



Idaho Department
of Education

School Based Medicaid 101

What do you need to know?





Presenters

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Lisa Jensen, Westada SD, Medicaid Billing Supervisor

To help participants become familiar with the resources and processes needed for providing and seeking reimbursement for Medicaid School-Based Services.

Session Objectives



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

Learn the steps required to seek reimbursement for Medicaid services in schools.

Identify the documentation and compliance requirements for Medicaid reimbursement.

Understand the role and information provided by the Medicaid Advisory Committee.

Provide an opportunity to address participant questions regarding Medicaid School-Based Services.

Medicaid SBS Resources: ITC

- [School-Based Medicaid topic page](#)
- [Clarifications page](#)
- [Medicaid SBS Clarification form](#)



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[Clarification Form](#) [Clarifications](#) [Medicaid Advisory Committee](#) [Links](#) [Resources](#) [Contact Us](#)

[Medicaid School-Based Services Reference Guide 2024-2025](#)

[An Introduction to Idaho Medicaid School Based Services Module](#)

New email: SBMedicaid@sde.idaho.gov

Medicaid School Based Services Reference Guide 2024-2025



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Medicaid Overview – Self Paced Module



An Introduction to Idaho Medicaid School-Based Services

[START COURSE](#)



Medicaid SBS Resources: Division of Medicaid

- [Medicaid School-Based Providers webpage](#)
- [Training, Resources, and Forms webpage](#)

Medicaid School-Based Service Providers
Education, training, resources, and more

[Medicaid School-Based Service Providers](#) [Training, Resources, and Forms](#)

Medicaid School-Based Service Providers

School districts and charter schools that enroll as Medicaid providers can receive reimbursement for school-based services.

School-based services are health-related and rehabilitative services provided to children with disabilities who receive services under the [Individuals with Disabilities Education Act \(IDEA\)](#). These services are provided by school districts and charter schools and are considered medically necessary for children to participate in their educational program.

School districts and charter schools that enroll as Medicaid providers can receive reimbursement for school-based services if:

- The child is eligible for Medicaid
- Each service is specifically identified on an Individualized Education Program (IEP)
- Services are medically necessary for a child to benefit from their educational program

CONTACTS

School-based Medicaid staff

Email
SchoolBasedServices@dhw.idaho.gov

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[Medicaid School-Based Service Providers](#) [Training, Resources, and Forms](#)

Training, Resources, and Forms

Information about services and training and forms.

Services and training

Services that enrolled school districts or charter schools can receive reimbursement for include:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Evaluations • Medical equipment and supplies • Nursing services • Speech/audiological therapy and evaluation • Occupational therapy and evaluation • Physical therapy and evaluation | <ul style="list-style-type: none"> • Transportation services • Interpretive services • Psychotherapy • Psychological evaluation • Personal care services • Behavior consultation |
|---|--|

CONTACTS

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- [Training, Resources, and Forms webpage](#)
 - [Fee Schedules webpage](#)
 - [Provider Reimbursement Rates webpage](#)
 - [HCBS and LTSS link](#)

IDAHO DEPARTMENT OF HEALTH & WELFARE

Search Public Documents [Advanced]

PUBLIC-DOCUMENTS > For Providers > Medicaid > Fee Schedules > **Provider Reimbursement Rates** 3 Entries

Name
HCBS and LTSS ←
Intermediate Care Facility (ICF)
Nursing Facilities

- [Residential Assisted Living Facility Fee Schedule](#)
- [School Based Services Fee Schedule](#) ←
- [Targeted Service Coordination Fee Schedule](#)



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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



Agency Participation



- Chynna Hirasaki: IDE
- Shannon Dunstan: IDE
- Michael Case: Division of Medicaid
- Vacant: Division of Medicaid
- Almira Mackaben: Division of Medicaid
- Lori Stiles: Medicaid Program Integrity Unit
- Melissa Vian: Idaho Parents Unlimited

MAC Representatives



- Region 1: Kelsie Badger, Lakeland SD
- Region 2: Peggy Flerchinger, Lewiston SD
- Region 3: Nichole Caropino, Boise SD
- Region 4: Lorena Ryan, Glenns Ferry SD
- Region 5: Janelle Harris, Pocatello SD
- Region 6: Andrea Williams, Idaho Falls SD
- Traditional Charter School: Kevin Hausmann, Future Public Charter
- Virtual Charter School: Amanda Judd

Quarterly MAC Meetings



Open meetings

Location: Hybrid – IDE and Zoom

Zoom registration required

Public meeting notices:

SPED webpage – Agenda and Zoom registration link

Final agendas & minutes

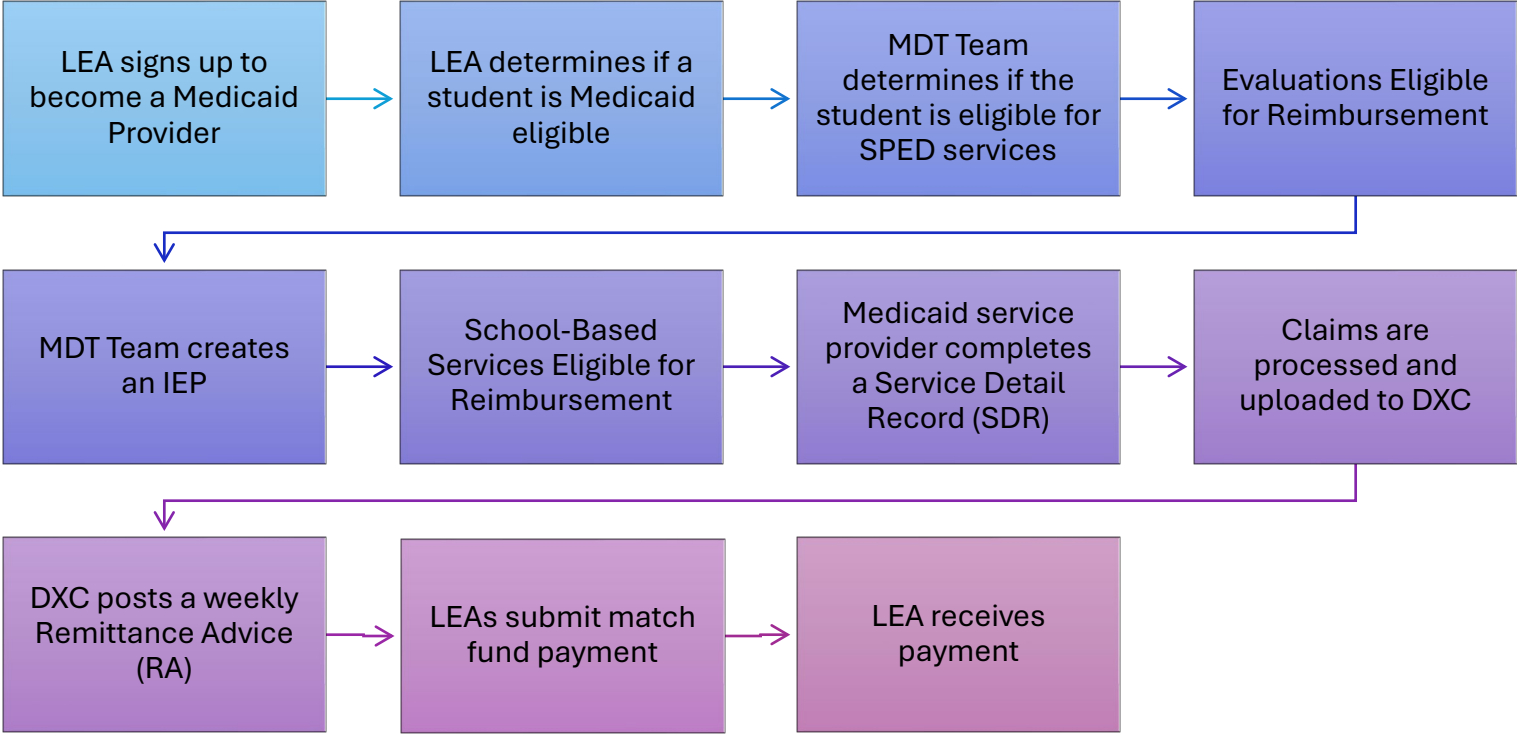
Located on School-Based Medicaid topic page



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Steps required to seek reimbursement for Medicaid services in schools

Quick Overview of Process



LEA signs up to become a Medicaid Provider

- Complete the Health Pas-ONLINE Registration form.
- If the LEA chooses to contract with a billing agency, coordinate with the billing agency for account information
- Complete the *Idaho Medicaid Provider Agreement*, Medicaid Provider Handbook: General Information and Requirements for Providers, Appendix A, p 136.
- Upload the signed and dated *Idaho Medicaid Provider Agreement* and W9 with the Health PAS-Online Registration form.
- LEA will need a National Provider Identifier (NPI) and an Idaho Trading Partner Account number to seek reimbursement

Determine if student is Medicaid eligible

- Parents sign the Consent to Bill School-Based Medicaid
- If a parent denies permission to bill School-Based Medicaid - the LEA may not seek reimbursement for assessments and/or services
- LEAs can not use a Consent to Bill School-Based Medicaid from another LEA
- Verify if the student is Medicaid eligible at www.idmedicaid.com
- **LEAs can not bill for assessments/evaluations or School-Based Services prior to obtaining signed Consent to Bill School-Based Medicaid**

Determines if student is eligible for SPED services

- LEA must obtain a physician's recommendation or referral for the Consent for Assessment for non-academic assessments
 - An LEA may not seek reimbursement for assessments more than thirty days prior to the signed and dated physician's recommendation or referral
- If the student is found eligible for SPED, proceed to IEP process
 - If a student does not qualify for SPED services and are placed on a 504 – an LEA may be able to seek reimbursement utilizing EPSDT services

Evaluations Eligible for Reimbursement

- Occupational Therapy
- Personal Care Services
- Physical Therapy
- Psychological
- Speech/Language
- Audiological
- Social History
- Developmental

MDT Team creates an IEP

- LEA must obtain a physician's recommendation or referral for the IEP
 - An LEA may not seek reimbursement for services more than thirty days prior to the signed and dated physician's recommendation or referral
- Refer to the current Medicaid School-Based Services Reference Guide for additional requirements [Idaho Training Clearinghouse > Resources > File View \(idahotc.com\)](#)
- **Services must still be provided even if a student does not have Medicaid coverage**

School-Based Services Eligible for Reimbursement



- Behavioral Intervention
- Behavioral Consultation
- Crisis Intervention
- Habilitative Skill Building
- Interdisciplinary Training
- Medical Equipment and Supplies (refer to DME requirements)
- Nursing Services
- Occupational Therapy
- Personal Care Services
- Physical Therapy
- Psychotherapy
- Skills Building/Community-Based Rehabilitation Services
- Speech/Language Therapy
- Transportation Services
- Interpretive Services
- Orientation and Mobility (refer to EPSDT requirements)

Medicaid service provider completes a Service Detail Record (SDR)

- Service Detailed Report
 - Name of Student;
 - Name, title, and signature of the person providing the service;
 - Date, time, and duration of service;
 - Place of service, if provided in a location other than school;
 - Category of service (also specifying individual or group);
 - Brief description of the specific areas addressed (must correspond to the IEP goal); and
 - Student's response to the service when required for the service (must correspond to the IEP goal).
- SDR's are submitted to an LEA Medicaid billing department
- Frequency that SDR's are submitted is determined by LEA

Claims are processed and uploaded to DXC* by the LEA or the LEAs billing agency

- Claims must be submitted to DXC by 8:00pm MST on Thursday nights to be processed for payment the following week
- The method for submitting claims to DXC is determined by the LEA
- LEAs are not required to submit claims weekly
- LEAs determine the frequency of claim submissions
- Claims must be submitted within 365 from the date of service (DOS)
- Claims received 365 after the DOS will be denied

*Effective June 7, 2010, Idaho Medicaid contracted with [Gainwell Technologies](#), formally known as Molina Medicaid Solutions and DXC to be the MMIS claims processing center as well as provide provider training, billing, and operational support for all Medicaid providers.

DXC posts a weekly Remittance Advice (RA) the Monday after a claim has been submitted

- Itemized claim information is included in the RA
- Claims are listed in the RA in the following order:
 - Reversed claims
 - Paid claims
 - Denied claims
- Claims are sorted by student name
- Claims are not sorted by date under student name

LEAs submit match fund payment

- 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 fund based on RA and submit estimated payment to IDHW prior to monthly statement arriving
- Current match fund percentages can be found here: [EXHIBIT 6. Federal Medical Assistance Percentages \(FMAPs\) and Enhanced FMAPs \(E-FMAPs\) by State : MACPAC](#)

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



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School-Based Medicaid Survey Results

Training Priorities:

- Medicaid Billing
 - Allowable Services
 - Documentation of Services
 - Coordination/Collaboration between service providers and billers
 - Evaluation and Assessment
 - Length and duration of allowable services
- Supervision/Documentation/Implementation of services
- Behavioral Intervention
- Personal Services

Preferred Method of Training Delivery

Webinar

Face-to-Face

Self-Paced Modules

Thank you !!



Idaho Department
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