



Date: February 5, 2011

To: All MSP stakeholders

From: Mark Smith, MSP Program Coordinator, ODE

Re: Differing methods of documentation: Medicaid v non-Medicaid therapy recipients

The purpose of this memo is to inform MSP stakeholders of potential issues if differing methods of documentation are used for therapy services. [OAC 5101: 3-35-06 \(G\)](#) and [OAC 5101:3-35-05 \(E\)](#) defines documentation requirements for Medicaid reimbursable services. While ODE/ODJFS cannot mandate that Medicaid-level documentation be kept for non-Medicaid eligible services, we ask districts to consider the following points:

- Differing documentation requirements build a perception that services are delivered differently based on funding availability, even if service levels are not influenced in that way.
- If IEP therapy services are rendered to a student who is newly Medicaid eligible, but Medicaid-required documentation is not recorded, Medicaid cannot reimburse a district for those services.
- Medicaid documentation elements are good indicators of adequate and appropriate service delivery over time. Other documentation standards may not adequately address the ability to determine a student's changing needs for therapy services.
- A student's eligibility for Medicaid is fluid; while recent changes in Medicaid eligibility now require a child's eligibility be re/determined annually, the span of eligibility varies from student to student.
- There is an additional effort of maintaining two different structures of service documentation.
- The majority of school districts in Ohio do not disclose Medicaid eligibility to therapists in order to avoid any perceptions of disparate treatment based on funding availability; in those districts, all student therapy service documentation is structured to meet Medicaid documentation requirements.

ODE asks districts to consider the adoption of a uniform standard of service documentation, one that minimizes perceived disparity in service delivery, eliminates multiple documentation processes which can be confusing, and mitigates any potential losses in Medicaid revenue.