SHS Program News and Updates

School Health Services Program
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Medicaid Administrative Claiming (MAC)

On October 1, 2009, the School Health Services (SHS) Program began implementation of MAC and a MAC cost pool was added to the time study. Staff that "routinely" perform Medicaid administrative activities which directly support the Medicaid Program are encouraged to participate in MAC. Allowable administrative activities include:

- Facilitating Medicaid Outreach
- Facilitating Medicaid Eligibility Enrollment
- Translation Related to Medicaid Services
- Medicaid Program Planning, Policy Development, and Interagency Coordination
- Medicaid Related Training and Professional Development
- Referral, Coordination, and Monitoring of Medicaid Services

Staff categories eligible to participate in MAC include:

- Administrators
- Counselors
- Nurses
- Interpreters & Interpreter Assistants
- Pupil Support Services Administrators
- Pupil Support - Technicians
- Psychologist Interns
- Special Education Administrators
- Special Education - Support Technicians
- Program Specialist
- Non-licensed Psychologists
- Non-licensed Social Workers
- Non-licensed Orientation & Mobility Specialist
- Resource Specialist/ Family Liaisons
- School Bilingual Assistants
- Special Education Teachers - *that do not provide Case Management or Personal Care Services*
- Special Education Teacher's Aide - *that do not provide Case Management or Personal Care Services*

SHS Program Participants

Both school districts and BOCES are participating in the SHS Program for 2009-2010. The three cost pools consist of:

Cost Pool	Participating Districts/BOCES
Direct Health Service (DS)	74
Targeted Case Management (TCM)	32
Medicaid Administrative Claiming (MAC)	35

Random Moment Time Study (RMTS)

The SHS program time study is used to determine the amount of time school district staff spend on Medicaid direct health services, targeted case management and administrative activities. Time study results are essential to the cost reconciliation process and are tabulated quarterly into a percentage that is applied to costs identified in each of the districts/BOCES cost report.

Districts/BOCES should identify staff that "routinely" provide services or perform activities to participate in the time study so that allowable costs for those staff can be claimed by the district/BOCES during the cost reconciliation process. Staff that meet Medicaid provider qualifications for the SHS program must be identified on the districts/BOCES staff pool roster to participate in the quarterly RMTS.

The three cost pools that make up the staff pool lists are direct service, targeted case management and Medicaid administrative claiming. Staff are only allowed to be listed once on the roster and associated with one cost pool.

Each district/BOCES RMTS Coordinator is required to review, update, and certify the roster prior to the beginning of each new quarter. All updates and certifications are made directly in the RMTS system.

The time study quarters are as follow:

- October 1 – December 31
- January 1 – March 31
- April 1 – June 30
- July 1 – September 30

The time study is not administered during the summer quarter (July 1 - September 30). The summer quarter calculations are based on an average of the other nine months of the fiscal year.

The next time study quarter begins April 1, 2010, and **certified rosters for that quarter are due on Friday, March 5, 2010.**

RMTS Facts

- Approximately, 3,000 moments are included in the quarterly RMTS sample.
- Moment assignment is random, so all participants have an equal chance in the assignment of a moment.
- Once the quarterly sample is selected and a moment has been identified, the moment can not be regenerated.

Cost Report

Beginning with fiscal year 2008-2009, after receiving federal approval for State Plan Amendment (SPA) 05-006, the SHS program began operating under new guidelines including a new reimbursement methodology. Participating districts/BOCES are now reimbursed for actual costs incurred for providing services and not through a single statewide reimbursement methodology based on estimates or averages.

The new process requires that participating districts/BOCES submit cost reports which identify costs related to the services or administrative activities provided by their staff. To claim staff costs, the staff identified in the cost report must have participated in the required time study component. The cost report workbook collects salary and fringe benefit data, transportation related costs, student demographic statistics, and non-personnel medical related costs. The cost report reconciles reimbursement payments made to the districts/ BOCES against the actual costs they incurred.

Throughout the fiscal year, districts/BOCES are required to submit fee-for-service school-based claims for direct health services and/or targeted case management. The associated claims payments are reimbursed through interim rates. This practice allows districts/BOCES to receive some reimbursement for providing services prior to filing the annual cost report. In addition, it provides an audit trail for both the state and federal governments and ensures that Medicaid eligibility is verified.

Following the cost report reviews and annual cost settlement process, interim rates will be adjusted if needed. Interim rates that have been set too high could potentially lead to districts/BOCES being overpaid which would result in a situation where they have to pay the Department back. The Department's goal is to reimburse districts/BOCES with rates as close to or less than actual costs incurred so that districts/BOCES do not end up in a pay-back situation. The Department intends to thoroughly analyze cost report outcomes before adjusting any interim rates.

MAC does not require submission of fee-for-service claims or involve interim rates. MAC activities are reimbursed entirely through a quarterly cost report

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process.

MAC cost reports are filed after each RMTS quarter ends. The state vendor (Public Consulting Group, Inc.) collects required financial documents and prepares individual cost reports for school districts/BOCE participating in MAC.

All of the cost report workbooks include a certification of public funds statement to address the Certification of Public Expenditures (CPE). This page must be signed and submitted to the Department when submitting a cost report workbook. If the Department does not receive the certification of funds statement, funds due to the district/BOCES associated with the cost reconciliation process or the administrative withholdings will be held.

The cost settlement process for direct services and targeted case management provided in fiscal year 2008-2009 will be completed by April 1, 2010.

Contact Information

Please keep the Department, the RMTS Help Desk and Cost Report Help Desk up to date with your RMTS Coordinator's contact information.

If your RMTS Coordinator is only receiving Department issued information from their billing agent, contact the Department immediately with your current contact information.

Thank You

The Department is thankful to all of the districts/BOCES that participated in 2008-2009 for turning in their cost report workbooks on time. This is our first year conducting the cost reconciliation process for direct health services and targeted case management. This new requirement has been a huge undertaking for all parties involved. We appreciate the diligence executed by staff and providers involved with the cost report. We hope this new requirement will become easier as we continue to streamline processes and steps for completing the cost report.

Training

The Department and Public Consulting Group, Inc. facilitated several training events this school year (2009-2010). The Department required mandatory participation to ensure participating districts/BOCES learned about new processes and received the associated materials.

The Department understands participants have demanding schedules and will continue to offer webinar based trainings. Webinar's eliminate the cost and time associated with traveling to an event, by allowing staff to access the training from their personal computer and local venue.

Training materials are posted on the Department's web site. To access the materials:

- Go to www.Colorado.gov/hcpf
- Click on the link in the middle of the page titled "Medicaid Programs"
- Click on the tab titled "Medicaid Programs" located in the gray tool bar on the left side of the page
- Click on the link titled "School Health Services Program" located in the middle of the page

The next training event will occur at the Department on March 3, 2010. For districts/BOCES that are unable to attend the onsite training, the Department will offer Webinar training sessions on March 4, 2010 and March 5, 2010. These trainings will review requirements for the MAC cost report process. Any district/ BOCES that participated in MAC for quarter 1 (October – December 2009) is required to have a District Finance Department Staff attend this training. MAC training will be ongoing and offered after each quarter ends.

Cost Settlement

Cost reports for 2008-2009 are being reviewed. Allowable costs and expenditures identified in the cost reports are being reconciled against interim claims payments made during that time period. Once the cost reconciliation reviews are completed the Department will send each participating district/BOCES a letter outlining their final cost settlement. Cost settlement letters will be sent out by March 12, 2010.