Idaho Department of Education

Optimize Your School-Based Medicaid In Partnership With the IDEA Part B Funding

Lisa Pofelski-Rosa, Fiscal Specialist, Principal
Shannon Dunstan, EC and School Support Coordinator
Austin Kohout, Bonneville SD, Federal Grant Compliance Accountant

Idaho Department of Education

Introductions

Lisa Pofelski-Rosa, Fiscal Specialist, Principal Funding & Accountability Coordinator

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Session Objectives

1. Understand the key resources available for Medicaid School-Based Services.

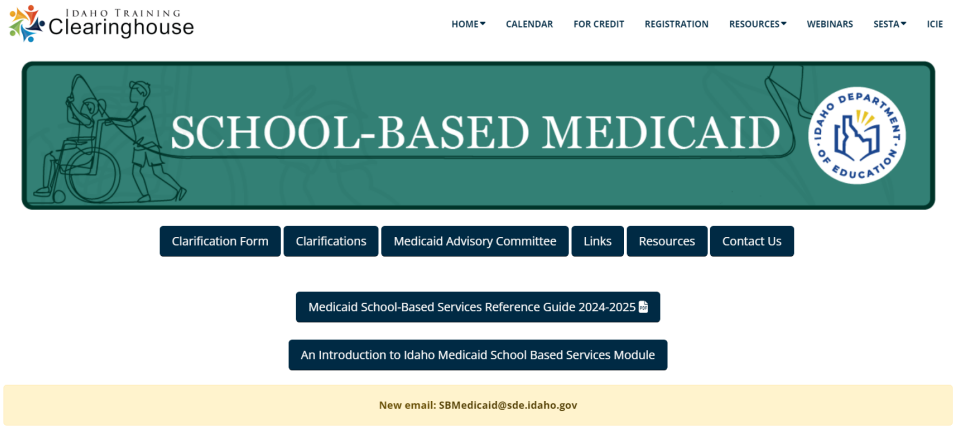
2. Identify the documentation and compliance requirements for Medicaid reimbursement.

3. Explore best practices for managing and tracking Medicaid claims in a school setting.

4. Gain insight into preventative measures and strategies from Bonneville School District on their Medicaid reimbursement processes.

Medicaid SBS Resources: ITC

- School-Based Medicaid topic page
- Clarifications page
- Medicaid SBS Clarification form



Medicaid School Based Services Reference Guide 2024-2025

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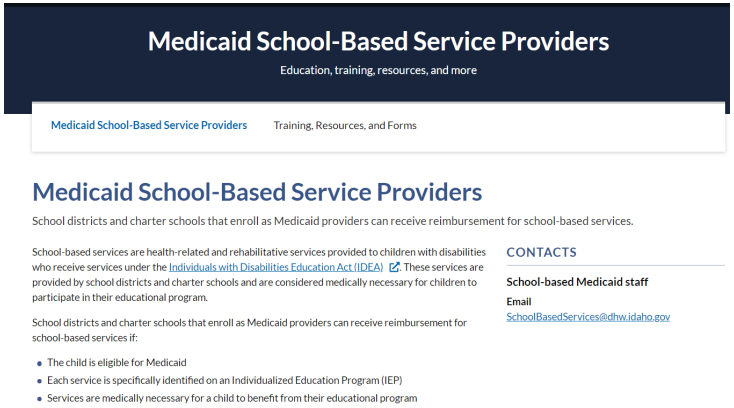
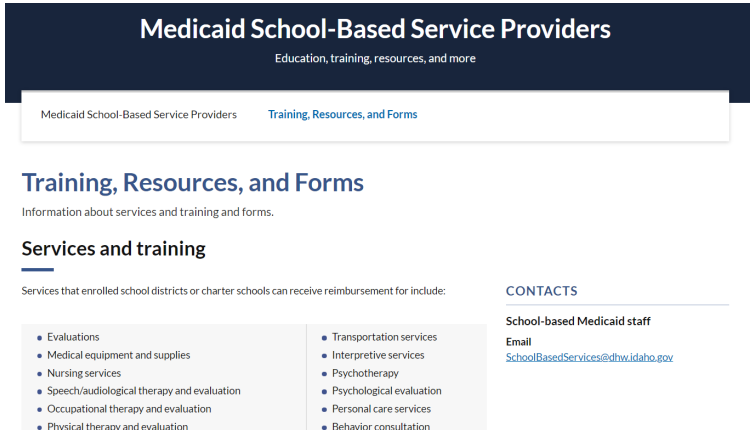
Medicaid Overview – Self Paced Module

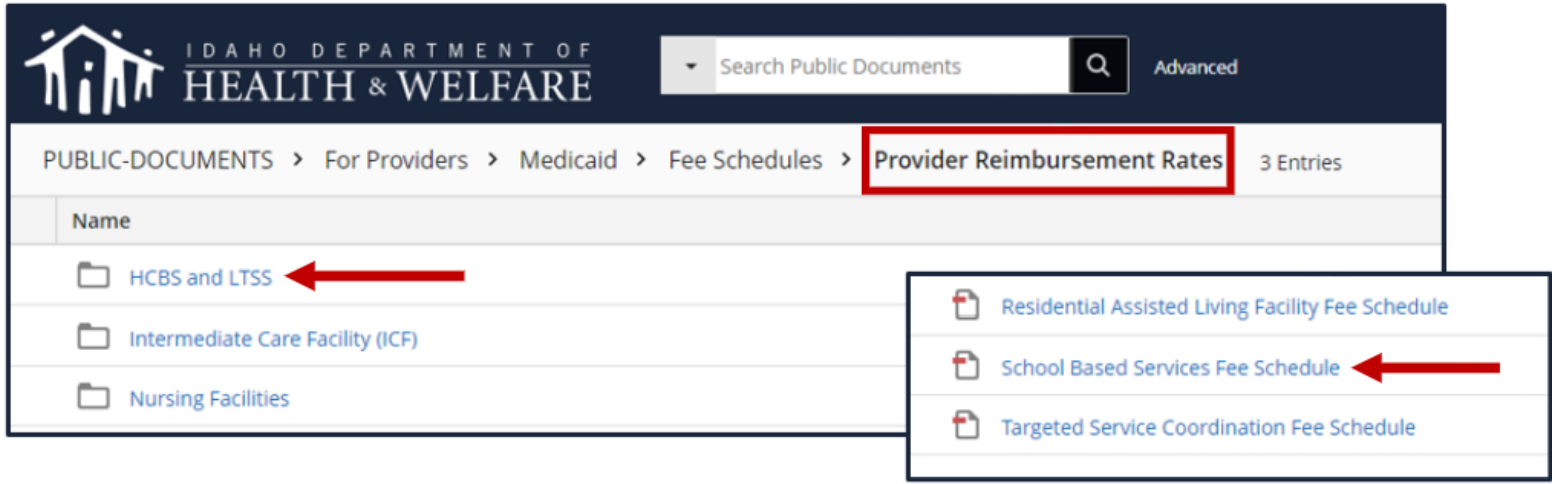
Medicaid SBS Resources: Division of Medicaid

- Medicaid School-Based Providers webpage
- Training, Resources, and Forms webpage





- Training, Resources, and Forms webpage
  - Fee Schedules webpage
    - Provider Reimbursement Rates webpage
      - HCBS and LTSS link



Medicaid Advisory Committee (MAC)

- Collaboration
  - Between LEAs, SDE, Division of Medicaid
  - Address concerns
  - Cohesive guidance
- Recommendations
  - Within the scope of applicable state and federal guidelines

Documentation and Compliance

Documentation Requirements

- Student is found Medicaid Eligible
- School-Based Medicaid Services are identified on the IEP
    - Type (also specifying individual and/or group), frequency and duration of the services provided;
    - The title of the provider(s), including the direct-care staff delivering services under the supervision of the professional;
    - Measurable goals, when goals are required for the service; and
    - The specific place of service, if provided in a location other than a school.
    - Service Detail Report(s) for each service provided
- Documented review of the student's progress every 120 Days
- Documentation of Qualification of Providers
- Parent Notification regarding services
- Primary Care Physician and written consent to release and obtain information between primary care physician and LEA
- Documentation that the student meets the qualification for services provided

LEA's Compliance Responsibility

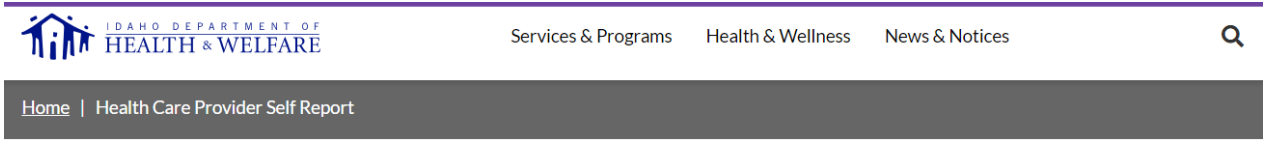
LEAs must meet all the compliance requirements for both Individuals with Disabilities Education Act (IDEA) and Medicaid School-Based Services (SBS). (p. 8)

Completing quality assurance activities with a self-audit process in place to ensure compliance and identifying any overall system improvements. (p. 26)

Providers must have written policies to prevent waste, fraud, and abuse, include them in employee handbooks, and submit an annual compliance affidavit if receiving $5 million or more. (p. 27)

Quality Assurance involves reviews to ensure Medicaid compliance. If issues are found, the LEA must implement a corrective action plan within 45 days, with DHW providing support as needed. (p. 93)

Self Report Form



Health Care Provider Self Report

Idaho Medicaid Program Integrity (MPI) is committed to protecting taxpayer dollars through prevention, detection, and the elimination of fraud, waste, and abuse in the Idaho Medicaid Program. Health care providers are encouraged to help attain these goals through self-reporting of claim errors or overpayments.

Medicaid providers can refund overpayments by:

- adjusting or reversing claims through the Gainwell system
- completing an online Provider Self-Report Form

Examples of when to self-report:

- Incorrectly coded services
- Services were provided by an unlicensed or excluded individual
- Services were not rendered
- Services are outside the two-year period for adjusting claims

Per federal regulations, providers must report over payment and return overpayments within 60 days after identified.

Incentives for self-reporting:

- Extended repayment terms
- Waiver of civil monetary penalties
- Quick resolution of over payments

Medicaid Funding & Budgets

State Medicaid Plans

- Each state creates a Medicaid state plan that serves as an agreement between a state and the Federal government describing how each state administers its Medicaid programs.
- Our State policy defines which services are reimbursable. These policies are defined in the Medicaid “state plan.”

IDAPA 16 – IDAHO DEPARTMENT OF HEALTH AND WELFARE

Division of Medicaid

16.03.09 – Medicaid Basic Plan Benefits

856. SCHOOL-BASED SERVICE: PROVIDER REIMBURSEMENT.
Payment for health-related services provided by school districts and charter schools must be in accordance with rates established by the Department. (7-1-21)T

Which Services Are Billable in Idaho's Plan?

a. Behavioral Intervention
b. Behavioral Consultation
c. Crisis Intervention
d. Habilitative Skill Building (renamed as of March 2020)
e. Interdisciplinary Training
f. Medical Equipment and Supplies
g. Nursing Services
h. Occupational Therapy and Evaluation
i. Personal Care Services
j. Physical Therapy and Evaluation
k. Psychological Evaluation
l. Psychotherapy
m. Skills Building/Community- Based Rehabilitation Services
n. Speech/Audiological Therapy and Evaluation
o. Social History and Evaluation
p. Transportation Services
q. Interpretive Services

Each LEA may choose different services to bill for.

Medicaid Funding Basics

- Medicaid is funded by combining state and federal dollars.
- The percentage of the total Medicaid cost the federal government pays is called the FMAP (Federal Medical Assistance Percentage). This determines how much your actual reimbursement after match will be.
- The FMAP is determined by the percentage of a state's population that is eligible for Medicaid. The more individuals in a state who are eligible for Medicaid, the higher the FMAP is.
- Current match fund percentages can be found here: EXHIBIT 6. Federal Medical Assistance Percentages (FMAPs) and Enhanced FMAPs (E-FMAPs) by State : MACPAC

Federal Medical Assistance Percentages (FMAP)

Verify your FMAP Rate throughout the year as part of your claim tracking.
Rates change and may affect your match and expected net reimbursement.

EXHIBIT 6. Federal Medical Assistance Percentages and Enhanced Federal Medical Assistance Percentages by State, FYs 2021–2024

State	FMAPs for Medicaid[1]						E-FMAPs for CHIP					
	FY 2021 (Emergency)[2]	FY 2022 (Emergency)[2, 3]	FY 2023 Q1-2 (Emergency)[2, 4]	FY 2023 Q3 (Emergency)[2, 4]	FY 2023 Q4 (Emergency)[2, 4]	FY 2024[5]	FY 2021 (Emergency)[3, 6]	FY 2022 (Emergency)[3, 6]	FY 2023 Q1-2 (Emergency)[4, 6]	FY 2023 Q3 (Emergency)[4, 6]	FY 2023 Q4 (Emergency)[4, 6]	FY 2024[5, 6]
Alabama	78.78%	78.57%	78.63%	77.43%	74.93%	73.12%	85.15%	85.00%	85.04%	84.20%	82.45%	81.18%
Alaska	56.20%	56.20%	56.20%	55.00%	52.50%	50.01%	69.34%	69.34%	69.34%	68.50%	66.75%	65.01%
Arizona	76.21%	76.21%	75.76%	74.56%	72.06%	66.29%	83.35%	83.35%	83.03%	82.19%	80.44%	76.40%
Arkansas	77.43%	77.82%	77.51%	76.31%	73.81%	72.00%	84.20%	84.47%	84.26%	83.42%	81.67%	80.40%
California	56.20%	56.20%	56.20%	55.00%	52.50%	50.00%	69.34%	69.34%	69.34%	68.50%	66.75%	65.00%
Colorado	56.20%	56.20%	56.20%	55.00%	52.50%	50.00%	69.34%	69.34%	69.34%	68.50%	66.75%	65.00%
Connecticut	56.20%	56.20%	56.20%	55.00%	52.50%	50.00%	69.34%	69.34%	69.34%	68.50%	66.75%	65.00%
Delaware	63.94%	63.92%	64.69%	63.49%	60.99%	59.71%	74.76%	74.74%	75.28%	74.44%	72.69%	71.80%
District of Columbia	76.20%	76.20%	76.20%	75.00%	72.50%	70.00%	83.34%	83.34%	83.34%	82.50%	80.75%	79.00%
Florida	68.16%	67.23%	66.25%	65.05%	62.55%	57.96%	77.71%	77.06%	76.38%	75.54%	73.79%	70.57%
Georgia	73.23%	73.05%	72.22%	71.02%	68.52%	65.89%	81.26%	81.14%	80.55%	79.71%	77.96%	76.12%
Hawaii	59.22%	59.84%	62.26%	61.06%	58.56%	58.56%	71.45%	71.89%	73.58%	72.74%	70.99%	70.99%
Idaho	76.61%	76.41%	76.31%	75.11%	72.61%	69.72%	83.63%	83.49%	83.42%	82.58%	80.83%	78.80%

Match Payment Basics

- Under our Medicaid State Plan, there is a portion of eligible expenditures that are *not reimbursed* because these are considered ***State match***.
- School districts are required to put up local match funds to draw down federal reimbursement for covered services.
- Funds used for match or cost sharing for a program must comply with the Uniform Grant Guidance provision 2 CFR 200.306 Cost sharing or matching
- Match funds must be public, non-federal funds (42 CFR § 433.51).

LEA Match Process With The Dept. of Health & Welfare

LEAs submit match fund payment

- Idaho Dept. of Health & Welfare (IDHW) mails a monthly Medicaid Match Fund Statement indicating balance due to release payment
    - Payments from IDHW will not be released until they have received the match funds payment
- LEAs may also estimate match funds based on remittance advice (RA) and submit estimated payment to IDHW prior to monthly statement arriving (this means you send excess “prepaid funds” to the Medicaid Trust Account, at the Dept. of Health & Welfare).

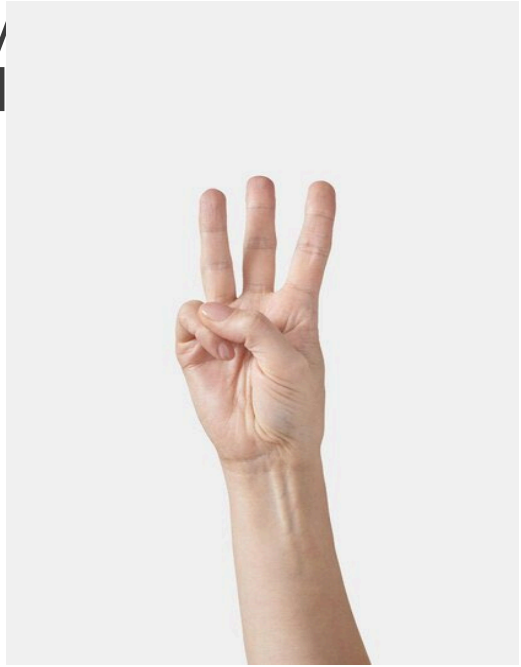
Business Office Medicaid Role

- The Business Office/School Finance is ultimately responsible for the accountability and reconciliation of school district funds.
- Medicaid reimbursement funds must be transparently displayed, and tracked, utilized, and reconciled on a regular basis.
- General ledger (GL) setup is integral to the efficiency, and compliancy to then entire Special Education funding model.

Funding Streams for Special Education

In order to better grasp the functionality and relationship between Medicaid and IDEA Part B funds, we will start with the overall all Special Education funding hierarchy.

1. **General Fund**
2. **School-Based Medicaid**
3. **IDEA Part B Federal Grant**



School-Based Medicaid – Payer of FIRST RESORT

CMS 2023 Guide Says on page 15:

For Medicaid-enrolled students with an IEP, Medicaid is payer of first resort of Medicaid-covered services included in the IEP (see section 1903(c) of the Act and IDEA sections 612(e) and 640(c), codified at 20 USC 1412(e) and 1440(c); 34 C.F.R. § 300.154(h); and 42 C.F.R. § 433.139).

Why does this matter? This means if you bill for Medicaid reimbursement for services provided, then ***you must spend down Medicaid prior to IDEA Part B funds***

Timing of Fiscal Closeout & Medicaid

LEAs must close their fiscal year out annually to prepare for required annual audits by CPAs, as required under state IDAPA code. Audits are due to the state by November.

LEAs have 365 days to bill Medicaid for reimbursement, but the timeliness of billing and reimbursements impact an LEA's expenditure closeout.

If an LEA is not reimbursed in a timely manner, they must use state or local funds, or IDEA funds for closeout. This could mean an LEA's Maintenance of Effort is raised, which must be maintained going forward. (we train LEAs on this concept annually)

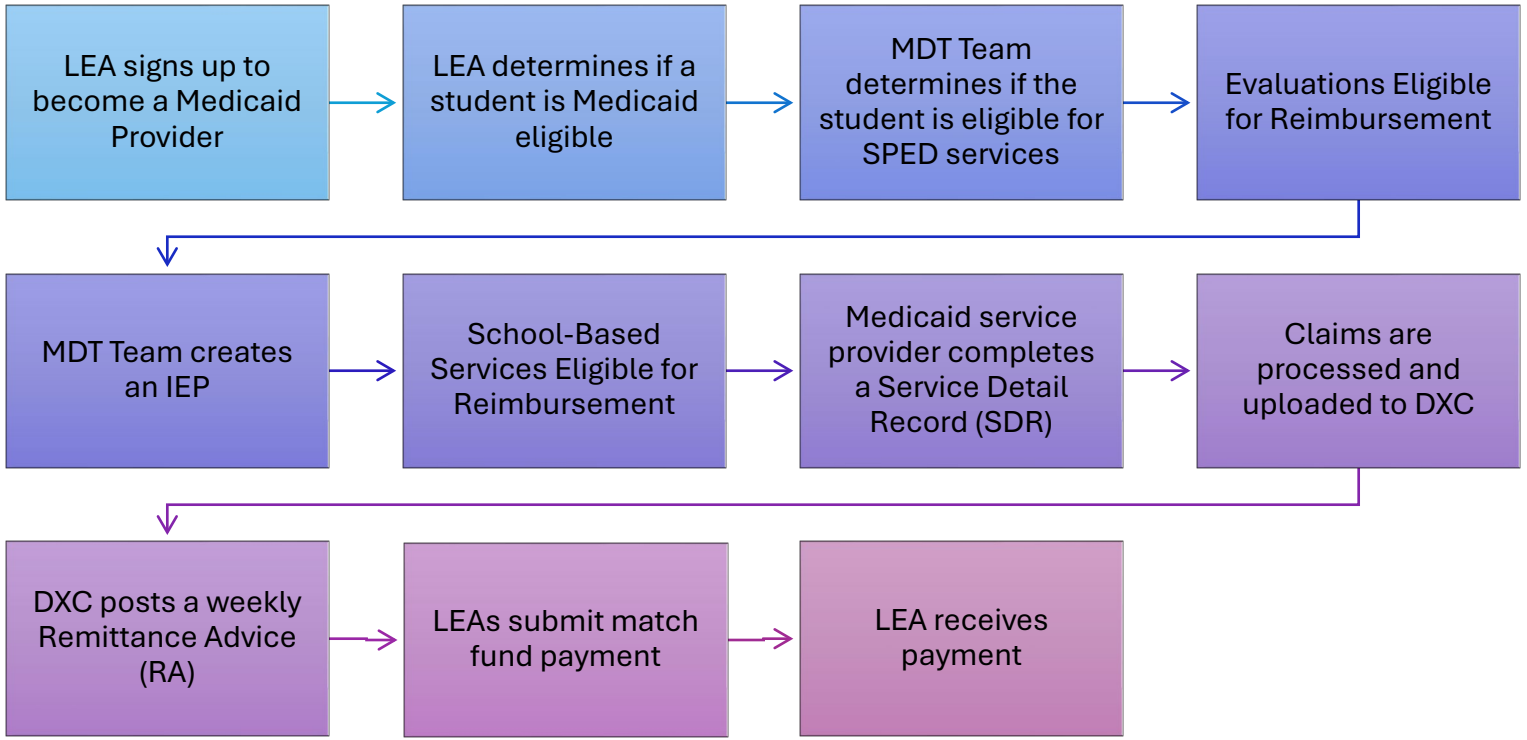
Your Medicaid Budget

Budgeting Medicaid Expenditures:

- LEAs should make every effort to ensure that all Medicaid eligible services are paid for with general funds, or within fund 260 to ensure they can qualify for reimbursement.
- It may be difficult to determine which staff serve Medicaid eligible students, with billable services.
- That means you may consider paying staff such as aids, or those that won't have Medicaid billable services in the IDEA Part B funds.

School-Based Medicaid Phases to Reimbursement

Quick Overview of the Billing Process



School-Based Medicaid Considerations

- Not all students in SPED eligible for Medicaid
- Not all IEP services billable
- Additional eligibility requirements for some services
- Teachers, therapists, paraprofessionals, etc. must meet Medicaid provider qualifications
- Reimbursement only for services outlined in IEP

Phases to Reimbursement

1. Before special education (SPED) eligibility
2. SPED eligibility determination
3. Services provided & documented
4. Medicaid claim submitted
5. Payment received

Best Practices for Managing and Tracking Medicaid Claims in Schools

Estimating Annual Medicaid Revenue/Reimbursements

Best Practices & Strategies for Estimating Reimbursement:

- Perform a Trend Analysis on at least 4 years of prior Medicaid Revenue.
- Analyze the following within that:
  - Medicaid Match “Used” (See your Trust account reconciliation)
  - Analyze FMAP annually & throughout the year (reimbursement vs. match required)
  - Timing of payments (how often do you receive payments?)
  - Amount of payments (how much does the amount fluctuate?)
  - Staffing you have assigned to absorb the reimbursement (are you including the right staff that generated the reimbursement from services given?)

Estimating Billed Medicaid Services: Things to Consider

- What services are being billed for?
- How many students are receiving that service?
    - Frequency/Duration?
- What is the rate for that service by provider type?
- Have I updated the fee schedule?
- What is the funding source for the service provider? (Do Not Bill list)
- Is the service provider an employee or a contractor?*

Drafting a Medicaid Budget

Estimate service hours from IEP details by student and billable services off the fee schedule

Company	Days	Daily Hours	Yearly Hours	Hourly Rate	Total Salary	Building	Program	Student
ABC Counseling	60	7.5	449.25	$34.48	**$15,480.47**	CHS	TEAM	Johnny Appleseed
ABC Counseling	91	7.5	680.5	$34.48	$23,446.16	CHS	TEAM	Suzy
ABC Counseling	77.5	7.5	526.5	$34.48	$18,153.72	CHS	TEAM	Dave
ABC Counseling	111	7.5	785	$39.44	$30,960.40	CHS	TEAM	Jordan
ABC Counseling	171	7.5	1227	$54.40	$66,748.80	SMS	ERR	Sally
ABC Counseling	171	7.5	1227	$39.44	$48,392.88	WI	ERR	Mary
ABC Counseling	132	7.5	991.5	$39.44	$39,173.51	CHS	ERR	Mike
ABC Counseling	171	7.5	1227	$39.44	$48,392.88	CHS	ERR	Jared
ABC Counseling	50	7.5	319	$39.44	**$12,571.57**	LC	ERR	Anne
ABC Counseling	7.0	7.5	41.25	$39.44	**$1,626.90**	WA	ERR	Carrie
ABC Counseling	22	7.5	149.5	$39.44	$5,894.35	LC	ERR	Madaline
ABC Counseling	0	7.5	980	$34.48	$33,790.40	WA	ERR	Sarah
ABC Counseling	28	7.5	210	$54.40	$11,424.00	VB	ERR	Sam
ABC Counseling	0	7.5	400	$34.48	$13,792.00	**District- Wide**		~~NA~~

The hourly rate should be based on provider type- in this instance the hourly rate varies depending upon if the person providing the BI services was a Paraprofessional, Technician, Specialist, or Professional.

Monitoring a Medicaid Budget

Track hours bill or submitted, note if no billing for out sick, etc.

KEY	Missing	Turned in	Needs Corrections	NO SCHOOL

Week of	Name of Provider	School	Position	Billing Sheet	Tracker	M	T	W	TH	F	Weekly Average	Date Correction Sent	Complete	Notes
MAY 1-5		Wilson	BI Specialist	Turned in	Turned in	0.3	0.3		0.3	0.3	0.26875		YES	
		Wilson	BI ERR	Turned in	Turned in	7	6.8		7	7	6.9375		YES	staff out sick on wed
		Wilson	ERR Para	Not needed	Turned in								YES	nb all week ERR support
		Wilson	ERR Para	Not needed	Turned in								YES	nb all week ERR support
		Wilson	ERR Para	Not needed	Turned in								YES	nb all week ERR support
					WEEKLY TOTALS AVERAGE						3.603125			
MAY 8-12		Wilson	BI Specialist	Turned in	Turned in	0.3	0.3		0.3	0.3	0.25		YES	
		Wilson	BI ERR	Turned in	Turned in	7	7	5.5	7	7	6.7		YES	
		Wilson	ERR Para		Not needed								YES	
		Wilson	ERR Para		Not needed								YES	
		Wilson	ERR Para		Not needed								YES	
					WEEKLY TOTALS AVERAGE						3.475			

This is the most important aspect of the process- monitoring of actual billing to ensure:
1) timely and accurate student data
2) monitoring of reimbursement
3) identifying the need for additional staff training on billing, etc.

Weekly Tracker: Why is this Important?

Allows for cross referencing of billing sheets for:

- Missing billing sheets
- “Double” billing
- Student need

Designing Your Own Tracking System – What's Important to Include?

School-Based Medicaid Tracking Sheet

Medicaid Eligible/Physician's Referral	Student Name	DoB	School	Meets Eligibility for Service	Service	Professional/Para	Billable Unit	Rate of Reimbursement	Provider	Maximum Units/IEP Year	Units per Session	Service Frequency	Start Date/IEP Date	End Date	September	October
Yes	Joe Jack	1/1/2001	Elementary	Yes	Speech / Language	Professional	15 min	$8	Sally Speech	300	20 min	weekly				

What else would you include?

Link to Fee Schedules

Business Office Side of Tracking

Tying a fee schedule for maximum Units per IEP Year by student or by type of service could help to estimate potential reimbursement.

Service	Professional/Para	Billable Unit	Rate of Reimbursement	Provider	Maximum Units/IEP Year	Potential Reimbursement
						Rate*Max Units
Speech / Language	Professional	15 min	$8	Sally Speech	300	$2,400

Billing & Revenue Reimbursement Progress Tracking

Verify reimbursement progress throughout the year between business office and Medicaid billing coordinators.

Post Falls School District
Medicaid Revenue
6/30/2022

Molina Cut Off Bill Date	Amount Billed Out of SOFTWARE	Accepted Amount	Amount Denied/ Reversed	Check Date	Check #	Received in the Medicaid Office	Actual Reimbursement to District (Contract Allowed Amount)	Medicaid Match	Medicaid Match Deposits /Interest	Medicaid Match Remaining	RA #	Net $	Comment/ Reason
7/14/2020									$76,206.25	$76,206.25			Medicaid Match Balance brought forward
7/9/2020	$1,793.50	$1,793.50	($1.44)	7/14/2020		Yes	$1,792.06	($420.42)		$75,785.83		$1,371.64	FY21 Fee schedule increase billed - paid at FY20 amounts as billing was last year (-$1.44)

Talking Points Between Business Office & Special Ed – Tracking Medicaid Billing

How are we tracking for the year on reimbursements compared to this time last year?

Based on how our reimbursements are tracking compared to last year, how do we need to adjust spending?

- What are new challenges with billing that we've run into?
- How many logs are being held up for review or revision and why?
- What challenges make it more difficult for timely billing/ submission to take place and how can we address them?
- What creates erroneous logs that we need to correct, and how do we prevent them?

Common Challenges & Preventative Strategies

Missed Opportunities

Problem: Missed Billings: At times, service providers may forget to send in a billing sheet with their “weekly batch”.
Solution: Using a tracking sheet can assist you with explanations behind the missed days (sick, etc.) and if services or eligibility could have changed.

Sample process: Employees/contractors who are billing for BI services are required to submit a weekly tracker, and any associated billing sheets to the Medicaid Coordinator. The Medicaid Coordinator would then review the billing sheets for accuracy and complete the above spreadsheet identified if the billing sheet and tracker were turned in for that service provider and then the amount of time that the service provider billed each day which would then automatically calculate that service provider’s average billing for the week.

Tracking Corrections & Missed Billings

If a service provider required corrections to their billing sheets or was missing something, it can be noted in the tracker and sent back to the service provider. Service providers had a week to complete and return any corrections.

Once fixed, this spreadsheet would be updated. In the notes section, the Medicaid Coordinator would identify pertinent information that would assist in explaining why a service provider's billing may have been off for the week.

Corrections include- service provider absence, student absence, or working with a non-billable student. These notes helped "tell the story" for the week and determine if any follow up was needed with the service provider.

Duplicate Billings

Problem: Duplicates: At times, service providers may overlap and bill on the same student.

Solutions: Implement a Tracking System. This helps catch duplicates and ensure service providers are engaging in a conversation about the student's services.

At times, reviewing the data may inform the IEP team about the need for increased or decreased services.

Communicating Changes With the Business Office

Identifying key changes are integral to the estimated reimbursements for billable student services. Some items to keep in mind include:

- Eligibility changes
- IEP service changes
- Medicaid eligibility
- Provider turnover (inability to bill)
- Student leaves jurisdiction (moves out, ages out)

Welcome Bonneville School District #93!

Fiscal: Austin Kohout – Federal Grant Compliance Accountant
Medicaid & Special Education Team

Preventative Investments & Strategies– An LEA's Best Practices – Bonneville School District

- As a Medicaid team, be accommodating of Provider's needs/ technical ability.
- Be willing and prepared to go out into schools to train providers as needed.

This is an investment for your program.

Monitoring Provider Billing

- Monitor provider's billing for errors.
  - Identification of "repeat offenders", repeated types of errors, and help wherever possible
  - Does your system/procedures for billing have any safeguards to avoid duplicates? (human caused or system-related?)
- Audit logs thoroughly for overlapping billing, duplicates, etc.

Billing Volume & Trends

Keep an eye on billing volume and trends to advise the business department.

- The business office relies on up-to-date information from the Medicaid team on billing trends and hiccups, and they do an excellent job at keeping an ear to the ground for us.
- What might have changed? Did a student leave? Did a family no longer consent to billing Medicaid, or qualify for Medicaid?

Timing Is Everything

- Keep track of timely reimbursement (essential to closing a fiscal year and staying on target for budgeted reimbursements)
- If your LEA is behind in billing, why? Staff-related? (who are you waiting on?)
- Did you have any missed opportunities for billing? What happened? (Was the student absent, etc.)

SPED Director Leadership for Success

Bonneville's best practices

As a SPED director, enable your SPED team to be successful.

- Invest in training.
- Give them the time and freedom to train staff in need.
- Connect your Medicaid team with your building supervisors.
  - Your billing team isn't working in buildings, so encourage them to work with those who do.
- Have a strong voice when dealing with your billing software provider.

Medicaid is a core component of our SPED department, not an afterthought.

Lessons Learned

Medicaid is complex…

- Billing for reimbursable services is an opportunity to reduce the overall costs of special education to the district.
- Developing a strategy for tracking is necessary for the best outcomes.
- Regular communication between the business office and those coordinating School-Based Medicaid claims are key to your successful management of these reimbursable activities.

Training Opportunity – FFGCoP Federal Fiscal Grants Communities of Practice

Federal Fiscal Grants - Communities of Practice (FFGCoP)

- Is a monthly SDE hosted webinar on the 3rd Thursday of each month at 10am MST.
- This group is open to anyone desiring to learn more about 'Best Practices for Grants'
- The purpose of this community of practice is to provide learning and sharing opportunities between the SDE and the LEAs and to mitigate errors and fill in the gaps on grant management & principles, in a supportive peer learning environment.

The SDE FFGCoP - Leading with courage, strategy, and confidence!

Registration Link

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