**Schools and Medicaid Quarterly Call**
**May 22, 2015**
**Call Notes**

**Present on call:**
District contacts
Anne Glass, Student Support Services Project
TJ Garrett, Student Support Services Project
Richard Gary, Student Support Services Project
Mercedes Cascio, AHCA
Ami Flanigan, AHCA
Jeffrey Douglas, AHCA
Pam Kyllonen, AHCA

## I. Introductions
AHCA and FDOE/SSS staff introduced themselves.

## II. Annual Meeting
- Anne provided information on the annual meeting that will be held in St. Petersburg at the Vinoy Renaissance Hotel on September 18, 2015 from 8:30 – 3:00 P.M EST. The meeting this year will be post-Administrators' Management Meeting (AMM) that is held for district ESE and student services staff. We are also working on a Schools and Medicaid 101 primer that will be held on September 17, 2015 from 3:00 – 5:00 p.m. Hotel, draft agenda, registration information will be available next week. Registration will be done through the USF website, as in the past. Anne encouraged everyone to book hotel rooms as early as possible. The rooms tend to fill up and some people who try to book (even before the hotel booking cutoff) have had to get rooms at other locations in prior years.

<u>Follow-up:</u>
- Information regarding the meeting and the link to the registration site was sent to districts on Wednesday, May 27th.

## III. Parental Consent and Notification
Anne reviewed the requirements again for parental consent and notification required by IDEA prior to using a student/family's public insurance.
- Must be informed consent.
- Parental consent is required 1 time and notification is required annually.
- State rule must be followed regarding content of the consent and notification and the state rule follows federal requirements. Applicable state rule is 6A-6.03028(3)(q)(1)(d).

- Anne emphasized that districts must include very specific information in the consent. See the presentation slide attached in the email containing these call notes.
- FDOE is looking into making parental consent part of the annual ESE self-assessment that is required of all school districts.
- Anne and TJ are developing a parental consent form for the PEER application. It will need to go through FDOE legal review before posting on the PEER web site, and when it is approved for use it will be sent to all Medicaid contacts.
- Following the annual meeting last year, several districts sent in forms they are using for notification and parental consent. Those forms are posted on the student support services web site at www.sss.usf.edu. Districts wanting to share forms may send them to Anne, who will post them. Note that the purpose is to share what districts are using and is not an endorsement or approval by FDOE and SSS of the posted forms.
- Any questions regarding parental consent/notification can be directed to Anne.

Follow up:

- Anne will send the sample parental consent form to districts once it is approved.

**IV. School District Administrative Claiming**

Ami provided information and answers to questions posed by districts (includes questions in PPT presentation and those received through chat box during meeting):

- Ami reminded all that an email was sent to districts about the need to include Medicaid ID numbers on the SDAC claim forms.
- Ami reviewed the timeline document that was provided to districts. The timeline should help districts plan when items are due and when districts can expect to receive percentages and other information from AHCA needed for the claim. This should also help districts estimate when claims will be paid.
- Documentation of a referral for nursing services (when the district does not provide the nursing services and the health department or other Medicaid provider performs the services):

  -Reimbursement for SDAC activities are not limited to IEP students or services since student Medicaid eligibility statue is not captured during the time study.

  -If the district contracts with the CHD (a Medicaid provider) for nursing services, then there is no need for another referral document, as there is documentation that the service was provided. An example of this would be providing the monitor with a copy of the clinic sign in sheet for one day.

  -If there is no documentation that a service occurred, there must be a referral to a Medicaid provider for a nursing service.

  - Do the districts need to maintain contracts with the outside provider that is giving the referred services? Contracts should be maintained

for contracted providers providing nursing, behavioral and therapy services on campus. If the provider of these services is off campus, proof that the practitioner is a Medicaid provider must be documented.

**V. Fee for Service**

Mercedes provided information and answers to questions posed by districts (includes questions in PPT presentation and those received through chat box during meeting):

- Date of service of therapy evaluation that begins one day and ends on another: When a face to face therapy evaluation performed begins on one day and ends on another, and the report is written on the third day, which day is considered the date of service for billing purposes? Mercedes will follow up and provider the answer.
- Filing a claim when an individual behavioral service and group service are provided to the student on the same day: Districts clarified their questions on the call through the chat box. One district entered into the chat box: "The problem with the individual and group services is that they may have a therapy service as group then have a conference with an individual student's family. Need this to be reviewed or should they add the conference time to the group service minutes." Mercedes will follow up and provide the answer.
- Revised handbook (rule) status: Mercedes stated that the rule is still moving forward. There is no definite date that the proposed rule will be out, but as soon as she knows, she will let us know.
- Districts expressed concern about documenting service on the day it occurred.
  -Mercedes clarified that the documentation must occur on the date of service.
  -If an electronic system is used by the district as the sole means of documentation, then the entry into the electronic documentation system must occur on the date of service. If paper documentation records are kept and documentation occurs on the date of service (signed, titled, and dated), it does not matter when the service is entered into an electronic system used for billing. Districts asked for the handbook reference for the requirement that documentation must occur on the date of service. Mercedes will provide this information following the call.
  -Question asked: What about providers that don't document the service on the same day they provide the service, even if not using an electronic system? They "back date" the date they sign to match the date of service. Mercedes answered that documentation must be done on the date of service. "Back dating" is not allowed. The claim is voided!
  -Question asked: Can a lesson plan book suffice for paper documentation when not documenting the service on the same day it was delivered?
  Answer: If the lesson plan book contains all the documentation requirements for the service, then that would be acceptable.

- Question asked: Where in MCSM handbook can information on COTA/PTA supervision be found? Answer: Supervision information is in the handbook on pages 2-6 for PTAs (see section titled "Supervision of Physical Therapist Assistants) and 3-6 for COTAs (see section titled "Supervision of Occupational Therapy Assistants).
- Question asked: Are the requirements for supervision of COTA/PTA different than the requirements in our practice acts? Answer: Anne will provide a comparison after consulting with Karen Hallinan, FDOE therapy program specialist.
- Question asked: If the date of service is one day to another, would that impact the 32 units per day limit since you are only recording on the date of completion? Answer: See page 6-10 in the MCSM Handbook: The 32 units per day applies only to nursing and behavioral services. For example, if a behavioral evaluation spans more than one day, the minutes of service are added up for each day, rounded to the nearest 15-minute unit, then billed for each date of service (unlike billing for a therapy evaluation that is billed as one unit of service, regardless of how long the evaluation takes to administer).

Follow up:

- Mercedes will research and provide the answer about the date of service for a therapy evaluation and whether or not FLMMIS can be changed to accept a claim for a behavioral group and individual service on the same date of service.
- Anne will follow up with Karen Hallinan for a comparison of the practice act and state rule to the requirement in the MCSM handbook.
- Mercedes provided the following answer after the meeting regarding location of the requirement to document a service on the date it is provided:

> The guidelines of the policies set forth by Florida Medicaid are consistent with generally accepted professional medical standards. More specifically, per 409.913 F.S. and the Florida Medicaid Provider General Handbook, documentation of Medicaid services must be completed at the time the services are provided. Please see below:
>
> *409.913 F.S. Oversight of the integrity of the Medicaid program*
> *(7) When presenting a claim for payment under the Medicaid program, a provider has an affirmative duty to supervise the provision of, and be responsible for, goods and services claimed to have been provided, to supervise and be responsible for preparation and submission of the claim, and to present a claim that is true and accurate and that is for goods and services that:*
> *(f) Are documented by records made at the time the goods or services were provided, demonstrating the medical necessity for the goods or services rendered. Medicaid goods or services are excessive or not*

*medically necessary unless both the medical basis and the specific need for them are fully and properly documented in the recipient's medical record.*

As a reminder, all providers must sign a Medicaid Provider Agreement that affirms compliance with all laws and rules governing the delivery and reimbursement of services or goods to Medicaid recipients. The agreement is a legal contract between the provider and AHCA. The provider is responsible for all employees and contractees maintaining compliance with the terms of the agreement.
For additional information regarding documentation standards for therapy services mandated by Florida Medicaid and the Florida Department of Health, please refer to the following State rules and statutes:

- Speech-language pathology services, Rule 64B20, F.A.C. and Chapter 468, Part I, F.S.;
- Physical therapy, Rule 64B17-6.001 F.A.C. and Chapter 486, F.S.;
- Occupational therapy, Rule 64B11-4.003 F.A.C. and Chapter 468, Part III, F.S.; and
- Respiratory therapy, Rule 64B32 F.A.C. and Chapter 468, Part V, F.S.

**The Florida Medicaid Provider General Handbook found at:**
http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/GH_12_12-07-01_Provider_General_Handbook.pdf
*states under 'Provider Responsibility' (p.5-4): When presenting a claim for payment under the Medicaid program, a provider has an affirmative duty to supervise the provision of, and be responsible for, goods and services claimed to have been provided, to supervise and be responsible for preparation and submission of the claim, and to present a claim that is true and accurate and that is for goods and services that:*
*-Are provided in accord with applicable provisions of all Medicaid rules, regulations, handbooks, and policies and in accordance with federal, state and local law; and -Are documented by records made at the time the goods or services were provided, demonstrating the medical necessity for the goods or services rendered.*

**VI. Monitoring**
Jeffrey and Pam provided information and answers to questions posed by districts (includes questions in PPT presentation and those received through chat box during meeting):

- Time frame/guidelines for reviews and results to districts: There is currently no set timeline for monitoring.

- Notification of monitoring and setting up dates for monitoring: Monitors should give at least three weeks notice and four weeks where possible and work with the school district to find an agreeable time and date for the monitoring. Jeffrey asked that districts consider that the monitors also monitor programs other than schools.
- Opportunity to provide information after monitoring visit: Additional information that is not present at the time of the monitoring will be discussed at the exit interview. Districts will be allowed one week from the date of the monitoring to provide additional information.
- Pam stated that districts have been cooperative. She stated that district staff can stay in the room with the AHCA monitor and can ask to participate in the process. The monitors are there to help districts understand policy.
- How a district can challenge monitoring results: It is hoped that issues will be worked out during the exit interview. Jeff stated that if school district staff is available to participate in the monitoring that they do so, as this will provide an opportunity for discussion as the documents are being reviewed.
- List of documents that must be available during monitoring visit for each service/procedure: There is no list, but review of the monitoring tool that has been provided to districts indicates what will need to available.

<u>Follow up:</u>

- Anne will develop a list from the monitoring tool and provide to districts.

**VI. Questions and answers from the past-tracking**

- AHCA and FDOE acknowledge that much guidance on policy has been provided over the years through emails to districts, and that some of this guidance was correct at the time, but interpretations have changed over the years. In the past, there was no tracking of this information or one place to keep questions and answers.

  Anne is developing a spreadsheet with the most common questions and answers from the past couple of years. She will provide this to AHCA for approval. Following the approval of the questions and answers list, the list will be updated on an ongoing basis and provided to districts as it is updated. It is anticipated that the list will be completed in late August.

**VII. EMACS/MTS**

- Anne and TJ provided information about the status of the EMACS. Implementation of the EMACS will be July 1, 2015. Some districts in the consortium with Seminole County will continue to use paper forms. Two trainings for EMACS district contacts were held in May. Another session is being scheduled for June 11 and another will probably occur in late August or September.

- MTS 3.0 behavioral services functionality will be available in August. MTS 2.0 will remain in use until 3.0 can be used for data entry (billing only) as well as complete documentation of a service by the service provider. This is due to the need to have a system that can be used for documentation as well as for entering in service be a data entry person from services that have been documented/signed on a paper form.
- A preapproval has been signed by the FDOE Commissioner to award Seminole County Public Schools funding (upon submission and approval of an application) for performing the EMACS data management activities. This will allow Seminole County Public Schools to provide the services to contracted districts at no charge to the districts. We anticipate the award project award to be made to Seminole County Public Schools at some time early in Q3.

**VIII. ICD-10 Codes**

- The ICD-10 goes into effect on October 1, 2015.
- TJ stated that the ICD-10 codes will be in a dropdown in MTS as they are now for the ICD-9 in the MTS systems.
- The need for some type of crosswalk was discussed.
- Mercedes stated that there are ICD-10 contacts in each Medicaid area office. She will provide those contacts for Anne to send out to districts.
- District asked question about what code will be used for billing transportation. The current ICD-9 code used on claims, per Chapter 5 of the MCSM Handbook, is 999.9. Mercedes will follow up and provide the answer.

Follow up:

- Anne and TJ will work on a crosswalk for the most frequently used ICD-9 codes. Anticipated completion date: August 31, 2015.
- Mercedes provided the following link with the Medicaid area contacts for ICD-10 questions: http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/ICD10/ICD10_FSR_Map.pdf
- Mercedes followed up on the transportation code to be used when the ICD-10 goes into effect on October 1, 2015. The schools need to contact CMS for the new ICD-10 code, or whomever provided their ICD-10 training.

**IX. In-State Transfer IEPs**

- Anne reported discussion with Karen Hallinan, the BEESS program specialist for therapies to follow up on questions received from districts about information being received from districts for transfer students. Some district contacts have reported they get the IEP, but often do not get the evaluations upon which the IEP is based. These evaluations are needed when a monitor reviews claims during the monitoring visit. Anne also discussed this with the BEESS guidance counseling consultant and psychology consultant. BEESS

consultants said that many receiving districts have a checklist of requested documents that is sent to the sending school district. The suggestion was made that districts look at that document and add the need for the evaluation to that list.

- Question: Transfer IEPs: What happens when information (such as a PT RX) cannot be located in the prior district? Answer: If the information required cannot be located, the service should not be billed to Medicaid. The district will need to get another prescription.