

MEDICAID APPLICATION DIRECTIONS

Schools may receive reimbursement from Medicaid for the following services:

- Occupational Therapy (OT)
- Physical Therapy (PT)
- School Based Mental Health (SBMH)
- Targeted Case Management (TCM)
- Personal Care (PC)
- Private Duty Nursing (PDN)
- Speech Therapy (SLP)
- EPSDT Vision and Hearing Screens

Only answer the numbers and forms indicated below:

Number 1: Date of application

Number 3: Name of District/ESC

Number 4: Circle number two (2)

Number 5: Tax ID number

Number 6: NPI number and taxonomy code

Number 7: Place of Service Address

Number 8(a): Billing Address

Number 8(b): Choose how you want to be updated on changes.

Number 9: County code needs to be entered.

Number 10: Please just use one code. If you want to provide for more than one Medicaid service, another application should be completed. Use codes **PS** for Personal care, **PF** for Private Duty Nursing, **C6** for Targeted Case Management, **VV** for SBMH, and **E3** for Vision and Hearing Screens

Number 11: Check box five (5)

Number 14: Enter 06/30

Number 17: Please insert your LEA number, it will not fill in the blanks completely, but Medicaid has requested that it be there.

Section IV: This form needs to be completed when a school district contracts with a provider for services being delivered to special education students. This form will only be completed for OT/PT/SLP services.

Authorization of Automatic Deposit: This is optional, but must be completed if you want this implemented.

EPSDT Agreement: This is to be signed by the supervising RN when the district is applying for a vision/hearing screen number.

W-9 and Contract: When submitting these forms to Medicaid, both of these need to be the original, signed and dated.

Disclosure Form DMS-675: Most blanks will be N/A. The managing employee section will need to be completed. This is usually the superintendent, but can be another employee. Signature required.

Disclosure Form DMS-689: Include all therapy and other health related partnerships when completing this form. #2 will be N/A most of the time.

With each submitted application, EDS Provider Enrollment is required to obtain an ADE approval letter. It is advised to contact the MITS office when beginning the application, so that a letter can be written and sent to the district in order for the letter to be included with the application. Contact MITS at 1-866 280-8300, option 2. Failure to include the ADE letter with the application will prolong the process of getting a Medicaid number activated.