

Bulletin Number: MSA 09-34

Distribution: School Based Services Providers

Issued: June 16, 2009

Subject: Rescind bulletin MSA 09-21 and Clarifications to the School Based Services and School Based Services Random Moment Time Study Medicaid Provider Manual Chapters

Effective: As Stated

Programs Affected: School Based Services

The purpose of this bulletin is to rescind and replace bulletin MSA 09-21 based on responses from the Centers for Medicare and Medicaid Services (CMS). The School Based Services providers (Intermediate School Districts, Detroit Public Schools, and Michigan School for the Deaf and Blind) are hereafter referred to as Intermediate School Districts (ISDs) for the purpose of this bulletin.

The clarifications addressed in this bulletin are the result of issues that were raised during the implementation phase of the new cost-based reimbursement methodology.

School Based Services Chapter

Psychological Testing Codes with an HT Modifier

Effective for dates of service on and after July 1, 2008, policy has been clarified to inform providers of the appropriate utilization of the HT modifier. These codes are utilized when the Michigan licensed psychologists bill for their testing and status exams when they are done as part of the evaluation and assessment process.

Procedure Codes:

- **96101 HT**– Psychological testing
(Used by the psychologist when billing for the evaluation [HT] when the psychological testing is performed as part of the assessment/evaluation process.)
- **96116 HT**– Neurobehavioral status exam
(Used by the psychologist when billing for the evaluation [HT] when the neurobehavioral status exam is performed as part of the assessment/evaluation process.)
- **96118 HT**– Neuropsychological testing
(Used by the psychologist when billing for the evaluation [HT] when the neuropsychological testing is performed as part of the assessment/evaluation process.)

Sanction Language

Effective for dates of service on and after July 1, 2008, the following language has been added to Section 3.3.A. to comply with the mandate from CMS.

The following bullet is added to the examples of possible causes for sanctions in Section 3.3.A.:

- Failure to comply with the federal mandate to submit procedure-specific claims through the Medicaid Management Information System (MMIS).

Specialized Transportation Reconciliation and Settlement Language Clarification

Effective for dates of service on and after July 1, 2008, the language within the Specialized Transportation section is clarified to correctly reflect the procedural flow of the cost reconciliation and settlement process.

The following language replaces that found in Section 6.2.B.:

On an annual basis, the cost per trip is calculated by dividing the total Medicaid allowable costs (including indirect cost) by the total ISD-reported special education (specialized) one-way transportation trips. The cost per trip is multiplied by the quantity of Medicaid "allowable" one-way trips gleaned from the Medicaid Invoice Processing system to arrive at the Medicaid allowable cost.

An "allowable" one-way trip is one that is provided to a Medicaid beneficiary and fulfills all of the following requirements:

- Documentation of ridership is on file,
- The need for the specialized transportation service is identified in the Individualized Education Program (IEP)/Individualized Family Service Program (IFSP), and
- A Medicaid-covered service (other than transportation) is provided on the same date of service. The Medicaid-covered service must also be documented in the IEP/IFSP.

The cost settlement is accomplished by comparing the interim monthly payment totals to the annual Medicaid allowable specialized transportation cost. The cost settlement amount for the specialized transportation is combined with the cost settlement amounts for the Fee-for-Service (FFS) Direct Medical, Targeted Case Management, and Personal Care Services, and any over/under adjustments are processed as one transaction.

School Based Services Random Moment Time Study (RMTS) Chapter

Long Term Subs

Effective for the July-September 2009 quarter, long term substitute staff replacing permanent staff on leave may be added to the staff pool lists.

- A long term substitute staff must be employed by the ISD/Local Educational Agency (LEA) for at least 30 calendar days within the quarter.
- The ISD/LEA may report the name of the long term substitute any time after the sampling moments are distributed.
- The long term substitute must meet all of the program requirements and provider qualifications necessary to participate in the Medicaid school based program staff pool.
- The substitutes name must be listed in parenthesis behind the name of the regular staff person on the staff pool list.
- If listed on the staff pool list the substitute staff must complete the time study moment.
- Financial worksheets must reflect the name of the regular staff and the substitute in parenthesis. The cost reflected should be the sum of the cost of the regular staff on leave and the long term substitute.
- All audit liability for the financial data reported and the tracking of the moments is the responsibility of the ISD/LEA reporting entity.
- All staff whose costs are included in the cost pool, including long term substitutes, must be included in the sample universe for the time study.

Submission Policy for RMTS Staff Pool List and Financial Reporting Submission

To be consistent with the subsections under it, the section title for Section 3.3 is changed to read as follows:

3.3 Time Study Staff Pools

Effective for all future time study quarters (beginning with the July-September 2009 quarter) the following language is added before the current paragraph to Section 3.3:

To preserve the integrity of the RMTS process and to allow for timely process flow, the school staff are given four weeks to review and return the staff pool lists and financials to the Contractor for those staff eligible to participate in each time study group. The staff pool lists must be returned as a complete file with all updates reflected. No partial staff pool list files will be accepted by the Contractor.

If staff pool lists and/or financials for the Personal Care Services, Targeted Case Management or the Administrative Outreach Program (AOP) time studies are not returned to the Contractor on or before the published deadline, the LEA staff pool list and correlating financials will be removed from the time study and claim calculation for the affected quarter. ISD coordinators and LEA financial contact staff will be notified.

Financial Reporting Compliance Requirements Section 8.4

The following section was mistakenly omitted from the School Based Services Random Moment Time Study chapter in the Medicaid Provider Manual. This language was in the previous chapter language and assures that accepted accounting principles are followed when reporting expenditures. Effective for all future quarters (beginning with the July-September 2009 quarter), the section is being reinstated in the new chapter and reads as follows:

The financial data reported (salaries, benefits, supplies, purchased services, and other expenditures) must be based on actual detailed expenditures from LEA payroll and financial systems. Payroll and financial system data must be applied using generally accepted governmental accounting standards and principles, or applicable administrative rules. The expenditures accumulated must correlate to the claiming period.

AOP Only Staff Pool Participants Clarifications

Upon review, CMS determined that the following staff categories no longer meet the provider criteria necessary to participate in the Direct Medical portion of the School Based Service program. These providers remain eligible to participate in the AOP portion of the program if they perform outreach services as part of their normal duties. To add clarification to these categories of staff, the Michigan Department of Community Health (MDCH) is separately identifying them in the policy chapter.

Effective for all future time study quarters (beginning with the July-September 2009 quarter), the following staff may be eligible to be placed on the AOP Only staff pool list and participate in the AOP Only Random Moment Time Study. These staff are not eligible to participate in the Direct Medical time study (AOP & FFS Direct Medical staff pool).

- School Psychologists (certified by the Michigan Department of Education but without Michigan licensure)
- Teachers of Speech and Language Impairments (without their American Speech, Language and Hearing Association Certificate of Clinical Competence)
- School Social Workers (certified by the Michigan Department of Education but without Michigan licensure)

AOP & FFS/Direct Medical Services Staff Pool Participant Description Clarification

To clarify that only those Psychologists that meet Michigan licensure requirements may be included as eligible staff pool participants for the AOP & FFS Direct Medical Services staff pool, the following language is being added in parenthesis after Psychologists in Section 3.3.B.: (not School Psychologists).

Activity Code for Non-Returned Moments

CMS requested that MDCH separately track those RMTS moments that are non-returned. In order to streamline the process for tracking and reporting on these moments, effective for all future quarters (beginning with the July-September 2009 quarter), MDCH has assigned the sub code 17(D) for these moments. Section 4.1 reflects the following language:

4.1.S. Code 17(D) – Non-Returned Moments

U – Fee-for-Service
U – Administrative Outreach

This code is used for moments that are not returned by the published deadline. As long as the compliance rate remains above 85%, these moments will not be used as a negative factor in the RMTS calculation.

Activity Code 18 is renumbered Section 4.1.T.

Clarification of Time Study Reporting Steps

Effective for all future time study quarters (beginning with the July-September 2009 quarter), the 8th bullet in Section 7 is revised to read:

- The Contractor must produce quarterly reports summarizing the results of the random moment time studies (RMTS) and RMTS compliance reporting. Both reports are forwarded to the Department of Community Health, Program Policy Division for posting on the School Based Services, Provider Specific Information webpage.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Acting Director
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