APPLICATION FOR MEDICAID CERTIFICATION
2023-2024

SCHOOL DISTRICT:	Southgate Independent
SUPERINTENDENT:	Greg Duty
LEA MEDICAID LIAISON:	Stephanie Watson
ADDRESS:	6 William Blatt Ave
	Southgate, KY 41071
PHONE:	859-441-0743
FAX:	859-441-6735
E-MAIL:	

SERVICES TO BE PROVIDED (check all that apply)

✓ Nursing*	✓ Behavioral Health Services*
___Audiology*	___Incidental Interpreter*
✓ Speech/Language*	✓ Assistive Technology Devices
✓ Occupational Therapy*	___Respiratory Therapy*
✓ Physical Therapy*	✓ Transportation
	___Orientation & Mobility*

*you must have a practitioner listed on KDEMED2A and current licensure attached to application.

STATE PROVIDER NUMBER: 210000344

NATIONAL PROVIDER NUMBER 1558730168

Do you contract with a Third Party Billing Agent? Yes

Please list the name of this contractor: KSBA

Will your district be participating in SBHS Expansion? Yes __ No X

STAFF QUALIFICATIONS

Qualified professionals shall provide the above checked services. Attached is KDEMED2A (Practitioner List) which list person(s) to provide the services, their professional classification, and their appropriate certification/license number(s). Copies of licenses or certificates for the practitioners listed are to be attached. As applicable, KDEMED2B is attached as a statement from a qualified nurse confirming the training and supervision for the person(s) servicng as "Health aides."

DISTRICT ASSURANCES

REQUEST FOR PARTICIPATION AND PROVISION OF STATE MATCHING FUNDS FOR MEDICAID SERVICES:

As Superintendent of the above named school district, I hereby request this district to ____**begin** or _____**continue** as a Medicaid provider for the School-Based Health Services and agree to:

1.0	provide the nonfederal share of costs associated with services for federal Medicaid reimbursement,
2.0	certify the expenditure of those funds prior to submission of a claim for reimbursement for School-Based Health Services, and
3.0	conform to policies and procedures established by the Kentucky Department of Education and the Kentucky Department for Medicaid Services for provision of match and reimbursement services.
4.0	enroll in the School-Based Administrative Claiming program according to current Medicaid approved State Plan Amendment.
5.0	I agree that all staff who submit claims for eligible Medicaid students for services according to their IEP will be included in the Direct Service Staff Pool List for the School-Based Administrative Claiming Random Moment Time Study. I understand that failure to include all staff in this Random Moment Time Study could result in my district having to repay Medicaid for reimbursement of claims submitted.

DISTRICT CERTIFICATION (shall be signed by the Superintendent for the application to be considered)

I hereby certify that:

1.0	the above named local district has been monitored within the last seven (7) years and found to be in compliance with regulations governing Exceptional Children programs (707 KAR Chapter 1) as listed in the Policies and Procedures Manual; or the district has taken actions deemed appropriate by the Kentucky Department of Education to correct deficiencies;
2.0	only Medicaid covered services provided to IDEA Medicaid eligible students with Medicaid covered services listed in their Individual Education Programs (Plan of Care) shall be submitted for reimbursement;
3.0	a copy of each professional's current license or certificate is on file in the district's central office;
4.0	appropriate nurse's certification statements are signed on the School District Health Aide List (KDEMED2B);
5.0	copies of signed/executed affiliation agreements/contracts are on file in the district's central office;
6.0	I assure that the Program shall be managed according to the Quality Assurance Document;
7.0	100% of the funds expended for Medicaid services are eligible State/local funds for Medicaid matching purposes. The district agrees to submit quarterly certification of state expenditures (MAP 735) to the Kentucky Department for Medicaid Services; and
8.0	I understand that any falsified information may result in immediate dismissal from the School-Based Health Services Medicaid program, that misconduct charges may be filed with appropriate agencies, and the Kentucky Department for Medicaid Services may seek recoupment of funds or other legal remedies.