

Medicaid and Education

Presented by
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A recorded version of this presentation will be posted to
<http://wvde.state.wv.us/osp/sebta.html>

FYI

First Year Information for Special Educators



“Our challenge as educators is to make sure that we provide all children in our public schools the opportunity for success. Teachers of children with special needs understand this challenge more than most. They are dedicated individuals who have a passion for teaching and high expectations that every child can learn given an opportunity.” – James B. Phares, Ed.D.

What is Medicaid?

CMS

The Medicare,
Medicaid, and
SCHIP Agency

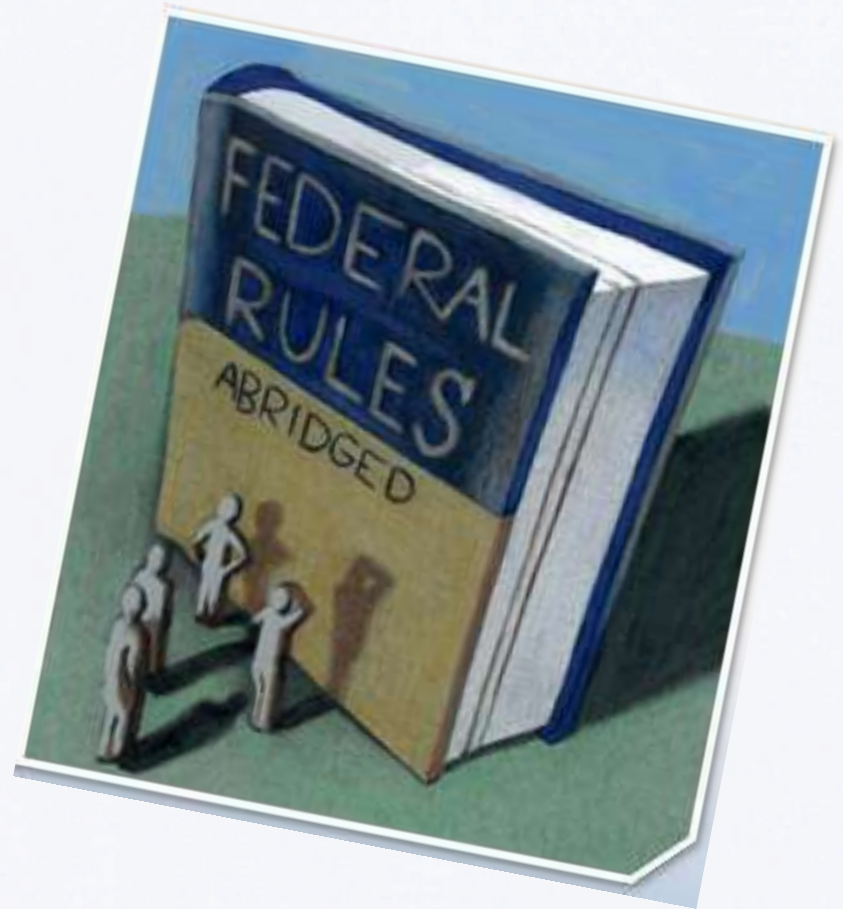
www.cms.gov

Medicaid

Medicaid is a jointly-funded, Federal-State health insurance program for certain low-income and needy people. It covers approximately 36 million individuals including children, the aged, blind, and/or disabled, and people who are eligible to receive federally assisted income maintenance payments.

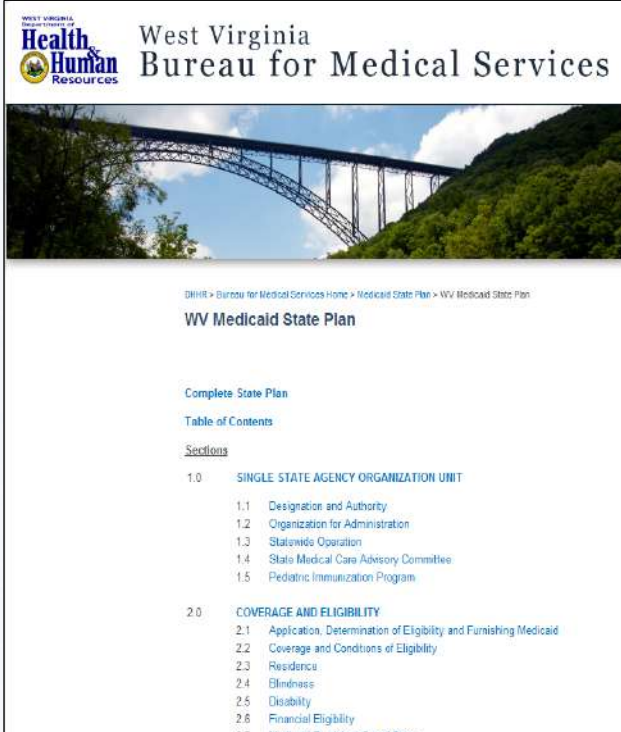
Congress Mandates Medicaid to Pay for Services Provided in the School Setting

- Certain services covered by the State's Plan
- Only to students with IEPs



A Joint Federal/State Program

Each state
determines its State
Plan within the
general guidelines
of the federal CMS.



The screenshot shows the West Virginia Bureau for Medical Services website. At the top left is the logo for "West Virginia Health Human Resources". To the right of the logo is the text "West Virginia Bureau for Medical Services". Below the header is a photograph of a large steel truss bridge spanning a valley. Underneath the photo is a breadcrumb trail: "DHHR > Bureau for Medical Services Home > Medicaid State Plan > WV Medicaid State Plan". The main heading is "WV Medicaid State Plan". Below this are links for "Complete State Plan" and "Table of Contents". A "Sections" link is also present. The table of contents lists the following sections:

- 1.0 SINGLE STATE AGENCY ORGANIZATION UNIT
 - 1.1 Designation and Authority
 - 1.2 Organization for Administration
 - 1.3 Statewide Operation
 - 1.4 State Medical Care Advisory Committee
 - 1.5 Pediatric Immunization Program
- 2.0 COVERAGE AND ELIGIBILITY
 - 2.1 Application, Determination of Eligibility and Furnishing Medicaid
 - 2.2 Coverage and Conditions of Eligibility
 - 2.3 Residence
 - 2.4 Ektndness
 - 2.5 Disability
 - 2.6 Financial Eligibility
 - 2.7 Medical Eligibility Categories

Private Medicaid Services

Federal Medicaid \$/State Medicaid \$



72.62%



27.38%

School-based Services

Federal Medicaid \$/ State Education \$



72.62%



27.38%

- Audiology
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Nurse – Specialized Procedures
- Psychological Services
- Personal Care – 1:1 Aide Services
- Specialized Transportation Vehicle and Aide
- **Care Coordination**

A. Supplementary Aides, Services/Program Modifications	Location of Services		Extent/Frequency per	Initiation Date m/d/y	Duration m/y
<u>Direct adult supervision on a continuous basis</u>	<u>All school environments</u>		<u>Daily</u>	<u>8/26/09</u>	<u>3/10</u>
—	—		—	—	—
—	—		—	—	—
—	—		—	—	—
—	—		—	—	—
—	—		—	—	—
B. Special Education Services	Direct/Indirect (D or I)	Location of Services * General Education Environment = GEE * Special Education Environment = SEE * Other =	Extent/Frequency per	Initiation Date m/d/y	Duration m/y
<u>Behavior Skills</u>	<u>I</u>	<u>GEE</u>	<u>45 min. per week</u>	<u>8/26/09</u>	<u>3/10</u>
<u>Reading Comprehension</u>	<u>D</u>	<u>SEE</u>	<u>30min. Per week</u>	<u>8/26/09</u>	<u>3/10</u>
—	.	—	—	—	—
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C. Related Services					
<u>Speech Therapy</u>	<u>D</u>	<u>SEE</u>	<u>30 min. per week</u>	<u>8/26/09</u>	<u>3/10</u>
—	.	—	—	—	—
—	.	—	—	—	—

Consent to Release Information for the Purpose of Medicaid Billing

One time or whenever the type or frequency of
services change.

See [Medicaid Forms](#)



Student's Full Name _____

The county school district wishes to periodically apply for reimbursement for certain services provided to your child by accessing Medicaid or other publicly funded benefits. Medicaid reimbursement to county school districts is authorized by West Virginia Legislative Code §18-2-5b, effective March 15, 1990. These funds provide additional financial resources for the county's educational services.

In order for the county school district to apply for Medicaid reimbursement for certain services provided to your child, your consent to release information from your child's education records is requested. The following information may be released to the state Medicaid agency:

- Child's name, date of birth and address
- Service(s) provided
- Dates and times the service is provided at school
- Child's IEP goals that relate to these services
- Progress notes pertaining to the billing of services

The county school district is providing the following Medicaid-covered services to your child:

TYPE OF SERVICE	EXTENT-FREQUENCY
Audiology Services	
Occupational Therapy Services	
Physical Therapy Services	
Psychological Services	
Speech Therapy Services	
Nursing (RN) Specialized Procedures	
Personal Care Aide (direct 1:1)	
Specialized Transportation (vehicle)	
Specialized Transportation (aide)	
IEP- Treatment Planning (Initial/Reeval. and/or Annual Update)	
Care Coordination	One per month

If you think another provider outside the school system may be billing your child's Medicaid benefits for the same services (for example, speech services) provided by the county school district, please notify your child's school principal or a county office administrator as soon as possible. The county school district will not duplicate the outside provider's Medicaid billing.

This consent may be withdrawn at any time. If consent is not withdrawn, the county school district will notify you of the continued billing of provided services for Medicaid reimbursement and remind you of all of your legal protections once a year. For the additional protections provided by the Individuals with Disabilities Education Act (IDEA), please refer to the annual *Notice to Parents – Parental Consent to Access Public Benefits or Insurance (E.g. Medicaid)*.

I give my consent to release information from my child's educational records for the purpose of Medicaid billing and for agency review of records for the duration of services. I understand and agree that the district may access my child's or parent's public benefits or insurance (e.g., Medicaid) to pay for IEP services under IDEA part 300.

Parent Signature: _____ Date: _____

Child's Medicaid Number: _____

Family Physician (optional): _____



Consent to Release Information for the Purpose of Medicaid Billing

Notification of legal rights.

See [Medicaid Forms](#)

NOTICE TO PARENTS
PARENTAL CONSENT TO ACCESS PUBLIC BENEFITS OR INSURANCE (E.G, MEDICAID)

This notice informs parents of the Individuals with Disabilities Education Act of 2004 (IDEA) regulations at 34 CFR §300.154, effective March 18, 2013, regarding written notification and parent consent to access public benefits or insurance, such as Medicaid. Before the school district accesses the parent's or child's Medicaid or other publicly funded benefits for the first time to seek reimbursement for services provided to an eligible student, and annually thereafter, this written notice is provided to inform parents of the following:

- A one-time prior written parental consent will be requested to release personal information from a child's education records or information about the services that may be provided for the purpose of billing Medicaid or another specific agency for Individualized Education Program (IEP) services. If at any time billable services are revised, consent will be requested again.
- The consent form will state the student's personal education records and information that will be disclosed, the purpose of the disclosure (e.g. Medicaid billing) and the agency to which the records will be released. By consenting, parents state they understand and agree that their or their child's public benefits or insurance will be accessed to reimburse the cost of services.
- Parents cannot be required to sign up for or enroll in public benefits or insurance programs for their child to receive free appropriate public education, that is, IEP services.
- Parents are not required to pay out-of-pocket expense such as a deductible or co-pay amount resulting from filing a claim, but may pay the cost that otherwise would be paid by parents.
- Parents must be informed that their public benefits or insurance (e.g., Medicaid) will not be billed if it would:
 - result in a decrease in lifetime benefits;
 - result in the child's parents paying for services that would otherwise be covered and that are needed for the child outside of the time the child is in school;
 - result in an increase in premiums or discontinuation of public benefits or insurance; or
 - risk loss of eligibility for home and community-based waivers based on the total (aggregated) health-related expenditures for the child or the child's parents.
- Parents have the right to withdraw consent to disclose their child's personal information for billing purposes at any time.
- Parents' withdrawal of consent, or refusal to provide consent, to release their child's personal information for purposes of accessing their public benefits or insurance (e.g., for Medicaid billing) does not relieve the school district of its responsibility to ensure that all required IEP services are provided at no cost to parents.

Billing Medicaid

Procedure:

On a month basis, complete the Care Coordination form for each student served. See [Medicaid Forms](#)

- A. Met with other Special Ed. teacher or met with General. Ed. teacher regarding child's service needs/progress
- B. Met with Therapist regarding service needs/progress
- C. Met with Psychologist regarding service needs/progress
- D. Met with Social Worker or Counselor regarding service needs/progress
- E. Met with Personal Care Aide regarding needs/progress
- F. Met with parent(s)/guardian(s) regarding child's treatment needs/progress
- G. Prepared progress notes
- H. Scheduled services for the student
- I. Monitored student's activities and progress in receiving special education and health related services
- J. Assured the student had access to services listed in IEP

Service Record – Care Coordination

Medicaid Number		Last Name		First Name	
WVEIS Number		Diagnosis Code		School	
County	Beginning Date	Ending Date	Procedure Code	Units	
			T2022	1	

Care Coordination. T2022 = 1 unit per month. List dates of any and all activities completed this calendar month.

Care Coordination Activities	Date(s)
A. Met with Special Ed. or Reg. Ed. teacher regarding child's service needs/progress	
B. Met with Therapist regarding service needs/progress	
C. Met with Psychologist regarding service needs/progress	
D. Met with Social Worker	
E. Met with Counselor regarding service needs/progress	
F. Met with Personal Care Aide regarding needs/progress	
G. Met with other health care provider regarding child's service needs/progress	
H. Issued letter/memorandum regarding child's service needs/progress	
I. Contacted provider(s) to schedule testing/consultation	
J. Met with parent(s)/guardian(s) regarding child's treatment needs/progress	
K. Met with parent(s)/guardian(s) on testing results	
L. Issued letter/memorandum to parent(s)/guardian(s)	
M. Contacted parent(s)/guardian(s) to schedule consultation	
N. Met with child to discuss progress	
O. Met with child to discuss service needs	
P. Met with child to discuss social/behavioral issues	
Q. Reviewed provider assessment/testing results	
R. Reviewed provider notes/memoranda regarding child's service needs/progress	
S. Prepared progress notes	
T. Prepared summary of provider consultation	
U. Prepared summary of parent/guardian consultation	
V. Prepared summary of child consultation	
W. Prepared other documentation of service treatment/progress	
X. Other:	

Enter date for one or more of these activities

Circle the appropriate progress

Sign that you completed

Outcome: (Circle one) **A. Progress Satisfactory - Continue IEP until completion date.**
or **B. Reconvene IEP Team to address change**

Signature _____ Date _____

NEW! Overview of Program Changes

- In response to CMS questions, West Virginia is implementing a new reimbursement methodology for school based services, effective **July 1, 2012**.
- Effective for dates of service beginning July 1, 2012, school based providers will be reimbursed using a cost based reimbursement methodology including a
 - Cost Report
 - **Random Moment Time Study (RMTS)**
 - Cost Reconciliation
 - Cost Settlement
- School Based providers will still need to submit Fee-For-Service claims for services rendered throughout the year.

Quarterly Cost Reports – County Treasurers

Costs of Direct Services – Audiologists, SLPs, OTs, PTs, Psychologists, Nurses (RNs)

Cost of Personal Care – 1:1 Aides

Costs of Care Coordination – Special Education Teachers (of students with disabilities)

Cost of Administrative Personnel

Cost of Specialized Transportation – Not subject to RMTS

Care Coordination Costs

County's Costs of Providing Care Coordination Services	\$500,000
Reduced by the percentage of allowable responses in RMTS	10%
Total Costs of Care Coordination	\$50,000
Add in vendor/contracted costs	\$0
Districts IEP ratio reduction <u>Medicaid eligible</u> 50% example All Special Ed Students	\$25,000
Total Costs	\$25,000
<hr/>	
District's Medicaid Reimbursement for Care Coordination (Ave. 20/month for 10 months) Based on current rate	\$30,000
<hr/>	
Cost Settlement Difference between Costs and Reimbursement	(\$5,000)



RMTS Site Preview



Random Moment Time Study NCMAC

EasyRMTS™

Moment List

Name	Category	Location	Moment
Jana Griggs	1	Central Office	8/27/2007 9:35:00 AM


Were you working during your sampled moment?

- No, Moment is before/after workday(This does not include Lunch)
- No, Moment is during paid day off
- No, Moment is during an unpaid day off
- Yes, I was working

Next >

Exit

RMTS Site Preview


Random Moment Time Study
NCMAC2
EasyRMTS™

Moment List

Name	Category	Location	Moment
Macy McRae Jr	13	New Hanover	2/11/2008 9:55:00 AM

1. Who was with you?
2. What were you doing? Please be as specific as possible.
3. Why were you performing this activity?
4. Is this activity regarding a Special Education student?
 1.Yes
 2.No
5. Is the service you provided part of the child's IEP?
 1.Yes
 2.No

RMTS

RMTS – October – December

RMTS – January – March

RMTS – April – June

PCG's Time Study Pilot – “less than appropriate responses were submitted.”

A number of inappropriate responses were received by staff participating in the RMTS.

Two areas of concern:

- Incomplete responses
- Rudeness/Frustration

Inappropriate Responses to RMTS

Example 2:

1. Who was with you?
 - A group of people charged with carrying out the work of an establishment
2. What were you doing?
 - Inputting the last “moment in time” documentation instead of using my scheduled paperwork time to prepare for the two IEPs that I have next week.
3. Why were you doing this activity?
 - You keep sending me these “moments.” I am itinerant and MCS will not provide me with a computer, IPad, or other internet access to use during treatment blocks of time. Scheduled office time is the only time I can complete these “moments.”
4. Is this activity regarding a Special Education student?
 - NA

Inappropriate Responses to RMTS

Issues that arise from inappropriate responses:

- Creates additional administrative burden.
- Moment can be incorrectly coded if information is omitted or misleading.
 - When clarification is not received, the moment is likely to be coded as non-reimbursable.
- Reduction in reimbursement
 - Medicaid reimbursement is tied to the RMTS results
 - Penalty if 85% response rate isn't achieved

Results

- ◆ Supplemental monies for system
- ◆ Additional Quality Assurance

Thank you for your participation. At the conclusion of this webinar, please download the NCIPP mentor-mentee attachments.

If you require additional assistance please contact Dr. Christina Chambers, Assistant Director, Office of Special Programs 304-558-2696 or via email at cdchambe@access.k12.wv.us.