintained on file.
- A description of actual progress the eligible child is making/has made toward the stated goals in the plan of care over each continuous three-month (??? 30 day per federal regulations) reporting period.
- The signature or initials of the person delivering the service on each entry of service delivery. Each documentation recording sheet must contain a legend that indicates the name (typed or printed), title, signature, and initials of the person delivering the service to correspond with each entry's identifying signature or initials.

28. How can a Provider determine Medicaid eligible students?

Medicaid Trading Partners recognized by ODJFS for submitting Medicaid claims through EDI can match a Provider's file of eligible special education students with the Medicaid recipient..

TIME STUDY

29. Will there be a time study required in order to determine a Provider's actual costs related to MSP?

Yes. ODE is working with a contractor to implement an **RMTS (Random Moment Time Study)** for MSP. The RMTS surveys individuals in each of three categories of costs: those providing direct MSP services (but who also may provide TCM or perform Medicaid administrative activities), those performing TCM (and who also may perform Medicaid administration) and those performing only Medicaid administrative activities. The RMTS contractor would contact participants randomly to survey what they are doing, for whom and for what purpose on a particular date and moment (one minute). Using the RMTS to accumulate data is expected to be more efficient and less intrusive and time consuming on Provider staff.

30. .When will the time study begin?

Usually CMS requires a time study to begin when a school-based Medicaid program is approved and starts. Because of the time necessary to contract with an RMTS contractor, to set up the information system, to train local coordinators who train local participants, and to notify participants of their selected moments prior to the month the time study begins, Ohio is asking CMS for permission to begin the time study no earlier than January, 2009 even though MSP may start earlier.

31. What Provider personnel would have to participate in the time study?

Attachment B is a table of the types participants for each of the three pools who would take part in the quarterly time studies. MSP providers will supply information to ODE and its RMTS contractor identifying the individuals and would update the information prior to each quarter. If an individual is not named to participate in the quarterly time study, that individual's salary information for that quarter cannot be included in the cost report.

32. Will MSP providers need to name an RMTS Coordinator?

Yes. The coordinator can be an internal employee, or a vendor/billing agent/TPA (third party administrator). The RMTS contractor will provide initial training for

the RMTS Coordinator which will include an overview of the RMTS program and information on how to access data input mechanisms and input information into the mechanisms. These Coordinators will then be responsible for conducting training of the selected time study participants. It is essential for the Coordinators to understand the purpose of the time studies, the appropriate completion of the RMTS, the timeframes and deadlines for participation, and that their role is crucial to the success of the program.

GETTING READY FOR MSP

33. Will there be training to help Providers implement this program?

Yes. Aside from the RMTS training mentioned above, ODE and ODJFS are working together to plan training on the basics of MSP and the cost reports.

34. What steps can a Provider take to be ready when MSP takes effect?

Providers should begin obtaining an NPI number and completing a Medicaid provider agreement, as described previously.

At the same time as the Provider submits its Medicaid provider agreement, it should notify ODE that it intends to become an MSP provider. It needs to identify an MSP coordinator, and an assistant coordinator, who can serve as the contact persons for ODE and the RMTS contractor,. These individuals are expected to attend RMTS training and train the local participants on the time study.

Subsequently, the MSP provider will be asked for information about the individual time study participants, so it would be a good idea to start assembling this information.

Providers should also begin to assess whether they want to manage and operate their MSP program using in-house staff or with assistance from a billing agent/consulting firm or a third party administrator. There are complex documentation, data transfer and compliance issues that need consideration. How an MSP provider chooses to participate is its decision.

35. Is there a list of billing agents who can help a Provider prepare to implement this program?

There is no such list at this time. If billing agents indicate to ODE that they intend to participate in MSP, ODE will make the list of billing agents available.

36. Will there be a website for the Medicaid School Program?

Yes. ODE intends to create a website for MSP. At this time there is no projected date for when it will be operational.

37. Is there an e-mail address for questions or comments on the proposed administrative rule requirements?

Yes, it is Schoolmedicaid@ode.state.oh.us

ATTACHMENT A

OHIO MEDICAID SCHOOL PROGRAM CPT CODE ASSIGNMENTS

Code	Service	Description	
90804	MH	Individual psychotherapy; insight oriented, behaviour modifying and/or supportive; office; face-to-face; 20-30 minutes	\$36.69
90806	MH	Individual psychotherapy; insight oriented, behaviour modifying and/or supportive; office; face-to-face; 45-50 minutes	\$57.10
90810	MH	Individual Interactive psychotherapy, office; face-to-face; 20-30 min	\$45.28
90812	MH	Individual Interactive psychotherapy, office, face-to-face; 45-50 minutes	\$61.71
90846	MH	Family psychotherapy (without the patient present); each	\$55.86
90847	MH	Family psychotherapy (with the patient present); each	\$63.39
90853	MH	Group psychotherapy (other than of a multiple-family group); each	\$27.88
92506	SLP, Aud	Evaluation of speech, language, voice, communication, and/or auditory processing; each	\$81.68
92507	SLP,	Treatment of speech, language, voice, communication, and/or auditory processing disorder, individual; each	\$57.23
92508	SLP	Treatment of speech, language, voice, communication, and/or auditory processing disorder, Group Therapy of 2 or more; each	\$30.43
92630	SLP,	auditory rehabilitation, prelingual hearing loss; each	\$20.61
92633	SLP,	auditory rehabilitation, postlingual hearing loss; each	\$20.61
92551	SLP, Aud, Nurse	Screening test, pure tone; air only (hearing screen); each	\$10.26
92552	Aud	Pure tone audiometry (threshold); air only; each	\$19.56
92555	Aud	Speech audiometry threshold; each	\$13.23

92557	Aud	Comprehensive audiometry threshold evaluation and speech recognition; each	\$47.82
92567	Aud, Nurse	Tympanometry (impedance testing); each	\$28.26
96101	MH	Psychological testing; with face-to-face, interpretation and report; per hour	\$64.21
96110	MH	Developmental testing, limited, with face-to-face, interpretation and report; each	\$50.00
96111	MH	Developmental testing, extended, with face-to-face, interpretation and report; each	\$50.00
96116	MH	Neurobehavioral status exam; with face-to-face, interpretation and report; per hour	\$54.32
96118	MH	Neuropsychological testing; with face-to-face, interpretation and report; per hour	\$78.31
96150	MH	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires); face-to-face with the patient; initial assessment; 15 minutes	\$23.08
96151	MH	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires); face-to-face with the patient; reassessment; 15 minutes	\$22.32
96152	MH	Health and behavior intervention; face-to-face; individual; 15 minutes	\$21.21
96153	MH	Health and behavior intervention; face-to-face; group (2 or more patients); 15 minutes	\$5.19
97001	PT	Physical Therapy evaluation, each	\$45.65
97002	PT	Physical Therapy re-evaluation, each	\$28.26
97003	OT	Occupational Therapy evaluation, each	\$54.76
97004	OT	Occupational Therapy re-evaluation, each	\$35.20
97012	OT, PT	Traction, mechanical; each	\$17.14
97016	OT, PT	Vasopneumatic devices; each	\$15.89
97032	OT, PT	Electrical stimulation (manual) application of a modality to one or more areas; direct (one-on-one) contact; 15 minutes	\$18.63
97110	OT, PT	Therapeutic procedure, one or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility; direct (one-on-one) contact; 15 minutes	\$16.95
97112	OT, PT	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities; direct (one-on-one) contact; 15 minutes	\$18.50
97113	OT, PT	Aquatic therapy with therapeutic exercises; direct (one-on-one) contact; 15 minutes	\$18.11
97116	OT, PT	Gait training, includes stair climbing; direct (one-on-one) contact; 15 minutes	\$16.43
97124	OT, PT	Massage therapy; direct (one-on-one) contact; 15 minutes	\$15.02

97140	OT, PT	Manual therapy techniques, one or more regions; direct (one-on-one) contact; 15 minutes	\$14.13
97760	OT, PT	Orthotic management and training, upper and/or lower extremity(s), and or trunk; 15 minutes	\$38.36
97761	OT, PT	Prosthetic training, upper and/or lower extremity(s); 15 minutes	\$38.36
97530	OT, PT	Therapeutic activities, direct (one-on-one) contact (use of dynamic activities to improve functional performance); 15 minutes	\$17.75
97532	OT, PT	Cognitive skills development or improve attention, memory, problem solving; direct (one-on-one) contact; 15 minutes	\$20.20
97533	OT, PT	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; direct (one-on-one) contact; 15 minutes.	\$22.04
97150	OT, PT	Therapeutic procedures; group of 2 or more, with constant attendance; to be reported for each member of group; each (encounter code)	\$19.21
T2003	Transport	Non-emergency transportation: encounter/trip	\$5.20
H0004	MH	Behavioral health counseling and therapy; 15 minutes	\$11.25
H0031	MH	Mental health assessment, by Non-physician; each	\$48.50
T1001	Nursing	Nursing assessment/evaluation , each	\$11.25
T1002	Nursing	RN services; 15 minutes	\$11.25
T1003	Nursing	LPN/LVN services; 15 minutes	\$9.56
T1017	TCM	Targeted Case Management; 15 minutes	\$10.56

Attachment B: Participant Categories

PARTICIPANT CATEGORIES

- Licensed Audiologists
- Licensed Audiology Aides
- Licensed Speech-Language Pathologists

- Licensed Speech-Language Pathology Aides
- Licensed Professional Clinical Counselors
- Licensed Counselors
- Licensed Registered Nurses
- Licensed Practical Nurses (LPNs)
- Licensed Occupational Therapists
- Licensed Occupational Therapy Assistants (COTAs)
- Licensed Physical Therapists
- Licensed Physical Therapy Assistants
- Licensed Psychologists
- Licensed School Psychologists
- Licensed Psychiatrists
- Licensed Independent Social Workers
- Licensed Social Workers
- Targeted Case Management (TCM) Personnel (as specified in an IEP and not included in any other category **above**, but possibly titled in categories below)
- Bilingual Specialists
- Interpreters (Hearing Impaired)
- Orientation & Mobility Specialists
- Program Specialists
- Psychology Interns
- Special Education Administrators
- Social Work Interns
- Teacher Consultant
- Professional Pupil Service License Holders – School Psychologists/School Counselors

**Attachment B:
Summary of Participant Categories Mapped to Cost
Pools**

COST POOL	PARTICIPANT CATEGORY
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<p>POOL 1 Personnel who deliver Direct Medical Services, and who may deliver TCM and/or perform administrative services</p>	<p>Licensed Audiologists Licensed Audiology Aides Licensed Speech-Language Pathologists Licensed Speech-Language Pathology Aides Licensed Psychologists Licensed School Psychologists Licensed Occupational Therapists Licensed Occupational Therapy Assistants (COTAs) Licensed Physical Therapists Licensed Physical Therapy Assistants Licensed Registered Nurses (RNs) Licensed Practical Nurses (LPNs)</p> <p>Licensed Professional Clinical Counselors Licensed Counselors Licensed Independent Social Workers Licensed Social Workers</p>
<p>POOL 2 Personnel not included in pool 1 who provide TCM as specified in an IEP. These individuals may also perform some administrative services</p>	<p>Individuals specifically mentioned in a child's IEP as providing TCM services that are not included in any other cost pool. This <i>may</i> include some special education administrators and professional pupil service license holders.</p>
<p>POOL 3 Personnel who only perform administrative services</p>	<p>Bilingual Specialists Interpreters (Hearing Impaired) Orientation & Mobility Specialists Program Specialists Teacher Consultant Psychology Interns Special Education Administrators (non-TCM) Social Work Interns Professional Pupil Service License Holders – School Psychologists/School Counselors</p>