

Open Forum Q & A

Answers to Your Questions

Tele-Therapy

- * Question: What is MDCH's current position regarding tele-therapy?
- * Answer: Current policy does not allow for the reimbursement of tele-therapy services in the school-based setting. This decision is based in part on the fact that CMS does allow for the reimbursement of these services. This is currently a hot topic and Michigan Medicaid policy is reaching out to other states to gather information on their policies regarding tele-therapy.

The Education Achievement Authority (EAA)

- * Question: What is the current status of the EAA in regard to SBS?
- * Answer: Current policy only allows certain entities to bill Medicaid for school-based services. These entities are limited to state recognized intermediate school districts, City of Detroit Public Schools, and Michigan School for the Deaf. Until the Education Achievement Authority is recognized as an ISD they will be required to bill through an approved entity.

Virtual Schools

- * Question: What is MDCH's current position on virtual schools?
- * Answer: Current policy only allows certain entities to bill Medicaid for school-based services. These entities are limited to state recognized intermediate school districts, City of Detroit Public Schools, and Michigan School for the Deaf. Unless a virtual school is recognized as an LEA by an approved billing entity, they will not be able to bill Medicaid for school-based services; if recognized as an LEA they will be required to bill through the ISD as any other LEA is required to do.

Long-Term Subs

- * Question: Can you please explain the claiming of long-term subs?
- * Answer: Long-term substitutes must meet the criteria set forth in Section 3.1.A – Long-term Substitutes in the Random Moment Times Studies chapter of the Medicaid Provider Manual

Staff Pool List (SPL)

- * Question: STAFF POOL LIST - Is it a fact that only staff listed on the SPL can bill for services provided to Medicaid eligible students?
- * Answer: Yes, in order to bill the provider must be on the staff pool list (SPL). Staff must be on the SPL for any quarter in which costs were claimed.

Referring Physician NPI

- * Question: NPI - recap on the CHAMPS requirement of referring physicians having to be linked in CHAMPS?
- * Answer: Referring physicians do not need to be linked to the ISD in CHAMPS.

Speech Language Pathologist (SLP) Certification

- * Question: Speech - verify - Non ASHA CCC Speech - must still work "Under the Direction of" a ASHA CCC Speech staff?
- * Answer: Current policy requires that speech language pathologists (SLP) be fully licensed by the State of Michigan in order to provide services. SLPs with a limited license are required to be under the direction of a fully licensed SLP. Current policy does not require that the SLP be ASHA CCC.

MAER Revisions

- * Question: What are the best practices for revising the MAER?
- * Answer: 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

MAER Reporting

- * Question: What should we check for before submitting the MAER to MDCH?
- * Answer: 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

Parental Consent

- * Question: What is the best way to deal with family advocates that advise no consent?
- * Answer: Step 1 – The ISD should work with the family advocate and the family to determine why “no consent” is being advised and then try to educate the family and the advocate as to why their way of thinking may be incorrect. To do this:
 - * Recognize their concerns – “I can appreciate your concerns; however, ...” or “I understand that you want what is best for Johnny; however, ...”
 - * Present them with the facts.
- * Step 2 – Seek assistance from SBS Policy Specialist

Parental Consent

- * Question: Are one-time consents retroactive to the start of the year? If we get one in November, can it be used to support Sept/Oct services?
- * Answer: Parental consent can only be applied retroactively if a date range or start date is specified on the parental consent form. If no start date is specified billing can begin for services as of the date of the signature on the form. If the form is signed and not dated the date of consent is the date the signed form is received by the ISD or LEA.

Parental Consent

- * Question: Does parental consent need to be obtained every time a student changes schools or districts?
- * Answer: This depends on if the student is transferring to another school within the same ISD or transferring to a school in another ISD.
 - * Transferring within an ISD: New parental consent is not required.
 - * Transferring to another ISD: New parental consent must be obtained.

IEP Participation

- * Question: Can a speech path claim IEP participation if she isn't present at the IEP meeting? Is contributing to the present level, giving feedback to the case mgr, etc enough?
- * Answer: This depends on the level of participation from the provider. If the provider simply consults on the matter they cannot claim IEP participation, as consulting is not claimable. If the provider conducted a service that would normally be billable on its own in preparation for the IEP meeting they can claim participation.

Physician Signatures

- * Question: Can we use the 90 day rule for physician signatures on all scripts, orders and referrals?
- * Answer: Scripts are able to be used retroactively for up to 90 days to support services; however, scripts are only good for a 12 month period. The 12 month period begins with the date of the first service provided by the script.

CMS's Current Position

- * Question: What is CMS's current position regarding SBS reimbursement? Are some states still reimbursing by way of fee-for services?
- * Answer: CMS seems to be moving toward cost based reimbursement. Some states are using fee-for-service but it is either as a way of establishing interim payments or because they have not yet been required to update their state plan.

Targeted Case Management (TCM) Billing?

- * Question: What is the current policy regarding TCM billing?
- * Answer: Current payment logic allows for payment once per calendar month:
 - * Last day of the month
 - * Last school day of the month
 - * Date during the month that TCM services were performed

Audit Selection

- * Question: How are audits selected?
- * Answer: Auditees are selected after comparing and analyzing different criteria (amount received, single audit findings, et cetera). Recently, we have been combining districts and performing multiple audits concurrently.

Audit Time

- * Question: How long do typical audits last?
- * Answer: The time it takes to go through an audit (start to finish) depends on several factors.
 - * The size of the audit
 - * How many audits are being run concurrently
 - * How fast the auditor receives information and the quality of information received

Progress Notes

- * Question: Can you talk about “good notes”? What do you think about SOAP progress notes?
- * Answer: “Good Notes” should tell a story – They should be readable, easily understood, complete, accurate, and concise.
 - * Although SOAP notes are not required, they answer many questions in a brief, informative, and focused manner.

SOAP Example - Speech

S: (Student) arrived on time and appeared ready and motivated to begin therapy

O: Produced final consonants at sentence level with 85% accuracy during a structured activity. Produced /s/ in all positions during conversational speech with minimal auditory cueing.

A: (Student's) progress on /s/ production objectives suggests (he/she) is beginning to master this skill. Skill is still present when visual and auditory cueing is reduced.

P: Plan to continue working on final consonants and baseline accuracy in structured speech activity. Remove all cueing during /s/ activity to see if successful production can be maintained.

SOAP Example - OT

S: (Student) did not use verbal language to communicate, but did echo words spoken to (him/her).

O: (Student) was seen in classroom to work on fine motor skills to prepare for scissors and improve prehension patterns for writing. After 5 minutes of brushing to decrease tactile sensitivity, (Student) worked on palmar pinch and tripod grasp prehension patterns using a “Fruit Loop” bracelet activity for 20 minutes. Heather used tongs (in preparation for scissors use) to pull 15 Fruit Loops out of a cup one at a time. Then using a palmar pinch, she placed each Fruit Loop over a pipe cleaner. Five verbal cues were required for task completion.

A: (Student) manipulates tongs well and exhibits a good awareness of positioning of tongs within her hands, which is an indicator that proper scissors use will be attained soon. Good attention to task for entire 25 minutes.

P: Continue prehension activities 1x wk. using a variety of media in 20-30 minute intervals until proper scissors use goal is achieved. (Student) will be able to cut a piece of 8 inch x 10 inch paper in half using adaptive spring scissors 3/3 tries by the end of the school year.

Today's PowerPoints

- * These will be available on the SBS website under *Billing and Reimbursement*.

SBS Website

- * Based on comments we've received, we will be taking a look at the SBS website to determine if there is a way to make it more user friendly and up to date.