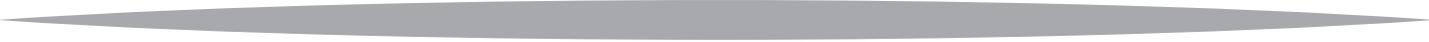


SCHOOL HEALTH SERVICES PROGRAM PROGRAM MANUAL



SECTION 8 QUALITY ASSURANCE

Section 8: Quality Assurance

8.1 Record Keeping

Districts are required to maintain complete and legible records that document the direct medical or health-related services claimed through Medicaid and provided to or on behalf of a client under the [School Health Services \(SHS\) Program](#) are:

- Medically necessary (defined in [Section 1.2](#));
- Consistent with the diagnosis and plan of treatment for the client's condition; and
- Consistent with professionally recognized standards of care.

Districts must maintain auditable records that will substantiate the claims and cost settlement reports submitted for reimbursement to the SHS Program, and on request, must make such records available to [the Department of Health Care Policy and Financing \(the Department\)](#) or its representatives. Records must be retained for a minimum of six years in order to comply with state/federal regulations and laws. If a district is part of an audit, then the district is required to keep records until the audit has been completed, which may be longer than six years.

For cost report and settlement purposes, district records must demonstrate the necessity, reasonableness and relationship of the costs for personnel, supplies and services to the provision of services. These records include, but are not limited to, all accounting ledgers, journals, invoices, purchase orders, vouchers, canceled checks, timecards, payrolls, mileage logs, flight logs, loan documents, insurance policies, asset records, inventory records, organizational charts, time studies, functional job descriptions, work papers used in the preparation of the cost report, trial balances and cost allocation spreadsheets.

For Medicaid claims, district records must contain the following information for each client:

- The name and title of the professional staff providing services and/or supervision.
- Complaint and symptoms, history, examination findings, diagnostic test results, assessments, clinical impression or diagnosis, plan of care, date and identity of the observer.
- Notice of referral for therapy services by a licensed physician or licensed practitioner of the healing arts (updated annually).
- An annual care/treatment plan that describes the goals/objectives and level of service needed.
- Each occurrence for the specific procedures or treatments performed, including the date, type, length and scope of professional services provided.
- Medications or other supplies.
- Client's progress, response to and changes in treatment, and revision of diagnosis.
- A Targeted Case Management (TCM) specific care plan for TCM services.

If a district fails to maintain supporting fiscal and clinical records the Department may deny the district's claims submissions and recoup any Medicaid payments already made to the district.

8.2 Training

Districts participating in the SHS Program are required by the Department to participate in initial and ongoing training events. Trainings include, but are not limited to, the following areas: Random Moment Time Study (RMTS), annual cost report, Medicaid Administrative Claiming (MAC) cost report, quarterly financial submissions, compliance information, process modifications, program updates, state/federal regulations or policies and RMTS Coordinator or participant roles.

The Department, in conjunction with the RMTS vendor, provide initial training for the district assigned RMTS Coordinators, which include an overview of the RMTS web-based system and information on how to access and input information into the system. All RMTS Coordinators are required to attend time study training to understand the purpose of the time study, the appropriate completion of the time study moment, the timeframes and deadlines for participation, and the importance of the RMTS Coordinators role to the success of the program.

Staff members participating in the SHS Program do not attend onsite trainings but receive information on the time study through an online tutorial within the RMTS system that contains information about the SHS Program, the participant's role in the program, as well as, how to complete a sampled moment in the system. A sampled staff member must visit the required screens prior to being able to complete their assigned moment.

In addition to the time study trainings, the Department and its vendor also offer comprehensive trainings on quarterly financial submissions, the annual cost report and MAC cost reports.

Annually, regional onsite trainings are held at various locations in Colorado and districts are required to attend this training event in person. Other training's occur through a web-based option (Webinar) which is an online presentation with live demonstrations. All training materials are accessible and posted on the Department's [website](#).

Training materials can be found at:

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251579136562>

8.3 Program Reviews

The Department or its vendor conduct comprehensive reviews of the SHS Program to ensure compliance with regulations (refer to [Appendix A.4](#)) and accurate reporting of financial costs and claims submissions.

RMTS Reviews

In addition to the quality assurance measures described in [Section 4](#), annual quality assurance reviews are performed on all RMTS rosters to ensure the cost pool lists (staff rosters) are complete and that staff included in those rosters are in the appropriate staff cost pool.

The Department and its vendor also perform an annual targeted review of at least 50% of the RMTS staff cost pool lists. Districts selected for a targeted review must provide evidence of staff qualifications in the form of current certificates and licensures, as applicable, including effective dates and expiration dates.

Cost Report Reviews

Quality assurance reviews are performed on annual cost reports and quarterly financials submissions. These reviews ensure that submitted reports are complete, staff information is accurate and reported costs are reasonable.

The Department or its vendor also performs an annual targeted financial review on at least 50% of the cost reports submitted. Randomly selected entries on the cost report are reviewed and selected districts must provide financial documentation in support of those reported costs.

Financial documentation requested for the reviews includes, but is not limited to:

- Original Receipts
- Remittance Statements
- Payroll Documentation
- Contracts

Sampled districts are required to provide documentation of actual costs (in dollars) for each selected entry. Policies regarding benefits, salary percentages or other flat rates are not considered acceptable documentation.

Medicaid Management Information System (MMIS) Claims Reviews

Ongoing claims reviews are conducted on a quarterly basis to ensure appropriate billing practices. [Appendix A.3](#) provides a general checklist for Medicaid claims submissions followed by the claims reviewers. Areas of review, include but are not limited to, the following:

- Claimed/ Billed Rates
- Reimbursement Rates
- Dates of Service
- Coordination of Transportation Claims (with a direct medical or health-related Medicaid service by date of service)
- Procedure Codes and Modifiers

Onsite reviews are conducted for at least 25% of participating districts each year. For onsite reviews, a random sample of claims is selected from the MMIS claims database. Claims are selected by student-month, where one student-month consists of all claims for one student during one month of the fiscal year.

Sampled districts are required to provide internal records to support the selected claims including the following:

- IEP/IFSP Effective on Date of Service (including TCM care plan or health plan, if applicable)
- Attendance Record for the Date of Service

- Service Logs and/or Clinical Notes for the Date of Service
- Provider Qualifications

Colorado Department of Education Oversight

The [Colorado Department of Education \(CDE\)](http://www.cde.state.co.us) maintains oversight of districts participating in the Medicaid SHS Program by conducting onsite visits with school program coordinators, special education directors, financial staff and additional district parties. CDE's visits are separate from the reviews and visits performed by the Department or its vendor. During a CDE visit, the district's Local Services Plan (LSP) and SHS Program are assessed. CDE utilizes a self-evaluation rubric to evaluate the districts programmatic strengths and weaknesses.

Information about CDE and the LSP can be found on the CDE website at: <http://www.cde.state.co.us/cdesped/medicaid.asp>