Medicaid School-Based Services
Procedure for Notifying the Primary Care Provider of
MSBS Services & Completing the Good Faith Effort

Background

Medicaid policy 8.320.6.13.B.3 requires notification or documentation of a "Good Faith Effort" to notify the child's Primary Care Provider (PCP) of the services to be provided under Medicaid School-Based Services (MSBS) in the school setting, for services provided in accordance with an Individualized Treatment Program (IEP) or Individualized Family Service Plan (IFSP). For reimbursement, services must be performed in accordance with the Individualized Treatment Plan (ITP) portion of the IEP or the IFSP that the PCP has been notified of.

Goal

The goal of this procedure is to facilitate involvement of a student's PCP in 1) the provision of the student's health care, including services provided under the MSBS program that are associated with the student's identified medical condition and/or disability; and 2) the provision of the student's routine health and wellness checks.

Procedure

1. The school district uses available resources to check the student's Medicaid eligibility and confirm their Managed Care Organization (MCO) membership. Resources may include:

    - The Medicaid Web Portal: https://nmmedicaid.portal.conduent.com/static/index.htm
    - The Automated Voice Response System (AVRS) at 1-800-820-6901.
    - The 80-day match list sent yearly by the Medicaid School Health Office.

    NOTE: If during the Medicaid eligibility and MCO identification step, the student is found to not be Medicaid eligible (at the time the IEP was completed) and/or meets Native American exemption status, the PCP notification and good faith effort process does not have to be obtained.

2. The school district should then use available resources to identify the PCP. Resources may include:

    - The school district's registration information.
    - A purchased software program, such as HealthXnet.

    a. If the school district is unable to obtain PCP information using these resources, it may send lists, by MCO membership, to the MCOs. The MCOs will send the school district lists of the students' PCPs. It is important that the school district confirms students' MCO status prior to sending any lists to the MCOs and that it does not send the MCOs lists of total student enrollment or non-members. For MCO contact information, see the MSBS Guidebook, Appendix O – School Health Contact Information and MCO Contact Information.

        i. If the school district does not receive a response from the MCO indicating that they received and will follow up on the information provided in Step 2a above, the school district must contact the Medical Assistance Division, School Health Office at msbs.schoolhealth@hca.nm.gov.

Completion of Step 2 is the first part of meeting the "good faith effort" requirement.

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3. After obtaining the PCP information, the school district forwards information from the ITP (Individualized Treatment Plan) portion of the student's IEP/IFSP to the student's PCP to obtain an acknowledgment of the provision of health-related services and PCP signature. See the MSBS Guidebook, Appendix H – Notifying the PCP & Good Faith Effort, for a PCP notification template.
The district may begin billing for services as soon as the notification has been sent to the PCP.

    a. If the school district discovers that the PCP information is inaccurate or out of date, the school district sends the student's name, date of birth, and Medicaid or Social Security number to the appropriate MCO contact person via the MCO designated procedure. If the MCO sends the school district new PCP information, the school district repeats Step 3 above.

    NOTE: If the district initially obtained the PCP information from the MCO or a source like HealthXnet, proceed directly to Step 3b.

    b. If the PCP returns the form unsigned or does not acknowledge the "provision of health-related services for the above-named student as identified in the IEP/IFSP," you must continue the Good Faith Effort. A second attempt must be made to notify the PCP and obtain an acknowledgment of the "provision of health-related services" and a PCP signature. If the second attempt still does not complete the PCP notification process, proceed to the Good Faith Effort step below.

    c. If the PCP returns the form and indicates the child has not had their annual well-child check-up, you must continue the Good Faith Effort below.

Completion of Step 3 is the second part of meeting the "good faith effort" requirement.

4. The district should contact the student's parent(s)/guardian(s) for assistance in working with the PCP. This may include getting updated PCP information, encouraging the PCP to return the completed PCP form and/or encouraging the parent(s)/guardian(s) to have their child scheduled for an annual well-child check-up.

    a. If the student's parent(s)/guardian(s) fail to respond to the district's 1st attempt within ten school days, the school district should make a second attempt to contact the parents. If the parents are still nonresponsive after five additional school days, the school district should proceed to Step 5 below. Contact with the parents may be made in the form of a letter or phone call, as determined by the school district, and must be documented.

Completion of Step 4 is the third, and final, part of meeting the "good faith effort" requirement.

5. If the school district has complete documentation of having performed all steps of the "good faith effort" listed above, they may continue billing for services. The entire procedure should be completed within 180 days of the date of the IEP. See the MSBS Guidebook, Appendix H – Notifying the PCP & Good Faith Effort, for a template to document the Good Faith Effort.

Insert District Name
Medicaid School-Based Services

Individual Treatment Plan
Primary Care Provider Notification

Student: _____ DOB: _____ IEP _____ Addendum _____ DATE: _____ to _____

School: _____

Primary Diagnosis: _____ Medicaid Number: _____ MCO: _____

Physician Name: _____ Phone: _____

Qualified health-related services personnel, operating within their professional scopes of practice, have determined that the above named student needs the following health services during the school day to ensure compliance with the Individuals with Disabilities Education Act (IDEA). These services are provided by qualified, licensed health providers that are employed by or contractors with *Insert District Name*; and are provided in accordance with the student's Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP).

Service Providers, please indicate type of therapy, frequency and duration of sessions. (Note: If student is placed on consultation, please indicate a frequency and duration expected should the student require intervention.)

	Frequency / Duration			Frequency / Duration	
Occupational Therapy			**Social Work Services**		
Physical Therapy			**Psychological Services**		
Speech/Language Pathology			**Nursing Treatment**		
Audiology			**Transportation** Modification:		

Primary Care Provider Information

This document is being provided by *Insert District Name* to inform the PCP of the health-related service(s) being rendered to the above named student in the educational setting. Provider signature signifies that the provider has received this notification of services to be delivered by the school district as identified in the IEP/IFSP and as required by IDEA. Parental consent is being obtained and is not required for PCP Notification. *Insert District Name* is required to provide these services under IDEA, regardless of physician signature.

_____ I acknowledge the provision of health-related services for the above names student as identified in the IEP/IFSP.

_____ I have not seen this student for their annual Well-Child Exam. Please encourage the parent/guardian to schedule an appointment for this student.

_____ I am not this child's Primary Care Provider.

Physician Signature: _____ Date: _____

Please return this completed form to *Insert Medicaid Coordinator mailing address*. If you have any questions concerning the services listed on this form please contact *Insert Medicaid Coordinator Phone number*.