

SCHOOL HEALTH SERVICES PROGRAM NEWS

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KEY DATES

General:

Stakeholder Meeting: 9/12/13, 1:00 p.m. – 4:00 p.m.

Location: Daniels Fund- 101 Monroe Street, Denver, CO 80206

Stakeholder Meeting: 11/14/13, 1:00 p.m. – 4:00 p.m.

Location: TBD

RMTS:

JM14 Staff Rosters open for updates: 9/25/13

RMTS Overview Training: 11/04/13

JM14 Staff Roster certifications due: 11/18/13

Annual Cost Reporting:

Fiscal Year (FY) 2012-13 Cost Report due: 10/01/13

Quarterly Cost Reporting:

JS13 Quarterly Financials open: 10/01/13 Quarterly MCRCS Training: 10/11/13 JS13 Quarterly Financials due: 10/29/13

AFFORDABLE CARE ACT UPDATE

Beginning in January 2014 more Coloradans will be able to gain health insurance as a result of the Affordable Care Act (health reform law). Through the expansion of Medicaid to cover more parents and adults without children, as well as by purchasing insurance through the Connect for Health Colorado marketplace, more Coloradans will have access to health care.

The Department of Health Care Policy and Financing (the Department) recognizes the very important role school administrators and nurses can play in reaching parents. As trusted community partners, schools can help provide initial information to parents on how to find out more about the new coverage options.

The Department has developed numerous consumer geared resources to help get the word out about the changes to Medicaid and the new Connect for Health Colorado marketplace. These resources are available for download on our site

here. We encourage you to use these resources to help direct parents to where they can receive guidance on their coverage options.

The Department is working to create additional public outreach materials, if you have ideas for consumer geared resources please contact Colleen Daywalt,

Colleen.Daywalt@state.co.us.



GENERAL INFORMATION

Is the Office of Inspector General (OIG) Exclusion Database public information?

Yes. The OIG Exclusion Database is available via the OIG Website.

 OIG Exclusion Database: http://exclusions.oig.hhs.gov/

Will we have training on ICD-10?

Training will be facilitated by the vendor, Xerox. Resources are available on the Department's website to assist you.

 Department's Website: http://www.colorado.gov/cs/ Satellite/HCPF/ HCPF/1251641242086

Who determines the Unrestricted Indirect Cost Rate (UICR)?

The UICR is calculated by the Colorado Department of Education (CDE).

How many districts are participating in the School Health Services (SHS) program?

For the 2012-13 fiscal year, there were 52 districts and Boards of Cooperative Education Services (BOCES) participating.

When will percentages as opposed to dollar amounts be used for the Local Services Plan (LSP)?

Percentages will be used for the LSP starting with the 2014-15 school year.

Are we supposed to report what the district budgeted, spent, or received on the CDE Annual Report?

The district should report what they spent on the CDE Annual Report.

PROGRAM REVIEWS

Are on site Program Reviews the same as the Provider Qualification Reviews?

No. The purpose of the on-site program review is to ensure compliance with SHS Program rules and regulations and many different areas are reviewed (see next question). The purpose of the provider qualification review is to validate staff included in direct service and targeted case management cost pools are qualified health care professionals or qualified personnel and that all licensures, registrations or certifications for staff are current.

What type of documentation is asked for during the Program Review?

Documentation requested includes: Student's IEP, Attendance Records, Service Logs, Transportation Logs, Health Care Plans, Targeted Case Management (TCM) Care Plans and Medicaid consent forms.

What determines whether it's a large district or a small district for the in-depth financial review?

There are two potential financial reviews for which a district can be selected – a quarterly financial review (MAC compliance review) and an annual financial review (Annual Cost Report In-Depth Financial Review). The size of a district is established differently for each review.

Quarterly Financial Review (MAC Compliance Review)

A large district has greater than 100 participants in its direct service and targeted case management cost pools. A small district has less than 100 participants in its direct service and targeted case management cost pools.

Annual Financial Review (Annual Cost Report In-Depth Financial Review)

The size of the district will be determined according to the calculated Certified Public Expenditure (CPE) for the district on the FY 2012-13 annual cost report. All districts with a CPE of less than \$100,000 will be considered small districts while large districts will have a CPE calculated to be more than \$100,000.

How many potential reviews could a district undergowhen participating in SHS?

There are five potential reviews: the biannual on site program review, annual cost report desk review, in depth financial review, provider qualifications review, and the MAC compliance review.

When collecting and organizing our documentation for the reviews, must we print the IEPs?

We will accept either paper or electronic copies of IEPs, whichever format is more convenient for the district. If you are supplying electronic IEPs please ensure that they are readily available when we arrive for the review.

QUARTERLY AND ANNUAL COST REPORTING

Do districts need to have participants in the Administrative Personnel Cost Pool to receive reimbursements for Medicaid Administrative Claiming (MAC)?

No. A district does not need to have participants in the Administrative Personnel Cost Pool to receive reimbursement for MAC. There is a specific MAC calculation associated with each cost pool. Providers in the Direct Service and TCM cost pools spend a different percentage of time performing Medicaid administrative and outreach activities and are reimbursed for MAC accordingly.

We have a pool of funds that we use specifically for special education. It is our Special Education fund. Are items purchased with this fund allowed to be reported on the Medicaid Cost Report specifically as a material or supply?

Yes. However, districts should be cognizant of whether or not an item is funded by federal dollars. If the item is partially federally funded, report the gross cost and then identify the amount that pertains to federal monies. If the item is fully federally funded, then do not report the item at all.

When looking at direct service materials and supplies, if you can purchase it with your Medicaid money, can you automatically put it on your Medicaid Cost Report?

Not necessarily. These materials and supplies should be evaluated on an individual basis. You must ask the following questions:

- 1. What is the purpose of this item?
- 2. Is it used in a direct service or targeted case management service?
- 3. What is the desired outcome of using the item?

When reporting Quarterly costs, are the costs reported under Staff Travel and Training only for staff members on the staff pool list?

Yes. Only staff included in the time study should have costs reported on the Quarterly Cost Report.

In the Medicaid Cost Reporting and Claiming System (MCRCS) at times we have duplicate line-items for individual staff members. Is there any way we can combine these two line items?

We are working to adjust the system so that it groups based on Unique Employee ID as opposed to name; therefore, if your district reports this ID number, then the duplicate line-item issue should be resolved.

MEDICAID MATCH

When was the Medicaid Match memo sent? Can it be emailed out?

It was sent in July 2013. It is also posted on the Department's website.

How is the Medicaid match reported for BOCES?

Results are reported as one administrative unit.

How is the Medicaid match conducted?

The Medicaid match is completed with help from the Department, CDE, and Public Consulting Group (PCG). To conduct the match PCG cross checks the student roster provided by CDE to a list of Medicaid eligible students provided by the Department. The Department reviews the data closely to ensure all applicable students are included in the match results.

How is the Medicaid match affected if we have students with unique scenarios, such as they only attend school for a half day?

The Medicaid match is based off of a district's December 1 student count. The denominator is given to us from CDE. CDE reports the total served popluation. The total served includes students with Pupil Attendance Codes of 01, 02, 03, 04, 05, 08, 11, 12, 22, 27, 28, 29, and 30. If the student is listed at the district in the denominator and is Medicaid eligible with an IEP on December 1, then he or she can be included in the numerator count.

RANDOM MOMENT TIME STUDY (RMTS) – ROSTER

Are paraprofessionals required to have a certain credential or license to be included on the Staff Pool List?

No. Paraprofessionals are not required to have a specific credential or license. Paraprofessionals must be 18 years or older and be trained to provide the personal care services required by the student.

Can special education providers who do not provide direct services be included on the roster under the administrative cost pool?

Yes. As long as they are providing Medicaid outreach, program planning, referral, coordination, and monitoring of Medicaid services on a routine basis.

Can coordinators track resignations on the Participant Leave Status Report?

Yes. On the template there is a column for entering the termination date.

Can RMTS replacements be communicated to PCG via the Participant Leave Status Template?

No. If you have a direct replacement for an RMTS participant you should notify PCG immediately. By email provide the name and termination date of the participant who is no longer with the district and the name and email of the replacement. The time study moments assigned to the original participant will be redirected to the replacement staff.

When participants do not return to a district after a summer break and replacements have not been hired, how is this handled?

If you anticipate a replacement will be hired before the start or shortly after the start of the quarter, you can manage your staff pool list using a "direct replacement" of a particular position type. On the RMTS staff pool list, leave the previous participant's information and update it with the new participant's email address. The new participant will then be eligible to receive a random moment under the previous participant's information. When reporting costs, report the costs applicable for each participant during the time period

they were actually active on the staff pool list and were eligible to receive a random moment. Keep documentation of the direct replacement and be sure to update the staff pool list as soon as it is available once again. You should not use this functionality for positions that you anticipate will be vacant for an extended period of time. Once again, you should utilize the "direct replacement" option if you anticipate hiring a replacement before the start or shortly after the start of the quarter.

What is a Colorado Qualified Nurse aid?

A qualified provider in accordance with 42 CFR § 440.167, who is 18 years or older and has been trained to provide the personal care services (or delegated nursing services) required by the student. A family member of the student is not qualified to provide these service.

Can participants be removed from a staff roster after being identified as someone who should not have added to roster? When could these participants be removed?

If the time study moments have not been generated by PCG, you will need to contact PCG via phone or email to have your staff roster unlocked for these changes to be made. If time study moments have been generated, you may inactivate this participant in RMTS and notify PCG via the Participant Leave Status Template.

Can partially federally funded participants be added to the staff pool?

Yes. You can include participants on the Staff Pool List who are partially federally funded. When reporting costs, report the gross amount and then identify the portion of their compensation that is federally funded. The system will find the net cost. Note, participants who are 100% federally funded - meaning their entire compensation is paid for by a federal funding source - should not be included on the Staff Pool List and should not have reported costs.

RANDOM MOMENT TIME STUDY (RMTS) – RESPONSES

Do in-service days need to be included on the Random Moment Time Study (RMTS) calendar if staff are not going to be working directly with students since students are not present?

Yes. In-service days must be included in the calendar. The state-wide time study percentage will account for the time periods dedicated to in-service days.

How do you know how to respond to a Random Moment? How do you know if the Random Moment is reimbursable?

Once the participant has logged into the RMTS system he or she will go through eleven training screens explaining the program and how to respond to their random moment. RMTS participants are encouraged to respond thoroughly and candidly to their Random Moments. Using the detail provided in the response, PCG will interpret the information and code it accordingly.

Where do the time study percentages come from?

The time study percentages are the statewide results from the Random Moment Time Study. Participants included on the Direct Service, TCM, or Administrative cost pools complete assigned random moments to capture what they were doing at that one moment in time. The responses are used to calculate the percentage of time spent performing reimbursable activities. The results of the RMTS are used to determine the MAC and annual CPE.

Do participants in the administrative cost pool have to be conducting outreach and administrative activities for Medicaid specific services?

No. The outreach and administrative activities can be for any health care service.

If a paraprofessional is in the Health Tech or Nurse Aide job category and is sampled while providing personal care services will that moment be reimbursable?

The moment will be reimbursable if the participant is providing a reimbursable personal care service that is prescribed in the student's IEP at the time of their sampled moment.

What activities should a potential participant do in order to be included in the administrative cost pool?

The district should look at each participant on an individual basis and determine the participant's primary job functions. If the job functions of the individual include routinely providing outreach or coordination services to students and families for health related services or administrative tasks associated with providing medical services the participant can be considered for the administrative cost pool.

Can RMTS coordinators view district specific responses to moments submitted by their participants?

Time study responses are confidential and cannot be shared with RMTS coordinators. Confidentiality is required to maintain validity of the time study.

UTILIZING COMMUNITY PROGRAMS TO SUPPLEMENT DISTRICT RESOURCES:

Many students are impacted by a brain injury whether it is from a car accident, shaken baby syndrome, tumor, anoxic injury, substance abuse, etc. The effects on education may be evident immediately following the incident or may surface years later as academic demands increase.

Youth Brain Injury Connections (YBIC) can provide support to the family and to school staff. The program serves students with all types of brain injury. This service is provided through a partnership between the Brain Injury Alliance of Colorado (BIAC), CDE and Health Care Program for Children with Special Needs (HCP).

CDE's State-wide Brain Injury Liaison can provide consultation and technical assistance for school personnel. This support is provided as needed to increase the knowledge and skills of professionals that work with children/youth who have sustained a brain injury.

The family will have the opportunity to receive care coordination through HCP which may include support in identifying community and state services/resources, help with referrals to community resources, promoting family participation and decision making, collaborating with a child's health care providers and answering questions. In addition, the State-wide Brain Injury Liaison will contact the family to answer questions about the program and to provide guidance on available educational supports.

The Brain Injury Alliance of Colorado manages the referral and intake process. If you know of a child/youth with a brain injury that may benefit from support from this program, please complete the on-line referral form at BIAColorado.org (select "Support" and then "Youth Brain Injury Connections" from the drop down menu) or call 1-888-331-3311.

This program is supported by the Colorado TBI Trust Fund.

GET TO KNOW – LAURA HILLENBRAND

Laura joined the Colorado Department of Health Care Policy and Financing in August 2013. Laura is assisting the SHS Program with day to day operations. If you have not heard from her already don't be surprised when you do!

Laura is a Colorado native who loves spending her free time going Jeeping in the beautiful Rocky Mountains. When Laura is not spending her free time with her family, friends or pups she is shopping for the best bargains in town. Her ultimate dream job is to be a personal shopper. Laura says that this past year was the most rewarding thus far because she reached her goal of graduating from college. She holds a Bachelor's of Science in Criminology from Regis University.

If you have any suggestions for Newsletter topic ideas please email Shannon Huska at Shannon.Huska@state.co.us or Public Consulting Group (PCG) at cocostreport@pcgus.com or cormts@pcgus.com.

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