



School-based Services

Addendum to the Alaska Medical Assistance Provider Enrollment Form

(To be completed and signed by the School District Superintendent)

- 1) The School District agrees to develop an Individualized Family Service Plan (IFSP) for children aged three through five or an Individualized Education Program (IEP) for children over five years of age and maintain the plan in accordance with the School-based Services Provider Billing Manual.
- 2) The School District agrees to obtain a prescription from a physician or other licensed medical practitioner within the scope of the practitioner’s license under state law before providing school-based services for individuals requiring physical or occupational therapy services.
- 3) The School District agrees to ensure that a referral exists from a physician or other licensed medical practitioner within the scope of the practitioner’s license under state law before providing school-based services for individuals with speech, hearing, or language disorders.
- 4) The School District agrees to ensure that all covered school-based services are provided by, or under the direction of, a medical practitioner who is
 - Licensed by the State of Alaska as an audiologist, speech pathologist, physical therapist or occupational therapist, or
 - A speech pathologist or audiologist who has
 1. a certificate of clinical competence from the American Speech-Language-Hearing Association;
 2. completed the equivalent educational requirements and work experience necessary for the certificate; or
 3. completed the academic program and is acquiring supervised work experience to qualify for the certificate
- 5) The school district agrees to refund to the Division of Health Care Services the non-federal portion of the payment received. To refund this portion, the school district may make a direct payment to DHCS or may use a specified bank account (Lock Box), which allows the bank to automatically transfer the non-federal portion from the school district account to the State of Alaska account.
- 6) The School District agrees to comply with 7 AAC 105.260 in the recovery/recoupment of overpayments.
- 7) The School District agrees to allow the Alaska Department of Health and Social Services access to recipient medical, financial, and other records in order to verify eligibility for services.
- 8) The School District agrees to fully comply with billing, auditing, and reporting required under the approved state (Medicaid) plan.

Attestation

By my signature below, I acknowledge that I have the authority to sign this Addendum on behalf of the School District, and I understand and agree that I will ensure that the School District notifies the Alaska Department of Health and Social Services, or Affiliated Computer Services, Inc., its designee, **in writing within 30 days** of any change in the answers to the above questions. I understand that the failure of the School District to provide such notification to the Department or its designee constitutes non-compliance with the terms of the Alaska Medical Assistance Provider Enrollment Form, making the school district ineligible to participate in the Alaska Medical Assistance program. Additionally, the School District agrees that any payments made during a period the District is ineligible will be repaid within 30 days.

Signature of Superintendent

Date

Printed or Typed Name