

WELCOME
to
MEDICAID
SCHOOL BASED
SERVICES 201

Brought to you by:

Amy Kanter — The MER & Cost Settlements,

Resources For SBS Providers

John Lambert — History of SBS,

Quality Assurance Plan & Auditor Checklist,

SPL, RMTS, Quarterly Financials, & MAER



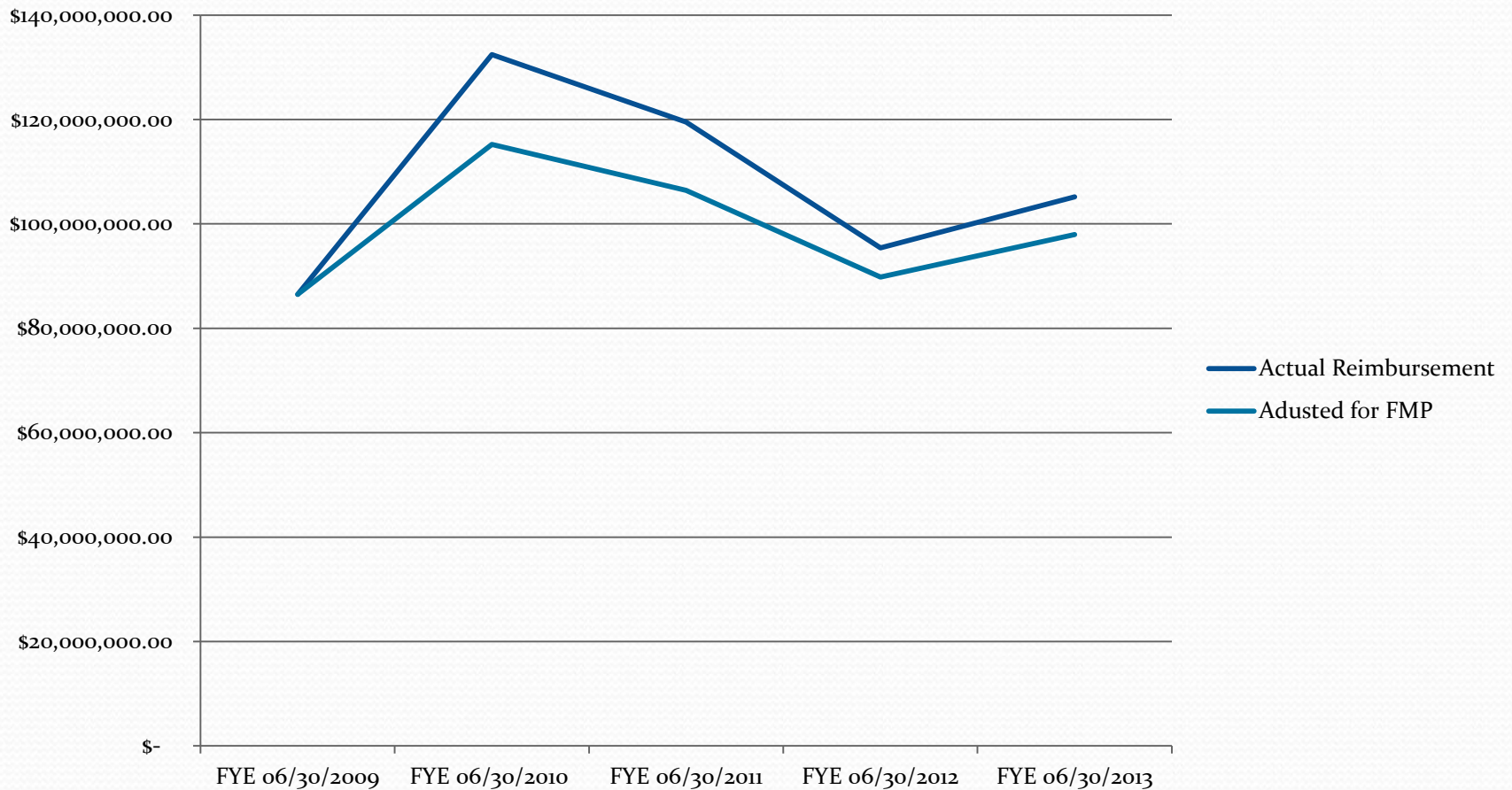
A Brief History of Medicaid and the School Based Services (SBS) Program

John Lambert
Michigan Department of Community Health
Office of Audit
LambertJ4@michigan.gov
517-335-4792

Medicaid and School Based Services

- Why this is important
 - SBS year ended 6-30-09: \$86.5M to ISDs
 - SBS YE 6-30-13: \$105.2 M to ISDs
 - Est, SBS YE 6-30-14: \$110 M to ISDs
- Overview of Medicaid
 - (Assume you do not need overview of Special Education!)
- What it is, How it Works
- Your Role as Medicaid SBS Implementer, Coordinator, Business Official, Administrator, etc.

Reimbursement Trend



What is Medicaid?

- NOT Medicare (for persons over 65; mostly federally funded by approps, your earnings taxes, member premiums/deductibles; growing fast as baby boomers reach 65); 52 million enrollees; created by act of Congress in 1965
- Medicaid
 - For low-income families, including children; over 62 million enrollees; largest hc program in US
 - Jointly funded by State and Federal govts to pay for health care and long term care assistance
 - Created by act of Congress in 1965

Scope of Medicaid In the US

- ▣ **\$389 billion spent in 2010**
- ▣ **54+ million low income people/families—our nation's sickest and poorest**
- ▣ **12+ million elderly, disabled, adults**
- ▣ **Pays for 2M births annually (~40% of all births)**
- ▣ **Nearly 31M children enrolled, 2010**
- ▣ **~70% of nursing home beds Medicaid-financed**
- ▣ **States have learned to maximize federal match**

*(Kaiser Commission on Medicaid and the Uninsured and Urban Institute, 2012,
<http://www.kff.org/medicaid/upload/8139-02.pdf>)*

Scope of Medicaid, cont'd

- ▣ Medicaid is largest single source of *any kind* of federal grants to states—comprises 42% of grants to states in 2010
- ▣ Incredibly complex statute, regulations, enforcement

Has been impacted significantly by Affordable Care Act of 2010 (ACA, Obamacare) most provisions effective January 2014

- ▣ Approx. 30 M uninsured individuals will no longer be uninsured
- ▣ Estimated 17 M add'l people will get Medicaid
- ▣ Estimated 500,000 add'l people on Medicaid in MI (so far, 300,000)
 - Most will be adults
 - But children will be in your districts!

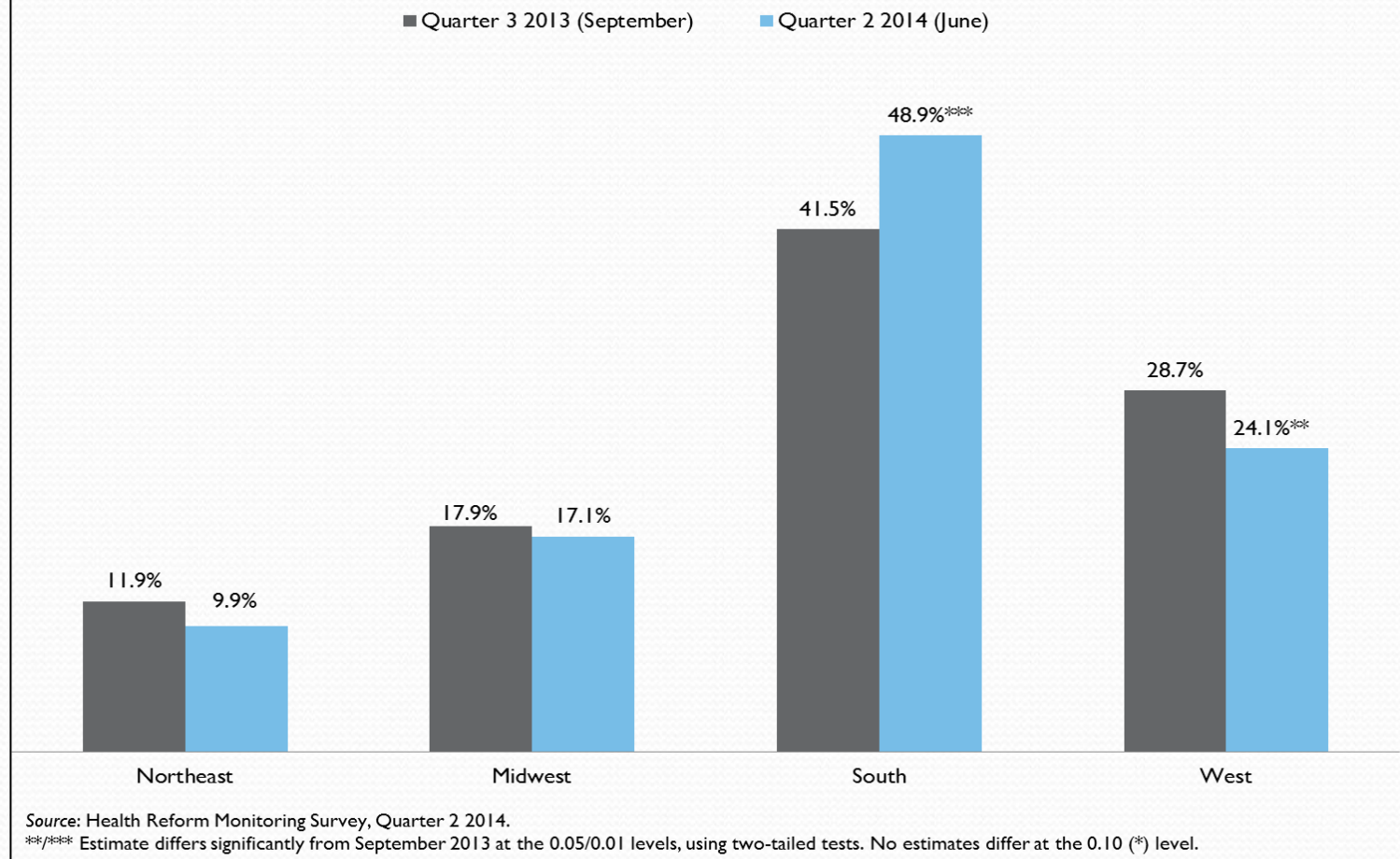
Expansion of Medicaid via ACA

- Has occurred in 25 states and DC as of June 2014
- Provides financial assistance for health insurance coverage through the federal and state Marketplaces in all states.
- 10 million enrolled in first nine months (between September 2013 and June 2014)

Urban Institute Health Policy Center. *Who Are the Remaining Uninsured as of June 2014?* By Adele Shartzter, Genevieve M. Kenney, Sharon K. Long, Katherine Hempstead, and Douglas Wissoker, July 29, 2014. <http://hrms.urban.org/briefs/who-are-the-remaining-uninsured-as-of-june-2014.html>

Medicaid Expansion via ACA

Figure 2. Distribution of Uninsured Adults Ages 18–64 in September 2013 and June 2014, by Region



How does Medicaid work?

- Costs shared between state and federal govt.
 - Fed pays between 50-80% (expansion= 100%)
 - Federal share depends on state's per capita income, few other factors
 - Sharing costs—like a discount to the state—avg federal share in US last 2 yrs has been ~58%
 - Federal share for Michigan:

➤ 1998	53.58%
➤ 2009	60.27%
➤ 2014	66.33%
➤ 2015	66.54%

How does Regular Medicaid Work?

- Each state has its own Medicaid program
 - Much discretion by states
 - Each state administers, establishes: What (services covered), Who (eligibility standards), How Much (scope of services), Payment (method and amount of payment for services) and, the State expects you to know their rules
 - Some services are mandatory (NHs, physician) some services are optional (SBS, Rx, dental)
 - Medicaid is 'organized' by setting; Special Education is 'organized' by disability
 - When services provided, Medicaid is "billed" \$100, Dr., hospital, etc. receive \$100 (\$67 federal, \$33 MI)

How does MI Medicaid SBS work?

- Took an Act of Congress, 1988, MI began 1993
 - To reimburse for some ISD costs for some Medicaid-eligible students with IEPs for some health, related services they get
- For SBS program, reimbursement is different
- ISDs are paid only fed share reimbursement
 - Rationale: school aid would have been 'state share'
 - Federal share is then split 60% to ISDs, 40% to Medicaid
 - Medicaid reimburses only for expenditures from state or local sources—never bill Medicaid for federally-funded services
- SBS program brings federal Medicaid \$ to MI
 - Your costs are \$100, \$67 comes to MI, you'll receive 60% of that, ~\$40

MI Medicaid SBS –Elements

- Two primary components based on Federal Medicaid statute (Social Security Act) and its regulations (42 CFR), also state laws, rules (*later*)
 - **Direct Services** (OT, O & M, PT, SLP, Psych, Counseling, SW, Dev Testing, RN, MD/DO, PC, TCM, Transportation)
 - **Administrative Outreach Program** (AOP—helping families access Medicaid services via referral, planning, monitoring, coordinating program, etc.)

MI Medicaid SBS -- Elements

- Four statewide time studies measure staff time doing services Medicaid covers:
 - Administrative Outreach
 - Targeted Case Management
 - Personal Care
 - Direct Services
- Financial information on staff (salaries, benefits)
- Annual cost report (MAER) is ISD/LEA specific
- Your partners—DCH (Medicaid); MDE; ISDs; PCG (statewide contractor for time studies)

Your Role

- **Know the stakes – Over \$105 million coming to MI each year to ISDs**
- **This is a statewide program with several partners, each of us has an essential role**
- **You are a “Medicaid Provider” expected to know both Special Education and Medicaid rules and requirements**



The MER & Cost Settlements

Amy Kanter

Michigan Department of Community Health
Hospital & Clinic Reimbursement Division

kantera@michigan.gov

517-373-4522

Timeline

SBS Timeline	
6/30	FYE for all ISD's
7/1	Final settlements begin for the prior FYE
7/31	Allocate AOP breakdown
9/30	Final settlements due to the ISD's
10/31	Allocate AOP breakdown
11/1	MAER available on SBS website for LEA's to pull
11/30	MAER due from the LEA to the ISD
12/1	MMF posted on MDCH file transfer for download
12/31	Completed MAER is due to MDCH
1/1	Initial settlements begin
1/31	Allocate AOP breakdown
3/31	Initial settlements due to the ISD's
4/1	Partial match files generated and sent to the ISD's
4/30	Allocate AOP breakdown
5/1	Calculate the MER

Medicaid Eligibility Rate (MER)

- The Medicaid special education health-related rate is:
 - Children and students with Medicaid eligibility who have an IEP or IFSP AND who are also receiving at least one health related service (numerator)
 - Total number of children and students who have an IEP or IFSP and receiving at least one health related service (denominator)

MER Calculation Cont.

- Around April of each year, the ISD's received an email from MDCH that requests updates to the contacts and LEA's
- The LEA's reported back to me are the ones that will be participating and need to be included in the MAER, along with the Medicaid Eligibility Rate (MER)

MER Calculation Cont.

- MDE supplies MDCH with a large file that contains all of the Special Education information taken from the student count in the fall
- MDCH runs a query to determine all of the Medicaid eligible students in the state of Michigan during the month of the student count (this year was October). The filter criteria for this query
 - up to age 26 on the date of the collection
 - they are receiving a health-related service
- These 2 files are compared to determine the number of Medicaid eligible special education students per ISD for the month of the student count

MER Calculation Cont.

- When the files are compared, certain criteria is used and if the criteria matches up completely, the full matches are determined
- If the files are compared but the file ALMOST matches up, a partial match file is issued to the ISD to provide the Medicaid number that will allow it to be processed as a full match

***It is very important that when the ISD receives the partial match files, no changes are made to the formatting, headers, columns, etc.

Sample Partial Match File

Record identifier	Operating LEA	First Name	Last Name	Birthdate	Gender	Zip Code	MICIS ID number	Operating ISD	Resident LEA	School code	Street address	CEPI UIC code	Medicaid
XXXX	XXXX	Amy	Kanter	10/1/2001	F	48854	XXXX	X	XXXX	XXXX	123 Jones St	1234567890	
XXXX	XXXX	Scott	Kanter	11/1/2001	M	48854	XXXX	X	XXXX	XXXX	234 S Jones St	2345678901	
XXXX	XXXX	Jason	Kanter	12/1/2001	M	48854	XXXX	X	XXXX	XXXX	345 W Jones St	3456789012	

MER Calculation Cont.

- Once the partial match files are returned back to MDCH, the MER calculation is able to be run
- The formula for calculating the MER is:
$$\frac{\text{Medicaid eligible IEP \& IFSP students}}{\text{Total IEP \& IFSP students}}$$
- After MDCH reviews and ensures for accuracy, a letter is issued via File Transfer to notify each ISD of the rate that will be applied

MER Calculation Notification Letter



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JAMES K. HAVEMAN
DIRECTOR

September 3, 2013

To [REDACTED]

You will find below the 2013 Medicaid Eligibility Rate (MER) that pertains to your facility.

[REDACTED] 57.13%

Please let me know if you have any questions and concerns in regards to this rate.

Amy L. Kanter, Auditor
Michigan Department of Community Health
Phone: 517-373-4522
Fax: 517-241-7408
Email: kantera@michigan.gov

Reimbursement Formula for Transportation

- Total allowable costs X $\frac{\text{allowable one-way trips}}{\text{total one-way trips}}$

X FMAP rate

X ISD reimbursement rate (60%)

Net dollars to ISD

- Allowable trips
 - Rider attendance logs
 - Documentation of need in the IEP
 - Medicaid-covered medical service provided on the same date (claiming volume can impact transportation reimbursement)

Reimbursement Formula for Medical

- Total allowable costs (includes ISD indirect cost rate)
X Direct service % (per time study results)
X Medicaid Eligibility Rate (MER)
X FMAP
X ISD reimbursement rate (60%)
Net dollars to ISD

Tips For Reviewing the MAER

- The costs reported on the MAER cannot exceed what was reported to MDE on the SE4094 & SE4096
- Staff costs that are included on the MAER must reflect the staff that are reported on the Staff Pool List
- One way bus trips
- Ensure that all rates are accurate
- PCG online MAER training each year in the fall

One Way Bus Trip Calculation

- Number of Special Education students X 2 trips per day X number of busses X number of school days.
- Can also be calculated by looking at the bus trip logs
- This calculation is used to calculate a per trip cost by dividing the total transportation costs by the one way bus trips. This is later multiplied by the actual number of trips through the claims submitted in CHAMPS

MMF Summary Software

- Deadline for submission is December 31st
- Settlements are processed in the order in which they are received
- A .mer file is created in the MMF Summary Software that gets submitted through File Transfer
- Signed certification page is required

Initial Settlement

- Initial Settlements completed 90 days after the MAER submission (March 31st)
- Cost comparison for prior year costs and current year costs for reasonableness.

Sample Cost Comparison Sheet

Final Settlement Total Costs					
<u>Medical Expenditures</u>	FYE 06/30/2009	FYE 06/30/2010	FYE 06/30/2011	FYE 06/30/2012	Percent of Change
Physician	0	0	0	0	#DIV/0!
RN/LPN	0	0	0	0	#DIV/0!
PT/PTA	0	0	0	0	#DIV/0!
OT/COTA	0	0	0	0	#DIV/0!
Psychologist/Psych	0	0	0	0	#DIV/0!
Speech Therapist	0	0	0	0	#DIV/0!
Audiologist	0	0	0	0	#DIV/0!
Supervised TSL's	0	0	0	0	#DIV/0!
Social Worker	0	0	0	0	#DIV/0!
O&M Specialist	0	0	0	0	#DIV/0!
TCM	0	0	0	0	#DIV/0!
Personal Care	0	0	0	0	#DIV/0!
Total Allowable Costs	0	0	0	0	#DIV/0!
<u>Transportation Expenditures</u>					
Bus Driver	0	0	0	0	#DIV/0!
Aides	0	0	0	0	#DIV/0!
Employee Benefits	0	0	0	0	#DIV/0!
Pupil Trans Common Carrier	0	0	0	0	#DIV/0!
Pupil Trans Common Carrier (black/yellow)	0	0	0	0	#DIV/0!
Pupil Trans Family Veh Cost	0	0	0	0	#DIV/0!
Family Vehicle Contracted Costs	0	0	0	0	#DIV/0!
Pupil Trans Fleet Insurance	0	0	0	0	#DIV/0!
Contracted/Leased Busses	0	0	0	0	#DIV/0!
Other Vehicle Related Costs	0	0	0	0	#DIV/0!
Gasoline	0	0	0	0	#DIV/0!
Oil/Grease	0	0	0	0	#DIV/0!
Tires/Batteries	0	0	0	0	#DIV/0!
Vehicle Repair Parts	0	0	0	0	#DIV/0!
Other Supplies	0	0	0	0	#DIV/0!
Other Expenses/Adjustments	0	0	0	0	#DIV/0!
Bus Amortization	0	0	0	0	#DIV/0!
Total Allowable Costs	0	0	0	0	#DIV/0!
One-Way Trips	0	0	0	0	#DIV/0!
Cost Per Trip	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Percent of Change					#DIV/0!

Cost Comparison To Prior Year

- Costs are used from the MAER for current year and prior year
- Must be under a 120% total increase threshold (Bus trips have a cost per trip threshold of \$50/trip)
- If above threshold, documentation/explanation will be required

Initial Settlement Letter

- Once the initial settlement is complete, a letter is submitted with the settlement through File Transfer
- Interim payments will now reflect the updated number on the initial settlement

Initial Settlement Letter



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

OLGA DAZZO
DIRECTOR

January 5, 2012



Re: Initial Settlement
FYB: 07/01/2010 - FYE: 09/30/2011
Facility NPI: [REDACTED]
Amount: \$17,213

Dear

The initial review of your Michigan Medicaid Forms (MMF) for the above fiscal year resulted in a settlement as noted above.

Enclosed is the Reconciliation Report explaining the settlement, for which an adjustment will appear on a subsequent Remittance Advice. This gross adjustment will be processed within 30 days from the date of this letter.

The monthly interim payment to your center will be changed to \$42,494 as noted in the Determination of Monthly Interim payment.

If you have any questions regarding this Initial Settlement, please contact Kevin Bauer at (517) 373-4522.

Sincerely,

Steven Ireland, Manager

Kevin Bauer, Auditor
Michigan Department of Community Health
Hospital and Clinic Reimbursement Division
Capitol Commons Center, 6th Floor
400 S. Pine Street
Lansing, Michigan 48913

Enclosure(s)
FILE ID 16

Final Settlement

- Cannot be completed prior to one year after the ISD's FYE (June 30th of the prior year)
- Can be processed without an initial settlement
- **No settlement is processed until MDCH is reasonably confident that the figures presented in the MAER accurately reflect the ISD's expenditures
- Comparison report is run

Comparison To SE-4096/SE-4094

- Comparison report looks at costs provided on the SE4096 & SE4094 (provided by MDE)
- Costs reported on the MAER should not exceed what is reported on the SE4096 & SE40904
- Nursing costs are an exception and may be reported using general education funds- G/L required

Medical Comparison Report

School Based Services - Comparison of MMF to MDE Data

Medical Staff Costs - FYE 06/30/2011

School	School Name	Compared Field	MMF Value	MDE Value
		Lines 1-4 Staff FTE Count (2)	8.50	1.70
		Lines 6-8 Staff FTE Count (2)	10.50	1.00
		Lines 1-4 Staff FTE Count (2)	1.00	0.00
		Lines 1-4 Purchased Services 3130, 3190, 4120 & 4220 (5)	34,897.00	0.00
		Lines 6-8 Staff FTE Count (2)	1.00	0.10
		Lines 6-8 Staff FTE Count (2)	0.50	0.30

11/28/12-
Immaterial- alh

01/07/13- provided
nursing docs &
verified- alh

Transportation Comparison Report

School Based Services - Comparison of MMF to MDE Data

Transportation Costs - FYE 06/30/2011

[REDACTED]		[REDACTED]		
School	School Name	Compared Field	MMF Value	MDE Value
[REDACTED]	[REDACTED]	Bus Amortization Expenditure (4)	25,558.00	23,170.00

01/07/13- amended & verified- alh

Sample SE-4094

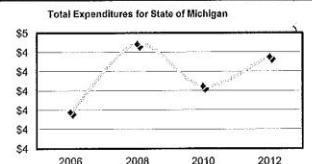
TRANSPORTATION EXPENDITURE REPORT (SE-4094)

Directions: Select a school year and district from the drop-down menus below to populate form with the desired district's transportation SE-4094 data. To view the ISD summary for the selected district, choose the ISD view. To view the state-wide summary select the State view.

School Year:	Select a fiscal year...	Summary Level:	Select a summary level...
District Name:	Please select a district...	District Type:	ISD
Intermediate School District (ISD):		Open Date:	2011
		Close Date:	

LINE	Account Code Description	Reg/Voc Ed		Special Ed - Sec 52		Special Ed - Sec 53a		Total
		FTE	Expenditure	FTE	Expenditure	FTE	Expenditure	
		(1)	(2)	(3)	(4)	(5)	(6)	
1000 - Salaries:								
1	1190 Supervisor	0.00	0	0.00	0			0
2	1610 Bus Drivers	0.00	0	0.00	0	0.00	0	0
3	1620 Secretarial/Clerical	0.00	0	0.00	0			0
4	1630 Aides	0.00	0	0.00	0	0.00	0	0
5	16xx Other Support	0.00	0	0.00	0			0
6	TOTAL SALARIES	0.00	0	0.00	0	0.00	0	0
7	2000 Employee Benefits		0		0		0	0
3000/4000 - Purchased Services - Non-Vehicle Related Costs								
8	32xx Local Expenses		0		0		0	0
9	34xx Telephone/Postage		0		0		0	0
10	55xx Other Utilities		0		0		0	0
11	31xx Purchased Service - Staff	0.00	0	0.00	0	0.00	0	0
12	Other Non-Veh Purch Serv.		0		0		0	0
13	TOTAL NON-VEH RELATED P/S		0		0		0	0
3000/4000 - Purchased Services - Vehicle Related Costs								
		No. of Vehicles		No. of Vehicles		No. of Vehicles		
14	3310 Pupil Trans. by Carrier	0	0	0	0	0	0	0
15	3310 Pupil Trans. by Carrier (b/ly)	0	0	0	0	0	0	0
16	3330 Family Vehicle K Costs	0	0	0	0	0	0	0
17	3310 Contracted Taxis	0	0	0	0	0	0	0
18	3630 Pupil Trans. Fleet Ins.	0	0	0	0	0	0	0
19	4230 Contracted/Licensed Buses	0	0	0	0	0	0	0
20	4xxx Other Vehicle Costs		0		0		0	0
21	TOTAL VEHICLE RELATED P/S		0		0		0	0
5000 - Supplies								
22	5710 Gasoline/Fuel		0		0		0	0
23	5710 Oil/Grease		0		0		0	0
24	5720 Tires/Batteries		0		0		0	0
25	57xx Other Supplies/Repair Parts		0		0		0	0
26	5910 Office Supplies		0		0		0	0
27	TOTAL SUPPLIES		0		0		0	0
28	7000 Other Expense/Adjustment		0		0		0	0
29	Bus Amortization		0		0		0	0
30	TOTAL EXPENDITURES		0		0		0	0
Mileage Data								
31	Total Annual Miles		0		0		0	0
32	Total Riders Per the Count Week		0.0		0.0		0.0	0.0
33	Total Fuel Consumed (in gallons)		0		0		0	0
34	Miles Per Gallon		0.00		0.00		0.00	0.00

Transportation Statistics	
Total Expenditures	\$0.00
Total Expenditure per Riders	0
Total Expenditure per Mile	0
Avg. Cost per Gallon of Fuel	0
Avg. Ridership per Reg. Ed. Bus	0
Avg. Ridership per Sp. Ed. Bus	0
Total Regular Expenditures	\$0.00
Total Regular Expenditures per Riders	\$0.00
Total Regular Expenditures per Mile	\$0.00
Total Expenditure per Sp. Ed. Student	0



[illegible]

Amendment Letters Issued If Necessary

- Comparison report reflects MAER costs above what was reported on SE4094 & SE4096
- Amendment letters are issued
- Costs can be amended and the MAER resubmitted
- Costs can be supported by an amended SE4094 & SE4096

Steps To Revise MAER

- Locate the original .csv files that the LEA's had filled out.
- Locate the MAER for the appropriate FYE
- Generally, it is a good idea to put the MAER and the .csv files into the same folder
- Open up the MAER and it should pull in the .csv file and allow you to make changes
- Save the .csv files
- Import amended files into the MMF and check the costs for accuracy.
- Create the .mer file in the MMF and submit through File Transfer
- A new certification page is required for each submission

Final Settlement Letters Issued

- Final Settlement Letter
- NAPR (Notice Of Amount Of Program Reimbursement)

Sample Final Settlement Letter



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JAMES K. HAVEMAN
DIRECTOR

February 7, 2013



Re: Final Settlement
FYB: 07/01/2010 - FYE: 06/30/2011
Facility NPI: [REDACTED]
Amount: \$1,912

Dear Ms Milfon:

In compliance with the federal regulations CMS-2287-F, the Medicaid program will reimburse Medicaid enrolled ISD's, Detroit Public Schools and the Michigan School for the Deaf and Blind. To implement final settlement for the above fiscal year end, the Medical Services Administration utilized data from the filed Michigan Medicaid Forms (MMF) and the Department of Community Health's approved claims. Our records indicate the following NPI # 1033128566 has been assigned to Eastern Upper Peninsula Intermediate School Distri. If this information is incomplete, please notify your auditor.

Enclosed is the Final Reconciliation Report, supporting worksheets which indicate your Settlement as a result of this audit. You are requested to review this Settlement along with the worksheets. If you agree with the result of the audit, please sign the Reconciliation and Settlement worksheet and return it within two (2) weeks of the date of this letter. However if you disagree with this report, you are requested to indicate in a letter the disagreement, stating the appropriate regulation and/or Administrative Decision which supports your position. Mail this response to the address noted below.

If you have not responded to this notice within thirty (30) days of the date of this letter, a Final Settlement will be made according to the enclosed Final Settlement Report.

Sincerely,

Steven Ireland, Manager

Amy Hoffman, Auditor
Michigan Department of Community Health
Hospital and Clinic Reimbursement Division
Capitol Commons Center, 5th Floor
400 S. Pine Street
Lansing, Michigan 48913

Enclosure(s) FILE: 1016

Sample NAPR Letter



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JAMES K. HAVEMAN
DIRECTOR

March 7, 2013



Re: Notice Of Amount Of Program Reimbursement
FYB: 07/01/2010 - FYE: 06/30/2011
Facility NPI: [REDACTED]
Amount: \$1,912

Dear Ms Millon:

In accordance with settlement procedures specified in the Medicaid Provider Manual, this is a Notice of the Amount of Program Reimbursement for Title XIX for the fiscal year ending 06/30/2011, as determined after desk audit by our staff. Our determination of Program reimbursement was shown on the attachments accompanying the final settlement letter sent to you earlier.

This notice constitutes the Department's final determination of the amount of reimbursement. Rule 25 of Administrative Rules R400.3401 through R400.3425 (March 7, 1978) governing providers' rights to hearings, states that the provisions of the approved State Plan for Medical Assistance shall govern.

If you are dissatisfied with the determination, you may initiate a formal review in accordance with review and appeal procedures specified in the Medicaid Provider Manual by submitting a statement which includes specific issues to be reviewed, proposed decision on each issue, supporting facts and documentation, and authority supporting the proposed decision(s).

Program instructions require that if an amount is due the Program on this Notice of Amount of Program Reimbursement, appropriate action will be taken to recover the amount due.

Therefore, please read the applicable sections:

- I. The adjustments resulting from our examination were communicated to you within the past thirty days, at which time you provided us with your signed concurrence.
- II. The adjustments resulting from our examination were communicated to you thirty days prior to this date, at which time you did not provide us with your signed concurrence. We have not received your written reasons for non-concurrence with the audit adjustment(s) made.
- III. This settlement is now being processed as a final settlement and a gross adjustment debit/credit (GADB/GACR) will appear on a future remittance advice.

Sincerely,

Steven Ireland, Manager
Michigan Department of Community Health
Hospital and Clinic Reimbursement Division
Capitol Commons Center, 5th Floor
400 S. Pine Street
Lansing, Michigan 48913

Phone: (517) 335-5330
Fax: (517) 241-7408

FILE: 1016

AOP Payment Process

	Reporting Period			
	Begin Date	Ending Date	Claim due to MDCH	Claim submitted to CMS by MDCH
Summer	July 1	September 30	January 31	March 31
Fall	October 1	December 31	April 30	June 30
Winter	January 1	March 31	July 31	September 30
Spring	April 1	June 30	October 31	December 31

AOP Payment Process Cont.

- Breakdown is provided to MDCH each quarter
- Payments are approved and submitted
- Letters are issued to each ISD to provide expected dates and amounts
- MDCH notifies PCG once the payment is processed and PCG generates the LEA breakdown and provides to the ISD's

Sample AOP Letter



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

August 5, 2014

Dear School Based Services Provider

Per the Medicaid Provider Manual, the School Based Services Administrative Outreach Program (AOP) offers reimbursement for the cost of administrative activities that support efforts to identify and enroll potentially eligible persons into Medicaid and that are in support of the state Medicaid plan.

The activities fall into several categories:

- Medicaid Outreach
- Facilitating Medicaid Eligibility Determinations
- Health-related Referral Activities
- Medical Service Program Planning, Policy Development, and Interagency Coordination
- Programmatic Monitoring and Coordination of Medical Services
- Transportation and Translation Services

The following is the amount of the January-March 2014 quarter that will be allocated to you on the date indicated:

████████████████████
August 13, 2014
\$11,193.69

Thank you for your patience and understanding and if you have further questions, please feel free to contact me anytime.

Sincerely,

Amy Kanter, Auditor
517-373-4522
kantera@michigan.gov

Your Role

- Be Proactive
 - Ensure the figures presented are accurate
- Take Corrective Actions
 - Respond to Desk reviews in a timely manner
- Stress Importance
- Ask Questions



Quality Assurance Plan & Auditor Checklist

John Lambert
Michigan Department of Community Health
Office of Audit
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517-335-4792

Quality is Job #1 for MI Medicaid SBS Program

- Every ISD must have Written Quality Assurance Plan
(Medicaid Provider Manual, School Based Services Chapter, Section 3.1)
- \$100 M+ /year at stake
- Accountability SBS? Audits!!
 - Medicaid record retention is **SEVEN YEARS**
 - Auditor can/will ask to see specific records for specific students, for specific dates
 - Auditor checklist

MI Medicaid SBS QA Plan Requirements

SECTION 3 – QUALITY ASSURANCE AND COORDINATION OF SERVICES

- 3.1 QUALITY ASSURANCE
- SBS providers must have a **written quality assurance plan on file**. SBS costs will be reviewed/audited by the MDCH for determination of medical necessity and to verify that all services were **billed and paid appropriately**. The purpose of the quality assurance plan is to establish and maintain a process for monitoring and evaluating the **quality and documentation*** of covered **services**, and the impact of Medicaid enrollment on the school environment.

*(*Translation: auditor must be able to re-create the service)*

MI Medicaid SBS QA Plan

Requirements, *cont'd*

An acceptable quality assurance plan must address each of the following quality assurance standards:

- Covered services are **medically necessary**, as determined and documented through appropriate and objective testing, evaluation and diagnosis.
- The IEP/IFSP treatment plan identifies which covered **services are to be provided and the service frequency, duration, goals and objectives.**
- A **monitoring program exists** to ensure that services are appropriate, effective and delivered in a cost effective manner consistent with the reduction of physical or mental disabilities and assisting the beneficiary to benefit from special education.

MI Medicaid SBS QA Plan

Requirements, *cont'd*

Your **monitoring program** requirements, cont'd

- Billings are reviewed for accuracy.
- **Staff qualifications** meet current license, certification and program requirements.
- Established **coordination and collaboration** exists to develop plans of care with all **other providers**, (i.e., Public Health, Department of Human Services (DHS), Community Mental Health Services Programs (CMHSPs), Medicaid Health Plans (MHPs), Hearing Centers, Outpatient Hospitals, etc.).
- Parent/guardian and beneficiary participation exists outside of the IEP/IFSP team process in evaluating the impact of the SBS program on the educational setting, service quality and outcomes.

Purpose/ Strategies, Solid QA Plan

Purpose: To receive all the Medicaid reimbursement you deserve, by

- Setting high standards—including knowing rules
- Establish and maintain an error-free and compliant environment, aware of deadlines, etc.
- Create positive team atmosphere (Annual training, Newsletter, Periodic emails, Meetings w/ clinician groups, Communication from Supt, Others?)
- Sailing through an audit successfully, because ***you WILL be audited!***

Developing your QA Plan

- Join MI SBS Dropbox folder (for ISDs/LEAs only, invited by Jane R) for shared documents
- See what other ISDs have done and adapt
- Involve everyone in ISD and LEAs that you need
 - Must have support throughout your ISD—Supt, Special Education Directors, principals, clinicians, teachers, administrative support, time study participants, business officials, bus drivers/staff...
- Educate and Communicate regularly
- They are depending on you to tell them how this works, what to expect, what they need to do

Resources for Solid QA Plan

- Join MI SBS dropbox folder (for ISDs/LEAs only, invited by Jane R) for shared documents
- See websites of other ISDs (Wayne RESA, Oakland, Genesee, others?)
- Attend Implementer meetings—ISDs have been sharing their documents for years
 - Their own QA plans, personal care logs, bus logs, brochures for parents, speech referral forms, training materials, etc.

MDCH Medicaid Auditor Checklist for SBS

- Student Name, Medicaid Beneficiary ID
- District Name, Building, Services
- Staff Certifications/Licensures
- Special Education Evaluation and Assessment Reports
- Orientation and Mobility Prescription
- Occupational Therapy Prescription
- Physical Therapy Prescription
- Speech Referral
- Personal Care Services Authorization Form

MDCH Medicaid Auditor Checklist for SBS *(cont'd)*

- Original Multidisciplinary Team Report (MET)
- Most Current Multidisciplinary Team Report (MET)
- Individualized Education Report (IEP) or Individualized Family Services Plan (IFSP)
 - IEP/IFSP is signed and dated
 - IEP/IFSP contains measurable goals
 - IEP/IFSP contains measurable baselines and measurable progress of previous IEP/IFSP goals
 - IEP/IFSP contains the signatures and credentials of participants
 - IEP/IFSP indicates the service frequency and time
 - IEP/IFSP indicates the special education primary disability

MDCH Medicaid Auditor Checklist for SBS *(cont'd)*

- Staff Certifications/Licensures
- Special Education Evaluation and Assessment Reports
- Service Provider/Clinician Notes
- Most Recent Progress Report
- Personal Care Services Log
- Transportation Log
- Attendance Log

Other resources: Medicaid Provider Manual, MDCH Audit Reports, MDCH Policy, Settlement, and Office of Audit

Your Role

- You are the heart of your ISD's Medicaid SBS program – you set the tone
- Ask for, get help from the top of your organization; allows you to be the gentle enforcer. Ask ISDs for information.
- As complex and ever-changing as the Medicaid SBS Program may be, when your team pitches in and complies, success results



SPL, RMTS, Quarterly Financials, & MAER

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517-335-4792

Staff Pool Listing

- The creation of the Staff Pool List is the first step in the random moment time study and cost allocation process for all school-based services. An accurate list allows you to claim the costs for the people on the list each quarter.
- To preserve the integrity of the RMTS process and to allow for timely process flow, 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.

Staff Pools

- AOP Only Staff – This staff pool consists of individuals who perform only administrative outreach activities. They do not perform any direct medical activities.
- AOP & FFS/Direct Medical Staff – This staff pool consists of individuals who perform both FFS/Direct Medical activities and AOP activities.
- Personal Care Services Staff – This direct medical only staff pool consists of individuals who perform direct care Personal Care Services.
- Targeted Case Management Services Staff – This direct medical only staff pool consists of individuals who perform Targeted Case Management (TCM) Services.

Long-Term Substitutes

- Long-term substitute staff replacing permanent staff on leave may be added to the staff pool lists. The following criteria apply when long-term substitutes are utilized:
 - 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 staff any time after the sampling moments are distributed.

Long-Term Substitutes – Cont.

- The long-term substitute staff must meet all of the program requirements and provider qualifications necessary to participate in the Medicaid school based services program staff pool.
- The substitute's name must be listed in parentheses 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 parentheses. The cost reflected should be the sum of the cost of the regular staff on leave and the long-term substitute staff.

Random Moment Time Study

- CMS reimbursement requirements include the use of a random moment time study (RMTS) as a component of the Medicaid reimbursement methodology.
- The RMTS results identifying the percentage of claimable time are applied to the allowable correlating cost pool. All staff pools are mutually exclusive.
- The time study design logs only what the participant is doing at one moment in time.

Why So Many Moments?

- All staff pools have 800 moments randomly selected for the summer quarter (July-September).
- For the remaining three quarters, the Direct Medical Services and the Targeted Case Management Services staff pools have 3,000 moments randomly selected per quarter, and the Personal Care Services staff pool has 3,200 moments randomly selected per quarter.
- The sample size of each cost pool ensures a quarterly level of precision of $\pm 2\%$ (two percent) with at least a 95% (ninety-five percent) confidence level and an annual level of precision of $\pm 2\%$ (two percent) with at least a 95% (ninety-five percent) confidence level.

Sampling Methodology

- The sampling is constructed to provide each staff person in the pool with an equal opportunity or chance to be included in each sample moment.
- Sampling occurs with replacement so that after a staff person and a moment are selected, the staff person is returned to the potential sampling universe.
- Therefore, each staff person has the same chance as any other person to be selected for each moment, which ensures true independence of sample moments.

RMTS Process

- There are two steps to completing a time study form:
 - In the first step, for the designated moment, the time study participant provides the answers to several questions (What are you doing? Who are you with? Why are you doing it?). These questions relate to their activities at the time of their randomly selected moment.
 - In the second step, the time study forms are collected from the participants, and the Contractor assigns the appropriate activity code for that moment based on the answers to the three time study questions.

Valid Moments

- Valid moments are completed moments that have been received by the Contractor and determined to be complete and accurate.

Invalid Moments

- Invalid moments are moments that are assigned to staff who are no longer in the position as selected, moments that are outside of paid work hours, and moments not returned for any other reason (including Activity Code 18).
- As long as the completed observation rate meets or exceeds 85%, missing observations will be dropped from all calculations. Should the completion rate fall below 85%, missing observations will be included as non-matchable.

RMTS Results – Example

Code	Units Reported	% of Total of Work time (Codes 1-17)	Reimbursement
1: Medicaid Outreach	0	0.00%	Allowable
3: Facilitating Medicaid Eligibility Determination	0	0.00%	Allowable
5: Program Planning, Policy Development, and Interagency Coordination Related to Medicaid Services	0	0.00%	Allowable
7: Referral, Coordination, and Monitoring of Medicaid Services	20	2.89%	Allowable
10: Medicaid-Specific Training on Outreach, Eligibility, and Services	8	1.16%	Allowable
14: Transportation and Translation Services in Support of Medicaid Services	0	0.00%	Allowable
Total AOP Reimbursable	28	4.05%	
16: General Administration	83	11.99%	Reallocated
General Admin AOP Allocated %		4.60%	
13: IEP/IFSP Direct Medical Services	412	59.54%	Allowable in FFS
Total FFS Allowable %		59.54%	

2: Non-Medicaid Outreach	2	0.29%	Unallowable
4: Facilitating Application for Non-Medicaid Programs	0	0.00%	Unallowable
6: Program Planning, Policy Development, and Interagency Coordination Related to Non-Medicaid Services	0	0.00%	Unallowable
9: Referral, Coordination, and Monitoring of Non-Medicaid Services	4	0.58%	Unallowable
12: Non-Medicaid Training	6	0.87%	Unallowable
13(A) IEP/IFSP Personal Care Services	0	0.00%	Unallowable
13 (B) IEP/IFSP Targeted Case Management	0	0.00%	Unallowable
13 (C) Other and Non IEP/IFSP Direct Medical Services	16	2.31%	Unallowable
15: Transportation and Translation Services for Non-Medicaid Services	0	0.00%	Unallowable
17: School-Related and Educational Activities	141	20.38%	Unallowable
Total Unallowable	169	24.42%	
Non-returned	3	0.38%	
18: Not Scheduled to Work and Not Paid	59	7.38%	
INVALID	46	5.75%	
Total Sampled Units	800		
Total Work Time Units (Codes 1-17)	692	86.50%	

Quarterly Compliance

ISD	Moments Completed	Compliance %	Moments Sampled For Quarter				
Allegan	4	100.00%	4	Kalamazoo RE SA	18	100.00%	18
AMA ESD	2	100.00%	2	Kent	71	100.00%	71
Barry	3	100.00%	3	Lapeer	4	100.00%	4
Bay Arenac	9	100.00%	9	Lenawee	10	100.00%	10
Berrien	13	100.00%	13	Lewis Cass	0	N/A	0
Branch	1	100.00%	1	Livingston ESA	14	100.00%	14
COOR	1	100.00%	1	Macomb	70	97.22%	72
Calhoun	13	100.00%	13	Manistee	0	N/A	0
Charlevoix-Emmet	2	100.00%	2	Marquette-Alger RESA	6	100.00%	6
COP ESD	3	100.00%	3	Mecosta-Osceola	7	100.00%	7
Clare-Gladwin RESD	2	100.00%	2	Menominee County	2	100.00%	2
Clinton County RESA	6	100.00%	6	Michigan School For The Deaf	0	N/A	0
Copper Country	0	N/A	0	Midland County ESA	14	100.00%	14
Delta-Schoolcraft	4	100.00%	4	Monroe	10	90.91%	11
Detroit Public Schools	59	100.00%	59	Montcalm	7	100.00%	7
Dickinson Iron	3	100.00%	3	Muskegon Area	12	100.00%	12
EUP	3	100.00%	3	Newaygo County RE SA	4	100.00%	4
Eaton	9	100.00%	9	Oakland	79	100.00%	79
Genesee	22	100.00%	22	Ottawa	31	100.00%	31
Gogebic-Ontonagon	1	100.00%	1	Saginaw	16	100.00%	16
Gratiot-Isabella RESD	6	100.00%	6	Sanilac	2	100.00%	2
Hillsdale County	1	100.00%	1	Shiawassee RESD	10	100.00%	10
Huron	3	100.00%	3	St. Clair RESA	10	100.00%	10
Ingham	26	100.00%	26	St. Joseph	9	100.00%	9
Ionia County	18	100.00%	18	Traverse Bay Area	25	100.00%	25
Iosco RESA	5	100.00%	5	Tuscola	4	100.00%	4
Jackson County	15	100.00%	15	Van Buren	11	100.00%	11
				Washtenaw	22	100.00%	22
				Wayne RESA	86	100.00%	86
				West Shore ESD	3	100.00%	3
				Wexford-Missaukee	6	100.00%	6
				Total	797	99.63%	800

Quarterly Financials

- The Administrative Outreach Program (AOP) offers reimbursement for the costs of the administrative activities, such as outreach, that are in support of the Medicaid State Plan and that support efforts to identify and enroll potentially eligible persons into Medicaid.
- Quarterly AOP financials are used to complete Administrative Outreach Program (AOP) claiming on a quarterly basis

Timeline for Quarterly Process

AOP Process	Timeline: Begin	Timeline: Due
Staff Pool List	RMTS site opens 8 weeks prior to the start of the quarter	ISD Certified Staff Pool List due 4 weeks prior to the start of the quarter
Moment Completion	Moments begin on the first day of the quarter or the first day of school after the start of the quarter	Moments end on the last day of the quarter or the last day of school prior to the end of the quarter
Financials	Financial site opens the first week after the quarter closes	Financials due to PCG 45 calendar days after the opening of the financial site
Claim Review for ISDs	Distribution one month prior to the claim due date	2 weeks prior to the claim due date
Claim Submission		4 months after the close of the quarter

Completing Quarterly Financials

- Salary and benefit, purchased services, and other expenditure data will come from LEA payroll and/or finance system(s)
- Costs should be reported using a cash basis accounting method
- Cost reporting by providers should be consistent with generally accepted accounting principles (GAAP), which are those principles approved by the American Institute of Certified Public Accountants (AICPA)

Quarterly Edit Checks

- Select the 'Quarterly Edits' hyperlink from the Quarterly Financial Submission menu to view, correct, or refute errors.



The screenshot displays the Public Consulting Group (PCG) dashboard. The top navigation bar is dark blue with the PCG logo (three stylized columns) and the text 'PUBLIC CONSULTING GROUP' on the left. On the right, it shows 'Welcome', 'Logout', a user name 'Jackson', and a date '10/01/2'. Below the navigation bar is a grey bar with links: 'Dashboard | Quarterly Financial Submission | Manage Contacts |'. The main content area has a heading 'Quarterly Financial Submission Steps' followed by four blue hyperlinks: 'Quarterly Payroll Information', 'Support Staff Costs', 'Quarterly Edits', and 'Quarterly Certification'. At the bottom, there is a status section with an orange circle icon, the text 'Not Started:', and a message: 'All previous reports for this school year have been completed/certified. Accordingly, Information can now be entered for this reporting period. Once information has been entered the status for this report will change to In Process.'

PUBLIC CONSULTING GROUP

Welcome
Logout
Jackson
10/01/2

Dashboard | Quarterly Financial Submission | Manage Contacts |

Quarterly Financial Submission Steps

- [Quarterly Payroll Information](#)
- [Support Staff Costs](#)
- [Quarterly Edits](#)
- [Quarterly Certification](#)

Not Started: All previous reports for this school year have been completed/certified. Accordingly, Information can now be entered for this reporting period. Once information has been entered the status for this report will change to In Process.

Quarterly Edit Checks – Cont.

- Edit Checks are items the online financial system identifies as possible errors. In order to certify the quarterly financial submission, errors must be corrected or an explanation as to why it is not an error entered into the system.

**PUBLIC
CONSULTING
GROUP**

Welcome Pcgchicago2@gmail.com
Logout
10/01/2010 through 12/31/2010

Dashboard | Quarterly Financial Submission | Manage Contacts |

[Return To Report List](#)

Quarterly Edits

 **Edits Need Resolution:** Below you will find one or more Edits that have been found with regard to the costs you have reported. These Edits are designed to ensure that you are submitting accurate information. Please resolve these issues by either correcting the amount of costs reported or providing a reason in the explanation field as to why the information is correct as reported. You will need to resolve each of these Edits before you will be able to certify this quarterly report.

No Payroll Information Reported

There were no costs submitted for the names listed below. If the person worked for the district during the reporting period or was replaced by someone who worked during the reporting period, report the applicable payroll costs. If the person did not work for the district during the period and/or was a duplicate entry, provide an explanation in the "Explanation" column. (i.e. "Retired" or "Did not work for district during this time period")

	Last Name	First Name	Job Category	Cost Pool	Staff Employment Status	District Job Title	District Employee ID	Salaries	Benefits	Contracted Staff Costs	Staff Travel and Training Costs	Staff Professional Dues and Fees	Materials and Supplies	Federal Funds Offset	Other Excluded Costs	No Payroll Explanation	Gross Compensation Expenditures	Net Compensation Expenditures
Edit			Psychologist AOP	AOP	Full Time	Psychologist (AOP)											\$0.00	\$0.00
Edit			Administrator	AOP	Full Time	Administrator											\$0.00	\$0.00

Common Errors – Edit Checks

- Examples of common errors include:
 - Reporting salaries or contracted compensation in excess of 1 standard deviation above the average across the state in a particular staff category.
 - Reporting employees benefits in excess of 50% of reported employee salaries.
 - Reporting other costs in excess of 15% of payroll costs.
 - Reporting more federal or other offsets for a staff person than the amount of reported payroll costs for that staff person.
 - Not entering values in each of the Admin and Direct Service Cost Pool Percentage columns for Support Staff
- If a common error is identified, the provider must make necessary revisions to resolve the issue, or if allowed, provide a written explanation as to why the reported information is accurate.

MAER

- The MAER is the key component of the School Based Services (SBS) cost reconciliation and cost settlement process
 - Old method: SBS providers would submit bills for services rendered and received reimbursement for the bills based on various service rates
 - New method: SBS providers are reimbursed for the actual cost of providing services
 - Is used only for Direct Medical Staff and Transportation Costs

Completing the MAER

- Salary and benefit, purchased services, and other expenditure data will come from LEA payroll and/or finance system(s)
 - Data will represent Annual Staff Pool Summary Lists for each provider category
 - Totals will not exceed SE-4096/SE-4094 line item totals for each function and object code
- Quarterly financials cannot be used to complete MAER
- MAER must be completed on an annual basis and relate to submitted SE-4096/SE-4094 data
 - MAER is completed on an accrual basis



Resources For SBS Providers

Amy Kanter

Michigan Department of Community Health
Hospital & Clinic Reimbursement Division

kantera@michigan.gov

517-373-4522

Resources For SBS Providers

- MDCH
 - Michigan Medicaid Provider Manual
 - Medicaid Policy Bulletins
 - Provider “L” Letters
- Dropbox
 - Audit Reports (Federal & Michigan)
 - Regulations, Newsletters, Prior Meeting Agendas
- PCG
- Other Intermediate School Districts

Medicaid Provider Manual

bookmark

- Substance Abuse
- MI Choice
- Nursing Facility
- Outpatient Therapy
- Pharmacy
- Practitioner
- Private Duty Nursing
- Program of all Inclusive Care for the Elderly
- Rural Health Clinics
- School Based Services
- School Based Services Administrative Outreach Program Claims Development
- School Based Services Random Moment Time Study
- Special Programs
- Tribal Health Centers
- Urgent Care Centers
- Vision
- Acronym Appendix



Michigan Department of Community Health

Medicaid Provider Manual



MEDICAID PROVIDER MANUAL OVERVIEW

SECTION 1 – INTRODUCTION

The following documents comprise the Michigan Medicaid Provider Manual, and address all health insurance programs administered by the Michigan Department of Community Health (MDCH). MDCH also issues periodic bulletins as changes are implemented to the policies and/or processes described in the manual. An inventory of these bulletins is maintained in the Supplemental Bulletin List located on the MDCH website. Bulletins are incorporated into the online version of the manual on a quarterly basis. (Refer to the Directory Appendix for website information.)

1.1 ORGANIZATION [CHANGES MADE 4/1/14 & 7/1/14]

The following table identifies each chapter and appendix in the manual, indicates what providers are affected, and provides a brief overview of each.

Chapter Title	Affected Providers	Chapter Content
General Provider Chapters		
Medicaid Provider Manual Overview	All Providers	Brief discussion of the organization of the manual and effectively using the document.
General Information for Providers	All Providers	Policies and general information regarding provider enrollment and participation, prior authorization, record retention, billing the beneficiary, fraud and abuse, etc.
Beneficiary Eligibility	All Providers	Policies and information regarding how to verify

Medicaid Provider Manual

The Michigan Medicaid Provider Manual contains guidelines for ALL Providers

Published online quarterly with publish date at bottom of each page

Latest changes are color-highlighted and dated

The screenshot displays the Michigan Department of Community Health's Medicaid Provider Manual website. The left sidebar contains a 'Bookmarks' section with a list of topics: Substance Abuse, MI Choice, Nursing Facility, Outpatient Therapy, Pharmacy, Practitioner, Private Duty Nursing, Program of all Inclusive Care for the Elderly, Rural Health Clinics, School Based Services (highlighted), School Based Services Administrative Outreach, Program Claims Development, School Based Services Random Moment Time Study, Special Programs, Tribal Health Centers, Urgent Care Centers, Vision, and Acronym Appendix. The main content area features the Michigan Department of Community Health logo and the title 'Medicaid Provider Manual'. Below this, the section 'SCHOOL BASED SERVICES' is highlighted, followed by a 'TABLE OF CONTENTS' section. The table of contents lists various sections and their corresponding page numbers, with several entries highlighted in red to indicate recent updates. These include Section 1 - General Information, Section 1.6 Service Expectations, Section 2.1 Individuals with Disabilities Education Act Assessment and IEP/IFSP Development, Review and Revision, Section 2.2 Occupational Therapy, Section 2.2.A Occupational Therapy Services, Section 2.2.B Orientation and Mobility Services, Section 2.2.C Assistive Technology Device Services, Section 2.3 Physical Therapy Services, Section 2.3.A Physical Therapy Services, Section 2.3.B Assistive Technology Device Services, Section 2.4 Speech, Language and Hearing Therapy, Section 2.4.A Speech, Language and Hearing Therapy, Section 2.4.B Assistive Technology Device Services, Section 2.5 Psychological, Counseling and Social Work Services, and Section 2.6 Developmental Testing.

1526 / 1799 96.3%

Tools Sign Comment

Michigan Department of Community Health

Medicaid Provider Manual

SCHOOL BASED SERVICES

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Medicaid Policy Bulletins



Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 14-21

Distribution: School Based Services Providers and Billing Agents

Issued: May 29, 2014

Subject: Realignment of Michigan Department of Education SE-4094/State Plan Line Numbers

Effective: As Indicated

Programs Affected: Medicaid School Based Services

The Michigan Department of Education Transportation Expenditure Report (SE-4094) no longer aligns with the current Michigan Medicaid School Based Services State Plan. A State Plan Amendment (SPA) has been approved by the Centers for Medicare & Medicaid Services (CMS) to exclude the use of specific line numbers in the reporting process and replace them with more detailed line descriptions.

Medicaid-allowable specialized transportation costs include the following direct costs as reported on the CMS-approved SE-4094:

- Salaries [Sec. 52 & Sec. 53a]
 - Bus Drivers
 - Aides
 - Employee Benefits (Bus Drivers and Aides only)
- Purchased Services – Staff (Bus Drivers and Aides only)
- Purchased Services – Vehicle Related Costs [Sec. 52 & Sec. 53a]
 - Pupil Transportation by Carrier
 - Pupil Transportation by Carrier (b/y)
 - Family Vehicle K Cost
 - Contracted Taxis
 - Pupil Transportation Fleet Insurance
 - Contracted/Leased Buses
- Supplies [Sec. 52 & Sec. 53a]
 - Gasoline/Fuel
 - Oil/Grease
 - Tires/Batteries
 - Other Expense/Adjustments, only the costs associated with adjustments to allowable costs
 - Bus Amortization

For reimbursement purposes, *Bus Aides* are defined as aides who ride on the bus providing care to those students being transported, assisting with the specific health concerns documented in the students' Individualized Educational Program (IEP).

If a School Based Services provider has transportation costs that are covered by this change that have not been previously reimbursed, please contact the Michigan Department of Community Health Hospital and Clinic Reimbursement Division for additional information.

These changes apply to all costs incurred on or after July 1, 2010.

Provider “L” Letters



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

September 24, 2013

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Amending the State Plan for School-Based Services to Correct Misalignment of Michigan Department of Education (MDE) 4094/State Plan Line Numbers Caused by Changes to MDE 4094

This letter, in compliance with Section 6505 of the Affordable Care Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Community Health (MDCH) to submit a State Plan Amendment (SPA) related to the School Based Services program.

A State Plan Amendment is necessary to align the State Plan language with revisions made to the *Transportation Expenditure Report* (SE-4094) by the Michigan Department of Education (MDE). Because of the MDE revisions, the line numbers referred to in the State Plan no longer correspond to those on the revised SE-4094. The SE-4094 is required for cost reconciliation.

You may submit comments regarding this Notice of Intent to msapolicy@michigan.gov. If you would like to discuss the Notice of Intent, please contact Lorna Elliott-Egan, MDCH Liaison to the Michigan Tribes. Lorna can be reached at (517) 373-4963 or via e-mail at Elliott-EganL@michigan.gov.

There is no public hearing scheduled for this SPA.

Sincerely,

Stephen Fitton, Director
Medical Services Administration

cc: Leslie Campbell, Region V, CMS
Pamela Carson, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDCH

SBS Resources-Dropbox

- Cloud application allows sharing few or hundreds of files
- By invitation only—Jane Reagan invites you
- Saves space on computers by avoiding huge attachments to emails
- View on your desktop computer, smart phone, tablet

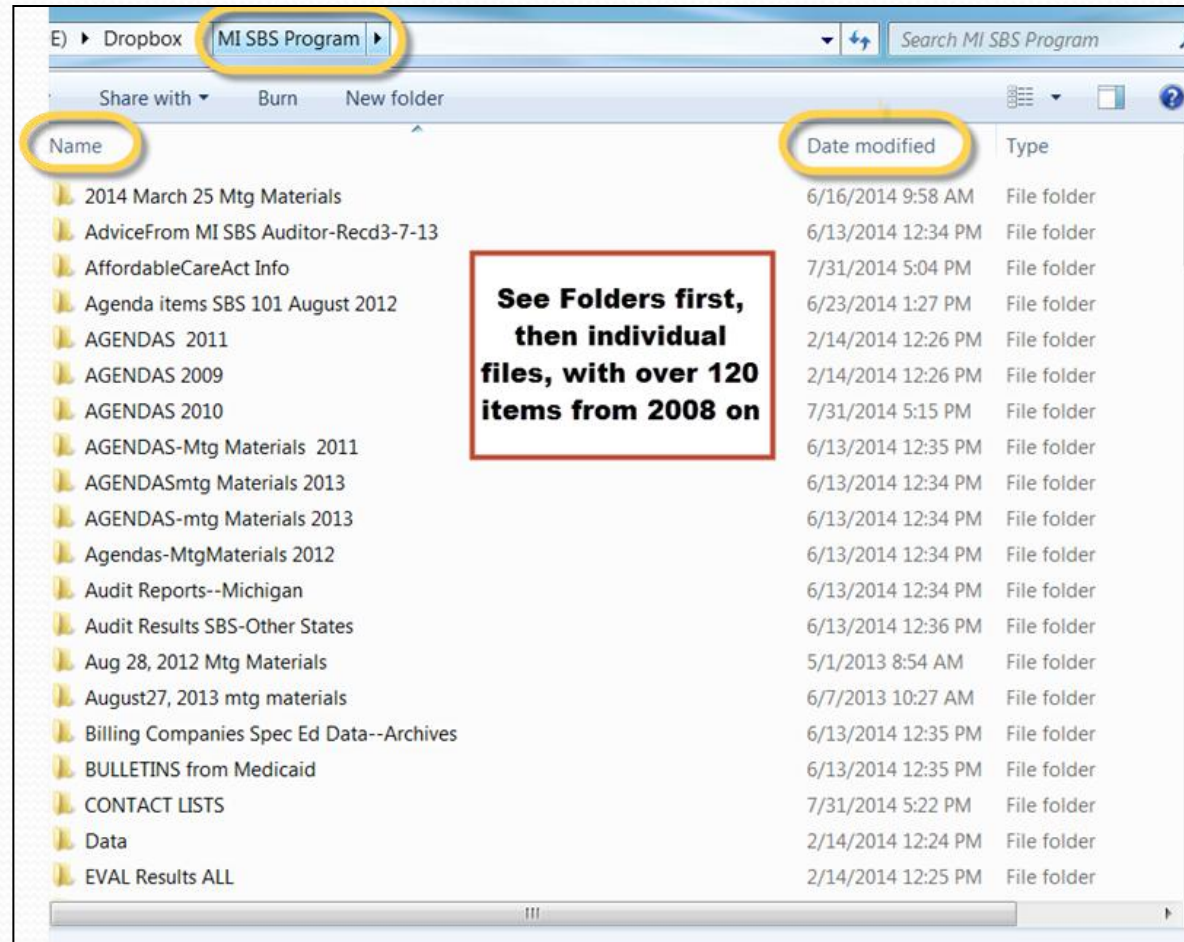
MI SBS Program in Dropbox

Screen shot shows the way Dropbox is organized on this computer

Folders are sorted alphabetically

Last time any item in the folder was modified shows on the date

The MI SBS Program had 124 items in it the day this screenshot was made



Public Consulting Group

- RMTS Quarterly Process
 - Staff Pool Lists
 - Random Moments
 - Financial Collection
- Generate AOP Claim
 - Claim Breakdown sent to ISDs
- Collect PCS/TCM costs to be verified by ISDs

Email Address	Contact Numbers
miaop@pcgus.com	Toll Free: 877-395-5017

Other Intermediate School Districts

- Newsletters
 - Oakland Schools (Medicaid Matters)
 - Wayne RESA (Medicaid Messenger)
- Tip Sheets
- Forms
 - Informational Brochures
 - Parental Consent (English, Spanish, Arabic)
 - Prescription/Authorizations

Parental Consent - Arabic

بلاغ المديكيد السنوي الخاص بموافقة الأهل

الخلفية:

منذ العام 1993، شاركت ولاية ميشيغان في برنامج فدرالي يدعى "خدمات المديكيد المقدمة في المدارس". يساعد البرنامج المناطق التعليمية بتقديم تعويض جزئي عن الخدمات الطبية المدرجة في برنامج التعليم الفردي (IEP) أو في الخطة الفردية لخدمات العائلة (IFSP). رغم أن هذا التعويض الجزئي متوفر فقط للطلاب المؤهلين لبرنامج المديكيد، إلا أن الخدمات تقدم لجميع الطلاب ذوي الإعاقات، بغض النظر عما إذا كانوا مؤهلين لبرنامج المديكيد أم لا.

برنامج الخدمات المقدمة في المدارس في ولاية ميشيغان هو بإدارة دائرة الصحة الأهلية في ميشيغان.

في العام 2013، تم تغيير القواعد الخاصة بموافقة الأهل على خدمات المديكيد المقدمة في المدارس. قبل حصول الطفل على المنافع العامة أو التأمين للمرة الأولى، وبشكل سنوي لاحقاً، على المناطق التعليمية تقديم إشعار خطي للأهل. ماذا يعني كل هذا؟

هل يربط ذلك كلفة عليكم؟

لا. إن الخدمات المقدمة للطلاب ضمن برنامج التعليم الفردي (IEP) أو الخطة الفردية لخدمات العائلة (IFSP) أثناء التحاقهم بالمدرسة تقدم دون أية تكلفة للأهل/الأوصياء.

هل يؤثر تعويض برنامج خدمات المديكيد المقدمة في المدارس على منافع المديكيد المقدمة للعائلة؟

برنامج الخدمات المقدمة في المدارس لا يؤثر على خدمات المديكيد الخاصة بالعائلة، أو تمويلها، أو حدودها. تدبر ولاية ميشيغان برنامج الخدمات المقدمة في المدارس بطريقة مختلفة عن برنامج المديكيد العائلي. لا يؤثر برنامج الخدمات المقدمة في المدارس بأي شكل من الأشكال على منافع المديكيد لعائلتكم.

ما هي أنواع الخدمات التي يغطيها برنامج الخدمات المقدمة في المدارس؟

- التقييمات
- النطق واللغة والصوت
- العلاج الوظيفي
- العلاج الطبيعي
- الرعاية النفسية والاجتماعية
- التوجيه وقابلية الحركة
- خدمات التقنية المساعدة
- الرعاية التمريرية
- إدارة الحالات الخاصة
- الرعاية الشخصية
- مواصلات التعليم الخاص

ما هي المعلومات التي سيتم مشاركتها عن طفلكم؟

لتقديم طلبات التعويض عن الخدمات المقدمة في المدارس، يمكن أن تكون السجلات التالية مطلوبة: الإسم الأول، إسم العائلة، إسم الأب (الإسم المتوسط)، العنوان، تاريخ الولادة، رقم بطاقة الطالب، رقم بطاقة المديكيد، نوع الإعاقة، تواريخ ونوع الخدمات المقدمة.

من سيرى هذه المعلومات؟

يمكن مشاركة معلومات طفلكم بالخدمات المقدمة في المدارس مع وكالة المديكيد في ميشيغان والمؤسسات التابعة لها لتأكيد أهلية الحصول على خدمات برنامج المديكيد ولتقديم طلبات التعويض.

ماذا سيحصل إذا ما غيّرتم رأيكم؟

تملكون الحق بإبطال الموافقة على كشف المعلومات الشخصية بطفلكم لوكالة المديكيد في ميشيغان والمؤسسات التابعة لها في أي وقت.

هل تؤثر الموافقة أو الرفض على حصول طفلكم على الخدمات؟

لا. بغض النظر عما إذا كان لديكم تغطية من المديكيد أم لا (أو إذا ما قدّمتم موافقة أم لا) ستقوم المنطقة التعليمية بتقديم الخدمات لطفلكم بناءً على برنامج التعليم الفردي (IEP) أو الخطة الفردية لخدمات العائلة (IFSP).

ماذا إذا كان لديكم أسئلة؟

الرجاء الاتصال بإدارة التعليم الخاص في منطقتكم التعليمية للإجابة عن أسئلتكم واستفساراتكم أو للحصول على نسخة عن نموذج موافقة الأهل.

QUESTIONS



Thank You!

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