MassHealth School-Based Medicaid Program: School Year 2018-2019 Back to School Training

Executive Office of Health and Human Services

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Final Version for Distribution

Welcome!

- The School-Based Medicaid Program (SBMP) offers Local Education Agencies (LEAs) an opportunity to receive federal dollars to offset **costs** for providing certain Medicaid-covered services in a school setting.

- MassHealth oversees SBMP and monitors compliance with state & federal law.

- The University of Massachusetts Medical School (UMMS) administers the program on behalf of and in conjunction with MassHealth since the Program's inception in 1994.

- FY 2017 SBMP statewide revenue: $101M across 338 LEAs
  - Admin- $45M
  - Direct Service- $57M
- LEA reimbursement is based on actual costs and LEAs can seek reimbursement for:
  1. Direct health services through Direct Service Claiming (DSC)
  2. Certain administrative expenses associated with the provision of medical services and helping students get enrolled in MassHealth through Administrative Activity Claiming (AAC)
- Currently, health services must be pursuant to an IEP to be covered. Starting July 1, 2019, this requirement will be lifted and new services and provider types will be added. In the context of the SBMP, this is known as "**Expansion**."

MassHealth School-Based Medicaid Program

www.mass.gov/masshealth/schools

Cost-Based Reimbursement

Direct Service & Admin Activities Claiming Calculation

Allowable Costs for Covered Services	✖	RMTS Results (Statewide)	✖	Medicaid Penetration Factor (LEA-specific)	=	**Gross Medicaid Reimbursable Amount**

Annual Cost Report Calculation (Direct Service Only)

Gross Medicaid Reimbursable Amount	−	Interim Payments	=	Cost Report Payment

Random Moment Time Study Agenda

RMTS

- RMTS is the key to reimbursement

- RMTS Pools

- Pool Dilution

- What's New?

- Statistical Validity

- Participation Compliance

- RMTS Participant Training

- MassHealth / UMMS / LEA RMTS Responsibilities

- What's Next?

The Key to Reimbursement

- The RMTS helps MassHealth determine how staff spend their time
    - Throughout the school year, staff are asked what they were doing at a particular moment and have **2 school days** to respond
    - This statistically valid methodology estimates the portion of time practitioners spend **statewide** performing categories of work activities **by pool**

- The results of this time study affects LEA reimbursement

- All practitioners for which LEAs seek AAC or DSC reimbursement must be included in one of the RMTS pools

The Key to Reimbursement

School Staff work hours

RMTS

Educational

Health-Related

Medicaid Administrative

Other General Work
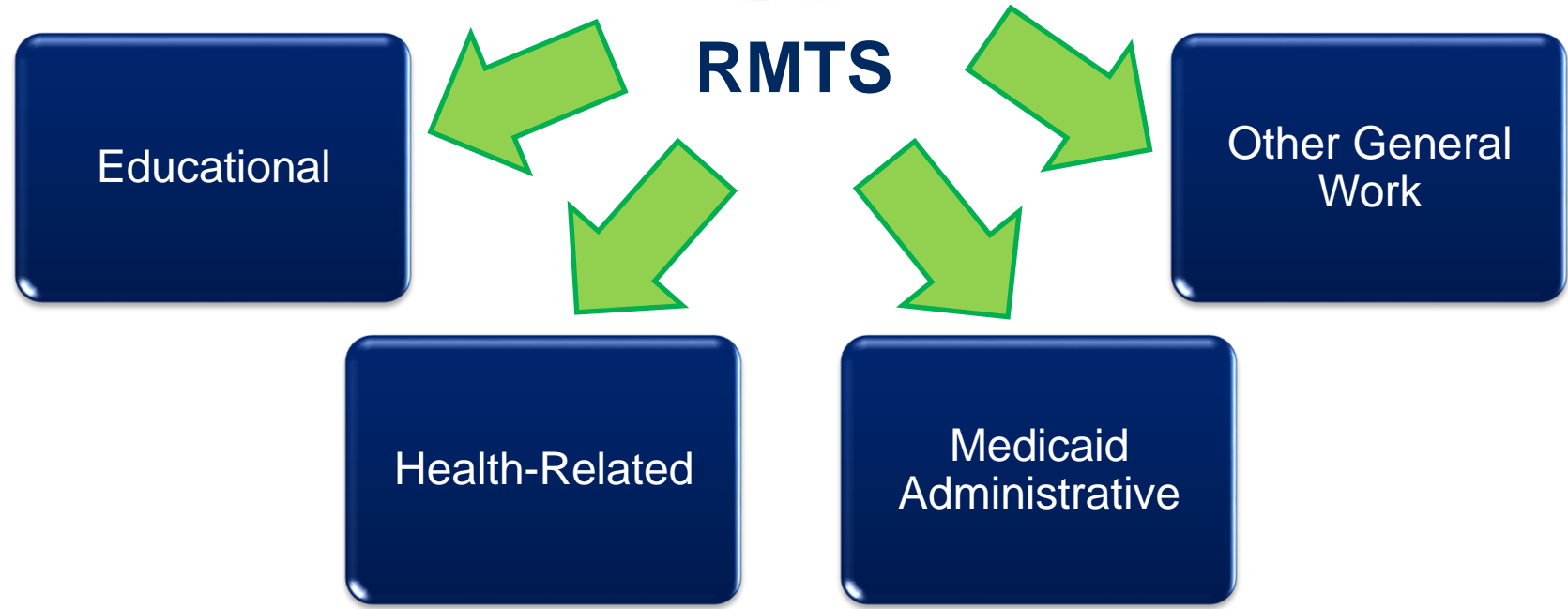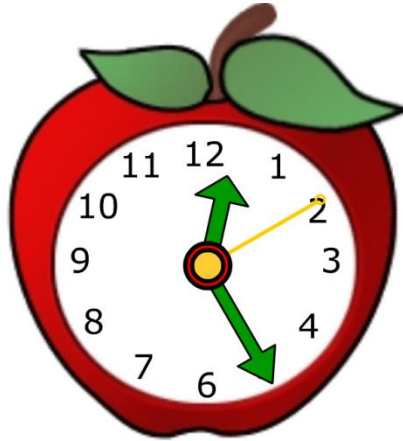
Random Moment Time Study Pools

RMTS

- All practitioners for which LEAs seek AAC or DSC reimbursement must be included in one of the RMTS pools
  - Admin reimbursement is claimed for **ALL** RMTS participants
- Staff may change pools on a quarterly basis
- Staff who are 100% federally funded or included in the indirect cost rate may NOT participate in the RMTS

Random Moment Time Study (RMTS) Pools	
Current (through June 30, 2019)	**Expansion (Starting July 1, 2019)**
Three pools: 1) Direct Service* 2) Admin 3) ABA Therapy*	Four pools: 1) Mental/Behavioral Health, incl. ABA* 2) Therapy Services* 3) Medical Services * 4) Admin

* Direct service pools: LEAs can claim costs associated with both direct services and administrative activities provided by staff in these pools.

Why Wizards Aren't Just for Your Students…

Participant/Staff Pools – Direct Services

Who should be included in the **Direct Services** (ABA or Medical Services) Pools?

- Employed or contracted staff who:

  - Provide **Reimbursable** Direct Medical Services;

  - Have an active license for their service specialty (as required); and

  - For whose services the LEA submits interim claims to MMIS.

Participant/Staff Pools – Direct Services

Who can be included in the **Direct Services** (ABA or Medical Services) Pools?

LEAs may include these staff in a Direct Service Pool:
• Applied Behavior Analyst / Assistant ABA
• Autism Specialist *
• Audiologists / Audiology Assistants
• Counselors
• Hearing Instrument Specialists
• Nurses (LPN and RN)
• Occupational Therapists/ Assistant OT (COTA)
• Personal Care Services Providers*
• Physical Therapists / Assistant PT
• Psychiatrists
• Psychologist licensed by the MA Board of Registration of Psychologists
• Social Workers
• Speech/Language Therapists, Speech-Language Pathology Assistants
• Medicaid Billing Personnel*

Each staff member should be considered individually – not grouped based on job title

*Licensure requirement does not apply

Participant/Staff Pools - Administrative

Who should be included in the **Administrative Only** Pool?

- Employed or contracted staff members who are reasonably expected to perform Medicaid reimbursable Administrative Activities.

- This may include staff who provide direct services, but spend a small amount of time, or no time, providing Reimbursable Services.

LEAs may include these staff in the Admin Only Pool:
• ANYONE who is reasonably expected to perform reimbursable administrative activities

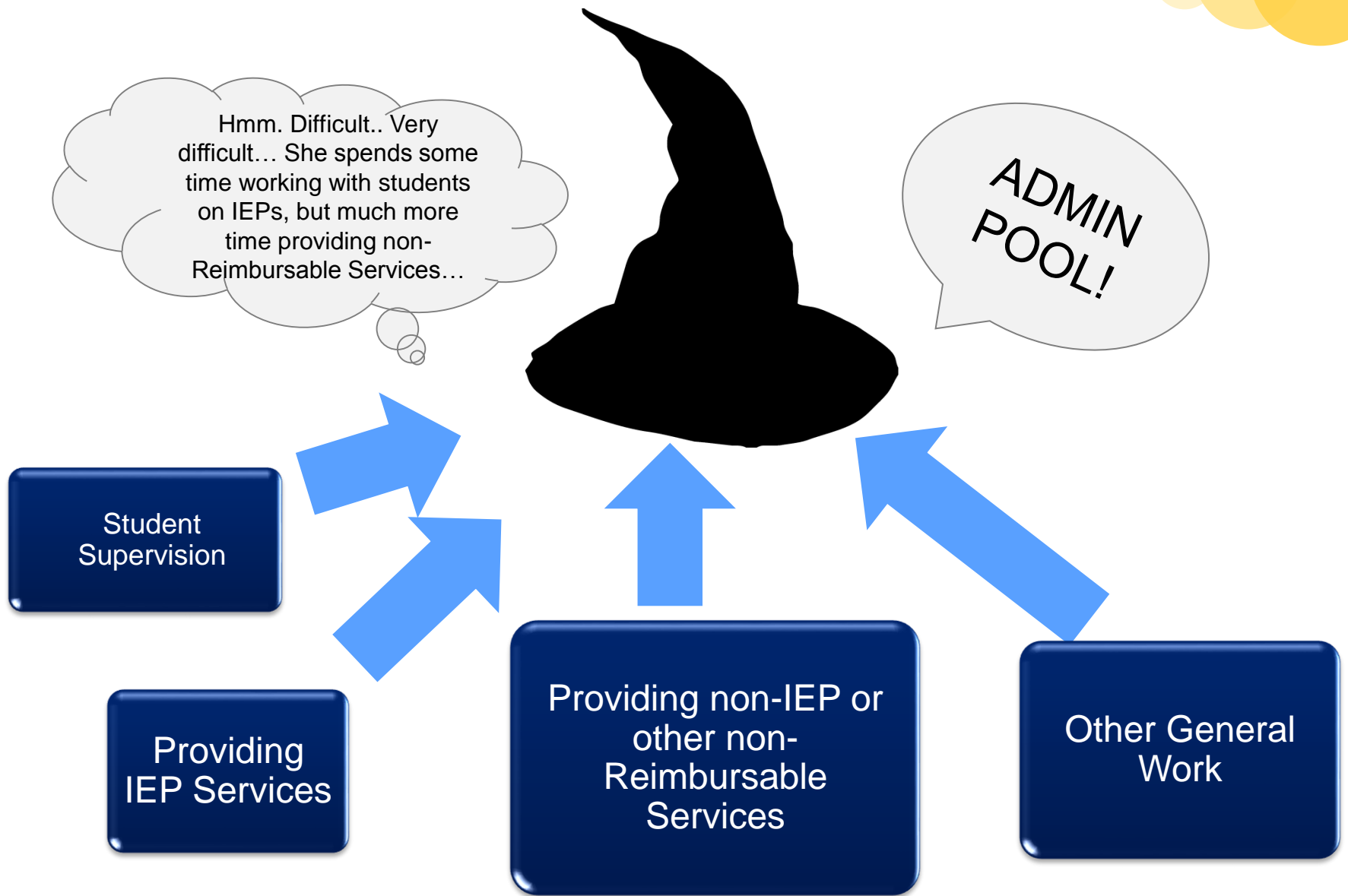# Participant/Staff Pools - Administrative

Reimbursable Administrative Activities include:

1. Outreach* – Informing eligible or potentially eligible individuals/families about MassHealth and how to access it.
2. Application assistance* – Assisting individuals/families to apply for MassHealth
3. Participating in activities to develop strategies to improve the delivery of Covered Services, including when performing collaborative activities with other agencies regarding health-related services
4. Making referrals to health services, coordinating, or monitoring the delivery of Covered Services
5. Assisting an individual to obtain MassHealth-covered transportation
6. Translation services, when required to access health-related services
7. Providing or receiving school staff training related to Medicaid topics

*Medicaid Penetration Rate does not apply

Put on your sorting hat!

RMTS

Hmm. Difficult.. Very difficult… She spends some time working with students on IEPs, but much more time providing non-Reimbursable Services…

ADMIN POOL!

Student Supervision

Providing IEP Services

Providing non-IEP or other non-Reimbursable Services

Other General Work

Pool Dilution

- Remember our reimbursement methodology:

Allowable Costs for Covered Services	✕	RMTS Results (Statewide)	✕	Medicaid Penetration Factor (LEA-specific)	=	Gross Medicaid Reimbursable Amount

- Statewide RMTS Results are per pool
- Current RMTS Pool sizes:

RMTS Pool	# of Participants
Administrative Only	8,601
Direct Medical Services	6,193
ABA	1,046

Pool Dilution

Dilute is to diminish the strength by admixture; to decrease the … value by increasing the total (Merriam-Webster)

As staff who are unlikely to respond with a reimbursable moment are added to a pool, the pool becomes diluted – this can result in a reduction of the statewide RMTS percentage and a drop in revenue

Current RMTS Pool Sizes	
RMTS Pool	# of Participants
Administrative Only	8,601
Direct Medical Services	6,193
ABA	1,046

Pool Dilution

Circles represent relative number of participants in the pool who individually perform each percent of reimbursable activities shown.*

In this example, moments are most likely to be distributed to staff who spend less than 3% of time providing reimbursable services, which would likely reduce the statewide RMTS percentages.

5%

15%

25%

10%

<3%

12%

35%

7%
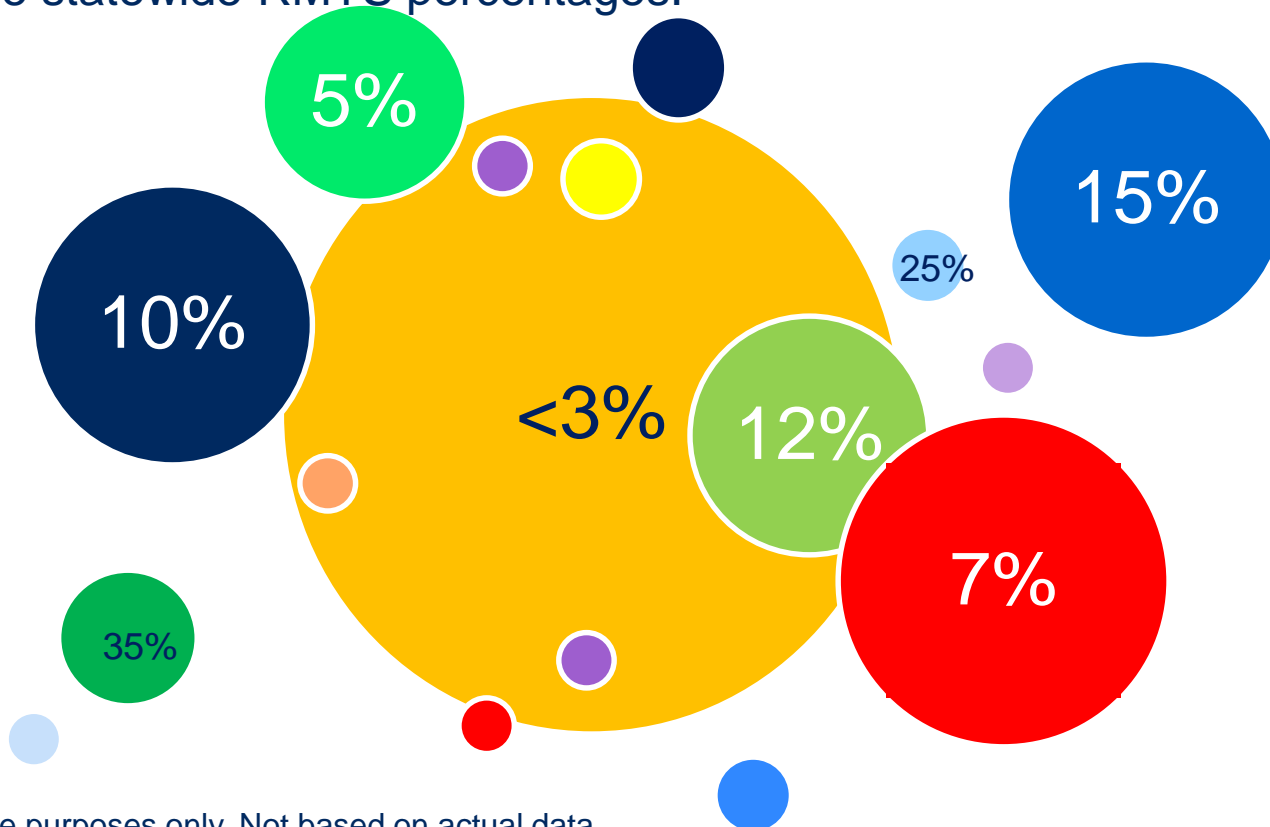
*For illustrative purposes only. Not based on actual data.

Pool Dilution

RMTS

Revenue impact of pool dilution:

| Allowable Costs for Covered Services | ✕ | RMTS Results (Statewide) | ✕ | Medicaid Penetration Factor (LEA-specific) | = | **Gross Medicaid Reimbursable Amount** |

Example of Pool Dilution

Allowable Costs	RMTS Percentages	Medicaid Penetration Factor	Gross Medicaid Reimbursable Amount
$390,000	**5%**	**25%**	**$4,875**
↑25% $487,500	4%	25%	$4,875
↑50% $585,000	3%	25%	$4,388 ↓10%

As providers who spend less time providing reimbursable services increase base costs and drive down the RMTS percentages, revenue can decrease.

What's New starting 10/1/18?

Revised and reorganized RMTS pre-defined answers based on participant feedback!

- Improved RMTS aims to reduce the need to write-in answers, saving you time through:
  - Automatic training reminder upon logging in to complete a moment
  - Predefined answers better reflect participants' daily activities
  - Clearer wording
- Expansion language now included
  - Will give you the opportunity to become familiar with pre-defined answers that will be reimbursable in the 2019-2020 school year
  - Gives us data in advance of expansion

What will change under Expansion

Starting 10/1/2019

Expansion re-organizes RMTS into 4 pools for school year 2019-2020

1. Mental/Behavioral Health (Direct Services)
2. Therapy Services (Direct Services)
3. Medical Services (Direct Services)
4. Administrative Only (Administrative Reimbursement Only)

Mental/Behavioral Health	Therapy Services	Medical Services
ABA providers Counselors Psychologists Social Workers	Speech/Language providers Occupational Therapy providers Physical Therapy providers	Audiology/Hearing providers Dental Hygienists Nurses Nutritionists/Dieticians Optometrist Personal Care Service providers Physicians

Note: Staff must meet Medicaid licensure and other requirements. Chart is intended to illustrate conceptual service category groupings for RMTS pools.

CMS Statistical Validity Requirements

- The Centers for Medicare and Medicaid requires that MA and LEAs meet participation requirements

- In order for the time study to be valid, two CMS-required statistical criteria must be met

  1. Participation Requirements
  2. Number of Usable Moments

Participation Requirement & Consequences

- For EACH pool, 85% of moments must be answered
- If a pool does not meet the 85% requirement statewide
  - The 15+% of unanswered moments will be coded as non-reimbursable → reduces statewide RMTS %
  - If LEAs that contributed to the <85% response rate have been below 85% response in that pool in any quarter in the past 2 years then they will not be able to claim ANY revenue for that quarter (direct or admin)

85%

Number of Usable Moments Requirements & Consequences

- This requirement is DIFFERENT from the participation requirement
- To maintain statistical validity, each RMTS pool must utilize 2,401 moments that occur during **paid** time
  - Responses during non-paid time (e.g. not scheduled to work at this time) AND unanswered moments do not count toward the 2,401 moment target
- If usable moments are below 2,401, the moment shortfall are coded as non-reimbursable and *reduces statewide revenue*
- For example, ABA Providers respond to 2,350 moments, but 50 of those moments were for time they were not scheduled to work
  - Shortfall is 101 moments (2,401-(2,350-50)=101)
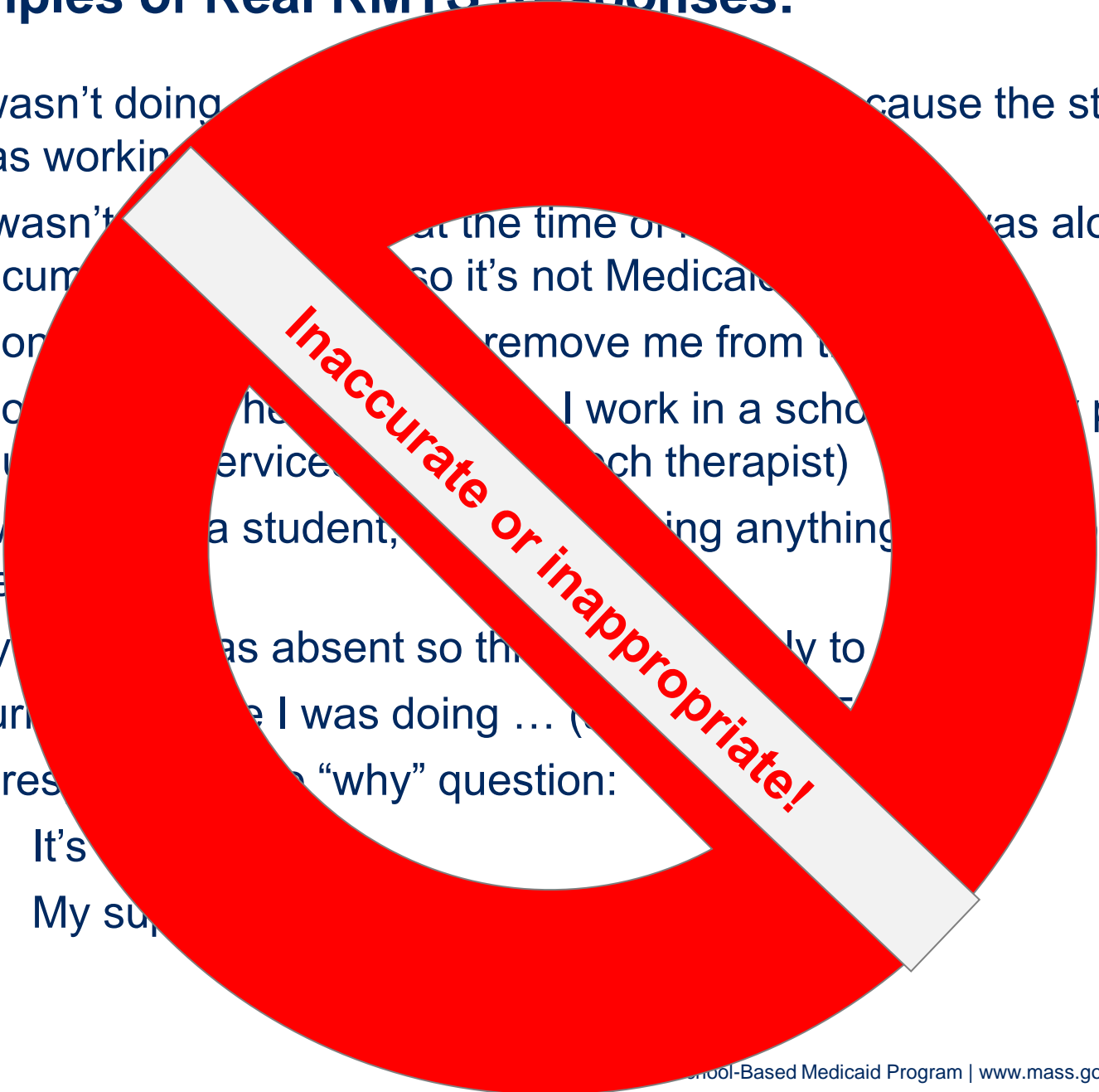
Why is Training Important?

- Untrained staff are **less** likely to respond to moments and **more** likely to incorrectly identify (non-)reimbursable time
  - If staff don't realize the importance, think participation is optional, etc. they may not respond
  - If staff don't understand the program they may fail to identify reimbursable time – e.g. may falsely assume that because the student was not on MassHealth that time spent providing IEP-services would be non-reimbursable in the time study

Examples of Real RMTS Responses:

- I wasn't doing anything related to Medicaid (because the student I was working with isn't on Medicaid)

- I wasn't with a student at the time of my moment (I was alone, documenting services) so it's not Medicaid related

- I don't work with Medicaid, remove me from this survey

- I don't provide health services, I work in a school so I only provide educational services (said a speech therapist)

- I wasn't with a student, so I'm not doing anything related to Medicaid

- My student was absent so this doesn't apply to me

- During that time I was doing … (and they list 5 things)

- In response to the "why" question:

  - It's my job

  - My supervisor told me to

Examples of Real RMTS Responses:

- I wasn't doing ... cause the student I was workin...

- I wasn't ... at the time of ... as alone, docum... so it's not Medicai...

- I don... remove me from t...

- I do ... he ... I work in a scho... provide edu... ervice... ch therapist)

- I w... a student, ... ing anything ... Me...

- My ... as absent so thi... ly to ...

- Dur... e I was doing … (...

- In res... "why" question:

  - It's ...

  - My su...

Inaccurate or inappropriate!

Participant Training: Online Training Video

- Participants are required to complete the online training annually
- Starting 10/1/18, participants will be prompted to watch the online training video when they login to respond to a moment
- System tracks training completion and reminds participant in 1 year
- LEAs can facilitate participants completing the training in a group setting, such as playing the training video at a staff meeting.
  - Send the list of staff who viewed the training as a group to UMMS (SchoolBasedClaiming@umassmed.edu) and the training date will be recorded in the system for all participants who attended.
- RMTS coordinators should monitor online training reports for compliance and to issue reminders to participants
  - Encourage participants to review training when convenient, rather than waiting until they need to respond to a moment

Participant Training: LEA Facilitated Trainings

Each LEA RMTS Coordinator is encouraged to provide ongoing training for participants and supervisors such as:

- Quarterly, share the *RMTS Participant Quick Reference Guide* with any new participants, which is distributed by UMMS

- Communicate to LEA staff the importance of RMTS participation
  - Share expectations with RMTS Participants and supervisors who assist with follow-up

- Use the SBMP RMTS training materials to demonstrate the importance of responding to RMTS moments in accordance with program guidelines and training materials
  - Information in these slides about financial impact may also help make the case

MassHealth and UMMS Efforts to Ensure an Accurate RMTS

- UMMS oversamples by 20% in each pool and actually generates 2,882 moments per pool per quarter (extra 481 moments/pool/qtr) to account for:
  - Moments selected when participant was not scheduled to work
  - Moments that are lost due to termination or other change of employment status
  - Unanswered moments
- MassHealth and UMMS reorganized answers to improve response clarity
- RMTS System:
  - Allows for LEAs to customize work schedules to make sure staff are sampled when scheduled to work
  - Reminds participants to complete online training
  - Offers reports reflecting current training rates are available to monitor participation
  - Allows the LEA to 'cc' supervisors on reminder notices to participants to help meet participation requirement

LEA Responsibilities for an accurate Time Study

RMTS

- Ensure participant calendars match scheduled time to work
- Be thoughtful and accurate when including staff in RMTS and selecting the correct participant pool
- Update your participant lists quarterly – add AND remove staff
- Train your staff to:
  - Understand the importance of the RMTS
  - Understand how to respond accurately to moments
- Monitor training rates in the system
- Take advantage of the option to have supervisors CC'ed on respondents' reminder emails

What's Next?

- Don't wait for expansion – make the changes to participant lists, approach to training, and other areas ASAP

- Think about your RMTS Coordinator – who has your LEA designated to be responsible for RMTS information?

  - Is that the most appropriate person?

  - How do they obtain the information they need about participant changes?

  - Do they have the support of school administration?

  - Does your LEA have RMTS support in each school building (as local building RMTS 'experts') as a resource for staff and to support the RMTS coordinator?

- Remember, how your LEA participates in the RMTS impacts revenue for your LEA and across the Commonwealth

Direct Services Agenda

- Covered vs. Reimbursable Services

- Covered Services & Providers

- Current vs. Expansion

- Practitioner Qualifications

- Supervision Requirements

- Service Authorization

- Medicaid Medical Necessity

- Service Documentation

- Interim Billing Requirement

- Diagnosis Codes

Covered vs. Reimbursable Services

Covered Services: Services that are claimable under the Massachusetts State Plan Amendment for School-based Services

Reimbursable Services: Covered Services provided consistent with program requirements

Billable Procedure Codes: The CPT codes that LEAs use to submit interim claims after the provision of Reimbursable Services

Covered Services & Providers

- The services listed below are the MassHealth Covered Services within the **current** scope of the School-Based Medicaid Program

<table>
<tr><td>SBMP Covered Services Through June 30, 2019
Services MUST be Pursuant to an IEP</td></tr>
<tr><td>

Applied Behavior Analysis Services
Audiology
Occupational Therapy
Personal Care Services
Physical Therapy
Psychological Counseling
Skilled Nursing Services
Speech-Language Therapy
Vision Services

</td></tr>
</table>

- Please refer to the *LEA Covered Services & Qualified Practitioners* handout

Current vs. Expansion

School-Based Medicaid Program Expansion includes the following changes:

1 IEP requirement lifted, including coverage of initial evaluations

- Covered services can be pursuant to a Section 504 plan, other health plan, or are otherwise medically necessary

2 Inclusion of additional licensed practitioners

- DESE lic. School Psychologist
- Optometrist
- Lic. Dietician / Nutritionist
- Dental Hygienist

3 Inclusion of new service specialty types

- Medical Nutritional Services provided by a registered dietician or licensed nutritionist
- Dental assessments/screenings provided by a dental hygienist or fluoride treatments provided by a nurse

Covered Services & Providers

- The services listed below are the MassHealth Covered Services within the scope of the SBMP starting July 1, 2019

SBMP Covered Services – Effective July 1, 2019
• Applied Behavior Analysis Services • Audiology • Dental Assessments / Screenings • Medical Nutritional Services • Mandated Health / Behavioral Health Screenings • Occupational Therapy • Personal Care Services • Physical Therapy • Physician Medical Evaluations • Psychological Counseling • Skilled Nursing Services • Speech-Language Therapy • Vision Services

- Starting July 1, 2019 all services listed are covered regardless of inclusion in an IEP, when all other coverage requirements are met

- Refer to the *LEA Covered Services & Qualified Practitioners* handout

Covered vs. Reimbursable Services

If a Covered Service is delivered, the following requirements must be met to be considered a Reimbursable Service:

1. Practitioner RMTS Direct Service Pool Participation
2. Practitioner Licensure Qualifications
3. Medicaid Medical Necessity
4. Service Authorization
5. Service Documentation

Reimbursable Services Requirement #1: Direct Services RMTS Participation

- Reimbursable Services must be provided by a qualified practitioner in an appropriate direct service pool

- Covered services provided by a qualified practitioner who is in the Admin Only pool or not in the RMTS are NOT reimbursable, and claims may not be submitted on their behalf

- LEAs should include staff members in the first possible RMTS quarter following their date of hire (or change of job position).

  - Then, LEAs may begin billing for their services (and may include their salary and benefit costs in Admin claims and the Direct Service Cost Report) as of their hire date.

Reimbursable Services Requirement #2:   Direct Services Practitioner License Qualifications

- Refer to the *LEA Covered Services & Qualified Practitioners* handout

- LEAs must monitor the license status of staff and ensure that only appropriately and actively licensed staff are:

  - submitting interim claims for services/having claims submitted on their behalf

  - included in a RMTS direct service pool

  - included in a Direct Service Cost Report

Reimbursable Services Requirement #3:   Direct Services Medicaid Medical Necessity

- Services must be provided by a **qualified practitioner** who is licensed and/or certified (when required under state law) and providing services **within their scope of practice** (including being **supervised** by a licensed practitioner if required) as defined under state law.

    - LEAs and practitioners are responsible for understanding scope of practice per state licensing bodies and for monitoring supervision requirements

- These services must be **clinically appropriate** and

- Require the **skill level** of the qualified practitioner

Reimbursable Services Requirement #3: Direct Services Supervision Requirements

- Medicaid qualified providers must follow their individual licensing regulations regarding supervision requirements

- If the individual licensing regulations do not include specific time periods regarding supervisory visits (i.e., every 30 days) or type of supervisory visits (direct/face-to-face or general/indirect), then the qualified provider must meet the minimum MassHealth requirements

- The minimum MassHealth supervision requirements for LEA providers are:

  - The supervisor shall make supervisory visits at a minimum of every 30 to 90 days, to ensure both quality and appropriateness of services

  - Supervision may be provided indirectly (i.e., telephonically), if allowed under the individual licensing regulations

  - The supervisor must document such supervision accordingly

Reimbursable Services Requirement #3: Direct Services Supervision Requirements

Direct supervision is not a substitute for licensure

- For all service types, except Personal Care Services and ABA therapy provided by autism specialists, if the LEA staff do not hold a current active license for the practice specialty area for the services being performed, then the staff does not meet Medicaid requirements for reimbursement, even if supervised by a licensed practitioner

- For example, a paraprofessional providing Occupational Therapy services under the supervision of a licensed Occupational Therapist would not be reimbursable. The paraprofessional would need to be licensed as a Certified Occupational Therapy Assistant (COTA) in order for their services to be reimbursable.

Reimbursable Services Requirement #3: Direct Services Clinical Appropriateness

Clinical appropriateness means that the practitioner uses their clinical expertise and considers this service appropriate and medically necessary

- Services performed at the request of a third party (e.g. parent/guardian) and not authorized by an appropriate licensed practitioner are NOT considered medically necessary

- The **amount, frequency**, and **duration** of services are reasonable by professionally recognized standards of practice for the service specialty

- For **therapy services**, they must be provided pursuant to a treatment plan written by an authorized practitioner, and the services must be directly related to achieving documented treatment goals

- When all treatment goals have been met, but services are continuing to be provided (such as under a 'stay put' IEP), they are not considered medically necessary

Reimbursable Services Requirement #3:   Direct Services Requires Skill Level of Practitioner

The Medicaid Direct Services program only reimburses for **skilled medical services.**

- Services must require the skill level of a qualified, licensed practitioner.
    - The student's condition requires treatment of a level of complexity and sophistication that can only be safely and effectively performed by a licensed practitioner.
- **This is independent from school rules (e.g. nurses keep all medications and must administer daily doses).**
    - Services performed "in loco parentis" are not reimbursable
- Non-health related services are never reimbursable
    - Educational, academic, vocational or social services
    - Consultation services
    - Teaching parenting or life skills
    - Student supervision

Reimbursable Services Requirement #4: Direct Services Service Authorization

- The services must be authorized in writing by a prescribing practitioner.

- Physicians, physician assistants, and nurse practitioners may authorize any covered service.

  - Personal Care Services *must* be authorized by a physician, nurse practitioner or physician assistant

- Physical therapy, occupational therapy, speech-language therapy, audiology, ABA therapy or mental/behavioral health services may be authorized by a licensed practitioner (or physician, nurse practitioner or physician assistant) within the scope of their license

  - E.G. physical therapist may authorize physical therapy, but cannot authorize occupational therapy.

- IEP meeting recommendations are NOT a substitute for service authorization

Reimbursable Services Requirement #4:   Direct Services Service Authorization

- LEAs must retain written documentation of service authorizations to support all interim claims pursuant to the record retention guidelines in the Provider Contract.
  - CMS and MassHealth audit LEA claims
  - Inability to provide service authorization may result in recoupment

- Complete list of documentation requirements will be included in the forthcoming Direct Service Interim Claiming Guide

Reimbursable Services Requirement #5:   Direct Services
Service Documentation

- Reimbursable services must be documented in paper or electronic form

- LEAs must document health-related services provided to <u>all</u> students for whom the LEA claims reimbursement, including students serviced by subcontractors or placed out-of-district pursuant to an IEP. It is the responsibility of the LEA to ensure that all subcontractors -- including chapter 766 private schools and collaboratives -- maintain this documentation.

  - DESE has developed a service documentation form specifically for students in out-of-district placements. This information is available in a State Director of Special Education communication regarding Mandated Form 28M/12 available at www.doe.mass.edu/news/news.aspx?id=6695, dated February 23, 2012.

Reimbursable Services Requirement #5: Direct Services Service Documentation

- In the event of an audit or other review by MassHealth, CMS, or another state or federal agency, the LEA will be expected to produce the required documentation.

- Documentation must be maintained according to the document retention requirements in the Provider Contract, including documentation to support:

  - Service delivery, including supervision

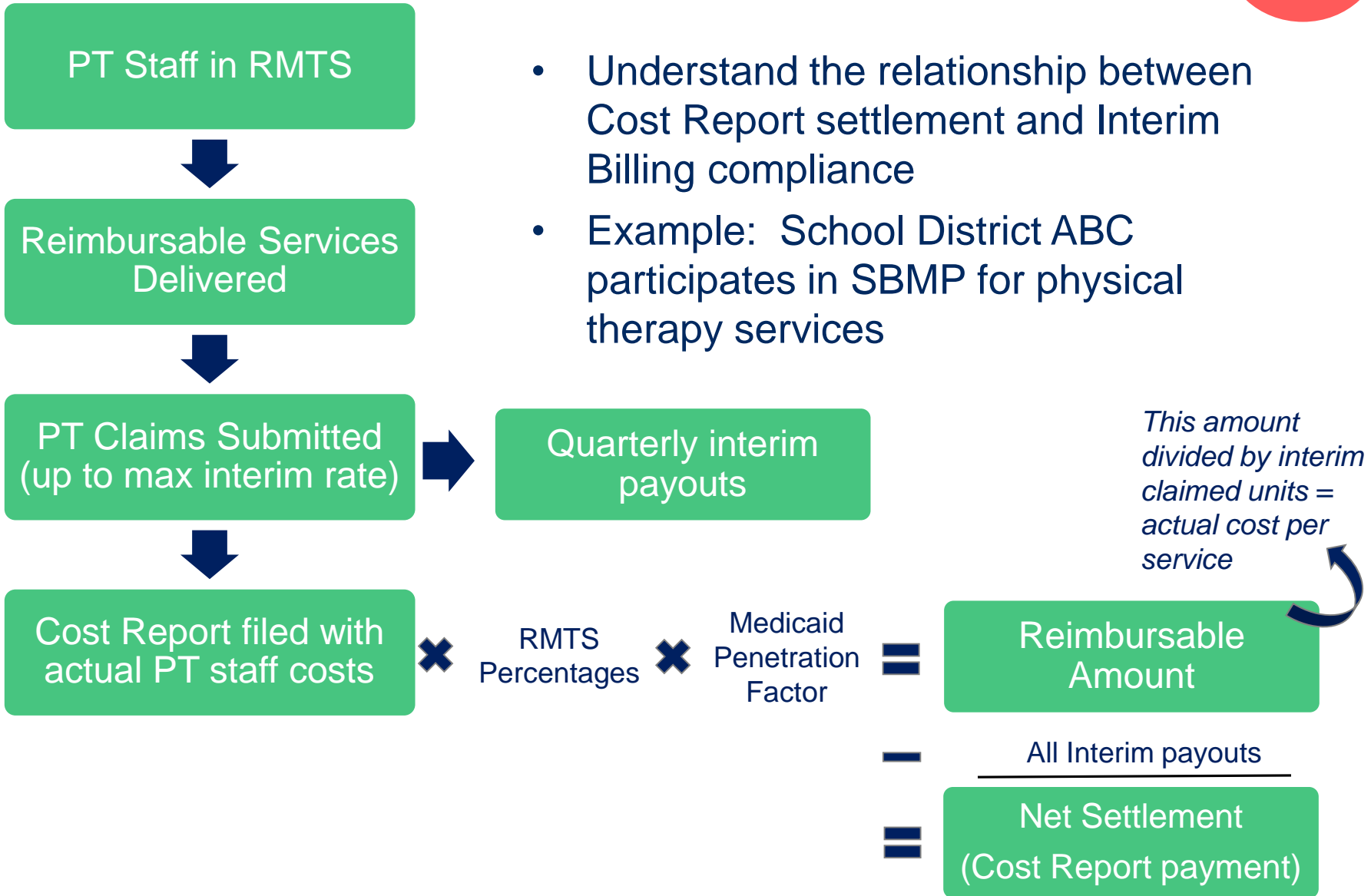 - Service authorization

  - Practitioner licensure

Whenever an LEA provides a Reimbursable Service to an eligible MassHealth enrolled student…

… submit an interim claim!

EVERY time a qualified practitioner who participants in a Direct Service RMTS pool provides a MassHealth Covered Service with the required authorization and service documentation that meets Medicaid Medical Necessity (i.e. is a Reimbursable Service) to a MassHealth-enrolled student for whom the LEA seeks reimbursement, an interim claim should be submitted.

Interim Billing's Impact on Cost Report   Direct Services

PT Staff in RMTS

⬇

Reimbursable Services Delivered

⬇

PT Claims Submitted (up to max interim rate) ➡ **Quarterly interim payouts**

⬇

Cost Report filed with actual PT staff costs ✖ RMTS Percentages ✖ Medicaid Penetration Factor = **Reimbursable Amount**

- Understand the relationship between Cost Report settlement and Interim Billing compliance
- Example: School District ABC participates in SBMP for physical therapy services

This amount divided by interim claimed units = actual cost per service

− All Interim payouts

= **Net Settlement (Cost Report payment)**

Interim Billing's Impact on Cost Report   Direct Services

```
PT Staff in RMTS
        ↓
Reimbursable
Services Delivered
        ↓
LEA does NOT submit        →    Quarterly interim
interim PT claims               payouts do NOT
                                include PT claims
        ↓
Cost Report must
EXCLUDE PT costs
```

- DSC Cost Reports capture only reimbursable costs

- Without claims submission, MassHealth assumes no reimbursable services for that provider type were provided that quarter and costs are not allowable

Reimbursable amount for PT services = ZERO

Cost Report must EXCLUDE PT costs ✖ RMTS Percentages ✖ Medicaid Penetration Factor = Reimbursable Amount

− All Interim payouts

= Net Settlement (Cost Report payment)

Diagnosis Codes

- All LEAs are required to include a clinically appropriate ICD-10 diagnosis code on all claims

- Identify where diagnosis information is kept for each service type

  - In the IEP or other health plan (e.g. 504)

  - With the physician's order?

  - With the treatment plan?

- Develop internal process for connecting the accurate diagnosis with service delivery, and converting that information to an ICD-10 code for billing purposes

  - Work with your billing vendor?

  - Training for LEA staff/providers?

- ABA Services require the ICD-10 diagnosis code for Autism Spectrum Disorder

Welcome Back!

Parental Consent

- Information presented by Anne Gilligan from the Dept. of Elementary & Secondary Education (DESE)

Agenda for Getting Ready for Expansion

- What's the best way to prepare for Expansion?
- Expansion Preparation Tips
- Expansion Next Steps

What's the best way to prepare for Expansion?   Expansion

By making 2018-2019 the best school year yet!

- Expansion Prep tips:
    1. Get involved; stay involved!
    2. Become "fluent" in School-Based Medicaid – especially Reimbursable Services Requirements
    3. Evaluate which services your LEA currently provides that will meet Reimbursable Services Requirements under Expansion next year
    4. Examine interim claiming

Expansion prep tip #1: Get Involved, Stay Involved

- By being here today you're already on your way!

- Keep checking the website (www.mass.gov/masshealth/schools)

- Update your LEA contact information and designee form so you can stay current with all SBMP happenings

- Make sure someone from your LEA is involved with billing, RMTS participant lists, cost report filings, etc.

- Make a commitment to becoming fluent in SBMP (expansion tip #2)

Expansion prep tip #2: Become Fluent in SBMP

- Review the Program Guide and other new guidance on the website

- Attend trainings as they are offered

- Become familiar with the services and provider types that will be newly covered under Expansion

- Take advantage of the 2018-2019 school year to increase your LEA's competency in all things School-Based Medicaid

  - This program is complex and with expansion's extra opportunities for revenue, there may be extra layers of complexity

- Remember the School-Based Claiming Team is here to support you and answer questions

Expansion Prep Tip #3:
Evaluate current services and processes for Reimbursable Services Requirements

As a reminder, if a Covered Service is delivered, the following requirements must be met to be considered a Reimbursable Service:

1. Practitioner RMTS Direct Service Pool Participation
2. Practitioner Licensure Qualifications
3. Medicaid Medical Necessity
4. Service Authorization
5. Service Documentation

Expansion Prep
Reimb. Services Requirement #1:
Practitioner RMTS Direct Service Pool Participation

- Which staff are currently in a direct service pool or admin only pool?

- How might expanded services and provider types impact the pool participant lists lists?

    - Should admin pool staff switch to direct service pool? (e.g. nurse screenings will be newly covered so LEAS MAY want to move nurses from admin to direct for the 2019-2020 school year; DESE licensed psychologists may be in the admin pool and will be covered direct service providers)

    - Are there new practitioners who should participate in the RMTS for the first time?

- How will I ensure participants complete the RMTS training at least annually?

- Am I doing everything I can to maximize RMTS response rates?

Expansion Prep
Reimb. Services Requirement #2:
Practitioner Licensure

- Does my LEA employ or contract with staff who will be newly qualified for Direct Service reimbursement under Expansion?

    - DESE lic. School Psychologist

    - Optometrist

    - Lic. Dietician / Nutritionist

    - Dental Hygienist

- What information is my LEA already tracking about their licensure?

- Will my LEA's licensure verification process be different for these provider types?

Expansion Prep
Reimb. Services Requirement #3:
Medicaid Medical Necessity

- IEP requirements helps to facilitate meeting Medicaid Medical Necessity because of the involvement of practitioners in the IEP approval process

  - For non-IEP services, LEAs must develop a mechanism to ensure Medicaid Medical Necessity is met without the IEP structure

  - This may require advanced planning

    - Consider / review by service specialty?

    - Consider / review by school building?

    - Involve LEA staff in the planning process

Expansion Prep
Reimb. Services Requirement #3:
Medicaid Medical Necessity

- What controls will your LEA put into place to ensure only Medically Necessary services are submitted for billing?

  - Claims that do not meet Medicaid Medical Necessity are non-reimbursable. LEAs cannot submit non-reimbursable claims for reimbursement.

- Are all practitioners being supervised for the expansion services per supervision requirements?

- Do the practitioners understand what is within the scope of practice as defined by the licensure bodies?

- Who will determine what meets MassHealth's standard as "clinically appropriate" and "requires the clinical license" for the different service types?

  - Examples – A parent/guardian requests an evaluation or nursing assessment / treatment that's more intensive than "basic" first aid.

  - Will additional staff training be required to be able to make these determinations?

Expansion Prep
Reimb. Services Requirements #4:
Service Authorization

- Where is service authorization information held?

  - Does it vary by service specialty or type of service?

  - Does it vary by grade level or school building?

- What is the quality of the service authorization documentation?

  - What does it look like for the non-IEP services specifically?

  - Does it include all the data elements required by Medicaid to document service authorization?

- Does the nursing office staff have appropriate medical standing orders for unplanned / unscheduled services?

Expansion Prep
Reimb. Services Requirements #5:
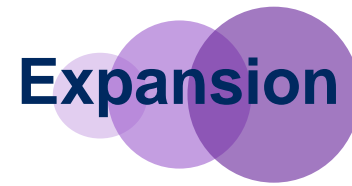# Service Documentation

- Where is documentation held related to expanded services?

  - Does it vary by service specialty?

  - Does it vary by grade level or school building?

  - Are electronic health records utilized?

- What is the quality of the service documentation?

  - Will it meet Medicaid standards?

  - Will it sufficiently document Medicaid Medical Necessity?

  - Does it document staff supervision when required?

Expansion Prep
Reimb. Services Requirements #5:
Service Documentation

- Is service documentation standardized across all practitioners?
  - Can it be? Should it be?

- Is supervision documented when required?

- How would service documentation be produced in the event of audit?
  - How is documentation to support medical necessity maintained (including physician's orders and/or other clinical authorization)?

Expansion Prep Tip #4: Examine Interim Claiming

- How will my LEA transform expanded service delivery information into claims?

- Where is diagnosis information documented?
  - What form is it in? If not ICD-10, how will we identify the appropriate ICD-10 code?

- Does it vary by service specialty?

- Does it vary by grade level or school building?

- Does it vary by the kind of service being authorized?

Expansion Next Steps

- How will **I** go about answering the questions in the previous slides?

    - Do I know all the parties who must be involved to answer the questions?

- Consider forming internal workgroups for the various service types to identify the necessary information for Medicaid reimbursement and to implement a work plan which includes:

    - Planning/communication with billing vendors and/or software companies for electronic health records

    - Updating internal procedures, processes, and/or forms if needed

    - Training for service providers

- Consider working with other LEAs

    - How are other districts thinking about this?

- What's next?

- Training Opportunities

- RMTS

- Interim Claiming

- Administrative Activity Claiming

- Direct Service Cost Reporting

What's Next?

- Take a deep breath!
  - Process all the information presented today

- Take it back, share it with your colleagues
  - Practitioners and other staff
  - Leadership/superintendent level as necessary

- Get involved; stay involved

Training Opportunities

Early Spring 2019

- Focused Training – School Nursing Services

- Focused Training – Direct Services Program

- RMTS Coordinator Training

Summer/Fall 2019

- RMTS Coordinator Training

- Statewide Back to School Training

- Administrative Activity Claim Training

Provider Contracts

- Expedite the PROPER execution of amended and restated provider contract and related documents and send to UMMS by deadline of February 28, 2019
    - Documents should NOT be sent to MassHealth – use the address on the letter and not in the actual contract

- Amended and restated contract are required due to changes required to roll out SBMP expansion
    - Current contracts will no longer be valid on July 1, 2019
    - In order to maintain program participation after July 1, 2019, all LEAs should have a signed Amended & Restated Contract

Provider Contracts

- LEAs are required execute the following documents:

    - Amended and Restated Provider Contract

    - Federally Required Disclosures Form (FRDF)

    - Trading Partner Agreement (TPA)

- Some LEAs may also need to update the following documents:

    - W-9 Form

    - Provider Change of Address Form

Expansion firsts

	2019	
Spring		-Amended & Restated Provider Contracts Due 2/28/2019
Summer		-FY20 Direct Service Interim Claims (first after expansion) services after 7/1/2019
Fall		-FY20 Q2 RMTS lists (first after expansion) due by 9/6/2019
Winter		-FY19 Cost Reports (pre-expansion) filed by 12/31/2019

|	2020	
Spring		-FY20 Q2 Administrative Claim (first after expansion) filed between April 2020 and October 2020
Summer		
Fall		
Winter		-FY20 Cost Reports (first year of expansion) filed by 12/31/2020

Takeaways Agenda

- Get involve; stay involved

- Partnership

- Interim Billing Compliance

- Relationship to Cost Report settlement

- Payment Error Rate Measurement (PERM) audits

- Administrative Activities – does your LEA understand them and are you taking advantage?

- Provider Contracts

- RMTS revised answers – staff training needs

- Prepare for Expansion

LEA Involvement

- Get involved; stay involved.
    - Keep checking the website and your inbox for new materials

- New LEA contact designee form required for all participating LEAs – printed out in person, should be on website soon
    - Includes 2 new contact types which must be LEA staff (cannot be delegated to a sub-contractor or vendor)
        - LEA Main Point of Contact
        - LEA contact for the purpose of audits / PERM / program compliance / medical records and service documentation

This Program is a Partnership!

- The school setting provides a unique opportunity for communities to partner with the Medicaid program to enroll eligible children in the Medicaid program and to assist children who are already enrolled in Medicaid to access the benefits available to them.

- We realize a lot is changing with Expansion and clarification of existing guidance. We are with you every step of the way.

  - MassHealth is putting out guidance, quick reference pages (cheat sheets), and other materials to help make it smoother.

  - Reach out to us – ask questions & provide feedback!

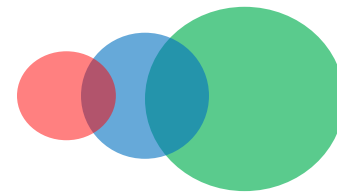**MassHealth** **+** **SCHOOL** **=** healthy kids
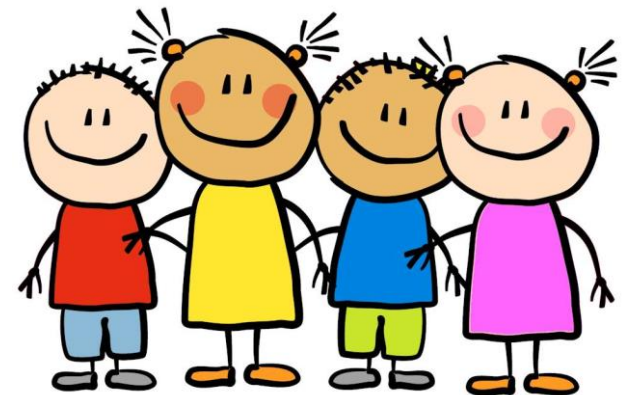
PERM

- CMS developed the Payment Error Rate Measurement (PERM) program to comply with the Improper Payments Information Act (IPIA) of 2002 and related guidance issued by OMB.

- The PERM program measures improper payments in Medicaid and CHIP and produces error rates for each program. The error rates are simply a measurement of payments made that did not meet statutory, regulatory or administrative requirements.

- LEA providers are required to participate in PERM audits, and therefore must comply with all requests from the PERM auditors.

  - Historically, LEAs have had high non-response and/or failure rate of PERM audits. This is unacceptable and violates the provider contract section 2.3(B) (Claims Monitoring).

  - LEAs are now required to have an audit / 'record request' LEA contact. LEAs are expected to comply and be able to produce evidence of compliance.

Administrative Activities

- Remember that 45% of LEA revenue last year came from administrative reimbursement

- Understand the Medicaid reimbursable administrative activities

- Is your LEA taking advantage of this reimbursement opportunity most effectively?

RMTS

- Use today's guidance to inform your sorting hat for including staff into RMTS pools – this year and next year under expansion

  - Beware of pool dilution!

- Revisit participant calendars and ensure they reflect actual staff work schedules

- Each LEA RMTS Coordinator is encouraged to provide ongoing training for participants and supervisors

  - Quarterly, share the *RMTS Participant Quick Reference Guide* (distributed by UMMS) with any new participants

  - Communicate to staff the importance of participating in RMTS and any relevant information to help them know what to expect in terms of supervisor follow-up, who they should contact with questions, etc.

- LEAs can facilitate participants completing the training in a group setting, such as playing the training video at a staff meeting

Prepare for Expansion

- Review the Expansion prep tips in slides, share the questions with other staff and take steps to answer all questions before 7/1/19
  - Educate internal stakeholders who need to be involved in preparing for the program expansion
- Identify new LEA staff that should get involved, stay involved with ownership/responsibility for the Medicaid program now that it's expanded beyond Special Education
- Review and keep updated with all new SBMP regulatory guidelines, bulletins and MassHealth billing and compliance requirements
- Work with your billing agent/vendor (if applicable) or your internal IT support on transforming service delivery documentation into Medicaid interim claims
- Develop a process to obtain updated parental consent for the LEA to access student public benefits, per DESE guidance

Contact Information & Resources

General MassHealth information: www.mass.gov/masshealth

School-Based information: www.mass.gov/masshealth/schools

UMMS School-Based Help Desk: SchoolBasedClaiming@umassmed.edu
or via phone at 1-800-535-6741 M-F 7:30 a.m. – 7:30 p.m.

MassHealth Customer Support Center: providersupport@mahealth.net
or via phone at 1-800-841-2900

Massachusetts Department of Elementary and Secondary Education (DESE):

IEP Questions can be directed to Special Education Planning & Policy – (781) 338-3375 or specialeducation@doe.mass.edu

Consent Questions can be directed to the Office of Student and Family Support – (781) 338-3010 or achievement@doe.mass.edu

Open Question & Answer Session

Q&A
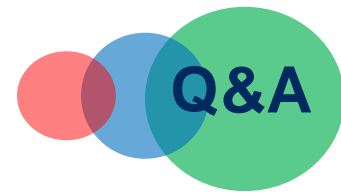
- Livestream participants – please use the chat function to submit your questions
- DESE/Parental Consent questions
- Other SBMP questions