

BOARD CERTIFIED BEHAVIOR ANALYSIS (BCBA)

Revised 8/2016; 6/2017, 6/2018

Please refer to the provider qualifications and procedure codes to be used when logging services for students with IEP prescribed or 504 plan prescribed services.

Staff Qualifications: Professionals with a M.A. or M.S. degree in psychology, special education, social work, or behavior management or professionals with current licensure in clinical psychology or current certification as a Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA) working under the supervision of a BCBA or a technician working under the supervision of a BCBA.

Direct Services:

Service Code	Description
H2014	Individual Service - Face to face service providing redirection and modeling of appropriate behaviors in order to enhance the student's functioning within their home or community. The service involves regularly scheduled interventions with the student and a qualified professional or paraprofessional. "Behavior Analysis" means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, including the use of direct observation, measurement and functional analysis of the relationship between the environment and behavior, to produce socially significant improvement in human behavior. Behavioral Modification must be listed on the IEP with planned frequency.

What is included in a Session Note:	For each direct service provided session notes are required. These are placed in the comments field when entering a service. Notes shall describe the therapeutic activity, the student's response to the therapeutic intervention and its relation to the goals indicated in the student's IEP. Be sure to include enough detail to allow reconstruction of what transpired for each service. <ul style="list-style-type: none"> ▪ What kind of treatment did student receive? ▪ What was observed during the service/treatment? ▪ What was the outcome of the service/treatment? Use your professional judgment when creating a session note. Do not include more information than is required.
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Monthly Progress Report (Required)

Monthly Progress Report - REQUIRED	Monthly Progress notes are comprised of three elements: <ul style="list-style-type: none"> ▪ Goals and Objectives ▪ Activities used to work on the goals and objectives ▪ Progress towards the goals and objectives. In the service type drop down select Monthly Progress Report-REQUIRED . Generic goals addressed and activities will appear below the comments box. Check as many goals and activities as you need- you must pick at least one. You will need to indicate notes towards the student's progress in the comments field. Comments will reflect the progress towards the goals you have indicated. Monthly Progress notes MUST be documented on any day during the last week of the month.
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EVALUATIONS: Once complete, log your evaluation on all of the days it took to complete the process.

H0031	Behavior Assessment (effective 1/1/17) - A behavior assessment is a clinical compilation of observational data, behavior rating scales, and report from various sources (ex., schools, families, pediatricians, etc.) designed to identify the individual's current strengths and needs across developmental and behavior domains.
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Note -Non-Billable Items

Note-Non Billable	Non-Billable Items - Selecting non billable will allow providers to select from multiple options. This may be to include notes or to indicate why a service was missed.
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COUNSELING SERVICES

Revised 8/2016; 6/2017; 5/31/17, 6/29/2018

Please refer to the provider qualifications and procedure codes to be used when logging services for students with IEP prescribed or 504 plan prescribed services.

Staff Qualifications: A school certified or licensed school counselor/guidance counselor in the State of Connecticut. Interns are not considered qualified Medicaid eligible providers for the school based child health (SBCH) program in Connecticut. While they may provide services for districts, they cannot claim services for Medicaid reimbursement and the actual licensed or school certified provider may not include their time as billable under their name.

Direct Services:

Service Code	Description
90832	Individual Counseling - All counseling services indicated in student IEP. Counseling services may be provided by social worker, school/guidance counselor or psychologist. 20 Minute Minimum.
90853	Group Counseling - Counseling for group (2 or more individuals) All counseling services indicated in student IEP. Counseling services may be provided by social worker, school/guidance counselor or psychologist.
90847	Family Counseling – must be included in student IEP

What is included in a Session Note:	<p>For each direct service provided session notes are required. These are placed in the comments field when entering a service. Notes shall describe the therapeutic activity, the student’s response to the therapeutic intervention and its relation to the goals indicated in the student’s IEP. Be sure to include enough detail to allow reconstruction of what transpired for each service.</p> <ul style="list-style-type: none"> ▪ What kind of treatment did student receive? ▪ What was observed during the service/treatment? ▪ What was the outcome of the service/treatment? <p>Use your professional judgment when creating a session note. Do not include more information than is required.</p>
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Monthly Progress Report (Required)

Monthly Progress Report - REQUIRED	<p>Monthly Progress notes are comprised of three elements:</p> <ul style="list-style-type: none"> ▪ Goals and Objectives ▪ Activities used to work on the goals and objectives ▪ Progress towards the goals and objectives. <p>In the service type drop down select Monthly Progress Report-REQUIRED. Generic goals addressed and activities will appear below the comments box. Check as many goals and activities as you need- you must pick at least one. You will need to indicate notes towards the student’s progress in the comments field. Comments will reflect the progress towards the goals you have indicated.</p> <p>Monthly Progress notes MUST be documented on any day during the last week of the month.</p>
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EVALUATIONS: Once complete, log your evaluation on all of the days it took to complete the process.

90791	Diagnostic Interviews, Developmental History, Social Work Assessment - (this includes all testing, analyzing testing results, writing the evaluation report, any travel from building to building can be included in the time for testing of the student. All observations that lead to the actual evaluation can be included. If Observations do not lead to an actual evaluation do not include this time.
H0031	Behavior Assessment- A behavior assessment is a clinical compilation of observational data, behavior rating scales, and report from various sources (ex., schools, families, pediatricians, etc.) designed to identify the individual’s current strengths and needs across developmental and behavior domains.
97755	Assistive Technology Assessment is an evaluation conducted to determine a child’s health related needs for purposes of the IEP/504 plan and shall be covered, as necessary, to assess or reassess the need for medical services in a child’s treatment plan. Assessment services include the identification and assessment of health-related needs for medical services for the purposes of determining educational recommendations.

Note-Non-Billable Items

Note-Non Billable	Non-Billable Items - Selecting non billable will allow providers to select from multiple options. This may be to include notes or to indicate why a service was missed.
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OCCUPATIONAL THERAPY

Revised 8/2016; 6/2017; 5/31/17, 6/29/2018

Please refer to the provider qualifications and procedure codes to be used when logging services for students with IEP prescribed or 504 plan prescribed services.

Staff Qualifications: A licensed Occupational Therapist in the State of Connecticut; A COTA is an eligible Medicaid provider for the School-Based Child Health program. Certified Occupational Therapy Assistants may log services for any student they provide service for and services must be reviewed the supervising provider using the Supervision wizard in the service portal. All COTA's must work under the supervision of a licensed occupational therapist.

Direct Services:

Service Code	Description
97110	Individual Therapeutic Procedures - Therapeutic procedure, one or more areas – Direct Individual
97150	Group Therapeutic Procedures - Therapeutic procedure(s), group (2 or more individuals)
T1019	Personal Care Assistance Services consists of physical assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) and must be authorized by a physician or nurse practitioner and do not include services that only health professionals may perform (ex., home health aide services).

What is included in a Session Note:	<p>For each direct service provided session notes are required. These are placed in the comments field when entering a service. Notes shall describe the therapeutic activity, the student's response to the therapeutic intervention and its relation to the goals indicated in the student's IEP. Be sure to include enough detail to allow reconstruction of what transpired for each service.</p> <ul style="list-style-type: none"> ▪ What kind of treatment did student receive? ▪ What was observed during the service/treatment? ▪ What was the outcome of the service/treatment? <p>Use your professional judgment when creating a session note. Do not include more information than is required.</p>
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Monthly Progress Report (Required)

Monthly Progress Report - REQUIRED	<p>Monthly Progress notes are comprised of three elements:</p> <ul style="list-style-type: none"> ▪ Goals and Objectives ▪ Activities used to work on the goals and objectives ▪ Progress towards the goals and objectives. <p>In the service type drop down select Monthly Progress Report-REQUIRED. Generic goals addressed and activities will appear below the comments box. Check as many goals and activities as you need- you must pick at least one. You will need to indicate notes towards the student's progress in the comments field. Comments will reflect the progress towards the goals you have indicated.</p> <p>Monthly Progress notes MUST be documented on any day during the last week of the month.</p>
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EVALUATIONS: Once complete, log your evaluation on all of the days it took to complete the process.

97165	<p>LOW Complex Occupational Therapy Evaluation, 1 to 3 deficits. Components required include:</p> <ul style="list-style-type: none"> • An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; • An assessment that identifies 1-3 performance deficits (i.e., relating to physical, cognitive or psychosocial skills) that result in activity limitations and/or participation restrictions; and • Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessments(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (ex. Physical or verbal) with assessment(s) is not necessary to enable completion or evaluation component. <p>Evaluation time includes all testing, analyzing testing results, writing the evaluation report, any travel from building to building can be included in the time for testing of the student. All observations that lead to the actual evaluation can be included. If Observations do not lead to an actual evaluation do not include this time.</p> <p>IEP Meeting Participation in the review of Evaluation results. Only the provider who performed the actual evaluation and is reporting on the results may include this billable time.</p>
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97166	<p>MOD Complex Occupational Therapy Evaluation, 3 to 5 deficits. Components required include:</p> <ul style="list-style-type: none"> • An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history relating to the current functional performance; • An assessment that identifies 3-5 performance deficits (i.e., relating to physical, cognitive or psychosocial skills) that result in activity limitations and/or participation restrictions; and • Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessments(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (ex. Physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. <p>Evaluation time includes all testing, analyzing testing results, writing the evaluation report, any travel from building to building can be included in the time for testing of the student. All observations that lead to the actual evaluation can be included. If Observations do not lead to an actual evaluation do not include this time.</p> <p>IEP Meeting Participation in the review of Evaluation results. Only the provider who performed the actual evaluation and is reporting on the results may include this billable time.</p>
97167	<p>HIGH Complex Occupational Therapy Evaluation, 5 or more deficits. Components required include:</p> <ul style="list-style-type: none"> • An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history relating to the current functional performance; • An assessment that identifies 5 or more performance deficits (i.e., relating to physical, cognitive or psychosocial skills) that result in activity limitations and/or participation restrictions; and • Clinical decision making of high analytic complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessments(s), and consideration of multiple treatment options. Patient may present with comorbidities that affect occupational performance. Significant modification of tasks or assistance (ex. Physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. <p>Evaluation time includes all testing, analyzing testing results, writing the evaluation report, any travel from building to building can be included in the time for testing of the student. All observations that lead to the actual evaluation can be included. If Observations do not lead to an actual evaluation do not include this time.</p> <p>IEP Meeting Participation in the review of Evaluation results. Only the provider who performed the actual evaluation and is reporting on the results may include this billable time.</p>
97755	<p>Assistive Technology Assessment is an evaluation conducted to determine a child's health related needs for purposes of the IEP/504 plan and shall be covered, as necessary, to assess or reassess the need for medical services in a child's treatment plan. Assessment services include the identification and assessment of health-related needs for medical services for the purposes of determining educational recommendations.</p>

Note-Non-Billable Items

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PSYCHIATRIC & PSYCHOLOGICAL SERVICES

Revised 8/2016; 6/2017; 5/31/17, 6/29/2018, 1/1/2019

Please refer to the provider qualifications and procedure codes to be used when logging services for students with IEP prescribed or 504 plan prescribed services.

Staff Qualifications: A licensed Psychologist or school certified Psychologist in the State of Connecticut.

Psychologist interns are not considered qualified Medicaid eligible providers for the school based child health (SBCH) program in Connecticut. While they may provide services for districts, they cannot claim services for Medicaid reimbursement and the actual licensed or school certified provider may not include their time as billable under their name.

Direct Services:

Service Code	Description
90832	Individual Counseling - All counseling services indicated in student IEP. Counseling services may be provided by social worker, school/guidance counselor or psychologist. 20 Minute Minimum.
90853	Group Counseling - Counseling for group (2 or more individuals) All counseling services indicated in student IEP. Counseling services may be provided by social worker, school/guidance counselor or psychologist.
90847	Family Counseling – must be included in student IEP

<p>What is included in a Session Note:</p>	<p>For each direct service provided session notes are required. These are placed in the comments field when entering a service. Notes shall describe the therapeutic activity, the student’s response to the therapeutic intervention and its relation to the goals indicated in the student’s IEP. Be sure to include enough detail to allow reconstruction of what transpired for each service.</p> <ul style="list-style-type: none"> ▪ What kind of treatment did student receive? ▪ What was observed during the service/treatment? ▪ What was the outcome of the service/treatment? <p>Use your professional judgment when creating a session note. Do not include more information than is required.</p>
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Monthly Progress Report (Required)

<p>Monthly Progress Report - REQUIRED</p>	<p>Monthly Progress notes are comprised of three elements:</p> <ul style="list-style-type: none"> ▪ Goals and Objectives ▪ Activities used to work on the goals and objectives ▪ Progress towards the goals and objectives. <p>In the service type drop down select Monthly Progress Report-REQUIRED. Generic goals addressed and activities will appear below the comments box. Check as many goals and activities as you need- you must pick at least one. You will need to indicate notes towards the student’s progress in the comments field. Comments will reflect the progress towards the goals you have indicated.</p> <p>Monthly Progress notes MUST be documented on any day during the last week of the month.</p>
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EVALUATIONS: Once complete, log your evaluation on all of the days it took to complete the process.

<p>96130</p>	<p>Psychological Testing-Initial Hour : Psychological testing evaluation including integration of patient data, interpretation of standardized test results & clinical data, clinical decision making, treatment planning & report, and interactive feedback to the patient, family member(s) or caregiver(s) when performed, first hour (this includes all testing, analyzing testing results, writing the evaluation report, any travel from building to building can be included in the time for testing of the student. All observations that lead to the actual evaluation can be included. If Observations do not lead to an actual evaluation do not include this time.</p>
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Evaluations Con't:

96131	<p>Psychological Testing-additional hours Psychological testing evaluation including integration of patient data, interpretation of standardized test results & clinical data, clinical decision making, treatment planning & report, and interactive feedback to the patient, family member(s) or caregiver(s) when performed, first hour (this includes all testing, analyzing testing results, writing the evaluation report, any travel from building to building can be included in the time for testing of the student. All observations that lead to the actual evaluation can be included. If Observations do not lead to an actual evaluation do not include this time.</p> <p>IEP Meeting - Participation in the review of Evaluation results. This includes all Developmental Histories and Social Work assessments. Only the provider who performed the actual evaluation and is reporting on the results may include this billable time.</p>
90791	<p>Diagnostic Interviews, Developmental History, Social Work Assessment - (this includes all testing, analyzing testing results, writing the evaluation report, any travel from building to building can be included in the time for testing of the student. All observations that lead to the actual evaluation can be included. If Observations do not lead to an actual evaluation do not include this time.</p>
H0031	<p>Behavior Assessment - A behavior assessment is a clinical compilation of observational data, behavior rating scales, and report from various sources (ex., schools, families, pediatricians, etc.) designed to identify the individual's current strengths and needs across developmental and behavior domains.</p>
97755	<p>Assistive Technology Assessment is an evaluation conducted to determine a child's health related needs for purposes of the IEP/504 plan and shall be covered, as necessary, to assess or reassess the need for medical services in a child's treatment plan. Assessment services include the identification and assessment of health-related needs for medical services for the purposes of determining educational recommendations.</p>

Note Non-Billable Items

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PHYSICAL THERAPY

Revised 8/2016; 6/2017; 5/31/17, 6/2018

Please refer to the provider qualifications and procedure codes to be used when logging services for students with IEP prescribed or 504 plan prescribed services.

Staff Qualifications: A licensed Physical Therapist in the State of Connecticut; A PT Assistant is an eligible Medicaid provider for the School-Based Child Health program. Physical Therapy Assistants may log services for any student they provide service for and services must be reviewed the supervising provider using the Supervision wizard in the service portal. All PT Assistants must work under the supervision of a licensed physical therapist.

Direct Services:

Service Code	Description
97110	Individual Therapeutic Procedures - Therapeutic procedure, one or more areas – Direct Individual
97150	Group Therapeutic Procedures - Therapeutic procedure(s), group (2 or more individuals)
T1019	Personal Care Assistance Services consists of physical assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) and must be authorized by a physician or nurse practitioner and do not include services that only health professionals may perform (ex., home health aide services).

<p>What is included in a Session Note:</p>	<p>For each direct service provided session notes are required. These are placed in the comments field when entering a service. Notes shall describe the therapeutic activity, the student’s response to the therapeutic intervention and its relation to the goals indicated in the student’s IEP. Be sure to include enough detail to allow reconstruction of what transpired for each service.</p> <ul style="list-style-type: none"> ▪ What kind of treatment did student receive? ▪ What was observed during the service/treatment? ▪ What was the outcome of the service/treatment? <p>Use your professional judgment when creating a session note. Do not include more information than is required.</p>
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Monthly Progress Report (Required)

<p>Monthly Progress Report - REQUIRED</p>	<p>Monthly Progress notes are comprised of three elements:</p> <ul style="list-style-type: none"> ▪ Goals and Objectives ▪ Activities used to work on the goals and objectives ▪ Progress towards the goals and objectives. <p>In the service type drop down select Monthly Progress Report-REQUIRED. Generic goals addressed and activities will appear below the comments box. Check as many goals and activities as you need- you must pick at least one. You will need to indicate notes towards the student’s progress in the comments field. Comments will reflect the progress towards the goals you have indicated.</p> <p>Monthly Progress notes MUST be documented on any day during the last week of the month.</p>
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EVALUATIONS: Once complete, log your evaluation on all of the days it took to complete the process.

<p>97161</p>	<p>LOW Complex Physical Therapy Evaluation. Components required include:</p> <ul style="list-style-type: none"> • A history with no personal factors and/or comorbidities that impact plan of care; • An examination of body system(s) using standardized tests and measures in addressing 1-2 elements from any of the following: Body structures and functions, activity limitations, and/or participation restrictions; • A clinical presentation with stable and/or uncomplicated characteristics; and • A clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. <p>Evaluation time includes all testing, analyzing testing results, writing the evaluation report, any travel from building to building can be included in the time for testing of the student. All observations that lead to the actual evaluation can be included. If Observations do not lead to an actual evaluation do not include this time.</p> <p>IEP Meeting Participation in the review of Evaluation results. Only the provider who performed the actual evaluation and is reporting on the results may include this billable time.</p>
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Evaluations Con't:

<p>97162</p>	<p>MOD Complex Physical Therapy Evaluation. Components required include:</p> <ul style="list-style-type: none"> • A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; • An examination of body system(s) using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; • An evolving clinical presentation with changing characteristics; and • A clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. <p>Evaluation time includes all testing, analyzing testing results, writing the evaluation report, any travel from building to building can be included in the time for testing of the student. All observations that lead to the actual evaluation can be included. If Observations do not lead to an actual evaluation do not include this time.</p> <p>IEP Meeting Participation in the review of Evaluation results. Only the provider who performed the actual evaluation and is reporting on the results may include this billable time.</p>
<p>97163</p>	<p>HIGH Complex Physical Therapy Evaluation. Components required include:</p> <ul style="list-style-type: none"> • A history with 3 or more personal factors and/or comorbidities that impact the plan of care; • An examination of body system(s) using standardized tests and measures in addressing a total of 4 or more elements from any of the following: Body structures and functions, activity limitations, and/or participation restrictions; • A clinical presentation with unstable and unpredictable characteristics; and • A clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. <p>Evaluation time includes all testing, analyzing testing results, writing the evaluation report, any travel from building to building can be included in the time for testing of the student. All observations that lead to the actual evaluation can be included. If Observations do not lead to an actual evaluation do not include this time.</p> <p>IEP Meeting Participation in the review of Evaluation results. Only the provider who performed the actual evaluation and is reporting on the results may include this billable time.</p>
<p>97755</p>	<p>Assistive Technology Assessment is an evaluation conducted to determine a child's health related needs for purposes of the IEP/504 plan and shall be covered, as necessary, to assess or reassess the need for medical services in a child's treatment plan. Assessment services include the identification and assessment of health-related needs for medical services for the purposes of determining educational recommendations.</p>

Note-Non-Billable Items

<p>Note-Non Billable</p>	<p>Non-Billable Items - Selecting non billable will allow providers to select from multiple options. This may be to include notes or to indicate why a service was missed.</p>
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SPEECH LANGUAGE THERAPY

Revised 8/2016; 6/2017; 5/31/17, 6/2018

Please refer to the provider qualifications and procedure codes to be used when logging services for students with IEP prescribed or 504 plan prescribed services.

Staff Qualifications: A licensed Speech Language Pathologist in the State of Connecticut; a Speech Assistant is an eligible Medicaid provider for the school based child health program (SBCH). Speech Assistants may log services for any student they provide service for and services must be reviewed by a supervising provider using the Supervision wizard in the service portal. All Speech Assistants must work under the supervision of a licensed Speech Language Pathologist.

Direct Services:

Service Code	Description
92507	Individual Treatment of Speech, Language, Voice, Communication, and/or Auditory Processing.
92508	Group Treatment of Speech, Language, Voice, Communication, and/or Auditory Processing.

<p>What is included in a Session Note:</p>	<p>For each direct service provided session notes are required. These are placed in the comments field when entering a service. Notes shall describe the therapeutic activity, the student's response to the therapeutic intervention and its relation to the goals indicated in the student's IEP. Be sure to include enough detail to allow reconstruction of what transpired for each service.</p> <ul style="list-style-type: none"> ▪ What kind of treatment did student receive? ▪ What was observed during the service/treatment? ▪ What was the outcome of the service/treatment? <p>Use your professional judgment when creating a session note. Do not include more information than is required.</p>
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Monthly Progress Report (Required)

<p>Monthly Progress Report - REQUIRED</p>	<p>Monthly Progress notes are comprised of three elements:</p> <ul style="list-style-type: none"> ▪ Goals and Objectives ▪ Activities used to work on the goals and objectives ▪ Progress towards the goals and objectives. <p>In the service type drop down select Monthly Progress Report-REQUIRED. Generic goals addressed and activities will appear below the comments box. Check as many goals and activities as you need- you must pick at least one. You will need to indicate notes towards the student's progress in the comments field. Comments will reflect the progress towards the goals you have indicated.</p> <p>Monthly Progress notes MUST be documented on any day during the last week of the month.</p>
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EVALUATIONS: **Speech evaluations should be logged only once upon the completion of the evaluation.** Multiple logs should not be submitted for the same evaluation for the same child that is conducted over the course of more than one day.

92521	Evaluation of speech fluency (e.g. stuttering, cluttering)
92522	Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria). Cannot be billed with 92523.
92523	Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g. receptive and expressive language). This code is also used for Language Evaluation Only. Cannot be billed with 92522.
92524	<i>Evaluation Behavioral and qualitative analysis of voice and resonance.</i>
97755	Assistive Technology Assessment is an evaluation conducted to determine a child's health related needs for purposes of the IEP/504 plan and shall be covered, as necessary, to assess or reassess the need for medical services in a child's treatment plan. Assessment services include the identification and assessment of health-related needs for medical services for the purposes of determining educational recommendations.

Note-Non-Billable Items

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SOCIAL WORK SERVICES

Revised 8/2016; 6/2017; 5/31/17, 6/29/2018

Please refer to the provider qualifications and procedure codes to be used when logging services for students with IEP prescribed or 504 plan prescribed services.

Staff Qualifications: A licensed Social Worker in the State of Connecticut.

Social Work interns are not considered qualified Medicaid eligible providers for the school based child health (SBCH) program in Connecticut. While they may provide services for districts, they cannot claim services for Medicaid reimbursement and the actual licensed or school certified provider may not include their time as billable under their name.

Direct Services:

Service Code	Description
90832	Individual Counseling - All counseling services indicated in student IEP. Counseling services may be provided by social worker, school/guidance counselor or psychologist. 20 Minute Minimum.
90853	Group Counseling - Counseling for group (2 or more individuals) All counseling services indicated in student IEP. Counseling services may be provided by social worker, school/guidance counselor or psychologist.
90847	Family Counseling – must be included in student IEP

<p>What is included in a Session Note:</p>	<p>For each direct service provided session notes are required. These are placed in the comments field when entering a service. Notes shall describe the therapeutic activity, the student’s response to the therapeutic intervention and its relation to the goals indicated in the student’s IEP. Be sure to include enough detail to allow reconstruction of what transpired for each service.</p> <ul style="list-style-type: none"> ▪ What kind of treatment did student receive? ▪ What was observed during the service/treatment? ▪ What was the outcome of the service/treatment? <p>Use your professional judgment when creating a session note. Do not include more information than is required.</p>
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Monthly Progress Report (Required)

<p>Monthly Progress Report - REQUIRED</p>	<p>Monthly Progress notes are comprised of three elements:</p> <ul style="list-style-type: none"> ▪ Goals and Objectives ▪ Activities used to work on the goals and objectives ▪ Progress towards the goals and objectives. <p>In the service type drop down select Monthly Progress Report-REQUIRED. Generic goals addressed and activities will appear below the comments box. Check as many goals and activities as you need- you must pick at least one. You will need to indicate notes towards the student’s progress in the comments field. Comments will reflect the progress towards the goals you have indicated.</p> <p>Monthly Progress notes MUST be documented on any day during the last week of the month.</p>
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EVALUATIONS: Once complete, log your evaluation on all of the days it took to complete the process.

90791	Diagnostic Interviews, Developmental History, Social Work Assessment - (this includes all testing, analyzing testing results, writing the evaluation report, any travel from building to building can be included in the time for testing of the student. All observations that lead to the actual evaluation can be included. If Observations do not lead to an actual evaluation do not include this time.
H0031	Behavior Assessment - A behavior assessment is a clinical compilation of observational data, behavior rating scales, and report from various sources (ex., schools, families, pediatricians, etc.) designed to identify the individual’s current strengths and needs across developmental and behavior domains.
97755	Assistive Technology Assessment is an evaluation conducted to determine a child’s health related needs for purposes of the IEP/504 plan and shall be covered, as necessary, to assess or reassess the need for medical services in a child’s treatment plan. Assessment services include the identification and assessment of health-related needs for medical services for the purposes of determining educational recommendations.

Note-Non-Billable Items

Note-Non Billable	Non-Billable Items - Selecting non billable will allow providers to select from multiple options. This may be to include notes or to indicate why a service was missed.
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