

Virtual Meeting #4: Fostering program integrity for school-based services: How SMAs can help LEAs with compliance

Thursday, February 15, 2024

3-4 p.m. ET | 2-3 p.m. CT | 12-1 p.m. PT



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Meet Today's Presenters & Facilitators



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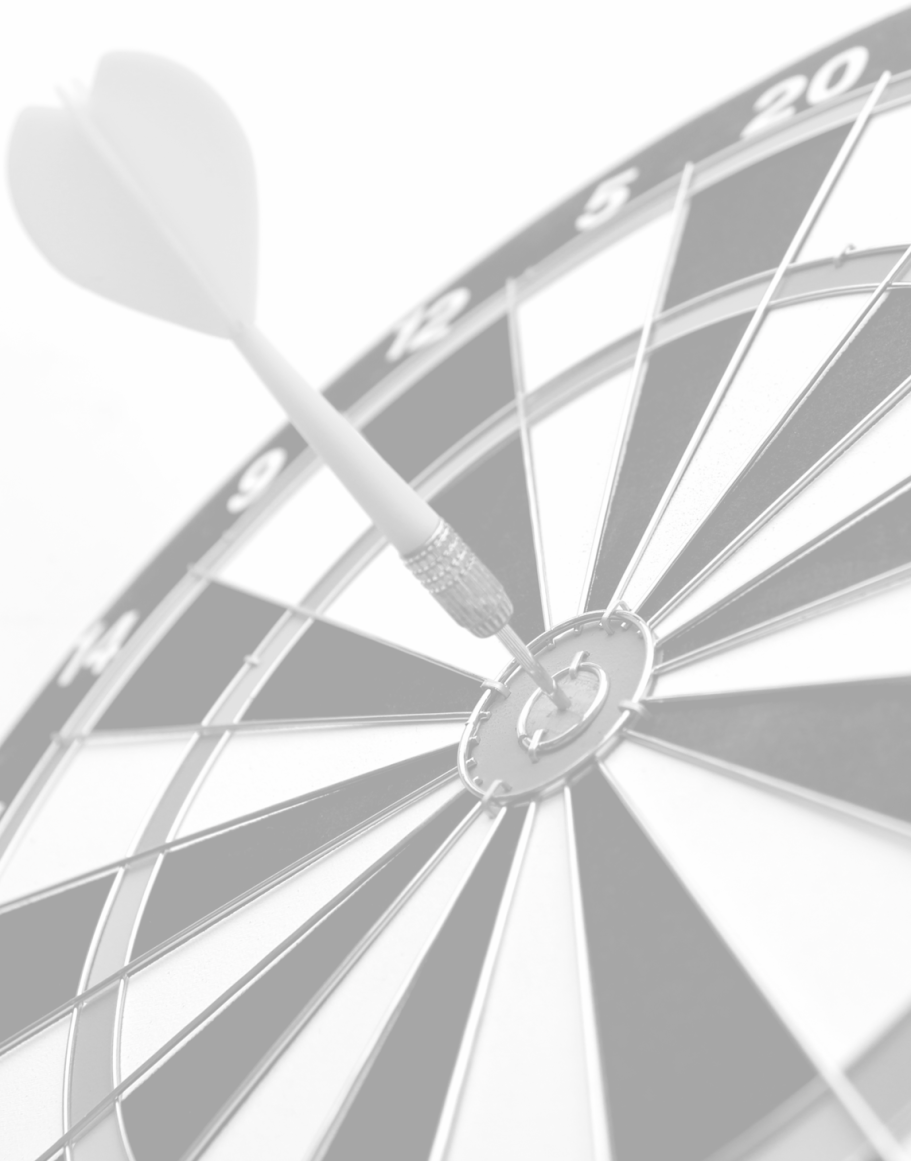


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Agenda

- › Welcome
- › Objectives
- › Meet Today's State Panelists
- › Topic 1: Program Integrity for SBS
 - › Presentation and mini-panel
- › Topic 2: Random Moment Time Study Compliance
 - › Presentation and mini-panel
- › Topic 3: Service Documentation Compliance
 - › Presentation and mini-panel
- › Conclusion and Adjournment

Objectives



- › Understand the components of program integrity to meet federal requirements for Medicaid School Based Services (SBS) claiming.
- › Consider how addressing program integrity can support student health and lead to better quality outcomes for students.
- › Elevate promising practices that state Medicaid agencies (SMAs) and school education agencies (SEAs) use to guide and support local education agencies (LEAs) in their compliance efforts.

Meet Today's Panelists



Kevin Bauer, PhD
Medicaid School Services Program Policy Specialist
Michigan Department of Health and Human Services



Shawna Dippman
Planner/Coordinator & Supervisor
Monroe County Intermediate School District

Michigan Medicaid SBS at a Glance

- Claims for direct services using a reconciled cost methodology
- Uses a Random Moment Time Study to support administrative and direct claiming
 - 1 business day advanced notice
 - 3 business days to respond
- Implemented Free Care in 2019
- Michigan covers:
 - Nursing Services
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy
 - Personal Care
 - Physician Services
 - Psychiatrist Services
 - Behavioral Health
 - Specialized Transportation
 - Targeted Case Management

› **Topic 1: Program Integrity for SBS**

What is program integrity (PI) and how does this relate to quality of care?

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

LEA can ensure quality of care through...



Claiming

Provide evidence that supports a billed service, claimed administrative activity, and/or support a time study response.



Oversight

Implement processes and basic internal control practices throughout SBS programs—such as RMTS, billing, cost reporting, and clinical oversight.



Compliance

Ensure compliance.
LEAs are responsible for compliance – even if vendors support the LEA through the RMTS, billing, and/or cost reporting process.

For more information about program integrity, see [CMS's Center for Program Integrity](#).

For more information about quality, see: [CMS Quality Measurement and Quality Improvement](#)

Building mitigation strategies to address integrity risks

Identifying program risks and vulnerabilities can help states create sustainable mitigation processes and strategies.

Risk

Potential harm to students and/or loss of Medicaid funds.

Vulnerability

Providers delivering care and/or being claimed who are:

- Unlicensed or have a lapsed license
- Not receiving required supervision
- On the Office of Inspector General's List of Excluded Individuals/Entities (LEIE)

Mitigation

Create LEA and SMA processes to:

- Verify providers are appropriately certified or licensed for the services performed
- Confirm providers are not on the LEIE list

Risk/vulnerability/mitigation framework adapted from:

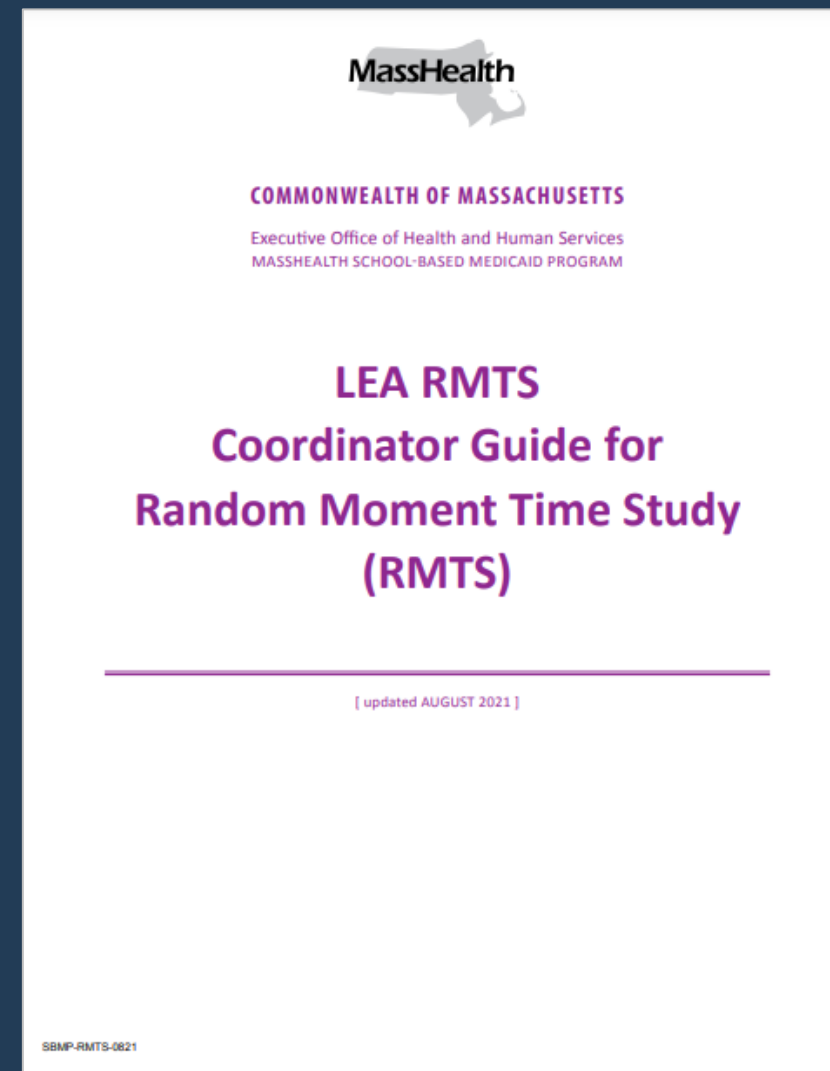
[Vulnerabilities and Mitigation Strategies in Medicaid Personal Care Services](#)

Examples of states' mitigation strategies

Massachusetts requirement

- License numbers are submitted alongside RMTS participant lists and the State validates.
- If a provider is not validated:
 - The State reaches out to the LEA.
 - If the LEA does not resolve the issue, then the state removes the provider from participation in an RMTS direct service pool.

Source: [MassHealth LEA RMTS Coordinator Guide](#)



Examples of states' mitigation strategies, cont.

Michigan requirement

- Dedicated person to oversee providers by identifying providers “under the direction of” or “supervision of.”
- Establishing procedures to meet policy requirements.
- Routinely monitor provider oversight.

Source: [Michigan Dept. of Ed. Medicaid Coordinator/Implementer Roles](#)



Medicaid Coordinator/Implementer Roles

Michigan Department of Education Office of Special Education
May 2020

What is Your Role?

A Medicaid Coordinator/Implementer implements the School Based Services Program and ensures program integrity. A Medicaid Coordinator/Implementer is expected to know both Medicaid policy and special education rules and regulations.

Roles may vary, depending on your position and intermediate school district (ISD). Below is an EXAMPLE of Medicaid roles and responsibilities that some ISDs may require.

| Responsibilities | Frequency | Description |
|---|-----------|---|
| Medicaid Eligibility Checks | Monthly | File upload/download to MI Health Plan Benefits or other matching system. |
| Scripts/Referrals, Authorizations | Monthly | Identify students needing scripts. Work with providers on getting scripts. Ensure script meets compliance (no signature stamp, National Provider Identifier, or NPI, matches signature, etc.). Scan, upload, or file scripts for record keeping. |

Example: Mitigation strategies for cost report filing

(applicable to Medicaid Administrative Claiming (MAC) and direct service)

Risk

Clerical errors, such as submitting annual salaries as quarterly.

Vulnerability

Overclaiming by as much as 400%.

Mitigation

Conduct a “birds eye view” review to identify outliers.

Example: Partnering with vendors to support program integrity

Vendors are important partners for LEA submission of direct service claims, participation in the RMTS, and submission of cost reports.

Risk

The vendor is acting on the LEA's behalf; **compliance is up to the LEA.**

Vulnerability

LEAs may not be conducting **quality assurance and program integrity** activities of its vendor's work.

Mitigation

LEAs must attend state trainings, review all State technical assistance materials, and **conduct PI activities.**

Facilitated Discussion

- Have you ever caught any big errors or instances of non-compliance?
- How was it uncovered or identified?
- What steps did you take, or are you moving towards, to prevent it from happening again?



› **Topic 2: RMTS**

LEAs roles and responsibilities in compliance for RMTS

- Identify appropriate staff who are reasonably expected to provide Medicaid reimbursable services.
- Ensure participant lists are correct.
- Check and maintain accurate work schedules and email addresses.
- Ensure participants are responding within the time window described in the State's Time Study Implementation Plan.
- Ensure responses are robust and have enough detail that they can be properly coded to support reimbursement.

RMTS Responses must support coding



“I was talking with a student’s parent.”



“Following recent treatment of a student, I *coordinated the child’s care with the parent and referred them to an outpatient behavioral health provider who could likely provide the more intensive therapy the student needs.*”

Example: Risk and mitigation for RMTS from Hawaii

Risk

RMTS response rate dips below 85%.

Vulnerability

All non-responses will be included and coded as non-Medicaid.

Mitigation

Ask superintendents to follow-up with non-responders.

Facilitated Discussion

- Can you tell us more about your efforts to ensure compliance with the response rate requirements?
- At the State level, how do you ensure LEAs train their providers on correctly responding to an RMTS moment?



› **Topic 3: Documentation**

Overview of LEA role in service documentation

LEAs oversee all school-based services provided by staff- and contracted-providers, who have differing specialties, schedules, and contract requirements.

- For SMAs, LEA compliance with service documentation is crucial for:
 - Providing safe and quality care for patients/students.
 - Federal Financial Participation (FFP) claiming and to prevent federal recoupments.
- LEAs can mitigate risk to program integrity and quality of care by:
 - Providing explicit guidelines for provider licensure requirements.
 - Providing instruction to providers on the types of documentation required to maintain a record of services provided and administrative costs.
 - Using service documentation to monitor patient/student progress and outcomes and to assess the quality of services being provided.

Service Documentation Required by CMS and IDEA

| Required Documentation | Required by CMS | Required by IDEA |
|--|-----------------|------------------|
| Date of service | ✓ | ✗ |
| Name of recipient | ✓ | ✓ |
| Medicaid identification number (of student) | ✓ | ✗ |
| Provider agency and person providing the service | ✓ | ✓ |
| Nature, extent, or units of service | ✓ | ✓ |
| Place of service | ✓ | ✓ |
| Eligibility for IDEA services | ✗ | ✓ |

Example: Risk and mitigation for direct service

Risk

Service documentation may not sufficiently describe services performed.

Vulnerability

Claiming for unallowable costs.

Mitigation

Implement a check prior to submitting the claim to validate the service documentation.

Facilitated Discussion

As a State agency, how do you help LEAs overcome their biggest barriers to service documentation compliance?

Consider operational processes, capacity, and understanding requirements.



Wrap-up

State Resources

Selected Office of Inspector General (OIG audits)

[Massachusetts RMTS Guide](#)

[Michigan Medicaid Coordinator/Implementer Role Document](#)

[Monroe County Intermediate School District SBS resources \(see Program Integrity section\)](#)



Questions?

Email: SchoolBasedServices@cms.hhs.gov

